

BEST PRACTICES & LESSONS LEARNED



USAID's Reading For All Program

Disability Inclusive Education for Nepali Children

DECEMBER 2022



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This study was successful due to the collaboration of various stakeholders, including children, parents, grade teachers, resource teachers, head teachers, local government officials, social mobilizers, learning facilitators, district, provincial, and federal government officials, as well as the executive committee of the Organizations of Persons with Disabilities and other program staff.

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DISCLAIMER

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USAID's Reading for All Program: Disability Inclusive Education for Nepali Children

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ACRONYMS

CDC	Curriculum Development Centre
CEHRD	Centre for Education and Human Resource Development
CIL	Independent Living Centre
DG	Director General
DLI	Disbursement Linked Indicator
EC	Executive Committee
ECD	Early Childhood Development
ECED	Early Childhood Education and Development
ED	Executive Director
EDCU	Education Development and Coordination Unit
EGRP	Early Grade Reading Program
ERO	Education Review Office
EST	Early Screening Team
GoN	Government of Nepal
HI	Handicap International (Humanity & Inclusion)
ICT	Information and Communications Technology
IE	Inclusive Education
IEMIS	Integrated Education Management Information System
IEP	Individualized Education Plan
KAP	Knowledge Attitude & Practice
LEU	Local Education Unit
LGs	Local Governments
MEL	Monitoring, Evaluation and Learning
MICS	Multiple Indicator Cluster Survey
MoEST	Ministry of Education, Science & Technology
MoWSC	Ministry of Women, Children and Senior Citizen
MSC	Multisectoral Steering Committee
NAWB	Nepal Association for the Welfare of the Blind
NDFN	National Federation of the Deaf Nepal
NGOs	Non-Governmental Organizations
NMICS	Nepal Multiple Indicator Cluster Survey
NSL	Nepali Sign Language
OPDs	Organizations of Persons with Disabilities
PPE	Pre-Primary Education
PTA	Parents Teachers Association
PTC	Project Technical Committee
RAM	Random Access Memory
RC	Resource Class
RFA	Reading for All
RM	Rural Municipality
SATC	Student Assessment Technical Committee
SDG	Sustainable Development Goals
SIP	School Improvement Plan
SMC	School Management Committee
TA	Technical Assistance
TLM	Teaching Learning Materials
TOT	Training of Trainers
TPD	Teachers Professional Development
USAID	United States Agency for International Development
WEI	World Education Inc.
WGQ-CFM	Washington Group Questionnaire- Child Functioning Module

INTRODUCTION

BACKGROUND

Handicap International (HI) (also known as Humanity & Inclusion) in partnership with World Education Inc. (WEI) implemented “Reading for All Program: Disability Inclusive Education for Nepali Children¹” (RFA) from May 2018 to December 2022 to improve reading outcomes for children with disabilities in grades 1–3 in the USAID supported Early Grade Reading Program (EGRP) districts with four specific objectives:



The USAID’s RFA program activities focused on strengthening the Government of Nepal’s (GoN’s) institutional capacity at the federal, provincial, and local levels to implement its constitutional and policy commitments to disability-inclusive education. The program emphasizes on the capacity building across all activities and technical areas so that teaching and curriculum development personnel have the skills to improve and sustain long-term educational outcomes for children with disabilities in Nepal. The program was implemented in partnership with the Ministry of Education, Science and Technology (MoEST), National Federation of the Deaf Nepal (NDFN) & Nepal Association for the Welfare of the Blind (NAWB) as resource partners, and seven OPDs (Organization of Persons with Disabilities²) and three NGOs³ as implementing partners.

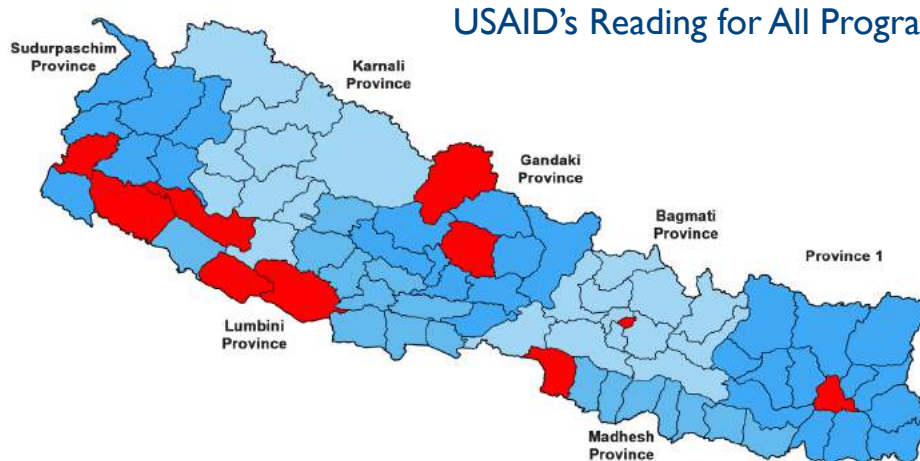
It is noteworthy to mention that COVID-19 pandemic severely impacted the USAID’s RFA program; due to the restrictions in movement and lockdown, program activities couldn’t be implemented as planned. This led to change in the modality of delivery from face-to-face to virtual; an additional objective (Objective 4) was added, and geographic areas were downsized (from 16 to 10 districts). The program did not begin full implementation until mid-2021.

¹ Initially, USAID’s Reading for All Program was implemented in 16 districts, after the COVID-19 pandemic, the program was limited to 10 districts; five (5) additional districts covered in the initial period are Saptari, Rupandehi, Bardiya, Dolpa and Kanchanpur.

² 1) Disable Empowerment and Communication Center Nepal (Banke), 2) Voice for Equal Opportunity (Bhaktapur), 3) Disable Empowerment Centre (Surkhet), 4) Independent Living Centre (Kaski), 5) Forum for Human Rights and Disabled (Dang), 6) Holistic Disability Development Society Nepal (Kailali), & 7) District Disable Welfare Committee (Dadeldhura).

³ 1) Human Rights, Social Awareness & Development Centre (Dhankuta), 2) Social Organization District Coordination Committee (Parsa), and 3) Paila Nepal (Mustang).

USAID's Reading for All Program districts



1. Dhankuta
2. Parsa
3. Bhaktapur
4. Kaski
5. Mustang
6. Dang
7. Banke
8. Surkhet
9. Kailali
10. Dhaulagiri

METHODS & APPROACH

The purpose of this report was to document the best practices and lessons learned during the USAID's RFA program implementation cycle in the form of narrative, process documents, case stories and photographs. To identify and assess best practices for this compendium, the team adapted a set of best practice criteria published by the World Health Organization⁴. The table below presents the adapted criteria. The guidelines note that, by definition, "a best practice should meet at least the effectiveness, efficiency, relevance, and ethical soundness criteria".

Table 1. Best practice criteria

Effectiveness*	Fundamental criterion implicit in the definition. The practice must work and achieve results that are measurable
Efficiency*	The proposed practice must produce results with a reasonable level of resources and time
Relevance*	The proposed practice must address the priority disability inclusive education issues in the country or region
Ethical soundness*	The practice must respect the current rules of ethics for dealing with human populations
Sustainability	The proposed practice, as carried out, must be implementable over a long period with the use of existing resources
Possibility of duplication	The proposed practice, as carried out, must be replicable elsewhere in the country of region
Involvement of partnerships	The proposed practice must involve satisfactory collaboration between several stakeholders
Community involvement	The proposed practice must involve the participation of the affected communities
Political commitment	The proposed practice must have support from the relevant national or local authorities

Source: Adapted from A Guide to Identifying and Documenting Best Practices in Family Planning Programs. Geneva: World Health Organization; 2017.

⁴A Guide to Identifying and Documenting Best Practices in Family Planning Programs. Geneva: World Health Organization; 2017

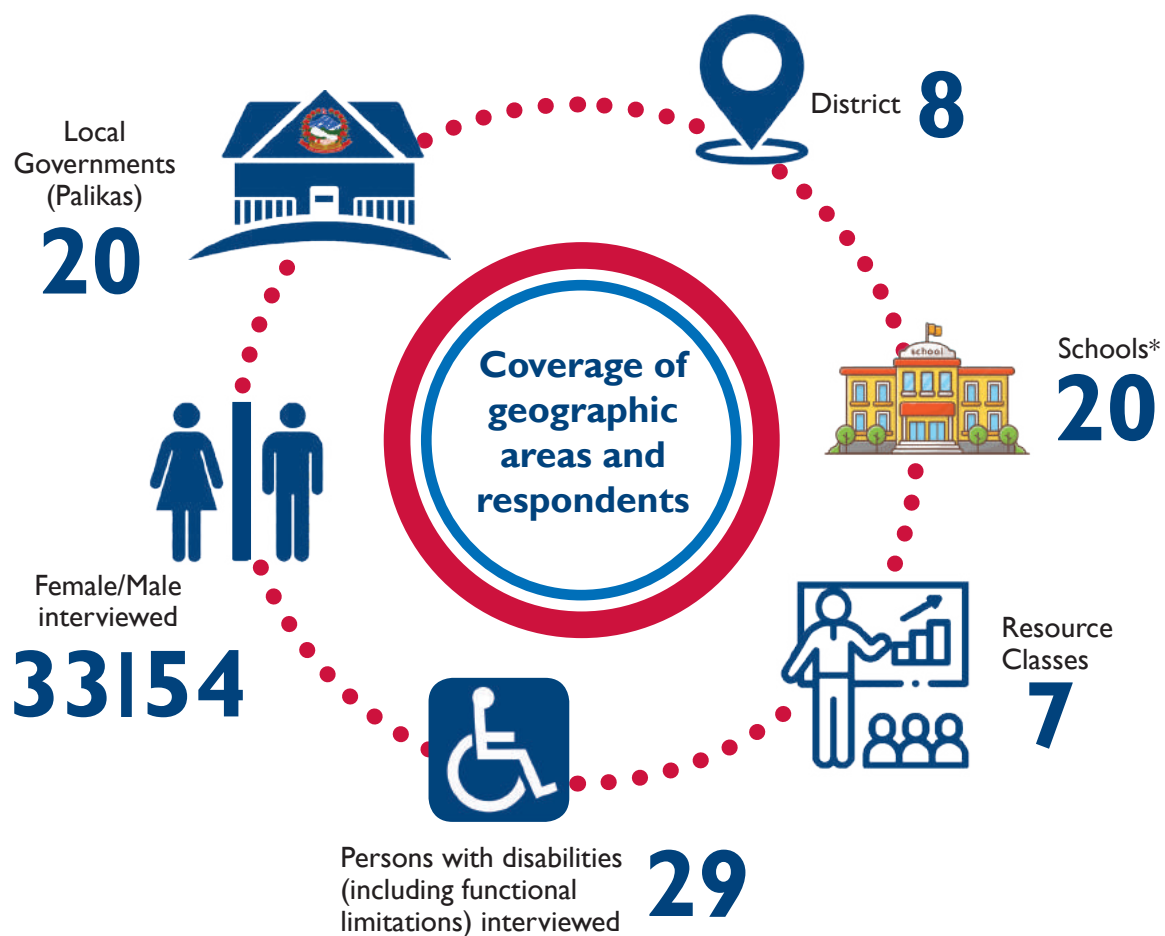
The team identified potential best practices and lessons learned through a combination of (1) program document reviews, (2) interaction with the USAID's RFA team, (3) in-person data collection including key-informant interviews, in-depth interviews, and observations during three weeks of fieldwork from 11 to 21 October and 2 to 15 November 2022, and (4) participation in district level learning sharing workshops. Potential best practices were then considered against the selected criteria, considering practices that have influenced changes in any combination of knowledge, attitudes, skills and behaviors amongst children, parents, grade teachers, resource class teachers, headteachers, local government education officials and elected representatives, district, province and federal (national) government staff and OPDs executive bodies. In addition, during the analysis phase, A Framework for Analysis for Inclusive Education⁵ was used to assess the best practices using the four broader pillars: (1) Policy and legal framework, (2) Structures of services, (3) Human capacity [development] and (4) Performance measures.

