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Reaching the marginalized

Review of marginalisation of people with disabilities in Lebanon, Syria and Jordan

Susan J. Peters
2009

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Abstract

Using a social exclusion conceptual framework, this paper identifies several causes of marginalization of people with disabilities in the context of the MENA region. Focusing on Lebanon, Syria and Jordan, the incidence, prevalence, causes and characteristics of people with disabilities are reported. The educational experiences of children and youth with disabilities from early childhood through secondary school are described. Findings from these experiences are used to recommend strategies to address exclusionary policies and practices in order to promote inclusion. Strategies focus on legislation and policies, as well as addressing cultural and structural barriers through specific interventions.

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INDEX OF ABBREVIATIONS

DFID	Department for International Development
EC	Early Childhood
ECD	Early Childhood Development
EFA	Education for All
ESCWA	Economic and Social Commission for Western Asia
HDD	Human Development Department
IBE	International Bureau of Education
LPHU	Lebanese Physical Handicapped Union
MCLC	Multi-Purpose Community Learning Centres
MENA	Middle East and North Africa
MSD	Ministry of Social Development
NGO	Non-Governmental Organization
UNDP	United Nations Disabled People
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Education Fund
UNRWA	United Nations Relief Works Agency

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Introduction

Marginalisation connotes a vision of being sidelined from participating in an activity, or, in other words, being able to participate, but at the margins. Yet marginalisation may also be viewed as a point on a continuum between inclusion and exclusion. The statistics of disabled people as a subgroup, and the lived experiences of disabled people as individuals, more often reveal a picture of exclusion rather than marginalisation. This point of exclusion is evident in the estimations that 98% of children with disabilities in developing countries do not attend school (Action on Disability and Development, 2009). Within the Middle East and North Africa (MENA) region, educational systems exclude more than 95% of the disabled school-age population at the primary level (HDD, 2005: 19). Therefore, at the outset, it is important to stress that conceiving of the experiences of people with disabilities as 'marginalised' under-estimates their experiences.

This paper focuses on children and adults with disabilities in the Arab World due to the fact that they "constitute, after women, the largest group of the disadvantaged population…..Some of the major obstacles facing their education lie in the absence of policies and planning and inappropriate programmes for special education at national levels, the wrong perception surrounding such an education in some countries, and the professional dichotomy between regular and special education." (Hammoud. 2005: 5)

Conceptual Framework: Social exclusion

In order to address these barriers, this paper takes a social exclusion approach to marginalisation of people with disabilities.

> "Social exclusion sidelines certain population groups. It *restricts* excluded groups' economic mobility and *prevents* them from receiving the social rights and protections meant to be extended to all citizens" (Lewis & Lockheed, 2006: 49) [emphasis added].

Social Exclusion as a discourse and framework for policy analysis originated in Europe, but has been applied in developing countries, including Middle Eastern Countries. The following characteristics of social exclusion pertinent to this paper are excerpted from Silver, 2007.

Characteristics of Social Exclusion

1. Social exclusion is a process, not just a condition that is the outcome of a process.
2. Social exclusion is multidimensional, so policies to address it need to be comprehensive, multi-pronged, tailored to individual sets of needs, and 'joined-up' across agencies,
3. Mechanisms of social exclusion carry a cumulative disadvantage, or the accumulation of multiple dimensions of disadvantage.
4. Primary indicators of social exclusion go beyond material and economic dimensions to include exclusion from social relations, social support, and civic engagement.
5. Social exclusion is a situated, socially embedded concept that differs across national and cultural contexts, as well as across regional and local conditions.
6. The risk of exclusion may be based upon personal characteristics that include health, disability, gender, age, place of birth, language, religion, sect, and spatial distances. Ineligibility for services due to citizenship status, gender prohibitions, and social isolation also carry risks of exclusion.
7. In contrast to the focus on distribution of resources inherent in poverty and inequality, social exclusion focuses on social relationships involving two parties: excluders and excluded. Much of the literature on exclusion focuses on the excluded. Social exclusion literature focuses on relations between included and excluded groups, such as unfavourable public attitudes, segregation of minority groups and harassment of women.

The situation in MENA countries highlights the need for a social exclusion approach to marginalisation of people with disabilities; i.e., one that includes indexes of quality of life in relation to material, human, social, cultural, and environmental resources. Social exclusion of people with disabilities occurs in

combination with several forms of discrimination, including gender bias, unequal employment opportunities, lack of access to education, inadequate health services, and patriarchal cultural or religious norms.

These indicators of social exclusion and their associated problems interact and result in a cumulative effect. For example, cultural norms influence the genderizing of marginalization. For girls with disabilities, especially in the MENA region, this interaction constitutes a double jeopardy in terms of access to education and quality of life. The economic status of individual families influences the choices parents make regarding whether or not to send their children to school, and this choice often interacts with cultural norms and gender. The resulting lack of education for those who must stay at home leads to unequal opportunities for employment. Lower levels of education influence individuals' health and wellbeing, leading to a higher probability of becoming disabled.

Finally, there is a circular relation between poverty, disability, and education. World Bank studies, as reported by Yeo (2001: 8) indicate that half a billion disabled people are "indisputably amongst the poorest of the poor and are estimated to comprise 15-20% of the poorest in developing countries." In addition to significant financial costs associated with impairments, disabled people are frequently dragged further and further into poverty as a result of exclusion from mainstream social, economic, and political opportunities throughout their lives (Yeo and Moore, 2003).

