

Education for All

Advancing Disability Inclusion in Latin America and the Caribbean

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Education Division
Social Sector

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Education for All: Advancing Disability Inclusion in Latin America and the Caribbean

Education Division
Social Sector

Policy Brief No. IDB-PB-299

Diana Hincapié, Suzanne Duryea, and Isabel Hincapié^{1*}

This policy brief uses data from censuses and household surveys in the Latin America and the Caribbean (LAC) region to analyze the gaps in school attendance and completion rates between children and youth with and without disabilities. We find that children and youth with disabilities are less likely to attend school and to complete key levels of education, such as secondary school. Attendance gaps across disability status are larger for youth of secondary school age (12-17) than for children of primary school age (6-11) with youth ages 12-17 with disabilities 10 percentage points on average less likely to attend than youth without disabilities.

While the available data do not lend themselves to intertemporal comparison, the results suggest that inclusion has not been realized across this small sample of countries, particularly with regard to those aged 12–17. We find that exclusion in secondary school was lowest in Chile where the gap in attendance across youth with and without disabilities for ages 12-17 was lower than 2 percentage points. While there is some data that suggests many schools do not have the appropriate infrastructure for students with physical disabilities, there is a lack of information regarding the accessibility for students with visual, auditory, cognitive and other disabilities. A shift to inclusive education requires political will and commitment conveyed with a strong and consistent message throughout the education system. Overcoming the main barriers to education inclusion can be accomplished through: (i) improving early identification of children with disabilities; (ii) strengthening data on school accessibility; (iii) implementing universal standards for accessibility and earmarking schools with higher needs with additional resources to support reasonable accommodation; (iv) training teachers and providing trained aides.

April, 2019

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Abbreviations

CRPD	Convention on the Rights of Persons with Disabilities (United Nations)
FEMIS	Fiji Management Information System
LAC	Latin America and the Caribbean
SDG	Sustainable Development Goals
WG	Washington Group

1. Introduction

The concept of disability and the legal framework for the rights of children and youth with disabilities have both evolved in the Latin America and the Caribbean (LAC) region over the past 15 years. The region has shifted from the moral, charity, and medical models of disability to embrace the concept of disability as reflected in conventions of the United Nations (UN) and other international frameworks. The prevailing model in LAC had long been the moral model—the oldest, and usually within religious tradition—regarded as a punishment by God for transgressions. The charity model closely relates to that of the moral, whereby the former is considered a tragedy for someone perceived as a passive victim rather than someone capable of autonomous decisions. Lastly, the medical model considers a disability as a consequence of an impairment, typically an illness or accident, for which preventive resources as well as therapeutic interventions and services are required; that is, the person with a disability is perceived as a problem to be cured.

In contrast to these early models, the more recent social—or interactive—model, embraced by the 2006 Convention on the Rights of Persons with Disabilities (CRPD) of the UN, addresses disability as a consequence of environmental, social, or attitudinal barriers that prevents people with long-term physical, mental, intellectual, or sensory impairment from maximum participation in society. Disability is not defined solely as a health condition; but a result of limitations imposed by external barriers. This interactive concept is inscribed in Article 1 of the CRPD, which builds on the 2001 International Classification of Functioning, Disability and Health of the World Health Organization.

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.” (CRPD, Article 1)

In the LAC region, 31 of 33 countries have ratified the CPRD, including all 26 member countries of the Inter-American Development Bank. Despite the social or interactive model having been adopted in international and national legal instruments, many individuals with disabilities continue to experience effects as a result of earlier models. This can be due in part to inertia with respect to attitudes. Such attitudes contribute to the stigmatization and underestimation of the talents and capacities of persons with disabilities.

The international legal framework on inclusive education has been shaped by the 1994 World Conference on Special Needs Education of the UN Educational, Scientific and Cultural Organization, UNESCO (Ainscrow and Cesar, 2006). The Salamanca Statement from this conference is regarded as the first international instrument to endorse inclusive education for children with differential needs. The rights of persons with disabilities to access education on an equal basis with others is enshrined in Article 24 of the CPRD, which states that governments will provide reasonable accommodation, train teachers,

facilitate the learning of sign language, promote the linguistic identity of the deaf community, and enable the learning of braille (Annex 1). The statute emphasizes the promotion of social and academic development in environments consistent with full inclusion.

In addition to the CRPD, disability inclusion is addressed in the Sustainable Development Goals (SDG) of the UN, five of which explicitly address the issue of disability. Article 4 of the articulates ensuring equal access for persons with disabilities in the construction and delivery of high-quality learning environments.

“SDG Goal 4: Ensure inclusive and quality education for all and promote lifelong learning

Target 4.5: By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations.

Target 4.a: (ii) Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.”

It is important to note that the international legal framework has moved from the approach of integration to inclusion. This means that students with disabilities are expected to not only attend school, but also to participate in all educational activities as any other student with the provision of reasonable accommodations of individual requirements.

2. Inclusion and Access to Education

Studies around the world have found that children and youth with disabilities are less likely to attend school and to complete the mandatory levels of education, such as secondary school. Educational gaps across children with and without disabilities are more evident in low-income countries (WHO and World Bank, 2011). Of the data collected in the 2002–04 World Health Surveys across 70 countries and referenced in the World Disability Report (WHO and World Bank, 2011), only four were within the LAC region. A more thorough analysis of representative data for LAC is therefore warranted.

Overall, the quantity and quality of the data gathered with respect to facilities and children limits the ability of this study to provide a comprehensive profile of disability inclusion in the education sector in the LAC region. However, compared to some sectors and world regions where little data is available, recent census data from LAC from 8 countries and household survey data for 4 countries is available not only to understand the gaps in attendance across children and youth with and without disabilities but also to gain an insight to the gaps with respect to completing secondary education. It is important to keep in mind that the census and survey information is not uniformly comparable across countries. As explored by CEPAL 2014 and Berlinksi et al. (2019), the censuses do not uniformly apply the measurement instruments that have been piloted, validated and endorsed by the global association of

experts, the Washington Group on Disability Statistics. In countries applying the recommended questions, individuals are asked whether they have difficulties performing basic activities such as walking, seeing, hearing, cognition, self-care and communication. However, some countries applied some version of the medical model in which the respondent is directly asked about having certain health conditions or impairments. In the subsequent analysis disability is defined as providing an affirmative response to any of the questions about difficulties or impairments framed within the interactive or medical model. An adult provides the information for minor children in most census and household survey questionnaires.²

Disability prevalence for children ages 6-17 across the 8 countries with available census data in the 2010 census round is 4.4% with rates generally higher in countries applying the Washington Group questions rather than the health-based questions. In LAC as around the world, children have the lowest prevalence rates across age groups. Notwithstanding challenges of comparisons across different instruments, prevalence rates for children in developed countries tend to be higher than in emerging or developing economies. A 2010 study in the UK for example found a 7% prevalence rate for children under 18 (Blackburn et al. 2010).

Across the 8 countries, access to schooling varies according to disability status. There is evidence of a considerable gap in attendance across disability status for boys and girls between 6 and 11 years of age and 12 to 17 years of age. The average attendance gap for boys between 6 and 11 years of age is 8.5 percentage points. The same can be said for girls, although the gaps are generally smaller with, on average, a difference of 7 percentage points between girls with and without disabilities. For youth between 12 and 17 years of age, the average gap is wider: 10 percentage points for both sexes, and 11.8 percentage points for boys and 8.2 percentage points for girls.