Schools and local governments were selected in consultation with key program staff. A wide range of stakeholders from the same area were reached out for triangulation of information. A total of 87 respondents were consulted during the process including over-a-third (38 percent) of female, and one-third (33.3 percent) persons with disabilities⁶. The respondents included students, parents, grade teachers, head teachers, resource class teachers, Local Education Unit (LEU) chiefs & section officers, Education Development & Coordination Unit (EDCU) chief & officers, chairpersons & executive directors of OPDs, mayors, medical doctors, learning facilitators and social mobilizers and central level stakeholders from Centre for Education and Human Resource Development (CEHRD), Curriculum Development Centre (CDC) and Education Review Office (ERO). Various program documents particularly baseline survey report, program design document, annual progress reports, IEMIS database on early screening data were reviewed.

⁵ Losert, L. 2010. Best Practices in Inclusive Education for Children with Disabilities: Application for Program Design in the Europe & Eurasia Region; pp. vi)

⁶ It also includes persons with functional limitations particularly students identified during the early screening.

Coverage of geographic areas and respondents



*includes two Madrasas.

The best practices are presented here with a brief description followed by case stories. This will follow with a brief summary of best practices by interventions and challenges encountered, key lessons learned and opportunities for future improvement.



BEST PRACTICES

BEST PRACTICE 1: EARLY SCREENING IS A CORNERSTONE FOR GENERATING EVIDENCE AND PROMOTING INCLUSIVE EDUCATION FOR CHILDREN WITH DISABILITIES

Recognizing the dearth of comprehensive and consistent data on the number of children with disabilities⁷, their educational status, the severity of their disabilities and disparities in identification, the USAID's RFA program put immense effort on early screening of children from early childhood development (ECD) to Grade 3 in all public schools of ten program districts. The program focused on building the capacity of stakeholders at all three levels – federal, provincial, and local levels. The USAID's RFA team facilitated this process with a wide range of stakeholders, including Organizations of Persons with Disabilities (OPDs) and I/NGOs working on disability, to review and refine the early screening tools, process and guidelines based on the Washington Group's Questionnaire (WQG) Child Functioning Module (CFM), and guidelines with field testing. During the roll out, an early screening team (EST) was formed at every school to carry out the screening of the students, support in the referral process, and develop individualized education plans (IEPs). The EST comprised of eight members including a headteacher, a grade teacher, school management committee (SMC), a local health personnel, parents of the children with disabilities, an OPD representative, and the school data focal person.

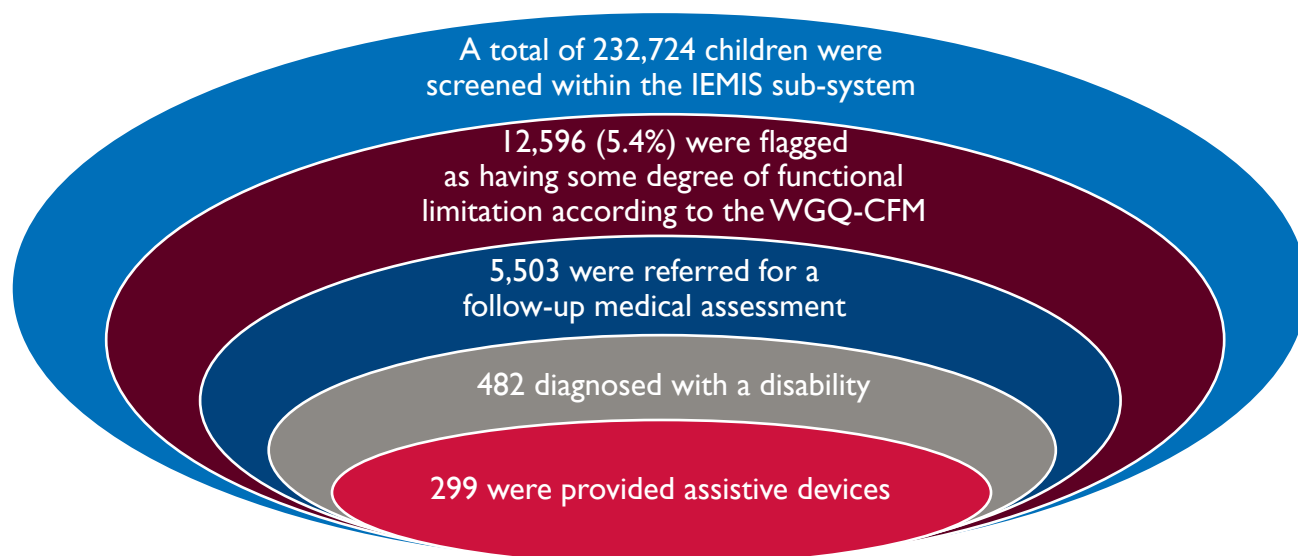
During the program period, 232,724 children from 3,072 schools were screened through the Integrated Education Information Management System (IEMIS) sub-system, Survey CTO and paper-based form using the WQG-CFM tool. Out of the total screened students, 12,596 (5.4 percent) were flagged in Level 1 (L1)⁸ and 5,503 (43.7 percent) among flagged were referred for the medical screening (further assessment and diagnosis). Among them, a total of 482 (8.76 percent of medically screened) children were confirmed as having permanent disabilities. Of these children 299 (62 percent) were provided with assistive devices (spectacles, hearing aid, mobility devices) in collaboration with local governments and service providers.

Early screening of children has a substantial impact on children, teachers, parents as well as other stakeholders. It can increase their understanding of functional limitations and disabilities, and approaches to disability-inclusive teaching and learning practices. Evidence generated through early

⁷Flash I Report 2018/19 showed 0.34% of pre-primary students, 0.94% of primary students and 0.88% of secondary student with a disability whereas the NMICS 2019 showed 10.7% of children aged 2-17 with a functional difficulty in at least one domain cited in Grimes, P. et.al. Disability -Inclusive Education Practices in Nepal, UNICEF Regional Office for South Asia, Kathmandu, 2021.

⁸Three levels of functional limitations are: Level 1 – children with moderate to severe functional limitations affecting learning and requiring immediate assessment and support from health professionals; Level 2 – children with mild to moderate functional limitations affecting learning; and Level 3 – children without functional limitations, or with a disability that has already been addressed and does not require further support (e.g. a child who already has glasses or a child in a wheelchair whose physical limitations have no impact on learning)

screening also revealed that functional limitations and/or disabilities are well above the numbers accounted for in the Flash data⁹ generated through IEMIS (less than one percent in Flash report vs. 5.4 percent in the early screening). Following testimonies demonstrate the impact of early screening on children, teachers, parents and other relevant stakeholders that help ensure inclusive education for children with disabilities.



STORY I: EARLY SCREENING AS AN EYE OPENER FOR TEACHERS



Rahul BK, a third grader at Mai Maidan Basic School of Madi rural municipality of Kaski. “Rahul BK often sat in the front of the classroom. He often struggled to listen to the teacher. However, he failed to respond to the questions asked by the teacher”, says Amar Bahadur Bishwokarma, headteacher of the school. “Teachers yelled at him as he wasn’t able to respond to the questions despite sitting in front of the classroom”. “Rahul had hearing impairments. This was only revealed during the early screening of students at the school which was organized after training and orientation to the teachers under the Reading for All program”.

The early screening found that seven out of 22 students at this school were suspected of having functional limitations, most of them having hearing impairments (one with both hearing and vision impairments). Rahul was among them. Following the early screening, Amar Bahadur and other teachers realized that Rahul tried sitting in the front to listen, however, he couldn’t hear due to a hearing impairment. Following further medical assessments and fitting for hearing aids, Rahul has been able to hear well and there has been improvement in his reading and learning skills. Rahul stood 4th in his class before but this year he stood 2nd.

Teachers now are equipped with skills to more effectively support to the students with hearing impairments and let them sit in the front of the classrooms. They have also prepared the individualized education plans (IEPs) of the children with confirmed disabilities. The early screening has been an eye opener for many teachers like Amar Bahadur. “Before we thought that disability means those who can’t hear at all, can’t walk at all, and those who can’t see at all. We were not able to identify whether there were persons [children] with disabilities in our classrooms. After training, we understood that

⁹ CEHRD produces educational statistics generated through the IEMIS on yearly basis in the form of Flash I in the beginning of the academic year and Flash II at the end of academic year.

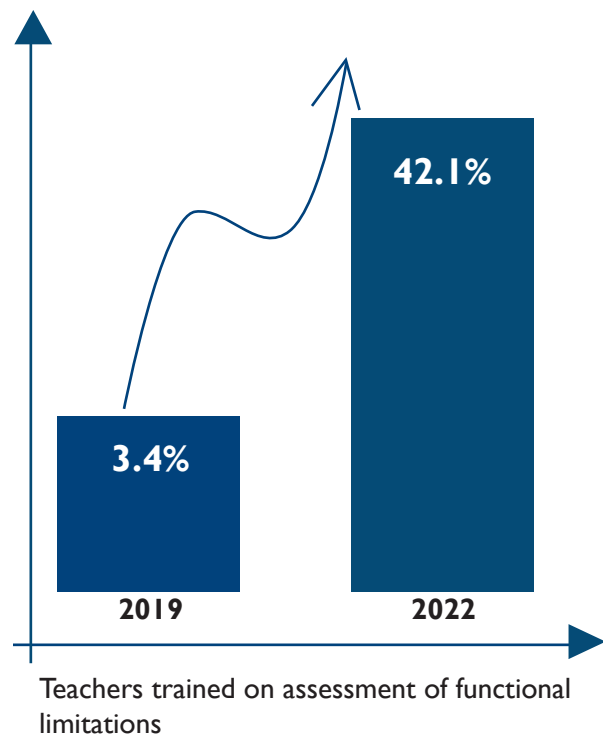


there are 10 types of persons with disabilities¹⁰ and their learning can be enhanced” says, Uttam Kumar Khanal, headteacher, Dang.