Indicators of marginalisation for people with disabilities

This section addresses each of the indicators of exclusion for people with disabilities as well as their associated problems, taking note of their interactions and cumulative effect.

Poverty and disabilityIn the literature on marginalisation of particular subgroups, marginalization is generally conceived as an economic problem quantitatively related to indexes of poverty. This conception focuses the problem on *need,* rather than on the *causes* of poverty and the obstacles faced. The absence of causal analyses treats poverty like a weather forecast; something to record as a fact beyond anybody's influence. If we fail to ask *why* people are poor [or disabled] we cannot tackle poverty when it results from denial of human rights. (Tomasevski, 2003: 126)

It is widely recognised that poverty and lack of education go hand in hand, and lock disabled people into a chronic cycle (Yeo,2001: 11, and Elwan, 1999). Specifically, exclusion from education translates into limited social contacts, poor health, and low self-esteem. As a result, income-generating opportunities become further reduced, leading to chronic poverty, further exclusion, and higher risks of illness, injury and impairment (Peters, 2008).

Concepts of deprivation underlay poverty as an index of marginalisation; i.e., social and physical isolation, powerlessness and lack of voice, low social status, and physical weakness. Physical isolation often manifests itself by geography; e.g., rural areas where access to health and social services may be weak or nonexistent. Physical isolation may also occur within families, as in the decision to constrain disabled children, girls, and mothers to home life, preventing them from attending school.

Education and disability

Disability does not inevitably lead to poverty. It is at the point of discrimination that the cycle could be broken. When disabled people are denied educational opportunities, then it is the lack of education, and not their disabilities that limits them. To address discrimination, a UNICEF report challenged all 189 signatory governments to the UN Convention on the Rights of the Child to,

> take all measures to ensure the full and equal enjoyment of all human rights and fundamental freedoms, including equal access to health, education and recreational services, by children with disabilities and children with special needs; to ensure the recognition of their dignity, to promote their self-reliance; and to facilitate their active participation in the community. (UNICEF 2002, para III.A.21)

Minority status and disability

Marginalisation due to minority status often emerges in "heterogeneous, stratified societies that encompass a variety of ethnic groups, languages and customs" (Lewis & Lockheed, 2006: p. 48) or other factors such as disability. However, the minority status alone does not inevitably lead to marginalization. "It is diversity accompanied by derogation and discrimination that leads to exclusion. The main driver….is the existence of subgroups within countries, accompanied by social stratification and cultural norms…" (Lewis & Lockheed, 2006: 3). Heterogeneity within country may not only reflect a composition of traditional groups, but also voluntary migration and involuntary resettlement. In a ranking of ethnic fractionalization (Lewis & Lockheed, 2006: 52) Jordan and Syria received a ranking of medium in relation to other developing countries and transition economies. Among minority populations, rates of disability tend to be higher than the general population, due to higher rates of poverty, malnutrition, violence, and lack of access to basic services. Two of the largest minority groups in Jordan, Syria and Lebanon are Bedouins and Palestinians.

There are several million Palestinian refugees living in Lebanon, Syria, Jordan, the West Bank and the Gaza Strip, many of them living in camps. Jordan's

ranking as a medium country in terms of ethnic fractionalization may well reflect the fact that 32.8% of the total population constitutes Palestinian refugees. "The attitude of each host country to these camps is that they are temporary, pending a 'solution' to the problem of Israel and Palestine. The camps have always been perceived by the host governments in each country as centres of actual or potential unrest as the refugees find themselves discriminated against in jobs, status, nationality, and opportunity" (Coleridge, 1996: 170).

Attempts to estimate the number of children and youth with disabilities in Palestinian camps have been hampered by the reluctance of leaders in these camps to acknowledge that disability is even a problem (Coleridge, 1996: 178). However, the United Nations Relief and Works Agency (UNRWA) provides some data relevant to disabilities. The UNRWA provides a significant level of emergency humanitarian assistance, medical care services, health protection and promotion, disease prevention and control. Its 2007 Annual Report of the Department of Health indicates that approximately one in three children suffer from anaemia (UNRWA, 2007: 133). Khadivi (2009) reports that a significant number of children and youth are experiencing high levels of stress, anxiety, insecurity, and intense fear." UNRWA also provides schools for Palistinian Refugees. However, the recent and extreme levels of conflict in the region (particularly in Gaza) have resulted in the loss of schools and health facilities. For Palistinian refugees in Jordan, Lebanon and Syria, the UNRWA provides school programmes for approximately 68% (Jordan), 81% (Lebanon) and 76% (Syria) of all enrolled children at the primary level. UNICEF provides rehabilitating learning centres that attempt to provide life-skills, school reconstruction and barrier-free environments for children and youth with disabilities. However, these schools and programmes reach a small number of school-age children. In addition, the ratio of health centres to 100,000 refugees is 5, and the number of doctors to 100,000 refugees is 12, far below international standards (UNRWA, 2007: 110). The *International Disability Alliance,* of which the *Arab Organization of Disabled People* is a member, recently issued a declaration concerning disabled refugees. The Declaration urges countries to pay special attention to persons with disabilities and to include them in the forefront of all relief efforts, in particular their right to education. The *Dubai Declaration* issued by Arab States in 2005 also specifically recognised the tragic situation of Palestinian refugees and affirmed the need to protect them and to address their special needs.