There are two main caveats with regard to the estimation of school attendance gaps. The first relates to the definition of attendance as those currently attending a school or educational facility. This can present an underestimation of the number of children with disabilities attending school, whose absenteeism may be much higher.³ With this and related concerns regarding educational performance in mind, the following section also examines patterns of exclusion in the rates of secondary completion.

² Given that most survey instruments do not distinguish the severity of the difficulty of functioning, we define living with a disability as in other studies (WHO 2011, CEPAL 2014), using the binary definition of any disability (moderate or severe) rather than limiting the definition to individuals with a severe difficulty. For some instruments we can restrict the sample to individuals with a severe difficulty. Of the 8 census instruments, only 2 provide sufficient information on the severity of difficulties, and of the 4 household surveys only 2 provide the information.

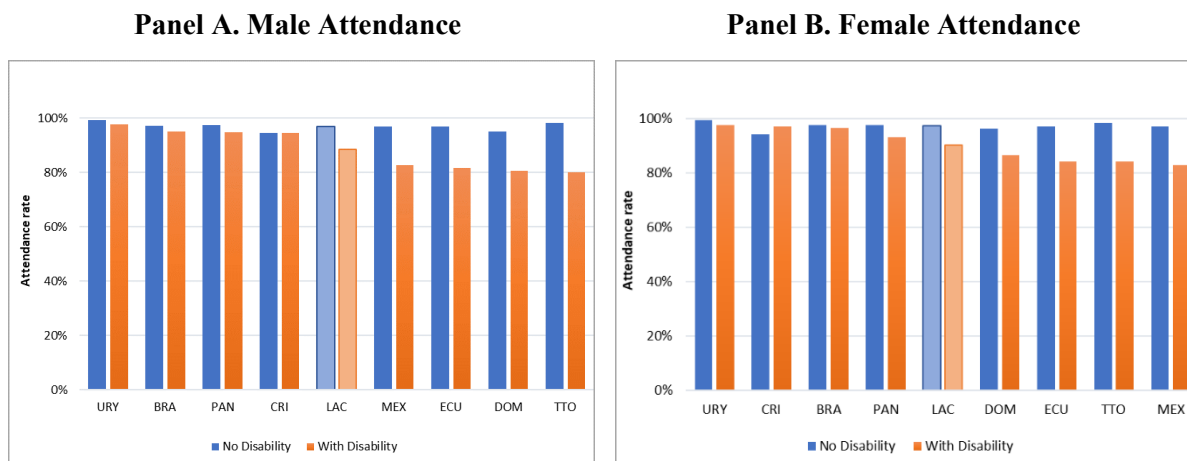
³ School absence might arise for health issues, lack of appropriate educational placements, bullying and school aversion (Chang & Davis, 2015)

The second caveat relates to the fact that attendance gaps may vary across countries, based on the instrument used to measure disability. As explored in more detail in Berlinski et al. (2019), there are many factors that could affect the way in which disability is captured from a survey. Parents responding to survey questions about their children, for instance, may be particularly averse to identifying children if they believe the questions to be stigmatizing or if they refer to impairments rather than difficulties. Underlying differences in questions make strict comparisons across countries—including across time within the same country—inadvisable. To address the main challenges to measuring disability in children aged 2–17, the Washington Group (WG) on Disability Statistics and UNICEF have developed a child module for use in household and other surveys. As more countries begin to implement the UNICEF/WG module on Child Functioning, the measurement of disabilities in children and their attendance gaps will become more comparable and consistent across countries.

Finally, while there is some data that suggests that many schools do not have the appropriate infrastructure to facilitate the inclusion of students with motor disabilities, there is a lack of information regarding the accessibility for students with visual, auditory, cognitive and other disabilities.

2.1 Attendance of Primary School Age Children

Figure 1. Attendance Rate by Gender, Ages 6 to 11, Censuses from 2010-2011



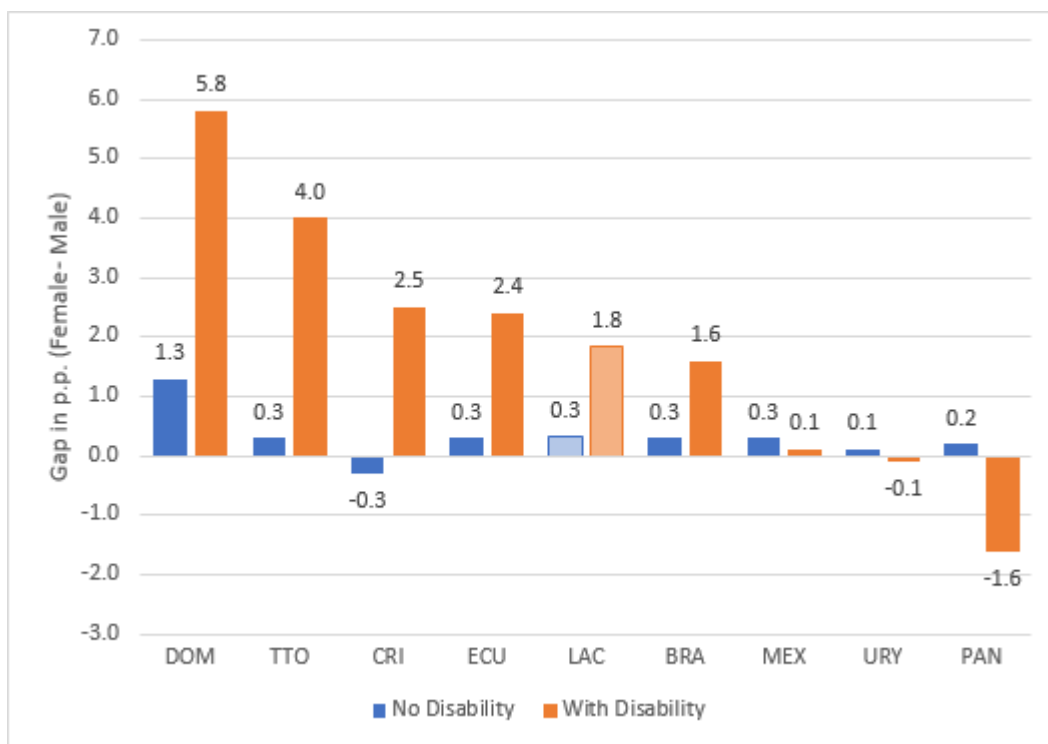
Source: Based on calculations from Berlinski et al. (2019), using country census for the period 2010-2011.

Note: The average for the Latin America and Caribbean region is calculated as the unweighted mean of country-level rates.

Notwithstanding the varied approaches to measurement, there are substantial differences in the school attendance of children and youth with disabilities across countries in the LAC region. Brazil, Costa Rica, Panama, and Uruguay have high attendance rates in the region among students with disabilities, where the gap between children ages 6-11 with and without disabilities is less than 5

percentage points as can be seen in Figure 1. By contrast, in the Dominican Republic, Ecuador, Mexico, and Trinidad and Tobago, the attendance rate for children with disabilities is 86 percent or less, and the attendance gap between children with and without disabilities is between 9.5 percentage points and 18 percentage points.

Figure 2. Gap in Attendance by Gender, Ages 6 to 11, censuses 2010-2011



Source: Based on calculations from Berlinski et al. (2019), using country census for the period 2010-2011.

Note: The average for the Latin America and the Caribbean region is calculated as the unweighted mean of country-level rates.