Early screening has been an important intervention under the USAID’s Reading for All Program particularly for teachers. The KAP survey 2019¹¹ revealed that none of the schools surveyed had practiced screening for disability or functional limitations of the students enrolled in their school; only a tiny (3.4 percent) proportion of teachers surveyed reported that they had participated in the training on assessment of functional limitations in the past. The program has trained and engaged over

three thousand (3,705) headteachers and IEMIS focal points and over four thousand (4,117) grade teachers on early screening and disability inclusive education, which has changed their perception and their way of teaching practices in the classroom. As a result, there is a substantial increase (from 3.4 percent in 2019 baseline to 42.1 percent in 2022 endline¹²) proportion of teachers trained on assessment of functional limitations.

USAID’s Reading for All Program has also impacted school improvement plan formulation at school level. Many schools now have included early screening in the school improvement plan (SIP) which wasn’t the case before. “We didn’t know before that the issue of functional limitation and children with disability should be included in the SIP. During this program, we understood the importance of the issue and received facilitation support during the SIP preparation. Now we have included this issue in the SIP” says Amar Bahadur. This is not only the case of Mai Maidan school; over 200 schools have successfully included the issue of functional limitation and education issue of children with disabilities in their SIP.



¹⁰ In 2039 BS (1982), seven categories of disabilities were recognized and in use in Nepal; in 2063 BS (2006), GoN further refined and broadened it into 10 categories, which was further refined in 2074 BS (2017) into 10 categories: 1) Physical disability, 2) Disability related to vision (a. Blindness, b. low vision, c. Total absence of sight); 3) Disability related to hearing (a. Deaf, b. Hard of hearing), 4) Deaf-blind, 5) Disability related to voice & speech, 6) Mental or psycho-social disability, 7) Intellectual disability, 8) Disability associated with haemophilia, 9) Disability associated with autism & 10) Multiple disability (<https://lawcommission.gov.np/en/?p=20774>).

¹¹ A Study Report on Knowledge, Attitude and Practices (KAP) on Disability Inclusive Education of Nepali Children, conducted by Institute for Legal Research and Consultancy (ILRC) for USAID’s Reading for All Program.

¹² The 2022 endline survey data is based on preliminary findings.

STORY 2: PARENTS' PERCEPTIONS TOWARDS PUBLIC SCHOOL CHANGES DUE TO EARLY SCREENING

Early screening process requires engagement of parents, teachers, along with other stakeholders. Early screening not only helps identify the children with functional limitations and overcome their barriers towards learning, but also helps create an inclusive environment in the school. As a result, there has been increased attention among the parents and communities leading to increased enrollment in the school.

“Parents didn’t come to the school before. Families [parents] thought their children couldn’t study. That’s why they have put [enrolled] their children in the public schools. But now [they] have realized that their children can study. Three years ago, there were only eight students in Grade I; now the number [of students] has increased to 42. There is an increased attraction among parents. Now there is early screening in the school. Sirs [teachers] assess the learning skills of students. Now parents realize that there is good education in school and have started transferring [enrolling] their children from boarding [private] school to public school,” says Uttam Kumar Khanal, headteacher, Siddha Ratnanath Secondary School, Dang.



STORY 3: EYEGASSES BOOST READING SKILLS OF ARIF



Arif Ansari, a second grader at Tahidul Rahamania Madrasa at Bahuwari, Birgunj now can read well with his eyeglasses on. “I couldn’t see the letters well before. I couldn’t see the road or path. I had pain in my eyes with itchiness and tears. I had to get help from friends for reading/writing” says Arif. Following the early screening at the Madrasa, Arif was sent for medical screening. During the screening his eyes were checked up and he was prescribed and provided with an eyeglass. “Now I can see the letters and read books well”, says Arif.

Amirbani Khatun, mother of Arif says “Arif couldn’t read and write before; he had problems in his eyes, had itchiness. I wasn’t able to take him to the hospital for checkup; had only consulted at the local level”. He wasn’t able to do anything at home, he used to pick food with dirt. Sometimes I used to yell at him as he used to pick soiled food”. “Now, he can find things on his own; before he used to ask us to find things. Now he can read and write well, we are happy now. He can do things on his own. He can stitch buttons to his shirts”.

Like Arif, 299 children¹³ (this accounts for 62% of children with confirmed functional limitations and disabilities after medical assessment) received assistive devices (such as eyeglasses, hearing aids and mobility devices) through the USAID's RFA program that helped children with functional limitations in their daily lives as well as improved reading and learning.

STORY 4: EARLY SCREENING AS AN ENABLER TOWARDS INCLUSIVE EDUCATION

Anand Lamichhane, an education officer at the Education Unit of Birgunj metropolitan city recalls and relates his personal childhood experience and cites early screening as an enabler towards inclusive education. "I had continuous difficulty in learning till grade 10; I knew it later. I always studied with support from friends; I copied from the notebooks of my friends. It was only after grade 10 when I went to the hospital for a check-up. I was surprised to know that I had eye problems and the doctor prescribed me an eyeglass with minus four (-4) power", he describes. If there had been early screening during early stages, he could have identified the impairment and overcome the learning barriers.



He cites early screening as an important and timely intervention so that invisible functional limitations and disabilities of children could be identified.

Not only Mr. Lamichhane, but other LEU chiefs & officers recite the same experience. Mr. Sandip Paudel, Chief of Education & Sports Section of Rupa rural municipality, Kaski echoes that early screening has succeeded in flagging various functional impairments in different domains of children which impacted their reading and learning abilities and many children with functional limitations benefitted from the program. As a result of the referral systems and medical screening, many children with minor issues such as deposits of wax or dust/dirt in the ears or

low vision got immediate remedial treatment with cleaning of ears or provision of reading glasses. He recalls "teachers during the training and initial period of early screening hardly understood the concept and the term 'functional limitations'. "It was only during the latter part of the early screening and data entry into the IEMIS sub-system when children's statuses were flagged into various categories of functional limitations. Now the teachers and various stakeholders have enhanced understanding on functional limitations and disability; this has led to increased participation of children with functional limitations and disabilities and enhanced their learning; who were otherwise at the verge dropping out from the school due to poor performance".

¹³ Among these, 275 children were provided with eyeglasses, 15 children with hearing aids and nine children with mobility devices (wheelchair, crutches etc.).



through early screening. Without identification of disability and functional limitations, other learning processes cannot proceed”. “Clear message has been conveyed that early screening of functional limitations is very important; after identification of their status only appropriate teaching learning strategies could be applied in the classroom”. She further adds, “it has been realized that early screening is important. It has been included in the annual plan [of CEHRD]”.

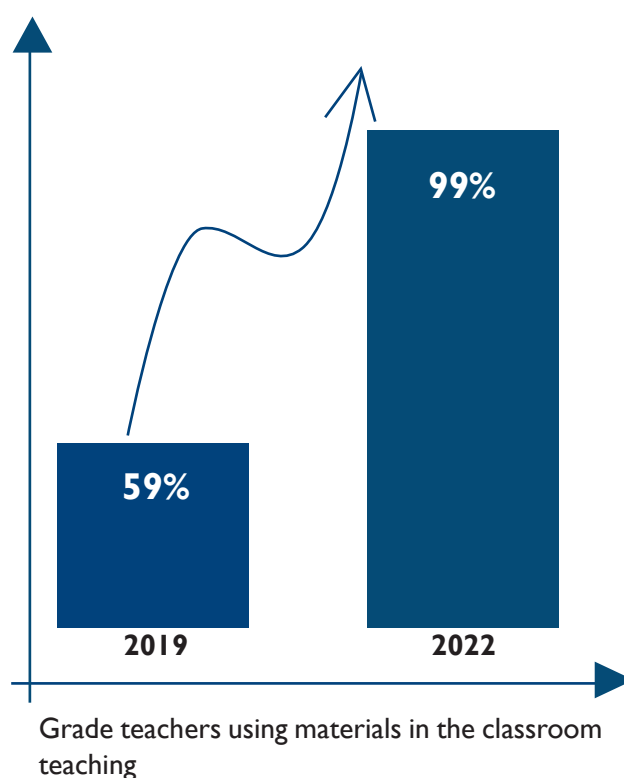
There are some incidents which were identified as preventable. For example, “in one school [in Gauriganga municipality, Kailali], there is a river nearby. Children from the village used to go to the river for baths. 12-13 children had sand deposits in their ears due to which they were not able to hear well. It was identified during the early screening and medical screening, and the sand was removed. Now they can hear well in the classroom”; says Harish Pant, Education Unit Chief, Gauriganga municipality, Kailali.

Dr. Divya Dawadi, Director, Inclusive Education section, CEHRD says “RFA helped identify the children with functional limitations and disabilities



STORY 5: IEP BOOSTS LEARNING ACHIEVEMENT OF CHILDREN WITH FUNCTIONAL LIMITATION AND DISABILITY

Under the USAID’s RFA program, development of an individualized education plan (IEP) is one of the vital components that helps improve reading and learning skills of students with functional limitations and disabilities. Following early screening, children who have been flagged as having difficulties in different domains are referred for medical screening. As per the guidelines, children assigned Level 1 and Level 2 status, needing more specialized teaching and learning, are supported by the development of an IEP by the grade teachers in consultation with parents. Under this program, an IEP format was developed in the form of a booklet with specific details which the teachers use for preparation of a quarterly IEP for each child. “After early screening, we found out [about] functional limitations among children. After identification of [those children], then we questioned [ourselves] how to teach them? What are the methods?

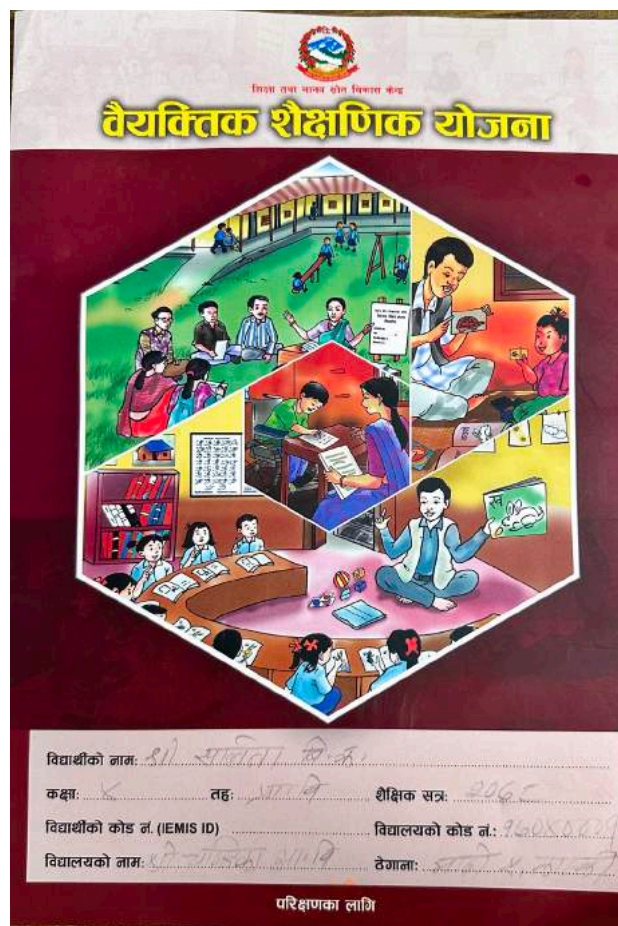


Which contents should we teach? How? When? Considering all these aspects, teachers prepared an IEP for each child by filling out a format [IEP booklet]. While preparing for the IEP, we modified the technique of teaching. We realized that when children didn't understand; we need to change the method of teaching. After change, we found that children are learning now; we have reflected such aspects in the IEP" says Uttam Kumar Khanal, headteacher, Siddha Ratnanath Secondary School, Dang. Harish Pant, Education Unit Chief of Gauriganga municipality, Kailali asserts that the IEP form has been instrumental in promoting learning of children with disabilities.