Bedouin-Arabs are another significant sub-group in the MENA region. Bedouin-Arab is a general name for all nomadic groups in this region. For Bedouins, "the term refers to a lifestyle and value system, as well as to social status, origin and organization" (Al-Krenwi, 2004 as reported in Manor-Binyamini, 2007: 110). Although they are Moslems, Bedouin-Arabs differ from other Arab populations because they live in deserts. Heterogeneous

groups of Bedouins reside in Egypt, Israel, Jordan, Saudi Arabia, and Syria. Providing education and basic services for children of Bedouins is challenging. The Syrian Arab Republic Ministry of Education reports a current project focused on providing 102 floating schools/caravans, and 47 educational tents moving with the parents, with teachers living amongst the students and families. (Saad, 2008). No estimates were found in the review of the literature on the numbers of Bedouin children served or their disability status. However, due to their nomadic culture and other factors, it may be assumed that this population remains underserved.

Cultural norms and disability

Cultural links to disability constitute a critical influence on marginalisation. Culturally embedded attitudes render the severity of an impairment inconsequential compared to the social consequences of disablement. In a traditional Muslim household, a girl child with a slight disfigurement may be fully functional, but considered impure and unfit for marriage, making education unnecessary in the eyes of her parents. By contrast, a boy with a more severe impairment within the same household might be sent to school and given supports that greatly diminish the influence of the impairment. Boukhari (1997) asserts that in a Lebanese cultural context, " the birth of a disabled child is seen by many as not only a misfortune, but as shameful and embarrassing. The husband's family is likely to blame the misfortune on the mother… and is likely to consign his or her mother to a lifetime of misery…" (p. 37). Essentially, "cross-cultural differences in the interpretation of disability show that the lives of people with disabilities are made more difficult not so much by their specific impairment as by the way society interprets and reacts to disability" (DFID, 2000: 8).

Gender and disability

Rousso (2004: 5) indicates that disabled women and girls access to education "is affected not only by their gender and disability, but also their type of disability, the socioeconomic status of their family, their race/ethnicity, whether they live in an urban or rural area, and a host of other factors." Lewis and Lockheed (2006) report that, worldwide 70% of the 60 million girls not in primary school come from excluded groups, including those with disabilities. Children and youth with disabilities experience marginalization differently according to gender; i.e., physical, social and psychological factors have a strong gender dimension. In patriarchal societies of the MENA Region, decisions of whether or not to send a child to school are typically made by the father. When resources within families are scarce, decisions favour the boys over the girls, including children with disabilities. While the MENA region as a whole has made great strides in increasing female literacy since 2000, girls and women still lag behind boys and men in illiteracy rates by a considerable margin.

Data on Indicators of marginalization

Focus on Lebanon, Syria, and Jordan, within the context of the MENA region as a whole provides an opportunity to highlight the diversity within the region. The table below provides some key indicators of diversity that influence the dimensions of marginalisation and social exclusion of people with disabilities described above.

Table 1: Key indicators of diversity for selected countries in MENA Region

Indicators	Jordan	Lebanon	Syria
Total population	5.7 million	4.1 million	19.9 million
% population in urban/rural	78/22	87/13	54/46
% of population living in poverty ($2 a day)	14%	Not available	Not available
% youth unemployment	Not available	Not available	73% (Silver, 2007: 19)
% /number of refugee/migrant and minority population	32.8% Palestinian (1.84 million) .5-1.0 million Iraqis)	Druze, Aermenians, Ismaili Muslims, Alawite Muslims, Orthodox & ProtestantChristians	Kurds (1.8 million) Iraqi refugees (1.3 million) Armenians (190,000)
GNI Per capita (US dollars)	2,850	5,770	1,760
GDP (US$billions)	15.8	24.0	38.1
%GDP for Education	19%	7%	9%
Religion	92% Sunni Islam, 2% Shia Islam, 6% Christian	59% Muslim, 39% Christian (Last official census—1932)	95.5% Sunni Muslim, 3.3% Shi'I Muslim, 0.8% Christian (1980 census)
Female Literacy Rates compared to overall population	85.9%/91-98%	82%/ NA	60%/81%
Population Growth (Ave. Annual 2001-2007)	2.5%	1.2%	2.7%

Sources: Development Economics LDB database; Arab Resource Collective, 2007.

Disability in the MENA region: its incidence, prevalence, causes and characteristics

Incidence and prevalence of disability in the MENA region

According to the most recent available statistics, the incidence of disability in the MENA region ranges from 1-12% of the population. The table below provides the most recent available estimates of disability for the MENA region.

Table 2: Disabled Population in Selected MENA Countries

Country	Low estimate	High Estimate
Algeria	1,158,100	3,098,700
Dijibouti	7,000	69,300
Egypt	2,608,500	6,979,500
Iran	2,519,700	6,741,900
Jordan	**196,100**	**524,700**
Morocco	1,113,700	2,979,900
Syria	**510,600**	**1,366,200**
Tunisia	358,900	960-300
West Bank & Gaza	125,800	336,600
Yemen	193,000	1,910,700
TOTAL:	9,649,800	27,264,600

Source: A Note on Disability Issues in the Middle East and North Africa. June 30, 2005. World Bank: Human Development Dept., MENA Region. Page 4 (Original source, Metts (2004).The range of prevalence estimates is between 1-10% for Djibouti and Yemen, and between 3.5 to 10% for other countries. (Statistics for Lebanon were not reported.)