2.2 Attendance of Secondary School Age Youth

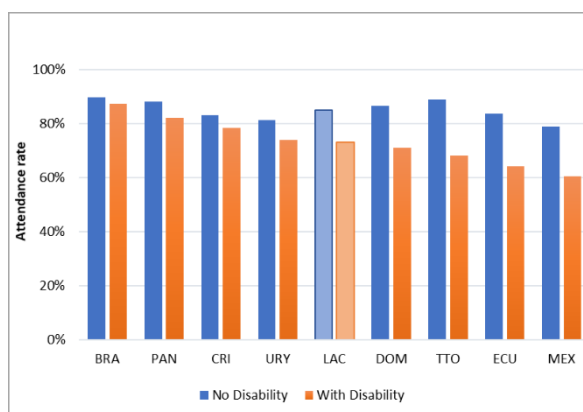
Gaps in attendance between youth with and without disabilities are much more pronounced at the secondary than the primary level. On average across the eight countries youth ages 12-17 with disabilities are 10 percentage points less likely to attend school than peers without disabilities. For girls the attendance gap across disability status is 8 percentage points, with a larger gap, 13 percentage points, across boys with and without disabilities. The gap varies considerably across LAC countries (see Figure 3). A comparison of attendance rates reveals a pattern very similar to that observed for primary school.

The lowest estimates for the gaps in school attendance across youth with and without disabilities tend to be produced in countries where the census instrument has produced higher prevalence rates, including Brazil, Costa Rica, Panama, and Uruguay.

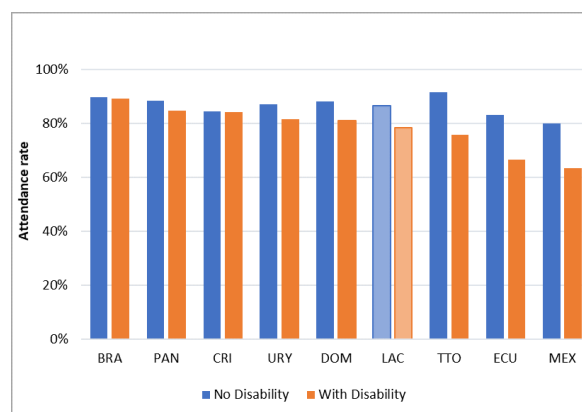
Furthermore, when examining the patterns by gender in Figures 2 and 4, two important facts emerge. As reflected in many studies, girls are not necessarily more vulnerable in LAC in terms of school attendance and attainment; boys are at higher risk of dropping out of secondary school (Duryea et al., 2007 and, 2012; Bassi et al., 2013). Figures 2 and 4 demonstrate that among the 8 countries studied, the gender gap in attendance favoring girls is larger among children and youth with disabilities than among those without. In other words, girls with and without disabilities are more likely to attend school than boys with and without disabilities.

Figure 3. Attendance Rate by Gender, Ages 12 to 17, censuses 2010-2011

Panel A. Male Attendance



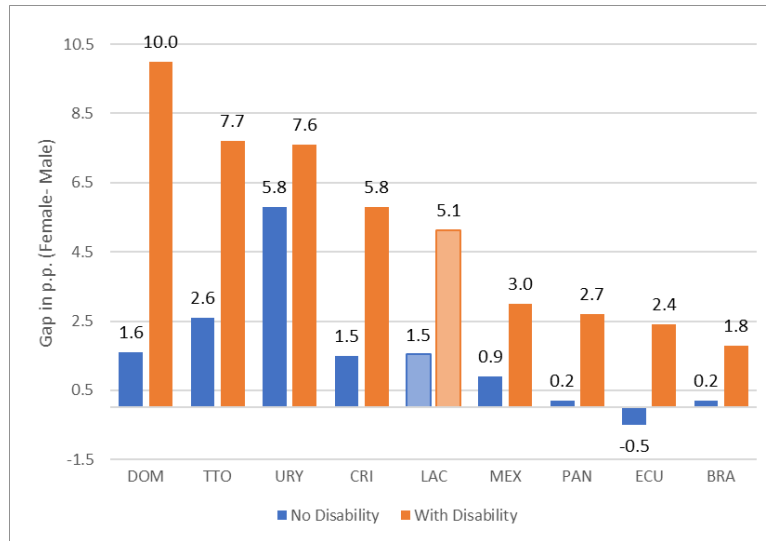
Panel B. Female Attendance



Source: Based on calculations from Berlinski et al. (2019), using censuses for the period 2010-2011.

Note: The average for the Latin America and the Caribbean region is calculated as the unweighted mean of country-level rates.

Figure 4. Gap in Attendance by Gender, Ages 12 to 17, censuses 2010-2011



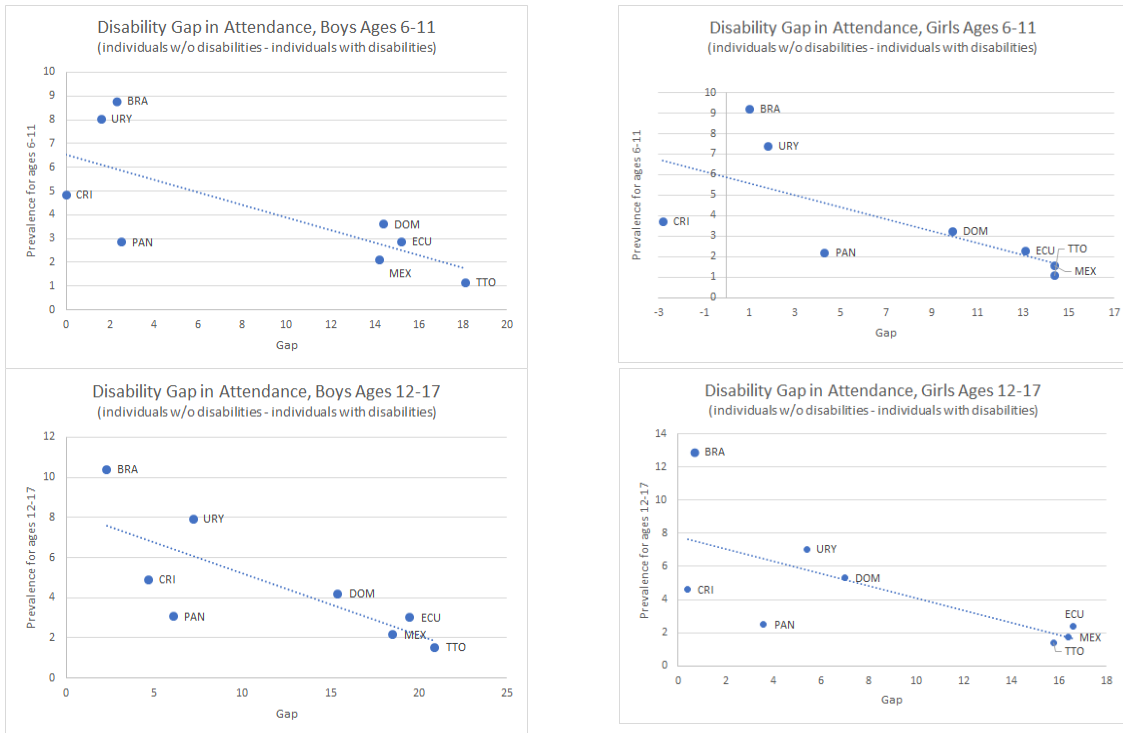
Source: Based on calculations from Berlinski et al. (2019), using country census for the period 2010-2011.

Note: The average for the Latin America and the Caribbean region is calculated as the unweighted mean of country-level rates.