Fieldwork showed that development and implementation of IEPs have brought significant changes in the attitudes and perception of grade teachers, headteachers and LEU staff; teachers' teaching methods and skills have changed; their perception of blaming students has changed and now they are using alternative methods in teaching learning along with use of variety of learning materials available in their school. Finding from the 2022 endline survey revealed significant change in the use of teaching learning

materials by grade teachers in the classroom; 41 percent of grade teachers not using materials in the classroom teaching in 2019 baseline versus less than one percent of grade teachers not using materials in the 2022 endline survey. With support of the USAID's RFA program, IEP was developed for 1,190 students with functional limitations and disabilities.

The fieldwork also revealed that teachers also faced some challenges during the implementation of IEP. "While preparing and implementing IEP, there is need of providing additional support to the students, which is hampered due to lack of adequate number of teachers and higher number of other students in the classroom' says Jeevan Neupane, LEU chief, Banke.



STORY 6: IEMIS SUB-SYSTEM; A PROSPECT FOR GENERATING EVIDENCE ON FUNCTIONAL LIMITATIONS AND DISABILITY OF CHILDREN



Early screening is a vital component of the USAID's RFA program, having a foundational link with improving government-level databases of children with disabilities and functional limitations. The database generated specifically through the IEMIS sub-system (with Child's IEMIS ID) has been used as a component for the screening. After the referral and medical assessment, children flagged under Level I have their disability data recorded in the IEMIS sub-system. The LEUs [under the local governments] have a responsibility to coordinate and upload the medical report and record of confirmed children with disabilities into the sub-system.

The main IEMIS has information on disability of children but mainly visible disabilities, as per teachers' own assessment through observation.

The IEMIS sub-system, provides comprehensive data on the status of disability and functional limitations. As noted above, early screening data from the program area revealed that 5.4 percent of children screened had some sort of functional limitations and disabilities whereas the Flash I report 2077 (2020-2021)¹⁴ shows less than one percent of children in ECED/PPE and 1 percent of children in lower basic level (grade 1-5) had disability. "IEMIS sub-system is a more systematic approach to generate data on disability and functional limitations. WGQ is used to assess the status and the IEMIS sub-system flags the status based on the assessment. We realized that the IEMIS sub-system can help get systematic and accurate data on many functional aspects other than cognitive issues" narrates Ram Chandra Sharma, Director, IEMIS section, CEHRD.

Majority of stakeholders consulted during the fieldwork realized that the IEMIS sub-system is very useful due to the generated systematic and accurate information on disabilities. There has also been a greater understanding that more efforts would be required to effectively use this information at schools, local government, and national level; and a best fit modality of integration with the main IEMIS should be agreed upon for national scale up. There is strong demand at the local level that IEMIS sub-system be integrated into the main system rather than implemented as a sub-system so that the disability related data could be integrated into the main system. Some issues related to technical (ICT) perspectives need to be resolved to be implemented at national level and duplication of data on disability in the IEMIS should be addressed for its effective implementation.

¹⁴This is based on the EMIS data and produced by CEHRD on an annual basis.



BEST PRACTICE 2: STRENGTHENING OF RESOURCE CLASSES BOOSTS LEARNING ENVIRONMENTS

USAID's Reading for All Program targeted both integrated schools, (i.e., those with Resource Classes, as defined by the School Sector Development Plan) and mainstream inclusive schools (i.e., those with no Resource Class). Piloting community-based approaches to strengthen inclusive education in support of early grade outcomes for all children within integrated schools presented a unique situation as they cater for children with more complex impairments. Resource Classes (RCs) were not established under this program; but have been established by the government to support the needs of children with disabilities in an integrated manner. Although GoN allocates certain amount of budget and provide other operational supports to the RCs, they are often in dire need of infrastructural, teaching learning materials (TLM) and training to the RC teachers. An assessment¹⁵ carried out under this program justified the need of strengthening RCs; findings revealed that 60.5 percent RCs reported not having proper sitting arrangements such as carpet, cushion, table, chairs, library and distance to blackboard; 88.4 percent RCs needed books, shoe racks, child friendly wall paintings; 39.5 percent RCs reported need of sport materials; 58.2 percent RCs reported inaccessibility of the classroom due to unavailability of ramps, railings and playgrounds; and 58.2 percent RCs reported lack of accessibility in the main entrance that includes physical accessibility, signage, tactiles, ramps, railings and accessible toilets. Hence, various interventions targeted strengthening of 46 Resource Classes which benefitted 441 students who are deaf/hard of hearing, blind/low vision and who have intellectual disabilities which has helped upgrade the RCs and bring significant changes to the lives of children.

¹⁵ Rapid Need Assessment of Resource Classes, 2022 (carried out under the USAID's Reading for All Program).

- 60.5%** RCs reported not having proper sitting arrangements such as carpet, cushion, table, chairs, library and distance to blackboard;
- 88.4%** RCs needed books, shoe racks, child friendly wall paintings;
- 39.5%** RCs reported need of sport materials;
- 58.2%** RCs reported inaccessibility of the classroom due to unavailability of ramps, railings and playgrounds;
- 58.2%** RCs reported lack of accessibility in the main entrance that includes physical accessibility, signage, tactiles, ramps, railings and accessible toilets

STORY I: RESOURCE CLASS CHANGES LIVES OF SAFIYA AND MAJID



Sofiya Saiyad, a resident of Duduwa rural municipality, is now happy seeing changes in her children’s performance in the school. Sofiya says, “Her daughter with hearing impairment stood first in the final exam of Grade 2. Now, she is a third grader in Nepal Rastriya Adarsh Basic School in Khajura of Banke district. Her son, Majid Saiyad is also in Grade 3 and excelling in his study”.

Sofiya Saiyad, has three children namely – Majid Saiyad (elder son), Safiya Saiyad (daughter) and Sajid Saiyad (younger son). All three children are deaf - are not able to hear and speak. She sent Majid and Safiya to the nearby Madrasa expecting that they could learn something. But unfortunately, they couldn’t learn as the teachers (Mullah) at the Madrasa only taught in verbal instructions as they didn’t know sign language to teach deaf children. “I was worried about the fate of my children. They couldn’t learn and were also under the influence of peers and engaged in some bad habits”, says Sofiya.

Following the implementation of the USAID’s Reading for All Program in her gaunpalika (rural municipality), early screening of all children from ECD to Grade 3 was carried out. Her children were



identified with hearing impairments, which was notified to the teachers of the designated Resource Class for deaf children at Khajura. Rama Kumari Thapa, RC teacher visited Sofiya's house and inquired about Majid, Safiya and Sajid and requested the parents to send them to the Resource Class of her school. "They were not willing to send their children to the school citing that they couldn't speak and hear; how can they learn?" says Rama Kumari. Later they agreed to visit the school and inquired about the provisions in the school including safety and security of the children. Following their confirmation to send their children to school, they were referred for further medical screening at Bheri Hospital, Nepalgunj. During the medical screening it was confirmed that her children were deaf and provided with a certificate to proceed for the disability ID card.

"Both Majid and Safiya were initially enrolled in grade I. They didn't understand anything in the beginning. It took six months to teach them basic things related to their daily activities and then they could understand basic alphabets and numbers", adds Rama Kumari. Rama Kumari prepared them in the Resource Class and then they were placed in respective mainstream classes. "Majid and Safiya attend regular [mainstream] class, then they are placed in remedial class which is run by Rama Kumari and then they also attend resource class together with other children with disabilities", says Rama Kumari.



Like Safiya and Majid, 441 children with disabilities from 46 resource classes in 10 program districts have gained access to improved child-friendly environment in the RCs which contributed to improve their reading and learning skills as well as overall development.

STORY 2: LEARNING MATERIALS ENHANCE LEARNING OF CHILDREN WITH DISABILITIES

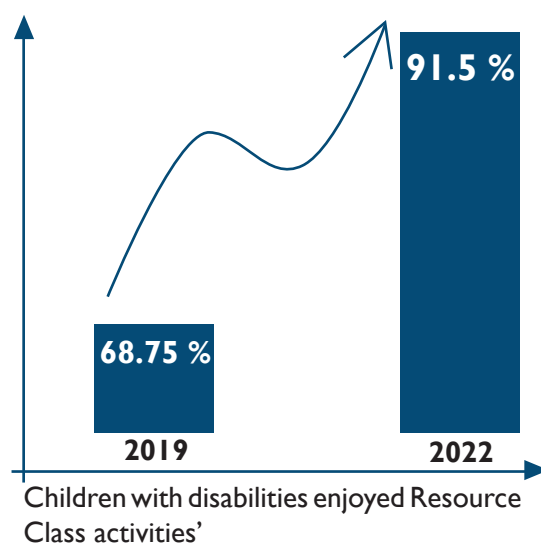


Pushpa Dahal, a RC teacher at Balmandir Primary School in Ghorahi, Dang explains, “children now arrange letters, some play [musical instruments], some sing [songs], some use Tablets, and make flowers. There is ka, kha, A, B, C, D [all 3D materials]; each one says I do this, I do that”. “I ask [the students] what they want. Based on their interest, I engage them in activities”, she further adds. As noted above, baseline assessment report¹⁶ found that 60 percent of resource classes reported not having proper sitting arrangements, while 88.4 percent classes needed books/shoe racks, and child-friendly