In terms of the prevalence of school-aged children and youth with disabilities, there is no available data for Syria. In Lebanon, the *Arab Resource Collective* (2007: 14) reports that findings from the *2006 National Inclusion Project* indicate that the "majority of children with disabilities are in special care institutions, and private schools have a policy of automatically eliminating students with disabilities." Further, only a handful of schools in Lebanon nationwide cater to students with special needs. "About 20 schools allow entry to children with disabilities, but it's up to the parents and the children to adapt to the curriculum. An estimated 10 percent of the population has disabilities, according to a 1990 UNDP survey" (*Arab Resource Collective*, 2007: 14).

2001 Estimates of the Ministry of Social Development in Jordan report that the total percentage of disabled persons in Jordan is 12.6% of the population. The total number of children served in MSD-registered institutions is 16,719, or 7.94% of all disabled children. The National Council of Family Affairs

estimated in 2003 that more than 230,000 disabled children live in Jordan, or about 10% of the young population (HDD, 2005: 41). Evidence from 1995-2004 reveals that in a regular school, about one-third of children enter school with a hearing-listening and language speech disability that has not been identified or diagnosed, preventing them from succeeding in school. In total, it is estimated that the underserved school-age population with disabilities is around 218,000, or 92% of the total (HDD, 2005: 41-42).

Causes and characteristics of disability in the MENA region

According to the MENA Human Development Department (2005: 20), MENA countries experience high rates of disabilities caused by:

> "(i) large numbers of individuals whose conditions could be mitigated with appropriate health and social interventions, and (ii) weaknesses in primary and secondary prevention mechanisms, especially those that address the new emerging causes of disability. These include prevention and management of chronic diseases, work related injuries, road accidents, mental health problems, and newly emerging infectious diseases like HIV/AIDS. "

Causes of high rates of disability have been identified due to poverty, malnutrition, violence, and blood marriage. For example, hearing loss is the most frequently occurring birth defect in the world and in the MENA region as well. In Jordan, the incidence of a significant permanent hearing loss is 6-7 times higher than in the United States. It is estimated that by 2004 there would be a minimum of 73,000 very young Jordanians with a serious hearing problem. Major causes of hearing loss are reported as consanguinity (blood marriage) and poor health related to poverty.

Another contributing factor for increased numbers of children with disabilities is significant growth (measured by fertility rates) in the population as a whole. For example, Hammoud (2005) reports that while the MENA region's illiteracy rates have dropped drastically, the rapid increase in population has raised overall numbers of illiterate individuals from 50 million in 1975, to 70 million in 2004. Illiteracy rates also differ significantly by gender and disability. While several countries now report overall literacy rates of better than 90%, in 2005 rates of illiteracy for women continue to lag behind: 10-20% in six countries, and 25-40% in 7 countries of the region. For people with disabilities, the rates of illiteracy may be as high as 80%. A recent study of its 1870 members conducted by the Lebanese Sitting Handicapped Association (LSHA) found that 80% were totally illiterate. Out of these, 82% were women (Lakkis, 1997: 30). Links between level of education, literacy, employment, fertility rates, and mothers' and childrens' health and consequential disability have been well documented (EFA Global Monitoring Report 2008: 22).

Blood marriage and fertility rates have been reported to contribute significantly to disability rates in the MENA region. Afrooz (1993) reports that although marriage between first parallel cousins is discouraged, because the opportunities to marry outside of the extended family structure in some rural areas is very low, the occurrence of blood marriages is not unusual. In a study of special and regular schools in Iran, Afrooz found that parents of 71% of deaf students and about 40% of cognitively impaired students were blood related. Boukhari (1997) reports that 50% of the children with cognitive disabilities served in their Happy Home Centre in Lebanon, were born to multiparous mothers who were over 45 years of age. A survey and analysis of children in the Bedouin sector of the Negev noted an "extremely high percentage of children with severe disabilities, for example mental retardation. The contributing factors are: the tradition of marrying within the family and tribe [sic], including inter-relative marriage. And the acute socio-economic situation of numerous Bedouin families" (Manor-Binyamini, 2007: 113).

Violence in countries experiencing conflict contributes to the incidence of disability in several ways. First, it directly contributes to disability because many of the casualties are women and children. United Nations Enable reports that for every child killed in warfare, three are injured and acquire a permanent form of disability (UN Enable, 200?). Second, it affects children's wellbeing through social disruption and exacerbated conditions of poverty. Third, it reduces access to basic health services and resources for preventive health care. Fourth, malnutrition increases, adversely affecting children's cognitive development (Richman, 1995: 204).

It is important to disaggregate disability as a sub-group. "Not only is this a misleading, monolithic term which implies that every disabled person and all disabilities are the same, but it also categorises people by one aspect of their identity in a way which is likely to lead to social prejudice against them" (Abu-Habib, 1997: 14). As a result, "There can be little value in adopting a blanket, standardised approach to disability, because the individual experience of disability varies markedly by sex and according to other important factors such as age—and also, of course, the nature of the disability" (Abu-Habib, 1997: 14).

Who are the millions of disabled children and youth among this population? These are a few of their faces:

> *Nihad Mansour lives in a refugee camp in the Gaza strip*.
> He became paralyzed after being shot in the back by an army patrol.
> I had treatment and rehabilitation in various places….but
> when they had finished with me, they just sent me home.
> There was no attempt to provide me with training or to plan

for my life as a paraplegic, or even to counsel me on what would be involved. (Coleridge, 1996: 174).