2.3 Prevalence of Disability and Gaps in Attendance

Figure 5 shows the inverse relationship between the prevalence of disability among children aged 6–11 and 12-17 with the attendance gaps measured as described above and reflecting, in part differences in measurement. Countries that apply instruments with a lower threshold for determining disability status—which includes more children and youth with mild or moderate disabilities—demonstrate a narrower attendance gap. In contrast, when primarily identifying children with severe difficulties in countries where the threshold is higher, the attendance gap becomes wider. This negative pattern is observed among both age groups and genders, although appears to be more robust among the ages of 12 to 17.

Figure 5. Relationship between Disability Prevalence and Disability Gap in Attendance, censuses 2010-2011



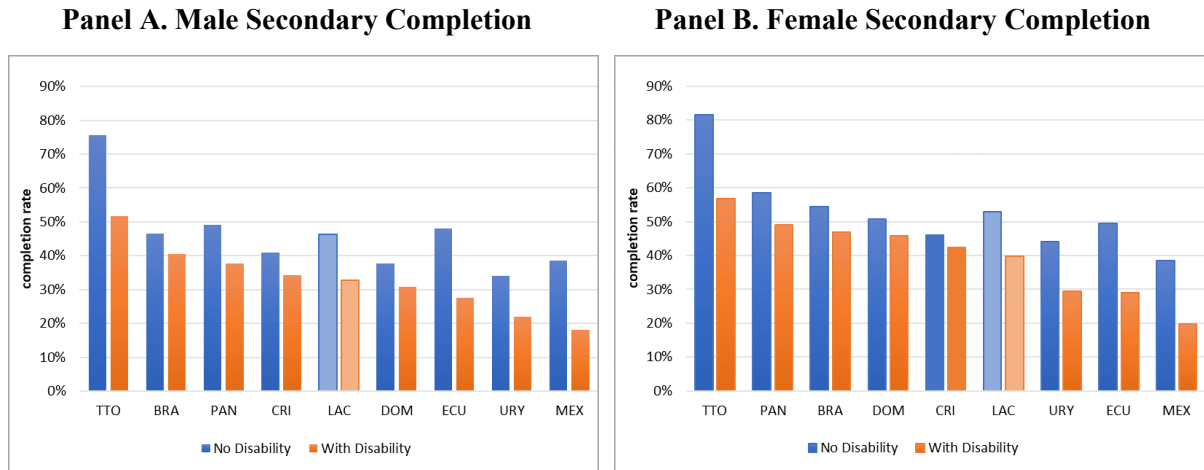
Source: Based on calculations from Berlinski et al. (2019), using country census for the period 2010-2011.

2.4 Completion Rates

Gaps are also found in the completion rates in secondary education among adults from ages 25 to 34, with and without disabilities.⁴ Across the eight LAC countries, adults with disabilities are 13 percentage points less likely, on average, to have completed secondary school compared to their peers without disabilities. In Figure 6, the gaps vary across countries from 5 percentage points to 25 percentage points, and while the ranking of gaps is not the same for ages 12 to 17, the countries with the widest gap in secondary completion are Ecuador, Mexico, and Trinidad and Tobago.

⁴ This age group is used because individuals have had time to finish secondary school but at the same time restricts the analysis to a subset of the population more recently exposed to the education system.

Figure 6. Secondary Completion by Gender, Ages 25 to 34, censuses 2010-2011



Source: Based on calculations from Berlinski et al. (2019), using country census for the period 2010-2011.

Note: The average for the Latin America and the Caribbean region is calculated as the unweighted mean of country-level rates.

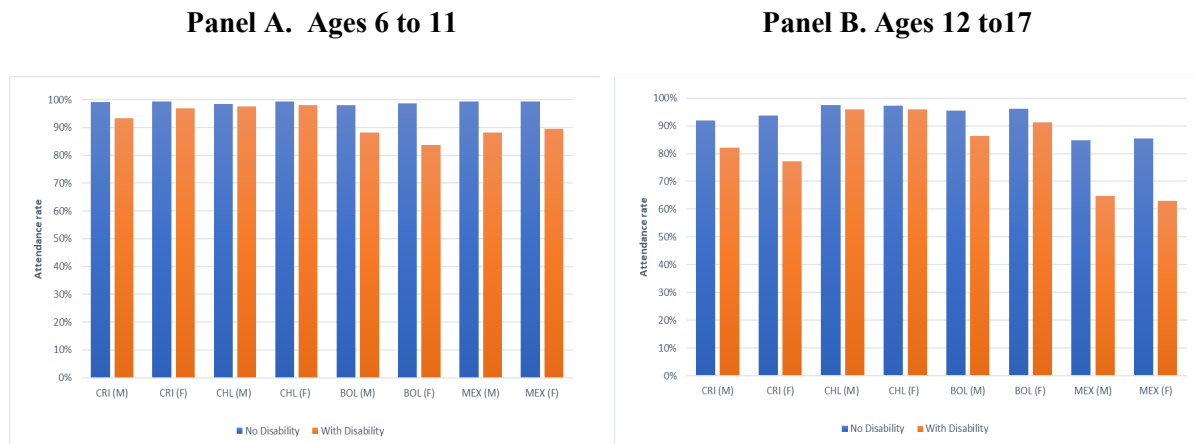
2.5 Has There Been Progress in Recent Years?

While analyzing census data is useful, both because of the representativeness of the data and the ability to calculate precise estimates when disaggregating into specific target populations, there is concern, nevertheless, that the census round of 2010 may not reflect the most *current* state of inclusion in education systems. As such, an analysis has been made of the most recent household surveys of Bolivia (2017), Chile (2017), Costa Rica (2017), and Mexico (2016), given that these survey instruments have followed global best practice of aligning their questions with the WG Short Set, a list of questions designed to measure persons with disabilities. Discerning the trend in inclusion over the last decade, prior to the availability of the 2020 censuses, nevertheless presents numerous challenges, because of the scarcity of household surveys within the region that include questions on disability status as well as methodological differences in the questionnaires that may influence prevalence.

While the available data do not lend themselves to intertemporal comparison, the results suggest that inclusion has not been realized across this small sample of countries, particularly with regard to those aged 12–17. Our analysis found, in fact, that children in Bolivia and Mexico aged 6–11 with a disability are 10 or more percentage points less likely to attend school than those without—whereas the gaps in Costa Rica and Mexico for this age group were all under 3 percentage points except for males in Costa Rica. The average gap for children aged 12–17 is 10.7 percentage points, with the gap being substantially higher in Bolivia, Costa Rica and Mexico than in Chile. High rates of inclusion were measured in Chile, where the gaps for this age group were estimated to be below 2 percentage points for

both males and females.⁵ The household survey results for all age groups and genders in Chile suggest that children and youth with disabilities have high levels of access to education, such that the attendance gap is among the smallest measured in the region. While this analysis addresses inequalities in access to education the question of accessibility to quality education requires an investigation of more complex data.

Figure 7. Attendance Rates by Gender and Disability Status, Household Surveys Circa 2017



Source: Author's calculations based on household surveys.

2.6 Access to inclusive education facilities

An obstacle to ensure full inclusion of students with disabilities in school is the access to inclusive education facilities. Argentina⁶ (2014), Mexico (2015), and Peru (2014) have administered a school infrastructure census that provides insight into how prepared schools are to address children and youth with mobility disabilities. The surveys revealed serious deficiencies in school infrastructure, for example, only 29 percent of primary schools in Mexico have ramps for access and circulation (see Table 1), and only 14 percent have large enough toilets with handles (see Table 2). An even smaller percent of preschools has the appropriate infrastructure, while primary and secondary schools have a slightly larger share of schools that are adequately prepared. Argentina and Peru have a much lower rate of schools that have bathrooms and ramps adapted for people with disabilities. Only 2.4 percent of primary schools

⁵ These results change slightly if the definition of disability omits mild difficulties and instead restricts to children with severe difficulties. Notwithstanding, the gaps remain under 5 percentage points for children aged 6-11 and 12-17 comparing children with a severe difficulties and children without disabilities.