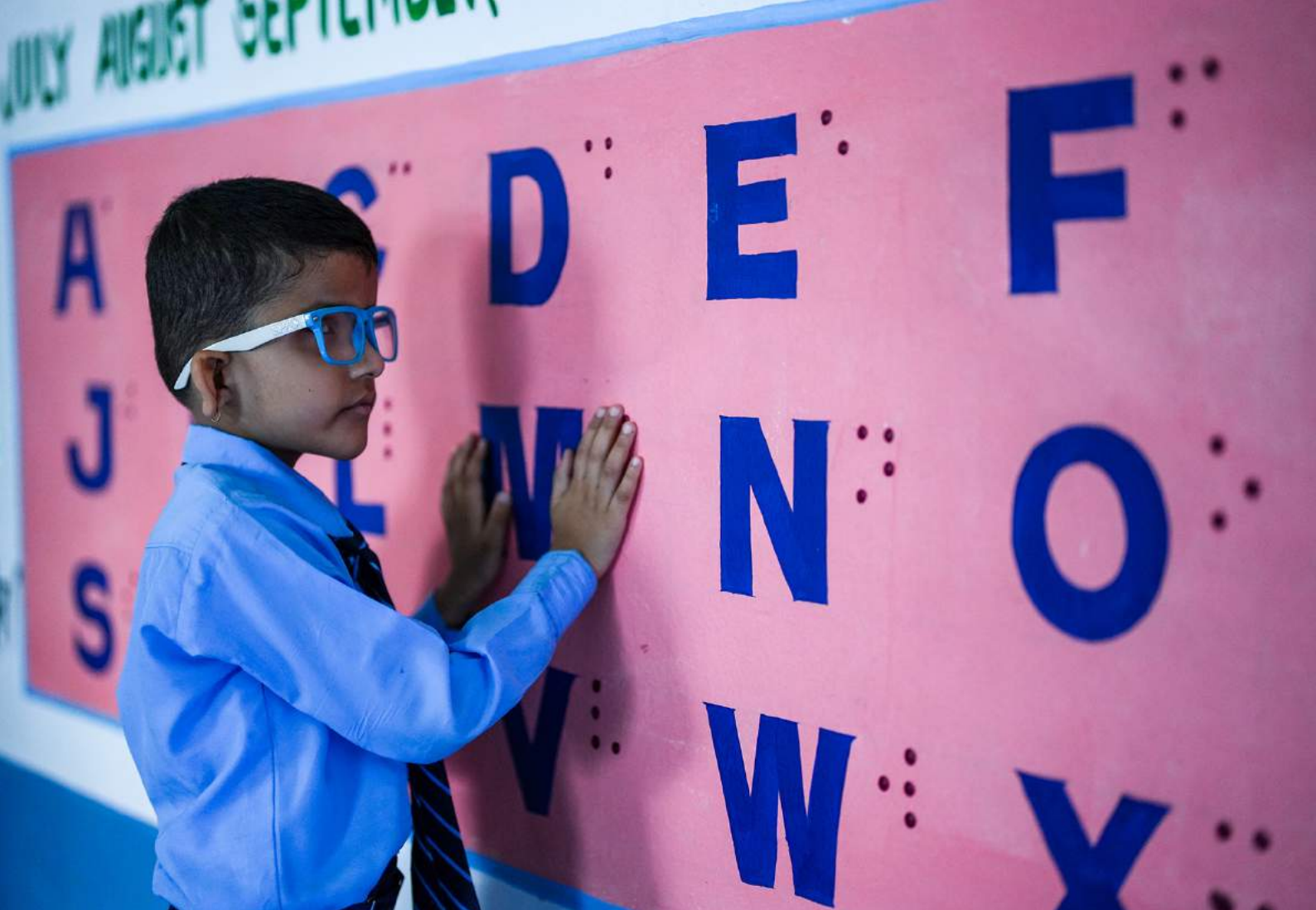
wall paintings. This indicates the relevance of learning materials including basic infrastructures for sitting, sanitation and hygiene that have ultimate effect on their wellbeing and reading/learning improvement.

Suresh Kumar Khadka, a RC teacher (with vision impairment) of Sri Krishna Sanskrit Sadharan Secondary School, Birendranagar, Surkhet says “with the use of Tablets, it has been easy to teach children as per today’s learning requirement. Because there is a difference in brain of each child, there is a difference in their grasping capacity and medium [materials] could be different. If the same method and material used for all children, one kind of child can only learn from this. Thus, teaching children with digital materials, audio materials, Braille printed materials, print materials, children can select and use appropriate medium [materials] and can be proficient in those and can learn and adapt those learnings into life skills”. “Children learn by touching, seeing, listening, reading. Children with intellectual disabilities learn by various means. But there wasn’t materials.” says Sarita Rana Magar, a learning facilitator from Ghorahi, Dang.

Various kinds of learning materials, sports and musical instruments were provided to the RCs which includes; 728 Tablets to facilitate individualized learning, sports materials, 21 TVs, 2 SMART boards, 3-D materials and so on, which have been effective in teaching learning for the children with disabilities. During the field work, it was revealed that while the learning and sports materials were liked by children with disabilities and teachers, parents also appreciated their importance, Yogendra Shahi, a RC teacher happily expresses “Tablets have been quite effective for teaching learning of children with vision impairment. They can read by listening and speak what they learn by listening”. The 2022 endline survey also revealed that 91.5 percent (compared to 68.75 percent in 2019 baseline survey) of children with disabilities enjoyed Resource Class activities).



¹⁶ Rapid Need Assessment of Resource Classes, 2022 (carried out under the USAID’s Reading for All Program).



STORY 3: WALL PAINTING WITH BRAILLE PROMOTES LEARNING OF CHILDREN WITH VISION IMPAIRMENT

Wall paintings create a child friendly environment in the classroom. To enhance an enabling environment in the Resource Classes, wall paintings are very important and liked by students. They help students learn and practice whatever they have learned during the session. Furthermore, the wall painting with Braille in the Resource Class for blind/low vision has been very effective. Sunita Paudel, a teacher at the Resource Class of Amar Singh Secondary School, Pokhara providing education to children with vision impairment cites “words in Braille, pictures in Braille, as well as wall painting [of words & numbers] in Braille has been very effective in teaching children with vision impairment and low vision. They can touch the words, pictures and identify and explain. With use of these materials, children are learning more”. “Before children didn’t want to come to the class [school]; now they become happy when they are asked to go to school”, she further adds. This helps boost the learning environment in the Resource Classes as reported in the assessment report¹⁷ which reported that 88.4 percent of the RCs needed child friendly wall paintings and other reading/learning materials. Wall paintings with Braille have been implemented in 15 Resource Classes which cater learning needs of children with vision impairments.

¹⁷ Rapid Need Assessment of Resource Classes, 2022 (carried out under the USAID’s Reading for All Program).



STORY 4: LEARNING FACILITATORS AND SOCIAL MOBILIZERS KEY TO ENSURE LEARNING OF CHILDREN WITH DISABILITIES DURING COVID

Sarita Rana Magar, a resident of Gadhwa rural municipality of Dang district worked as a learning facilitator for children with intellectual disability in the Resource Class of Balmandir Primary School of Ghorahi, Dang. She was assigned with the responsibility of providing support to the children with disabilities during COVID-19 through home visits. ‘We got access to the contact number of the students from the schoolteachers’ and contacted the parents of those children’ she recalls. “I visited students at their home with Mero Sanket app in the Tablet provided by the Reading for All Program. I didn’t have a clue about working with children with disabilities and particularly children with hearing impairment. I didn’t know sign language before. So, I learned a few words each night using Mero Sanket app and then facilitated their learning’ she further adds. This helped ensure learning of children with disabilities during COVID period. Like Sarita, the USAID’s RFA program mobilized 62 learning facilitators and 24 social mobilizers to support 43 Resource Classes and other mainstream schools to mitigate the impact of COVID on learning outcomes of children with disabilities; this reached 1,476 students with disabilities during the program period. Through these learning facilitators, 897 children with disabilities were provided with hygiene kits.



Sarita also facilitated learning of children with intellectual disabilities in the Resource Class. During home visits as well in the Resource Class, she felt the need for more and multisensory learning materials so that children could use multiple items according to their interest. “Children with disabilities need multiple learning items so that they can use them based on their choice and capability. Some children can learn by touching whereas others by listening” she adds. She further adds “learning through Tablet was quite effective. Many stories uploaded in the Tablet provided a unique opportunity to the children to learn”. She also recalled that face to face training for the learning facilitators like her was more effective than online training as many games and other teaching-learning methods were only possible to learn in an in-person training environment.



BEST PRACTICE 3: CAPACITY BUILDING OF STAKEHOLDERS AT THE FOREFRONT OF THE USAID’S READING FOR ALL PROGRAM

Individual and institutional capacity building has been at the forefront of the program. One of the objectives of the USAID’s RFA program focused on institutional and technical capacity at various levels to deliver quality instruction and support to children with disabilities. Following testimonies narrate the success of capacity building efforts at various levels.

STORY 1: GOVERNMENT MAINSTREAMS THE MAIN COMPONENTS OF THE USAID’S RFA PROGRAM INTO NATIONAL POLICIES AND PLANS

Capacity strengthening of the government institutions focused on collaboration in development and testing of the models, training packages and guidelines, and IEMIS sub-system. Major components mainstreamed into the government’s plan and policies are teachers’ training in the Teacher Professional Development (TPD) model, teaching learning materials, and early screening.

Teacher’s training has been one of the major interventions under this program. This entailed development of training modules (curriculum), trainers’ guidebook, delivery of training to the teachers and mainstreaming of training modules in the TPD model. “Under TPD training, there is one-month long teachers certification training and another 5-days refresher training. These two trainings are provided to teachers who are engaged in teaching the children with functional limitations and/or disabilities,” says Girman Thapa, Director, Training Section, CEHRD. “And before providing training to teachers, we developed teachers’ training curriculum, trainers’ manual development, and resource materials for teachers. For example, we developed TPD training curriculum and 5-days refresher training packages for teachers responsible for teaching children with vision and hearing impairment and intellectual disabilities”. Two Nepali Sign Language (NSL) and Braille-based training packages were developed by

USAID's RFA and validated by the government. This included methods to mainstream NSL and Braille in the professional curriculum. Girman adds, 'These developed training packages are mainstreamed and owned by the government. Last year, we organized training for teachers of Resources Classes for deaf and hearing impairment from all seven provinces and this year (BS 2079/80) (2022/23) also we have planned training for the teachers of Resource Classes for deaf and hearing impairment'. 'We have also planned training for teachers of Resource Class for blind and vision impairment this year through provincial education training centers in all seven provinces and a Training of Trainers (TOT) at central level'.



“Based on the success of this phase of the program, we have included early screening activity in the current fiscal year plan targeting at least 100,000 children. Another, we have plan to use the reading materials and other exercise books developed under this program in other areas and link these with the DLIs [Disbursement Linked Indicators] in the SESP [School Education Sector Plan]. Under teachers training, training of teachers focused to teaching children with disabilities has been mainstreamed under the government plan and will be delivered through seven provincial training centers and are mainstreamed in the TPD and customized training models’ asserts Choodamani Paudel, director general at the CEHRD.