Zeinab is a young woman with polio who lives in Lebanon.
I had polio when I was very young. My parents were told that I would never be able to walk normally again. My mother struggled so that I could have as many surgical operations as possible, but she never let me go to school. In the institutions where I was staying, all the other girls were going to school except me. My mother said it was not important for me to learn. I am now 26 years old and totally illiterate. I learned to sew and I have been working in sewing factories for ten years (Abu-Habib, 1997: 21).

Samir is a young man with polio, who is the eldest son in a family of six in Lebanon. He has two sisters with learning disabilities. I am the oldest in my family. My father trusts me with family responsibilities. He had me undergo any possible surgical operation to cure my polio condition and helped me to finish technical school. He always believed in me. I now operate a taxi in addition to my paid job in the Ministry. My mother took care of me when I was little. She now takes care of my two younger sisters. However, it is I who decide on what to do with them (Au-Habib, 1997: 15-16).

Disability in the MENA region: Marginalisation from and within education systems

Marginalisation from education systems for children and youth with disabilities

The previous sections of this report documented the overwhelming percentage of children and youth who are excluded from formal education. Provision of special schools has been the primary method of educational service delivery for those children with disabilities who are included. Yet, only a handful of schools cater to these students with special needs. For example, in Lebanon, 20 schools allow entry to children with disabilities. However, the majority of children with disabilities are in special care institutions, and private schools have a policy of automatically eliminating these students (Arab Resource Collective, 2006: 14).

Marginalisation within primary and secondary education systems for children and youth with disabilities

One promising trend, especially in Jordan, involves the provision of resource rooms in public schools. Table 3 below indicates the overall pattern of educational service for students with disabilities, using available data from Jordan as an example.

Table 3: Number of Children/youth with Disabilities and Special Needs receiving public educational services in Jordan by category and type of service (Grades 1-12)

Category of Special Need	# Resource Rooms/# students	# Annexed classrooms/# students	# Special Schools/# students	# Centre Programmes/# students
Learning Difficulty	531/12,460			
Deaf/Hard of Hearing			10/755	
Blind/low vision			2/483	
Severe cognitive disability		5/405		
Gifted & Talented*	24/505		3/1045	18/1700

**Note: Jordan and Syria both include children who are gifted and talented in this group due to the provision of special services such as accelerated curriculum and separate classes.*

In Table 3, the term "learning disability" refers to "people who learn with difficulty as a result of mental, physiological, physical, or emotional problems. This term may include those with Attention Deficit Disorder. These children often evidence a wide range of educational challenges including difficulties with reading, writing, speaking, and behaviour (Ofori-Attah, 2008: 82-85). Other categories of disability not listed in Table 3 that are reported to be registered and served, include autism, and those with physical disabilities such as cerebral palsy. In addition, estimates of children receiving services in the private sector are unknown. However, for kindergartens, the estimates are 582 public programmes, and 1295 private programmes.

The provision of resource rooms within public schools represents a shift towards integration into the mainstream education system. Jordan has achieved partial integration for a small number of mentally impaired students by annexing classrooms to regular schools for these students and providing qualified teachers for this category of disability. Five annexed classrooms have been established for students with severe mental impairment, providing ducational services for approximately 35-40 students per classroom. These children share with their non-disabled peers such collective activities as rest times, playing, Art Education, Physical Education and field trips (Jordan Ministry of Education, 2008: 62). Jordan has also begun a programme of

integration for blind students. For example, blind students who complete grade six at Abdullah Ibn Umm Maktoum School are transferred to nearby regular schools to be integrated with their non-disabled peers. As of 2007/2008, 438 blind students in Jordan received educational services at public schools (Jordan Ministry of Education, 2008: 62).

While these programmes represent promising trends, the main responsibility for disabled students' education, especially at the primary level, resides with special teachers, and their integration is limited to non-academic activities. Reaching out to the vast majority of students who are not included still remains to be accomplished.

Marginalisation from and within Early Childhood Education for children with disabilities

Children aged 0-6 have limited access to early childhood (EC) programmes in the MENA region. EC programmes tend to be heavily concentrated in urban areas, and non-governmental private-sector provision is high, so that mainly higher income families can take advantage of these programmes. For example, in Syria, Koranic schools provide education to many young children. In Lebanon, Muslims have established their own schools. Several NGO's do offer EC programmes for refugees and children of low-income families in rural areas, including Save the Children, and the Kanafani Foundation (Arab Resource Collective, 2007: 13).

Within the region, however, wide variations exist. Lebanon reports the highest rate of access at 70% of the 0-6 population, mainly due to the fact that the government implemented a new curriculum around 2000, included kindergarten in its public education system and made it free. Syria increased its percentage of enrolment from 5% in 1990 to 7.75% in 2000 for children aged 3-5. Overall, by 2004, the Syrian government had increased the number of kindergarten programmes to 1475 from 1096 in 1997 (Arab Resource Collective, 2007: 14). As in Lebanon, Jordan provides a significant number of EC services through the private or voluntary sector. The Arab Collective Alliance (2007: 12) reports that Jordan serves approximately 1.57, of the 0-4 age group, while UNICEF (2007: 76) reports service levels at about 2%, even though these children constitute 12.9% of the total population.