⁶ The school infrastructure census in Argentina was administered only to state-managed institutions.

in Peru have ramps and only 1 percent have accessible toilets, while the figures for all school levels in Argentina are 16 percent and 13 percent, respectively.

Surprisingly, the three countries report to having inadequate infrastructure even in their special schools, in terms of ramps for access and circulation (Mexico: 60 percent; Peru: 24 percent), and accessible toilets (Mexico: 30 percent; Peru: 15 percent).

While school censuses offered some insight into school accessibility, particularly in relation to students with mobility difficulties, it is nevertheless limited to ramps and accessible toilets. In fact, access to school facilities goes far beyond. Some schools, for example, have ramps but have some inaccessible facilities (e.g., two stories, recreational facilities). It is also essential to consider accessibility as beyond mobility, in a way that the gathering of data should also include such items as easy-grip pencils, computer screen readers, audio books, appropriate signage, and other reasonable accommodations. As countries continue to enhance their education information and management systems, they will be able to more readily gather this critical information.

Table 1. Percentage of Schools with Ramps for Disability Access and Circulation

	Panel A. Mexico			
	Preschool	Primary	Secondary	Special
Answer	(1)	(2)	(3)	(4)
Yes	27.4	29.2	30.0	60.2
No	72.6	70.8	70.0	39.8
	Panel B. Perú			
	Preschool	Primary	Secondary	Special
Answer	(5)	(6)	(7)	(8)
Yes	3.8	2.4	4.4	24.2
No	96.2	97.7	95.6	75.8
	Panel C. Argentina			
	All levels			
Answer	(9)			
Yes	16.0			
No	84.0			

Source: Author's calculations based on school infrastructure censuses of Argentina, Mexico, and Peru.
Note: The unit of observation is the school.

Table 2. Percentage of Schools with Bathrooms with Disability Access

Panel A. Mexico				
	Preschool	Primary	Secondary	Special
Answer	(1)	(2)	(3)	(4)
Yes	10.4	14.2	17.3	30.5
No	89.6	85.8	82.7	69.5
Panel B. Perú (Bathrooms for Children)				
	Preschool	Primary	Secondary	Special
Answer	(5)	(6)	(7)	(8)
Yes	1.4	0.8	1.5	15.4
No	98.6	99.2	98.5	84.6
Panel C. Perú (Bathrooms for Adults)				
	Preschool	Primary	Secondary	Special
Answer	(9)	(10)	(11)	(12)
Yes	1.0	1.4	3.1	12.5
No	99.0	98.7	96.9	87.5
Panel D. Argentina (Bathrooms for Adults and Children)				
Answer	(13)			
Yes	12.7			
No	87.3			

Source: Author's calculations based on school infrastructure censuses of Argentina, Mexico, and Peru.
Note: The unit of observation is school.

3. Key Issues

To ensure that children and youth with disabilities in LAC have the same opportunities as their peers to access school and to receive quality education remains an ambitious goal that is far from reality. The full education inclusion of children with disabilities requires not only a significant educational system transformation with the necessary resources and tools to identify students with disabilities in a timely manner; it also requires a change in attitudes and awareness building. The main barriers to inclusion are (i) late or non-identification of children with disabilities; (ii) lack of teacher training; (iii) physical challenges to access not only school buildings but also routes from home to school (e.g. adapted pathways) and lack of adequate resources and assistive technology; (iv) existing stigmas against inclusive learning environments (WHO & World Bank, 2011; Rohwerder, 2015; Education Sector, UNESCO). This section documents the key elements and promising programs that can advance inclusive education for all children in the region.

3.1 Early Identification of Disabilities

A child with disabilities from an early age faces various risk factors that will impact his/her development and, possibly, survival. These include, among others, poverty, stigmas, discrimination, violence, and limited access to social programs and services (WHO & UNICEF, 2012). Early childhood is a crucial period for a child's development and it is a timely opportunity to ensure the beginning of a strong foundation that will influence the child's entire life. Early diagnosis of a disability rather than later is crucial when promoting inclusiveness and preventing the potential of severe development issues. For instance, studies show evidence that intervention at an early stage in a child's life in the spectrum of autism has a greater positive impact than when introduced later (Zwaigenbaum et al., 2015). Studies also have shown that delays in the diagnosis of hearing difficulties can lead to developmental delays that could have been prevented (Moeller, 2000; Stika et al. 2015). In the absence of early intervention for children and support to families, it is likely that the disability can become more severe, leading to lifetime consequences, increased poverty, and exclusion (WHO & UNICEF, 2012).

The opportunity for early identification of a disability usually occurs at a health center, sometimes as early as birth when newborn babies are screened for auditory and other disabilities. Health assessments can be complemented with those of a school to ensure that children are receiving adequate support throughout their academic life. Improved assessments can inform the educational system of the number of children and youth with disabilities enrolling each year so as to provide adequate resources and capacities at the ministry and schools levels. Providing teacher training will also enable the early detection of disabilities and inform of the challenges that students with disabilities face.

Box 1. The Need for Quality Information and More Effective Resource Allocation

Given that it often takes up to three years, under conventional means, to gather and process school infrastructure data from surveys, it is often out of date by the time it is available to policymakers. It is worth nothing, however, that there have been recent efforts to assign resources more effectively. The Ministry of Education in Fiji, for example, uses the Fiji Management Information System (FEMIS) to assess the functional difficulties of students, as well as accessibility in facilities and availability of inclusive practices and materials. While all schools are expected to meet a minimum standard in terms of teacher training and accessibility, the information on student needs across schools is used to assign resources such as teacher aids and to prioritize the allocation of scarce resources.

Children with difficulties in any of the following areas are required to complete a student assessment, the Student Learning Profile, which includes seeing, hearing, moving (gross and fine motor), speaking, learning, behavior/socialization, and emotions; as well as children who consistently perform poorly in assessments and class activities. The data gathered helps to identify children with disabilities or those who may be at risk of learning disabilities. The information is entered directly into FEMIS, making it immediately available. The school assessment is also entered digitally at each respective school. It is essential to ensure that students with disabilities—as well as organizations that support people with disabilities—are able to participate in the process, along with the school administrators being responsible for their reporting the information.

Another key feature of the FEMIS system is the ability of parents to participate in the process so that they, too, are able to add information on their children’s difficulties and medical history. In order to ensure the inclusion of children with disabilities in mainstream schools and help them meet their full potential, teachers are able to make health referrals for parents, depending on the degree of their child’s difficulties.