These achievements were possible through the joint collaborative approach adopted under the USAID's Reading for All Program. At federal ministry level, a Multisectoral Steering Committee (MSC) in the leadership of the Ministry of Education, Science and Technology (MoEST) was formed with the members from the Ministry of Health and Population, Ministry of Women, Children and Senior Citizen (MoWSC), Centre for Education and Human Resource Development (CEHRD), USAID, Handicap International and World Education Inc. At the CEHRD level, a Project Technical Committee (PTC) was formed under the chairmanship of Deputy Director General with representation of the Inclusive Education (IE) Section, Training Section, IEMIS Section, and Planning Section of CEHRD, Curriculum Development Centre (CDC), Education Review Office (ERO), National Federation of the Deaf Nepal (NFDN), and IE Section acted as coordinator. A program team worked collaboratively with the IE Section of CEHRD. The IE Section and the program team collaborated with the respective section and offices particularly the training section, CDC and ERO in development and testing of the training curriculum and guidelines, revision of the textbooks and curriculum, development of teaching learning materials and development and testing of early grade reading assessment (EGRA) tools focusing on children with disabilities. Dr. Divya Dawadi, Director, Inclusive Education section, CEHRD recognizes the embedded TA under the USAID's RFA program as a vital element to enhance the ownership and effectiveness of the program. She adds “Under various formal structures took ownership of the project and mobilized all staff”. Government has developed and piloted training modules and has approved under the TPD for replication at national level. As there was mobilization of government staff at all levels, there wasn't extra cost involved which otherwise would have been much higher,” says Dr. Dawadi. Choodamani Paudel, DG, CEHRD asserts “technical team provisioned under the RFA program worked as a family together with the CEHRD team. This helped improve the capacity of human resources of CEHRD”.

The fieldwork revealed strong anecdotal evidence of the positive effect of training on the increased knowledge and skills of the teachers trained. These positive effects are also reflected in the various case stories presented above; the officials in-charge of training realized the need of systematic approach in generating concrete evidence on it. “There had been some gaps in training teachers. Teachers who participated in training at province level and TOTs participants at central level are very excited that they have learned knowledge and skills on how to support children with functional limitations. However, whether teachers applied the learned knowledge and skills in the classroom and to what extent children have benefitted from them is still to be studied”, says Girman.

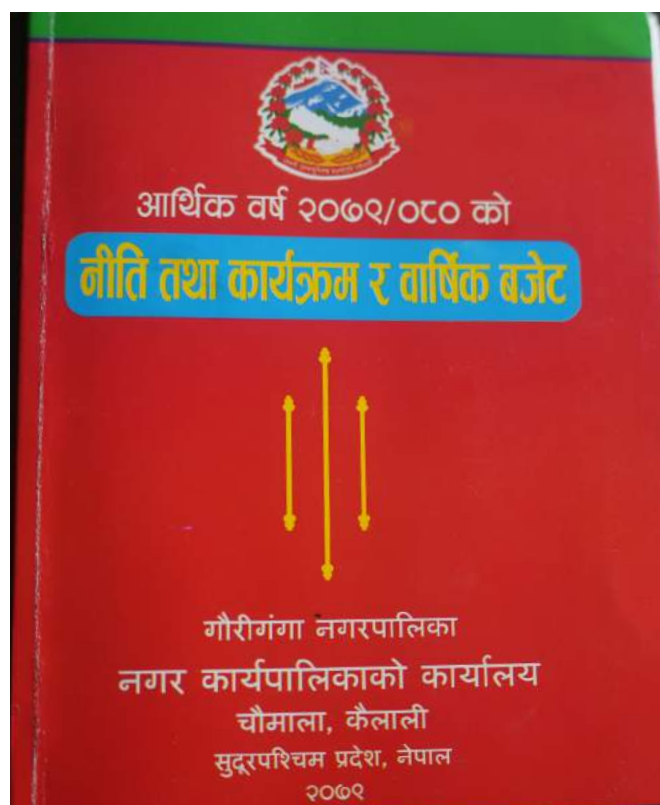
STORY 2: COLLABORATION OF EDUCATION AND HEALTH DURING PLANNING PAVES WAYS FOR INTEGRATED SCREENING OF CHILDREN



Early screening of functional limitations conducted under the USAID’s RFA program flags the suspected cases based on their assessment. Following early screening, medical screening through referral to the health institutions and medical doctors is required to confirm the status of limitations and disabilities. In the federal structure, Local Governments (LGs) are responsible to provide basic education, health and social services to the people in their territory. Education, health, social services (women and children) sections are situated within the LGs which have the opportunity to collaborate during planning and implementation. Harish Pant, Education Unit Chief at Gauriganga municipality, Kailali says “at municipality level, we have allocated a budget for early screening along with enrollment campaigns. During the planning period, we collaborated with

the health section so that early screening could be implemented jointly. We have allocated Rs.100,000 for early screening at palika level; we have planned to conduct early screening by using paper-based form at palika level”.

“Due to some small negligence, permanent disability is increasing; parents need to be aware; teachers also need at least one day training/ orientation on disability; health workers also need orientation even though it’s their work domain. Early screening should be done during enrollment campaigns at least up to grade 5”. Hence, we have prioritized early screening in our palika and will be conducted jointly with the health team and health institutions; says Mr. Pant.



“Identification of functional limitations is the health sector’s responsibility. However, as this is not done well, under education this has been piloted and demonstrated its effectiveness” says Dr. Divya Dawadi, Director, IE Section, CEHRD.

Formation and strengthening of the Student Assessment Technical Committee (SATC) has further paved ways for collaboration among education, health, and women and children section of the local governments. “In the SATC, education section looks after the education related matters, health section focuses on health, and women and children section focuses on the services related to disability such as issuance of certificate [of disability] and recommend the categories of disability” says Dhan Bahadur Khatri, technical assistant, education section of Simta rural municipality. Buddhi Gautam, Education Unit Chief of Simta rural municipality asserts that SATC has been instrumental in assessment of functional limitations, their referral for medical screening and issuance of disability ID card and making decision at the palika level if any additional support is required to particular children based on the geographic location, distance as well as problem faced due to disabilities.

STORY 3: USAID’S READING FOR ALL PROGRAM ENHANCES CAPACITY OF OPDS

USAID’s Reading for All Program implementation envisioned capacity building of the Organizations of Persons with Disabilities (OPDs) as well as utilizing their strengths and expertise both at national and district level. At national level, National Federation of the Deaf Nepal (NFDN) and Nepal Association for the Welfare of the Blind (NAWB) were resource partners. At district level, seven out of 10 implementing partners were OPDs and remaining three were local NGOs. Partnership with the OPDs for the implementation of the USAID’s RFA program was with a genuine purpose; most of the OPDs have been active in issue-based advocacy on rights of persons with disabilities. As the USAID’s RFA program aimed to work on the education rights of children with disabilities, it was envisioned that partnership with OPDs in implementation of the program would have added value in reaching out to the target beneficiaries and communities, raising awareness on the issue of disability and strengthening their organizational capacity.

During the fieldwork, seven executive committee (EC) members from five OPDs were interviewed to understand their experience of program implementation, added value that they brought in in the program implementation and their perception and self-assessment of their organizational capacity. It is notable to see that all interviewed EC members had positive responses and experienced substantial changes in the capacity of the organization as well as their members.



“We OPDs mainly worked focusing on advocacy and lobbying. While engaged in advocacy, we had quite a lot of experiences but lacked experience in delivering specific programs”, says Hem Bahadur Gurung, chairperson of Independent Living Centre (CIL), Kaski. “Implementation of RFA was an opportunity for us; this helps us enhance our organizational image and we persons with disabilities have opportunity to enhance our skills and capacities in identification of specific issues, strategies to address the issue and deliver the program”, he adds.

Nanda Raj Bhatta, Executive Director of Holistic Disability Development Society Nepal, Kailali shares similar stories of organizational capacity building during USAID’s RFA program implementation. He cites development of policy and guidelines (Five years strategy plan 2022-2027, internal control mechanisms) and

training to the EC members as well as staff which has helped improve governance of the organization. “Before RFA program, I could rate our organizational capacity at four (on the scale of 1 to 10) and now at eight; this is mainly due to development of many organizational policies and guidelines, our reach to the geographic locations, have access to various resources including human resources and now we are trained; 40 percent of our staff are persons with disabilities” says Mr. Bhatta.

Interaction during the fieldwork also reflected that a systematic approach of capacity building from the initial period would have been more effective. Engagement of board members particularly those who are themselves persons with disabilities in the program was, however, challenging due to lack of incentive for them; some reasonable accommodation would have been helpful for effective mobilization.



STORY 4: LOCAL AUTHORITIES AWARE ON THE RIGHTS OF CHILDREN WITH DISABILITIES



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The Education Act 2075¹⁸ (2018) commits compulsory education up to the basic level to every child aged between 4 and 13, through every local level; this makes the local governments (LGs) as custodian body for guaranteeing each child with education up to basic level (grade 8). The USAID’s Reading for All Program came into implementation immediately after the devolution of federalism in Nepal. The baseline survey¹⁹ showed that 87.5 percent of local level authorities were not aware of the education rights of children with disabilities. Various strategic interventions designed and implemented under this program helped local governments understand their duty and responsibilities towards ensuring education rights of children with disabilities. As a result, there has been enhanced understanding of the issue of functional limitations and disabilities among the local government education officers and elected representatives and they have been supporting various interventions implemented under this program. Babai rural municipality of Dang is one example. Mohan Lal Dahal, Education Chief of Babai RM says “RFA has succeeded in bringing in children with functional limitations in attention and in the

¹⁸The Act Relating to Compulsory and Free Education, 2076 (2018) (www.lawcommission.gov.np). A Study Report on Knowledge, Attitude and Practices (KAP) on Disability Inclusive Education of Nepali Children, conducted by Institute for Legal Research and Consultancy (ILRC) for USAID’s Reading for All Program.

¹⁹A Study Report on Knowledge, Attitude and Practices (KAP) on Disability Inclusive Education of Nepali Children, conducted by Institute for Legal Research and Consultancy (ILRC) for USAID’s Reading for All Program.

education system. It has played a big role. Babai RM will continue early screening of students and has allocated a budget in annual program. We have allocated NPR 3,000 per class for grade 1 to 3 in all 31 schools in our palika; we have allocated NPR 279,000 in total to conduct early screening in all schools. We didn't allocate a budget for ECD classes as there is already an allocation of NPR500 per student in ECD classes". "The allocated budget will be spent on refreshment cost for orientation to the parents; referral cost and other management cost at the school level", he further adds.



Narulal Chaudhary, Mayor of Ghorahi sub metropolitan city, Dang also realized the importance of the USAID's Reading for All Program. He says "In a glance we see all children coming to school as normal. Even though we see all organs of children functioning, we found some small kids who can't see. Even parents didn't know about the issue of children. Early screening conducted under this program revealed that there were children who can only see with eyeglasses and children with cognitive problems have issues with understanding. After implementation of this program, we realized that early screening really helps in improving reading and learning of all children and we need to act seriously on this. This component has been left out".

SUMMARY OF BEST PRACTICES BY MODEL OF INTERVENTIONS AND CHALLENGES ENCOUNTERED

Table 2. Description of interventions and coverage by model of interventions

Descriptions	Intervention Model		
	Model A: Resource Class	Model B: Early screening and response (IEP) led by headteacher	Model C: Activities in Model B + additional interventions
Coverage	12 RCs in 4 palikas of 2 districts, but later expanded to all RCs of program district.	3,442 schools of 10 districts	257 schools of 4 palikas of 2 districts
Interventions	Training to the RC teachers, sitting materials, renovation of classrooms, toilet etc., teaching learning materials, tablets, sports materials, learning motivators mobilization	Teachers are provided with a basic 10 plus five day EGR training; all teachers are trained on early screening, supporting student and teachers with IEPs and basic strategies for inclusive pedagogy and development of inclusive SIP to promote inclusive education in schools.	In addition to the interventions in Model B, there is additional support to the schools; USAID's RFA team deploys social mobilizer; works directly with the SMC/PTA and teachers; schools also get support through Mobile Education Assessment Team and TAs from OPDs. Teachers get additional 3-days training – EGR for children with functional limitations and get follow up and support for development of IEPs, assessment etc. At palika level, OPDs supports in formation & mobilization of SATC.