Besides limited access, some studies have raised concerns about the quality of these programmes as well as the infrastructure and basic facilities (UNICEF, 2007: 77). However, Jordan, in its 2008 National Report to IBE, indicates that a National Strategy for EC education is working on expanding and raising the quality of its EC programmes (Jordan Ministry of Education, 2008: 52). In its 2006/07 report, 57% of nurseries in Jordan are governmental, 38% private, and 4.6% NGOs. This represents a significant increase over previous years (UNESCO, 2006-07). However, for children ages 4-6, the private sector is the major provider of kindergarten education. Of all children enrolled in Jordan's

Kindergartens, 77% are enrolled in private kindergartens, 18% in the non-governmental (NGO) sector, and only 5% in public kindergartens. No data is available on numbers of low-income and disadvantaged children, including those with disabilities. However, the overall pattern of EC services to higher-income families, and the low percentage of children who have access to them, make it probable that the number of children with disabilities being served is very low.

Addressing marginalisation of children/youth with disabilities in the MENA Region

Legislation and related sector policies

Legislation and related policies provide a necessary prerequisite for addressing marginalization. This section provides an overview of legislative acts and related policies concerning education of students with disabilities and special needs.

Although some special laws for persons with disabilities have been promulgated by royal or presidential decrees; e.g., Jordan, Egypt, and Yemen, monitoring and enactment have been limited. For example, Yemen created a special *Disability Fund* by law in 2002, but inadequate human resources combined with inefficient public finance systems minimized the impact of this law. Other regional initiatives such as an Arabic sign-language dictionary for the deaf, and a barrier-free design manual published by the *Economic and Social Commission for Western Asia* (ESCWA) to promote accessible buildings, have not yet been adopted or widely utilized by all the Arab States. In Jordan, *Legislation for the Care of the Handicapped No. 12 of 1993* limited its attention to individuals with physical disabilities, and disabled people themselves did not participate in its development or implementation.

In education, Jordan developed a comprehensive *2004-2013 ECD Strategy* document and *Plan of Action* for early childhood education (ages birth to eight). The plan establishes specific targets for increased enrolment, and an evaluation instrument to measure school readiness. The Education Act No. 3 in 1994 established a development plan with several stages. One of the principles underlying education policy in this act is "Expanding educational patterns to include special education programmes, and programmes for the gifted and those with special needs (UNESCO, 2006/7). In 2005, the Human Development Department (HDD) for the MENA Region produced a report entitled "*A Note on Disability Issues in the Middle East and North Africa*." The report notes that public policy on disabilities in MENA countries "tends to be focused on a medical approach, and does not yet adequately incorporate an integrated approach that promotes an inclusive environment." (HDD, 2005: 17).

Subsequent to the HDD report noted above, all major world regions held workshops on Inclusive Education throughout 2007 in preparation for the *2008 International Conference on Inclusive Education* sponsored by UNESCO's International Bureau of Education. The preparatory conference for the Arab Region, entitled "*Regional Seminar on Quality Education for All: No Exclusion and No Marginalization*", took place in Beirut, Lebanon on 25-27 August 2008. The conference was attended by 40 participants from 13 Arab countries, six international organizations and NGOs. A summary of the Gulf Arab States regional workshop (UNESCO, 2008: 46-48) indicates that "the workshop's discussion at a policy level concentrated on future recommendations more than on a discussion of the current status of such policies." With regard to future recommendations, participants recognised the need for adopting legislation that supports the improvement of school infrastructures and transportation to make schools accessible to all.

Overall, participants at the 2008 Arab preparatory workshop recognised "the challenge of social exclusion, especially in relation to disabled people." (UNESCO, 2008: 78). They reached agreement on the following priorities with regard to public policies:

1. Raise social awareness about broadening the concept of inclusive education.
2. Encourage participatory policymaking.
3. Promote and enact legislation for all categories of students and reflect them in national strategic plans.
4. Provide adequate funds to attain free compulsory education to all learners including students with special needs.

A significant basis for these discussions was the *Dubai Declaration on Urban Children and Youth*, established at a regional seminar in Beirut, May 16-18, 2005. Over 400 participants including ministers of education, mayors and other local authorities, several international agencies, as well as children and youth representatives attended the seminar in Beirut. The declaration mentions inclusive education for all children and youth as the first priority and states: "The conference participants stress the importance of inclusive education and reaffirm their commitment to improve the well-being and quality of life for all children and youth, regardless of their age, gender, religion, ethnicity, disability, or social background." The *Dubai Declaration* also signifies a recognition of the need to promote collaboration among local and central authorities, and to enhance the role of local authorities in order to "maximize the use of innovative learning approaches and tools" and to build quality environments "that are accessible and connected with the surrounding communities….to offer meeting and learning opportunities to children and youth." The *Dubai Declaration* is important, in that it also promises close monitoring by conference organizers and the *Child Protection Initiative*.

This trend toward cross-sector collaboration emphasized in the *2005 Dubai Declaration* was again stressed in the 2008 Arab Region Workshop. Specifically, participants recognised that developing links between formal and non-formal education programmes is progressively seen as a "core strategy to address the problems faced by the education system in the Arab region" (UNESCO, 2008: 79).

Beyond regional and state-level legislation and policies to promote inclusion of children and youth with disabilities, several important international policies and conventions could be addressed. First, Jordan, Syria and Lebanon were all signatories to the *2007 Convention on the Rights of Persons with Disabilities.* Jordan ratified the Convention in March 2008. This convention and its Protocols provide specific guidelines for establishing inclusive education for children and youth with disabilities. Conventions bind the states that ratify them to their benchmarks and protocols. The 1994 Salamanca Statement, as well as the 1993 *United Nations Standard Rules on the Equalisation of Opportunities for People with Disabilities*, also provides countries with a framework for action in relation to inclusive education and issues of barrier removal. At the 2007 UNESCO/IBE sponsored workshops on Inclusive Education, the Arab Gulf States, participants recommended that all countries in the region sign and ratify all relevant international conventions and declarations promoting inclusion, in particular, the *Convention on the Rights of Persons with Disabilities.*

Effective Interventions and Programmes

The examples provided in this section were chosen to highlight innovative and effective programmes that are responsive to diverse people with disabilities in heterogeneous Arab societies. The underlying premise is that there can be no 'cookie-cutter' approach to addressing the challenges of marginalization. Strategies and programmes must develop from the local/state/national contexts in which people with disabilities live, work, and go to school. It must be remembered that strategies to address marginalization and social exclusion are multidimensional, relational, and context-specific processes.