Fiji Management information System Referrals for Children Detected as Having Functional Difficulties, Based on the Student Learning Profile

Functional area	Level of difficulty recorded on Student Learning Profile				Refer to whom? (selecting from these options varies depending on location)
	No difficulty	A little difficulty	A lot of difficulty	Cannot do at all	
Seeing	X	✓	✓	✓	School health team, district hospital, Pacific Eye Institute, Project Heaven, optometrist
Hearing	X	✓	✓	✓	Hilton Audiology Unit (Suva), School health team, district hospital, Project Heaven, audiologist
Gross motor	X	✓	✓	✓	Physiotherapist at district hospital, local health centre
Fine motor	X	!!	✓	✓	Physiotherapist at district hospital
Learning (general)	X	!!	!!	!!	Local special schools may assist with providing advice on how to include the student more effectively in mainstream schools
Learning (specific)	X	!!	✓	✓	School Counsellor, literacy or numeracy specialist, educational psychologist (if available), the <i>Dyslexia Indicators Assessment Tool for Fiji</i>
Behaviour / Socialisation	X	!!	✓	✓	School Counsellor, educational psychologist (if available)
Mood	Very sad, depressed, anxious, worried at least once a week or more frequently				School counsellor, social welfare, local health services and psychology services. Youth Champs for Mental Health Fiji. http://youthchampsformentalhealth.org/

Source: Fiji Managing Information System Disability Disaggregation Package: Guidelines and Forms.

Notes: X not applicable, !! not available or required, ✓ required.

3.2 Teacher training

An essential component to promote effective learning for all children and youth is their access to teachers who are effective. Teachers are crucial to positive student learning and they play an essential role in not only promoting environments that are inclusive but also providing learning for all. Further, following the CRPD, the inclusion of students with disabilities imposes additional challenges since teachers and school management need to seek effective ways to receive and promote learning for students with disabilities without the expectation that they should simply adapt to an existing environment (Open Doors to Inclusion, 2016).

In order to do this, teachers should be provided appropriate training and resources (e.g., teacher aids) to enable them to proactively manage diversity in the classroom. Many countries in the LAC region have significant numbers of students within a class, which presents its own set of challenges. Furthermore, teachers lack the capacities to address children with functional difficulties and behavioral disorders. The dearth of teachers who are specifically trained in, for instance, assistive technology, also creates barriers.

To promote inclusiveness in education, it is crucial that the appropriate training is provided. First, educators should be trained to help learners with disabilities, including those with intellectual and mental disabilities and seek to promote positive attitudes and awareness of disabilities in the classroom. Second, teacher' aides and assistive technology can provide critical support to the work that teachers do. Third, making the curriculum more flexible and adding inclusive student assessment processes are essential so that those with disabilities are fully included in the education system. Reasonable accommodations and assistive technologies such as additional time, language simplification, easy-grip materials and audio and screen readers are critical for facilitating access to learning and educational activities.

Consistent with the CRPD, there is a broad trend worldwide toward including children with disabilities in regular school activities rather than assign them to special schools (Hehir et al. 2016). The role of teachers to achieve inclusive education cannot be overstated. An education whereby all children and youth are included will require an investment in developing teacher skills and providing them additional tools. While experimental studies have not been conducted, studies have found that students included in mainstream classrooms have better short and long-term academic outcomes than students taught in special schools. (Hehir et al. 2016) Studies in developed countries have consistently found that when the inclusion of students with disabilities in mainstream schools is accompanied with additional resources, the academic performance of children without disabilities is not adversely affected (Kalambouka et al. 2007). A recent study in Chile has validated these results with an rigorous evaluation of the impact of PIE program on student learning (Contreras, et al). In the period preceding the PIE

program when additional resources were not provided to schools, students without disabilities experienced declines in learning outcomes in inclusive classrooms. The study shows that the resource allocation in the PIE program was effective such that academic outcomes are not adversely affected by more diverse classrooms. With respect to socioemotional skills, highly sought-after by employers, inclusive schools are expected to contribute to a positive learning environment for students with and without disabilities and generate positive externalities, particularly with respect to empathy and school engagement. Rigorous studies demonstrating these benefits are still pending.

The principles of education inclusion involve an expansion of the knowledge and skills of teachers so that they are able to work in an inclusive setting. In most parts of the world, pre-service teacher training includes only a cursory treatment of children with disabilities, while only special education pedagogical programs provide in-depth training for teaching students with disabilities. The teacher training curriculum should provide the adequate tools that teachers need and should focus on promoting positive attitudes. Negative attitudes projected towards disabilities by teachers and adults create barriers to inclusion. The transfer of prejudice from adults to children has been well-documented (UNESCO, 2003).

Box 2. The Case of Peru

Peru's Ministry of Education certified, in 2015, approximately 1,940 teachers who participated in three virtual training courses. These were developed in collaboration with the Ibero-American Intergovernmental Network of Special Needs Education (Red Intergubernamental Iberoamericana de Necesidades Educativas Especiales, or RIINEE), focusing on teaching of children with visual and audio impairments and autism. That same year marked the first time the Ministry of Education recognized the commitment of educational institutions to provide an environment of inclusive education.¹

¹ For further information, see www.minedu.gob.pe/educacioninclusiva.

Adequate training for teachers should continue when they are in service, providing them constant opportunities for developing their skills. The training should increase their capacity to be adaptive and meet the needs and interest of every student. This requires diversifying the ways of presenting and extrapolating curricular contents. According to the Salamanca Declaration:

“In teacher-training practice schools, specific attention should be given to preparing all teachers to exercise their autonomy and apply their skills in adapting curricula and instruction to meet pupils needs as well as to collaborate with specialists and co-operate with parents.” (Salamanca Declaration)

Teachers need to be able to implement the curriculum with enough flexibility to tailor it to the needs of students in terms of their social, cultural, and individual characteristics and so that it is sufficiently flexible as to enable the integration of various methods of learning in the classroom (Bendinelli, 2018). This should include, for instance, adapting curriculum content in braille or in digital format, using assistive technology, and individualizing teaching procedures to suit a broader range of abilities and help in the assimilation of abstract concepts.

In addition to teacher training in specific pedagogical practices, the attitude of teachers toward students with disabilities is also fundamental to their effective inclusion within the classroom. Teachers must be role models and discourage any negative reaction toward people with disabilities (WHO & World Bank, 2011). By showing a positive reaction in the face of various situations, the children they teach will follow suit. Establishing overall expectations of inclusiveness and capacity for the success of students also should be the responsibility of school directors and administrative authorities alike.

3.3 School Infrastructure and Adequate Resources

As discussed above, enrollment and completion rates in the LAC region remain below targets in terms of children and youth with disabilities compared to their peers without disabilities. This correlates significantly to the issue of physical access to school buildings (i.e., lack of elevators, narrow doorways, classroom facilitates, among others), making it difficult for those with disabilities. The lack of special transportation, including for students with parents with disabilities, is another factor that prevents school attendance (WHO & World Bank, 2011). Even where public transportation may be free for students, it is often inaccessible.

Box 3. The Case of Chile

Approximately 500,000 students in Chile have been assessed as having permanent or transitory disabilities that require differentiated educational activities. Chile's School Integration Program in Chile (Programa de Integración Escolar, or PIE) funds mainstream institutions that will directly benefit students with disabilities. With over half of Chile's schools voluntarily participating in the program, the grants can cover diagnostic materials, aids, training, assistive devices, and inclusive teaching materials, with close monitoring from the government on how these resources are used. In 2013, students attending via PIE represented 6.4% of the population of regular schools in Chile. (MINEDUC 2015, Contreras et al. 2018) While the take-up rate of schools is very high, over 54%, there is a concern that the voluntary nature of the program may encourage schools to focus in areas of expertise rather than student needs.

All students have the right to access schools with the resources to promote inclusiveness and learning, including the use of technology as a key element to facilitate learning (UNESCO, 2009). Educational technologies should provide children with disabilities access to the mainstream rather than a separate curriculum. Assistive technologies for students with visual, audio, or mobility disabilities have the potential to facilitate classroom participation as well as learning. To fully leverage the benefits of such technologies, it is important that they be accompanied by adequate training and technical support.