Table 3. Best practices and challenges by model of interventions

# 1 Best Practice: Early screening a corner stone for generating evidence and promoting inclusive education for children with disabilities		
	Positive evidence that supports the best practice	Challenges encountered & limitations
Model B: Early screening and response (IEP) led by headteacher	Strong evidence found on knowledge, attitude and skills among teachers, parents, local government; progress towards development of IEPs and inclusion in SIPs and Palikas education plans.	Weak mentoring and follow up of trained teachers, insufficient mobilization of SMCs and PTAs and parents, concrete evidence on learning/reading outcome still not available adequately
Model C: Activities in Model B + additional interventions	Strong evidence found on knowledge, attitude and skills among teachers, parents, local government; progress towards development of IEPs and inclusion in SIPs and Palikas education plans; with more follow up and supports from USAID's RFA program team; active engagement of SATC at palika level with more collaborative efforts with health, and women and children section.	Weak mentoring and follow up of trained teachers, mobilization of SMCs and PTAs weak, more reliant on the USAID's RFA team. Concrete evidence on learning/reading outcome still not available adequately

Table 3a. Best practices and challenges by model of interventions

# 2 Best Practice: Strengthening of Resource Classes boost learning environment		
	Positive evidence that supports the best practice	Challenges encountered & limitations
Model A: Resource Class	RCs teachers are capacitated with enhancement in their knowledge and skills related to disabilities and functional limitations in particular; updated training as per national TPD curricula; children with disabilities have increased access to diverse teaching learning materials with positive impact on their educational learning and overall development.	Mainstreaming of children with disabilities still a challenge due to limited training to the RCs teachers and lack of training on Sign language and Braille to the subject teachers;

Table 3b. Best practices and challenges by model of interventions

# 3 Best Practice: Capacity building of stakeholders at the forefront of the USAID’s Reading for All Program		
	Positive evidence that supports the best practice	Challenges encountered & limitations
Both Model B & Model C	<p>Teachers: Teachers enhanced understanding of the issue of disability and functional limitations, able to respond to the needs of children with functional limitations,</p> <p>Local governments: progressive ownership of the program with inclusion of early screening in their plan and budget and collaboration with health,</p> <p>OPDs: improved organizational capacity, enhanced understanding on the functional limitations and integrating delivery of services with advocacy,</p> <p>National government: increased ownership of the training curriculum, teaching learning materials and scale up of early screening in the annual plan.</p>	<p>Teachers: Mentoring and follow up of the teachers still weak and need to be strengthened for continuous application of knowledge and skills learned; low motivation among teachers to be addressed through various interventions (incentive or recognition etc.).</p> <p>Local governments: Involvement of the local government elected representatives was found to be somewhat weak’ more collaborative approach with the local government to enhance ownership of the program as education to the secondary level is the responsibility of local government.</p> <p>Collaboration with health: Although promising practices are there, stakeholders felt need of strong collaboration with health and joint programming at the palika level.</p>

STAKEHOLDER’S PERSPECTIVES ON SCALE-UP OF THE MODEL

The following matrix summarizes stakeholders’ perspectives on the scale-up of the models based on the information collected during the fieldwork. The best practices and lessons learned as well as challenges and limitations are described above. However, there was a constraint to clearly distinguish the models due to a lack of observation of the impact level changes.

Table 4. Stakeholders’ perspectives on the scale-up of the model

Descriptions	Intervention Model		
	Model A: Resource Class	Model B: Early screening and response (IEP) led by headteacher	Model C: Activities in Model B + additional interventions
Stakeholders’ perspectives on the scale-up of the model	Strengthening of RCs is relevant and need to be scaled up with further emphasis on training and refresher training for the RC teachers, and basic trainings to grade teachers and subject teachers particularly on Sign language and Braille	Cost effective and viable for national scale up with some modification of monitoring and follow up of the teachers, follow up on the formation and implementation of IEP, data management in the IEMIS sub-system, strengthening of SMCs and PTAs as well as strong collaboration with the local governments (palikas) at all levels and more sensitization and involvement of parents in the early screening.	Although this model has somewhat better initial results particularly related to IEP formulation and SATC formation and strengthening, this model may not be economically viable and sustainable for national scale up. Strong comparative evidence would be required to justify the viability of this model.

LESSONS LEARNED

This section summarizes the lessons learned which is derived from the evidence generated through the interviews and consultations with various stakeholders at different levels during the fieldwork. Lessons learned are presented into four major categories.

EARLY SCREENING OF CHILDREN

Evidence generated through fieldwork shows that early screening has been effective in terms of raising awareness among the teachers, parents and communities, and government and stakeholders at local, province and central level. Early screening helps to identify the children with functional limitations and to cater to their learning needs through various inter-linked activities such as medical assessment and screening, provision of assistive devices and medical treatment and development of IEPs. Comparative²⁰ study of CFM and medical screening also reveals that CFM is an effective tool in specifically flagging the functional limitations. This justifies the need of scale up and replication of early screening at national level covering all districts and schools.

The following lessons learned need to be considered when making early screening more effective and to ensure the rights of children with disabilities.

1. Expansion of scope of early screening is important to guarantee the education rights of all children. Stakeholders suggest that early screening needs to be scaled up nationally and expanded to higher grades (at least up to grade 8) but if possible up to grade 12. Whole school approach in terms of first screening would have added value. Sandip Paudel LEU chief, Kaski suggests “early screening should be extended up to grade 8 at least so that children with functional limitations in upper grades also get remedial support”. Similarly, Jeevan Neupane, LEU chief, Banke goes further ahead and suggests, “rather than focusing to some level, all children from ECD to grade 12 should be screened once and then focus the screening to ECD level”. This will help address the issue of higher grade as well, hence applying whole school approach would be more effective.

Currently, out of school children with disabilities and students from institutional (private) schools are out of reach of the program and the early screening should consider these groups of children as well. Hem B. Gurung, Chairperson of CIL asserts that children from institutional (private) schools and out of school children were not in the scope of this program; in the coming days these categories of children need to be considered. Institutional schools²¹ have a substantial share in Nepalese education system; 17.6% percent of the ECED/PPEs are institutional which accommodates 47.5 percent of total ECED/PPEs students and 18.4 percent of institutional lower basic schools (grade 1-5) accommodates 25.4 percent of students. Recent study²² shows that five percent of children aged 5-12 years are still out of school. These justify the significance of expansion of early screening to accommodate these groups of children.

2. Coordination and collaboration with health is important and should be strongly focused with coordination at all levels – federal, province and local government. Fieldwork revealed that where there is collaboration with the health has positive outcomes in terms of early screening, referral and assessment. While collaboration between health and education is important from the perspective of identification of functional limitation and response to the medical needs which helps overcome the barriers to reading and learning of children, global literature²³ also suggests the link of prenatal and postnatal malnutrition and health seeking behaviors to the intellectual functioning in early school-aged children. Hence, collaboration between health and education would also help

²⁰ Comparison of the Washington Group/UNICEF module on child functioning with medical screening for identifying children with functional limitations in Kailali District, Nepal, 2022.

²¹ Flash I Report 2077 (2020-2021), Centre for Education and Human Resource Development, 2021.

²² MICS 2019. Central Bureau of Statistics, Kathmandu, Nepal.

²³ Effect of prenatal and postnatal malnutrition on intellectual functioning in early school-aged children in rural western, China (<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4979774>).

in preventing the occurrence of functional limitations and disabilities as early screening would help sensitize the parents as well as enhanced understanding among the health workers.

3. Adaptation of the WGQ to the local context is important for effective screening of children. While the WGQ and its domains are internationally tested and applicable, early screening tools particularly questionnaire's translation requires adaptation to the local context for better understanding at the local level. Dr. Divya Dawadi, Director, Inclusive Education section, CEHRD asserts that WGQ-CFM should be adapted to the local context using Translation Review Adjudication Pretesting Documentation (TRAPD) method; during the piloting phase a literal translation method was used which caused some difficulty in making the teachers understand the questions. Based on this learning, CEHRD together with concerned stakeholders have already acted in revision and adaptation of the WGQ-CFM and has approved the revised version for scale up. Ram Chandra Sharma, Director, IEMIS section asserts that time allocated for the training of teachers on early screening was inadequate; due to lack of internalization of the questions particularly in the cognitive domain, there has been some challenge. "Identification of cognitive domain is itself a difficult subject [task]" says Mr. Sharma.

4. Parental engagement in early screening seems crucial and should be built strongly through engagement and strengthening of SMC and PTAs. Formation of parallel committees should be minimized, and tasks and responsibilities related to early screening should be included in the TOR of the SMCs and PTAs for sustainability and ownership by the school authority. Durga Dutta Dhakal, headteacher from Mustang realized the difficulty of convincing parents in the beginning of the program. "it was very difficult to convince the parents in the beginning. We couldn't make them understand. ...parents didn't share the report of the medical screening after referral; we had to visit their home" says Mr. Dhakal. Dhan B. Khatri, a LEU staff reflects that parents didn't accept the flagged status of functional limitations among their children; it was only after the medical screening when the doctor provided report on the status. Mr. Harish Pant emphasizes "SMC should be made responsible for that [early screening]. There is no need of many committees. The SMC or the headteacher can form a sub-committee if required to carry out early screening or any other task".

STRENGTHENING OF RESOURCE CLASSES

Strengthening of Resource Classes through provision of various kinds of teaching learning materials, renovation of physical infrastructure, furniture and sitting materials has created a conducive environment for teaching and learning. Training of RC teachers has further diversified their knowledge and perception about functional limitations and disabilities, and helped strengthen their skills. Mobilization of learning motivators and social mobilizers has also demonstrated positive results in mitigating the learning loss of children with disabilities during the COVID-19 pandemic. Although it's too early to see the impact on reading and learning outcome of children with disabilities, there is promising anecdotal evidence that they are enjoying the improved child-friendly environment in the RCs and are more attentive than before with profound changes on their behavioral aspects that would bring substantial and positive impact on their learning and reading outcome. Thus, strengthening of Resource Classes should be a focus to ensure the education rights of children with disabilities as a transition class into an inclusive mainstream learning environment. Based on the learning and feedback provided by various stakeholders, following aspects require attention to make RCs more effective towards guaranteeing learning outcomes of children with disabilities.