Strategies highlighted in this section address two of the most critical dimensions of exclusion. *Cultural factors* constitute the first dimension, and incorporate strategies to address attitudinal barriers. The second dimension constitutes *structural factors* and includes human and material resources, organization and design of programmes, and policies to support resources and programmes. These appear to be most salient for the MENA region, given the findings and issues discussed in the previous sections of the paper. Four basic premises for strategies to promote inclusion underlay the examples given here. These strategies stem from the research on social exclusion in Europe and the Middle East that have been reported in the literature (Silver, 2007).

Four basic premises for Programmes and Policies Promoting Inclusion

1. Strategies, policies and programmes must rest on localized intervention sensitive to national, institutional and cultural contexts.
2. Interventions must be cross-sectoral and comprehensive, transcending traditional bureaucratic approaches.
3. Approaches to inclusion necessarily involve a long-term process of development through transitional stages.
4. All activities undertaken must involve participation of the excluded in the development, implementation, and decision-making processes.

Addressing cultural barriers

The 2009 EFA Monitoring report states: "Among the most serious obstacles are negative attitudes towards the disabled, which affect both the school participation and the self-confidence of disabled children" (EFA, 2009: 83). The *Convention on the Rights of People with Disabilities*, passed in 2006, also emphasizes the problem of attitudinal barriers. At its summit meeting held in Tunis in 2004, the League of Arab States proclaimed 2004-2013 the *Arab Decade of Disabled Persons*, with the goal of incorporating disability into social and economic development. The plan of action focused on 11 priority areas, including health, education, employment and poverty. The *Arab Decade of Disabled Persons Declaration* states as it's first objective: "Changing society's view of disability and that of people with disabilities of themselves" (Kabbara, 2003).

Despite the recognition that cultural barriers constitute one of the most serious obstacles and pressing issue to address, few recommendations exist that would provide specific strategies for addressing this barrier. Experiences in the MENA region provide a window for strategies to address attitudinal barriers that are specific and targeted: the family unit, the community, the service sector, and the government sector.

Attitudes and the family

First, as Abu-Habib (1997) has pointed out, discrimination starts in the home with the family. Programmes targeting the isolation of women in the home, and parenting information, especially for fathers, becomes critical.

The Happy Home Centre: Lebanon

Founded in 1986, The Happy Home Centre's work focuses in three key areas: a Special Education Programme, a Family Outreach Programme, and a Social Awareness and Consciousness-Raising Programmes. A major component of their work is home-visiting. Most of the 60 families served through this centre experience extreme poverty. Almost half of the families are refugees, and average family size is seven (ranging from 5 to 14). Education is the main tool for

empowering women of children with disabilities through literacy classes, group seminars and individual discussions concerning health and preventive care. In these discussions, taboos and sensitive issues, reproductive health care, and family planning are addressed, providing a safe haven and an opportunity for women to network. A parents' committee promotes fathers' participation, including sharing in the care of a disabled child.

Attitudes and Teachers—the service sector

Second, teachers are widely considered the most influential factor in successful school achievement. Several studies have provided evidence that negative attitudes of teachers towards students with disabilities are a major barrier to student learning (UNESCO, 2005: 22). To address negative attitudes, teacher training must include, not only effective instructional strategies geared to individual learners, but an awareness and consciousness-raising concerning attitudes. The earlier in a child's education that this can be accomplished, the better chance there is for long-term gains and success in school achievement. Conversely, it is less likely that a child will be retained or require special education services or placement (Arab Resource Collective, 2007: 6).

Several countries in the MENA region now include special education training in degree programmes for teachers in mainstream classrooms. For example, the Ministry of Higher Education in Jordan has established several training programmes for undergraduate and graduate students to prepare them for teaching special education. The University of Jordan offers both Masters level and PhD level degrees that place emphasis on preparing professionals in developing special education programmes (Al Japery and Zumberg, 2008: 118).

Although, not widespread, some innovative early childhood programmes have been developed that break new ground in tackling increased awareness. These programmes are highlighted in the boxes below.

Syrian Inclusive Education Project 2003-2005

As a follow up to a national seminar on inclusive education in Syria, a pilot project to integrate 50 children with disabilities in five schools (four primary schools and one kindergarten) was launched throughout different areas of the country. Development activities focused on teacher training, *advocacy seminars*, and physical school adaptation (emphasis added).
Arab Resource Collective, 2007: 24).