3.4 Awareness Raising and Stigma

Various studies have argued that social interaction in inclusive environments will benefit all individuals by increasing student perceptions of plurality, stimulating empathy, and promoting intellectual skills (Hassan, 2017). Since many people continue to consider disabilities a taboo, LAC governments must commit to raising awareness of the essentiality of education inclusion. Schools with student diversity already have the basis to shift attitudes among stakeholders in the education system, thereby contributing to a society that is void of discrimination.

Raising the awareness of disabilities and the adoption of inclusive education can be challenging. The prevalence of disability in those aged 6–17 is half that of those aged 18–55, potentially reflecting the progression of a disability based on age. It may be a result, however, of parental stigma or the difficulties parents encounter in being able to have their child’s functioning assessed. The under-reporting of disability may limit schools to adequately provide student assistance, thus impeding the learning process. Furthermore, it is critical that students are shown how to embrace diversity in order to prevent exclusion, violence, bullying, and abuse (WHO & World Bank, 2011). While inclusion is expected to yield positive results on the socioemotional skills of a student, with or without a disability, the process can be much smoother by establishing a positive sense of community that is based not only on cooperation and respect within the classroom, but also on the school environment as a whole.

The lack of rigorous and comparable data, combined with the absence of evidence of successful programs, often hampers the understanding of disabilities and education inclusion (Bakhshi et al. 2013). While anecdotal evidence with respect to improving inclusion is not uncommon, rigorous studies are rare. Experts also highlight the need for more practical tools, as well as proper and adequate benchmarks with credible indicators to enable the evaluation of disability inclusion (Rohwerder, 2015).

3.5 Transition to Inclusive Schools

The international legal framework which embraces the CRPD has moved from the approach of integration to inclusion in mainstream schools. Children and youth with disabilities are expected to attend these schools together with their peers without disabilities, and participate in all educational

activities with the provision of reasonable accommodation of individual requirements. Many countries in LAC continue to direct students with disabilities to special schools, making the transition to fully inclusive schools challenging. A shift to inclusive schools, leading away from special education, requires political will and commitment with a strong and consistent message. Transformation does not occur immediately, and it must take into account the environment in which special education institutions function. It also requires harnessing the knowledge gained by special education institutions, such that expertise and resources can be redirected to inclusive schools. For instance, special schools in Malta and Portugal have evolved into resource centers that offer training to staff, as well as carry out student assessments but do not provide student services.

4. Concluding Remarks

To best support country efforts to align education policies with the rights to inclusive and quality education, enshrined in the CRPD and the targets outlined in the SDGs, the following key actions should be considered:

- Reduce stigma by practicing inclusion at high levels to demonstrate engagement and commitment.
- Improve the identification of children and youth with disabilities, and data on student needs, school attendance, accessibility and resources by:
 - strengthening early identification and diagnostic instruments;
 - going beyond the measurement of mobility access in school infrastructure; and
 - conducting surveys to collect a broader measure of school accessibility information.
- Set universal standards for accessibility and inclusion, with additional resources earmarked for schools with demonstrated needs by:
 - i) reducing physical barriers to access education facilities;
 - ii) providing assistive technology to support teaching and learning
 - iii) training teachers and providing trained aides, specifically trained to support student with disabilities (for example, in the use of assistive technology).

References

- Ainscow, Mel, and Margarida César. "Inclusive Education Ten Years after Salamanca: Setting the Agenda." *European Journal of Psychology of Education*, vol. 21, no. 3, 2006, pp. 231–238. JSTOR, JSTOR, www.jstor.org/stable/23421604.
- Bakhshi, P., M. Kett, and K. Oliver, 2013. *What Are the Impacts of Approaches To Increase the Accessibility to Education for People with a Disability across Developed and Developing Countries and What Is Known about the Cost-Effectiveness of Different Approaches?* London: EPPI-Center, Social Science Research Unit, Institute of Education, University of London.
- Bassi, M., M. Busso and J.S. Muñoz. 2013. "Is the Glass Half Empty or Half Full? Enrollment, Graduation, and Dropout Rates in Latin America." Working Paper IDB-WP-462. Washington, DC, United States: Inter-American Development Bank.
- Bendinelli, R. 2018. Atendimento educacional especializado (AEE): pressupostos e desafios. Published July 6 on the website of Instituto Rodrigo Mendes. <https://diversa.org.br/artigos/atendimento-educacional-especializado-pressupostos-desafios/>
- Berlinski, S., Duryea, S., Castillo, A. and Freitas, L. (forthcoming, 2019). Measuring Disability in Latin America and the Caribbean.
- Chang, H. N., Davis, R. (2015). Mapping the early attendance gap. Retrieved from <http://www.attendanceworks.org/wordpress/wp-content/uploads/2015/07/Mapping-the-Early-Attendance-Gap-Final-4.pdf>
- Contreras, D., Brante, M., Espinoza, S. Zuniga, I. 2018. The effect of Students with Special Educational Needs: Evidence from Chile. Mimeo.
- Duryea, S., S. Galiani, H. Nopo and C. Piras. 2012. "Gender Differences in Education in Latin America and the Caribbean: Girls Outpacing Boys." In *Gender and Ethnic Earnings Gaps in Latin America and the Caribbean*.
- Hassan, A. E., H. Hassan, A. Adhabi and L. Wright-Jones. 2017. The Impact of Inclusion Setting on Social Interaction and Psychological Adjustment of Students with Disabilities. *International Journal of Scientific Research in Science and Technology*. 4. 121-128.
- Kalambouka, A., P. Farrell, A. Dyson, and I. Kaplan. 2007. The impact of placing pupils with special educational needs in mainstream schools on the achievement of their peers. *Educational Research* 49, no. 4.
- Minnesota Population Center. Integrated Public Use Microdata Series, International: Version 7.1 [dataset]. Minneapolis, MN: IPUMS, 2018. <https://doi.org/10.18128/D020.V7.1>
- Moeller, M.P. 2000. Early intervention and language development in children who are deaf and hard of hearing. *Pediatrics*. 106 (3): E43.
- Open Doors to Inclusion, inclusive physical education. 2016. [online] Available at: <https://institutorodrigomendes.org.br/portas-abertas/files/impact-report-2016.pdf> [Accessed 29 Nov. 2018].

- Rohwerder, B. 2015. *Disability inclusion: Topic Guide*. November. Birmingham, UK: GSDRC, University of Birmingham. Available at www.gsdrc.org/wp-content/uploads/2015/11/DisabilityInclusion.pdf.
- Stika, Carren J et al. 2015. "Developmental outcomes of early-identified children who are hard of hearing at 12 to 18 months of age" *Early human development* vol. 91, Page 47-55.
- UNESCO. 2009. *Policy Guidelines on Inclusion in Education*. [online] Paris: Published by the United Nations Educational, Scientific and Cultural Organization. Available at: <http://unesdoc.unesco.org/images/0017/001778/177849e.pdf> [Accessed 7 Dec. 2015].
- UNESCO. 2003. *Overcoming Exclusion through Inclusive Approaches in Education. A Challenge and a Vision*. Available at <https://unesdoc.unesco.org/ark:/48223/pf0000134785>.
- WHO (World Health Organization) & World Bank. 2011. *World Report on Disability*. Geneva: World Health Organization. Available at www.who.int/disabilities/world_report/2011/report.pdf.
- WHO (World Health Organization) & UNICEF. 2012. *Early childhood development and disability: a discussion paper*. World Health Organization. <http://www.who.int/iris/handle/10665/75355>
- Zwaigenbaum, L., M. Bauman, R. Choueriri, C. Kasari, et al. 2015. "Early Intervention for Children with Autism Spectrum Disorder Under 3 Years of Age: Recommendations for Practice and Research." *Pediatrics* 136 Suppl 1: S60–81. Available at http://pediatrics.aappublications.org/content/136/Supplement_1/S60.