1. Provision of TLMs to the Resource Classes in the initial period of the program so that RC teachers and children would have opportunity to use them for better impact on teaching and learning. Most of the RCs were provided with the TLMs in the latter period, and in most of the cases RCs have not had enough time to use them. A RC teacher says "most of the materials we received towards the end of the program; children would have benefited from the use of these materials if they were provided earlier – in the beginning." It is noteworthy to mention here that a comprehensive need assessment of the RCs was carried out which revealed need of TLMs in the RCs. Based on this need assessment, TLMs were co-created to meet the diverse needs of children

with disabilities and delivered to the RCs which took some time. As noted earlier, the COVID-19 further impacted the program implementation in the initial period of program life.

2. Teaching learning materials particularly ICT related items should be compatible to the requirement. While the provision of tablets was praised by the RC teachers, they also raised concern about the storage/RAM capacity of the devices. One RC teacher says, “we received Tablets, but they don’t support; often hangs, does not run properly. And, we didn’t receive any training on how to use tablet; using like how we use mobile phone”. Hence, with the introduction of new ICT devices, both quality as well as instructional training/orientation need to be considered. Another RC teacher expresses the dissatisfaction of children, “Tablets provided to the children vision impairment do not support Touchback software which has hindered teaching and learning for children with total vision impairment”.

3. Training of Resource Class teachers should be further strengthened with longer training and refresher training so that they could engage in teaching higher grade students as they would be capacitated in adapting more complex content. A RC teacher says, “...they [children with hearing impairment] attend regular classes but don’t follow the instructions of the subject teachers. I bring them to remedial class and repeat all lessons related to English, Math, Science and Nepali to make them understand the lessons. Then they attend resource class as well. But I may not be able to provide support for higher grades lessons as I also have some limitations of understanding and explaining complex words and expressions in sign language”.

4. Subject teachers of higher grades of the school with Resource Class should be trained on basics of Sign language and Braille so that they could facilitate learning of respective types of children with disabilities and could pay attention to them in the mainstream class. A RC teacher suggests that additional training should be provided to her as well as other Resource Class teachers and also some basic training on sign language to subject teachers so that they could facilitate learning of children with hearing limitations through sign language. The 2022 endline survey revealed a mere increase (from 19.2 percent in 2019 to 23.07 percent in 2022 endline survey) in proportion of mainstream school teacher trained on inclusive education and pedagogy by EDCU.

CAPACITY BUILDING OF TEACHERS AND STAKEHOLDERS

There has been a promising effect on the teachers and other stakeholders on the understanding of the early screening, functional limitations and disabilities and improving the teaching learning environment in the school. The interactions during the fieldwork revealed that following aspects need to be considered to further improve the capacity building component.

1. Partnership with local governments and their engagement is important for sustainability and hence a systematic approach should be adopted to engage the local government (both officials and the elected representatives) from the beginning of the program. The Education Act 2075 (2018) makes the local governments (LGs) a responsible government body for guaranteeing each child with education up to basic level (grade 8). A central level government official reports “in one of the intensive palika, the program directly went to the school. When the team went to the school with disability identification tool, the officials of the local government were not informed”.

2. A follow-up and monitoring mechanism should be in place to monitor and follow up the learning and actions after the training of the teachers so that changes could be reflected, and challenges and constraints faced during the implementation could be addressed. Purna P. Paudel, headteacher, Surkhet suggests “Teacher mentoring part needs to be added. Once we trained [the teachers], but regular mentoring is lacking”.

3. Readiness assessment of the institutions engaged in program implementation should be carried out in the beginning and reviewed on a periodic basis to assess the changes over a period of time. This applies to both OPDs, schools, local governments as well as sections

and departments at province and national level. Evidence from the fieldwork reveals that there have been significant and positive changes among the stakeholders at various levels. However, we lack concrete evidence to demonstrate these changes. DG at CEHRD suggests that readiness part should be assessed at local government, schools and the program implementing agencies/organizations. This will help in identifying the human resources, financial resources and other aspects for effective implementation of the program.

MULTISECTORAL COORDINATION AND COLLABORATION

Disability is a multifaceted issue and requires multisectoral collaboration to ensure the rights and needs of those with disabilities are fully realized. Education is hampered due to disability, Greater, more effective identification of functional limitations and disabilities requires engagement of various stakeholders, particularly health, education and social services along with the governments at all levels. Interactions during fieldwork revealed that following points should be considered to further strengthen multisectoral coordination and collaboration.

1. Keeping the local government at forefront of implementation of the program is essential. This will help bring the health, education, and social sector together as education, health and social security are the responsibilities of the local government. As noted above, local government is the custodian body for guaranteeing education rights of people in its territory. Current governance structure has brought education, health, social security and other sectors together under one management at the local level. Hence, working with the local government keeping them at the forefront would bring positive impact and enhance sustainability of the program.

2. More functional collaboration between health and education helps improve the frequency and effectiveness of early screening and the medical referral system. There is strong evidence that interventions led by health particularly during The Golden 1000 Days²⁴ has positive impact on children's health and wellbeing. Engagement of health in the early screening and referral system would further help prevent the children from permanent disability.

²⁴ <https://blogs.worldbank.org/endpovertyinsouthasia/engaging-communities-golden-1000-days-nepal>

OPPORTUNITIES FOR FUTURE IMPROVEMENT

Based on the analysis of best practices, challenges and lessons learned, a brief summary of opportunities for future improvement of the USAID’s Reading for All Program has been outlined. This is outlined for different stakeholders particularly government at three levels: central, province and local level, and development partners.

GOVERNMENT LEVEL

Federal	<ol style="list-style-type: none"> 1. Make early screening mandatory for all types of schools and scale it at national level. 2. Develop a more effective collaboration and coordination mechanism between MoHP and MoEST for joint planning & implementation of early screening. 3. Integrate the IEMIS sub-system into the main system & avoid duplication of data on disability. 4. Strengthening inclusive education systems through existing Resource Classes to act more as transitory classes.
Province	<ol style="list-style-type: none"> 5. Develop an effective collaboration and coordination mechanism among the Health, Education and Children and Women Development Sections of the Ministry of Social Development for joint planning and implementation of early screening.
Palikas	<ol style="list-style-type: none"> 6. Include early screening in its annual plan and budget and make early screening mandatory 7. Establish and implement a mentoring and follow up mechanism for teachers to reflect back and monitor the application of knowledge and skills gained from trainings. 8. Establish a mechanism to include early screening and associated activities in the SIP of the schools through strengthening of SMCs/PTAs. 9. Ensure parents engagement throughout the educational process including early screening and IEP. 10. Build capacity of local government education units

FEDERAL LEVEL

1. Make early screening mandatory for all types of schools and scale it at national level.

There is strong evidence and rationale for the scale up of the early screening and broadening its scope to cover institutional schools and out of school children. This would not only contribute to more effective disability identification, it also would create a more accurate data collection system disaggregated by disability at a national level.

2. Develop a more effective collaboration and coordination mechanism between the Ministry of Health and Population and the Ministry of Education, Science and Technology for joint planning and implementation of early screening.

Evidence shows that collaboration between the health and education sectors would help improve other health indicators and behaviors at community level and early screening would be effective by mobilization of and working together with the health personnel.

3. Integrate the IEMIS sub-system into the main system and avoid duplication of data on disability.

There is strong evidence and justification that integrated system works smoothly. Doing this has the potential to act as an accountability mechanism and will provide disability disaggregated data.

4. Strengthening inclusive education systems through existing Resource Classes and support them to act more as “transitory classes”.

Evidence reveals that teaching and learning resources available in RCs have a positive impact on wellbeing and learning achievement of children with disabilities and play a role in the transition towards disability inclusive education. Children could spend an initial period of time at the Resource Classes but gradually transition to the mainstream, whilst still benefiting from some remedial additional support from the Resource Classes.

PROVINCE LEVEL

1. Develop an effective collaboration and coordination mechanism among the Health, Education and Children and Women Development Sections of the Ministry of Social Development for joint planning and implementation of early screening. Evidence shows that collaboration with health and children and women development section under the SATC formation and mobilization has been effective in mainstreaming various kinds of services related to disabilities at the palika level.

PALIKA LEVEL

1. Include early screening in its annual plan and budget and make early screening mandatory. Local government has the responsibility towards ensuring education rights of children and it would be an important step towards prevention from permanent disability. Provision and continuation of teachers training should be an integral part of early screening.

2. Establish and implement a mentoring and follow up mechanism for teachers to reflect back and monitor the application of knowledge and skills gained from trainings. This would not limit to the training provided under USAID's Reading for All Program but to any training provided to the teachers. Also include follow up of IEP under this mentoring and follow up.

3. Establish a mechanism to include early screening and associated activities in the SIP of the schools through strengthening of SMC/PTAs

4. Ensure parents engagement throughout the educational process including early screening and IEP.

5. Build capacity of local government education units to increase technical skillset in developing, implementing, and monitoring local level inclusive education systems.

DEVELOPMENT PARTNERS AND OTHER ACTORS

For all	<ol style="list-style-type: none">1. Collaborate with OPDs and their trained human resources in sensitizing the local governments.2. Ensure accessibility of children with disabilities in all dimensions including infrastructures, teaching-learning materials and so on.
Development partners	<ol style="list-style-type: none">3. Support in fulfilling the vision of shared responsibility of federal and sub-national levels of governments in education as outlined in the SESP.4. Adopt readiness assessment approach while planning and implementing program/projects.5. Consider the compatibility and quality dimension of TLM materials.6. Support in capacity building and partnership with local governments.7. Invest on inclusive education.8. Exchange and promote learning of best practices from grassroots level.

1. Support in fulfilling the vision of shared responsibility of federal and sub-national levels of government in education as outlined in the School Education Sector Plan (SESP). SESP sets out the roles, responsibilities and authorities of each level of government. Hence, development partners and other actors should develop an appropriate program implementation modality to ensure the ownership of the program and its sustainability.

2. Adopt readiness assessment approach while planning and implementing program/projects. This will help in channelizing the interventions and support to the needy area and help in measuring the performance over a period.

3. Consider compatibility and quality dimension of the TLM materials. Also consider capacity building and ICT capacity in particular.

4. Support in capacity building and partnership with local governments. The devolution of federalism in Nepal has set expectations from the local governments but their capacity remains very low in terms of available human resources and their technical skills.

5. Invest on inclusive education. Evidence shows that children with disabilities are among the hard-to-reach categories. To realize the ‘Leave No One Behind’²⁵ SDG’s promise, there is need of more investment from the development partners.

6. Exchange and promote learning of best practices from grassroots level. It is evident that many best and emerging practices which have proven to be effective at various levels but are often limited to the place of origin or at the implementer level. Hence, promoting exchange of such practices would yield in learning at various levels.

COMMON FOR ALL

1. Collaboration with OPDs and their trained human resources in sensitizing the local governments. The OPDs have enhanced capacity in terms of understanding of the issue of functional limitations and the remedial support to overcome their learning barriers and improve their learning. Hence, there is huge potential to mobilize the trained human resources.

2. Ensure accessibility of children with disabilities in all dimensions including infrastructure, teaching-learning materials, and so on. Collaboration with OPDs in particular will help assess the accessibility aspect and ensure the measures to address the gaps.

²⁵ <https://unsdg.un.org/2030-agenda/universal-values/leave-no-one-behind>.