5. Annex 1

Article 24 of the Convention on the Rights of Persons with Disabilities (United Nations)

1. States Parties recognize the right of persons with disabilities to education. With a view to realizing this right without discrimination and on the basis of equal opportunity, States Parties shall ensure an inclusive education system at all levels and life-long learning directed to:

- (a) The full development of human potential and sense of dignity and self-worth, and the strengthening of respect for human rights, fundamental freedoms and human diversity;
- (b) The development by persons with disabilities of their personality, talents and creativity, as well as their mental and physical abilities, to their fullest potential;
- (c) Enabling persons with disabilities to participate effectively in a free society.

2. In realizing this right, States Parties shall ensure that:

- (a) Persons with disabilities are not excluded from the general education system on the basis of disability, and that children with disabilities are not excluded from free and compulsory primary education, or from secondary education, on the basis of disability;
- (b) Persons with disabilities can access an inclusive, quality and free primary education and secondary education on an equal basis with others in the communities in which they live;
- (c) Reasonable accommodation of the individual's requirements is provided;
- (d) Persons with disabilities receive the support required, within the general education system, to facilitate their effective education;
- (e) Effective individualized support measures are provided in environments that maximize academic and social development, consistent with the goal of full inclusion.

3. States Parties shall enable persons with disabilities to learn life and social development skills to facilitate their full and equal participation in education and as members of the community. To this end, States Parties shall take appropriate measures, including:

- (a) Facilitating the learning of Braille, alternative script, augmentative and alternative modes, means and formats of communication and orientation and mobility skills, and facilitating peer support and mentoring;

- (b) Facilitating the learning of sign language and the promotion of the linguistic identity of the deaf community;
- (c) Ensuring that the education of persons, and in particular children, who are blind, deaf or deafblind, is delivered in the most appropriate languages and modes and means of communication for the individual, and in environments which maximize academic and social development.

4. In order to help ensure the realization of this right, States Parties shall take appropriate measures to employ teachers, including teachers with disabilities, who are qualified in sign language and/or Braille, and to train professionals and staff who work at all levels of education. Such training shall incorporate disability awareness and the use of appropriate augmentative and alternative modes, means and formats of communication, educational techniques and materials to support persons with disabilities.

5. States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others. To this end, States Parties shall ensure that reasonable accommodation is provided to persons with disabilities.

6. Annex 2

Fiji Management information System form on School Infrastructure

General	Yes or No	If No, what plans are there to increase accessibility?
Is the road leading to the school accessible to a student in a wheelchair, including during the rainy season?		
Are there steps leading up to the main entrance?		
If yes, is there a proper ramp in good condition usable by a person in a wheelchair?		
Is the main entrance to the school wide enough for a person in a wheelchair to enter?		
Is the main assembly area accessible to students with disabilities?		
Is the first aid/sick room accessible to students with disabilities?		
Is the library accessible to students with disabilities?		
Are recreational areas accessible to students with disabilities?		
Signage (tactile markers, clear signs): Are children with seeing and hearing difficulties able to navigate independently and safely around the school?		
Emergency situations: In the school policy and procedures, are students and staff with disabilities specifically considered?		
Water, Sanitation and Hygiene		
Are toilets accessible to boys and girls with physical disabilities? (ramp access, hand rails)		
Are hand-washing facilities accessible for boys and girls with physical disabilities? (taps & soap within reach)		
Is drinking water accessible to boys and girls with disabilities?		
Buildings	Number	
1 st Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
2 nd Building – site plan label: _____		

Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
3 rd Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
4 th Building – site plan label: _____		
Number of storeys		
Number of storeys that are accessible to students with physical disabilities (ramps or elevators)		
Number of classrooms		
Number of classrooms accessible to students with physical disabilities		
Transport		
Please tick and/or describe how children with physical or sensory disabilities get to and from school?	<input type="checkbox"/> School bus is adapted and accessible <input type="checkbox"/> School bus is not adapted, but physical assistance is provided by other people <input type="checkbox"/> Private vehicle or taxi <input type="checkbox"/> Other: _____	
Special Materials or Equipment	Yes/No/ Not needed	High quality = 1, Average quality = 2, Low quality = 3
Does your school have a sufficient quantity of these materials for the students who need them?		
Braille books		
Audio books (child listens to CD, tape, etc.)		
Hearing loop (for people with hearing aids)		
Modified furniture		
Assistive devices for gripping (e.g. for pencils)		
Computer screen readers		
Large, easy-to-read signage		

Source: Fiji Management Information System Disability Disaggregation Package: Guidelines and Forms.

7. Annex 3

Census Data													
		Attendance Rates, Ages 6-11				Attendance Rates, Ages 12-17				Completion Rates, Ages 25-34			
		Female		Male		Female		Male		Female		Male	
Country	Year	No Disability	With Disability	No Disability	With Disability	No Disability	With Disability	No Disability	With Disability	No Disability	With Disability	No Disability	With Disability
BRA	2010	97.5	96.5	97.2	94.9	89.8	89.1	89.6	87.3	54.5	46.8	46.5	40.5
CRI	2011	94.1	96.9	94.4	94.4	84.5	84.1	83	78.3	46.1	42.3	40.9	34.3
DOM	2010	96.3	86.4	95	80.6	88.1	81.1	86.5	71.1	50.8	45.8	37.7	30.9
ECU	2010	97.1	84	96.8	81.6	83.2	66.6	83.7	64.2	49.4	28.9	48	27.6
MEX	2010	97.1	82.7	96.8	82.6	79.9	63.5	79	60.5	38.5	19.7	38.6	18.2
PAN	2010	97.5	93.2	97.3	94.8	88.4	84.8	88.2	82.1	58.4	49	49.1	37.8
TTO	2011	98.4	84	98.1	80	91.6	75.8	89	68.1	81.5	56.7	75.7	51.6
URY	2011	99.3	97.5	99.2	97.6	87	81.6	81.2	74	44	29.4	34.1	21.9

Source: Berlinski et al. 2019.

Household Surveys									
		Attendance Rates, Ages 6-11				Attendance Rates, Ages 12-17			
		Female		Male		Female		Male	
Country	Year	No Disability	With Disability	No Disability	With Disability	No Disability	With Disability	No Disability	With Disability
BOL	2017	98.6	83.8	98.0	88.2	96.2	91.3	95.5	86.3
CHL	2017	99.4	98.1	98.5	97.6	97.2	96.0	97.5	96.0
CRI	2017	99.3	96.8	99.1	93.4	93.7	77.2	91.9	82.0
MEX	2016	99.5	89.6	99.3	88.2	85.4	63.0	84.8	64.9

Source: Authors calculations from IDB Harmonized Household Surveys of Latin America and the Caribbean.

Note: Students who are on vacation during the week of the survey but are enrolled in school are coded as attending school.

The following household surveys were analyzed: Bolivia - Encuesta de Hogares 2017; Chile - CASEN 2017; Costa Rica - Encuesta nacional de Hogares 2017; Mexico - Encuesta nacional de ingresos y Gastos de los Hogares 2016.