Child-to-Child-Programmes

Introduced in the MENA region in 1981, the first child-to-child activity book

was published in Syria and Lebanon. The programmes are included in early childhood workshops, and the Child-to-Child teacher training pack includes strategies to promote child rights and child empowerment. The Arab Resource Collective has conducted a series of workshops on the child-to-child approach, stressing the need to promote an inclusive, integrated, and holistic vision for working with children who are socially and economically disadvantaged.
(Arab Resource Collective, 2007: 25)

The *Portage Project* is another innovative programmes that has been adopted in several countries, most notably Jordan. Support for the project has been provided by the Arab Council for Childhood and Development with finance from the Arab Gulf Programmes for the Support of UN Development Organizations. In 1998-99, The Hashemite Jordanian Fund for Human Development adopted Portage. The programmes is a quality early intervention model designed to provide services to young children with disabilities from birth to six years of age in rural communities. Weekly home visits by home teachers train parents how to work successfully with their child to attain developmental milestones.

Attitudes and Society/Community
Third, societal attitudes must be addressed. One of the most powerful ways to accomplish a change in attitudes is through experience. The voices of disabled children and youth, and their direct participation in strategies to address attitudinal barriers become critical in this endeavour.

'Our Voice': A Children's Video Project in Beirut

Children and youth with and without disabilities collaborated on making '*Our Voice*,' an advocacy film that socially commented on the ever-ignored situation of people with disabilities in Lebanon and advocated inclusion as a solution. A series of 60 media workshops took place over eight months in an accessible and child-friendly location in Beirut or in outside locations such as youth centres and parks. *Our Voice* reached out to communities, starting with the family, and educated others to believe in and trust the abilities of children and young persons with
additional needs.
We held a diverse media campaign in which television, print media and radio covered our activities and stories on the importance of children's participation and inclusion of all marginalized groups in community projects, education and simply in the audience. Alongside our activities, different television channels asked to air our final documentary and invited youth members to discuss their experiences on talk shows. Schools approached the *Our Voice* members to interview them for social projects at school. The youth members visited schools around the country to talk about their journey and why participation is profoundly important. We participated in a three-day film festival for Human Rights and Disability on the International Day of Disabled Persons, where *Our*

Voice premiered and was the centerpiece.
Under the umbrella, "Nothing has changed except my attitude, so everything has changed," we know the potential of this type of project to have a domino effect, to spread its successes and challenges into the heart of any community.
Excerpted from Shamji, Yara (2007).

Attitudes and government policy-makers
Most MENA countries have enacted legislation in support of children and youth with disabilities. In 1993, Jordan government passed the Law for Welfare of Disabled People and established the National Council for the Welfare of Disabled People. The Lebanese government passes Law 220/2000 guaranteeing disabled persons' rights and the principle of inclusive education. In 2004, the Syrian government created a National Committee for integration and a Unit of Educational Integration was established. Projects have focused on intensifying teacher training, and accessible school construction.

Attitudes of policy-makers at all levels of government must be addressed to ensure the presence of political will to translate legislative commitments into action. Inequalities in education are often more of a reflection of beliefs, than they are of level of resources. "That is, the ways in which resources are allocated reflect beliefs about the value of education for all children, and for particular children. "Our priorities say more about our values and our philosophical commitment to education than they do about our capacities to provide education. Conditions of marginalized children at the edge of a society reveal more about the state and progress of a society than conditions at the middle. These children, as a radically marginalized sector of society, reflect the unadorned aims of education and society in general" (Peters, 2004: 74).

In recognising the importance of political will, Dr. Ali Saad, Director of the Syrian Ministry of Education stated: "The political will of decision makers at the advanced level and the awareness of the moral, professional, economical, and social value of the [integration] projects, and persistent work to achieve their objectives….remains the most important factor of their success." (Saad, 2008). Her Excellency, Mrs. Asma'a Al-Saad, spouse of H.E. Mr. President of Syria has personally supported the Syrian integration project for those with special needs. She has provided the vision, and has followed the evaluation and continuous follow-up necessary for its success.

In Jordan, members of the royal family have shown public interest, provided personal support and leadership for Jordan's policies concerning education. HM Queen Rania chaired the National Team for early Childhood Development and the Royal Commission for Human Rights. HRH Prince Raad bin Zeid heads the National Register for the Disabled. "These are not just symbolic heads, but de facto leaders and advocates of the particular issue championed, making sure of the best possible action taken" (UNICEF, 2007: 23).

Addressing structural barriers

Structural factors influencing the extent of exclusion or inclusion include decisions regarding government policies, resource allocation, multi-sector collaboration, institutional training of educational personnel, design of programmes to integrate education of students with disabilities with their non-disabled peers. Three of these structural factors are highlighted in this section that hold the best promise for the widest impact, considering the specific context of the MENA region. These three factors are 'no-gap' policies for integrating gender and disability development; addressing prevention through expansion of early childhood programmes; and building capacity of the infra-structure to support inclusion.

Addressing gender and disability 'no-gap' policies in development

This paper has provided evidence that disability and gender issues are intricately related, and interdependent with issues of development. In 2007, the Commission for Social Development of UN Economic and Social Council also issued a report, "*Mainstreaming Disability in the Development Agenda*." The report recommends a 'no gap' policy with regard to including persons with disabilities in the development agenda; i.e., no government entity can achieve equality for persons with disabilities on its own.

Paragraph 6 of this report quotes the conclusions of the 1997/2 on gender mainstreaming in development as follows:

> Mainstreaming a gender perspective is the process of assessing the implications for women and men of any planned action, including legislation, polices or programmes, in any area and at all levels. It is a strategy for making the concerns and experiences of women as well as of men an integral part of the design, implementation, monitoring and evaluation of policies and programmes in all political, economic and societal spheres, so that women and men benefit equally, and inequality is not perpetuated. The ultimate goal of mainstreaming is to achieve gender equality.

The quote is followed by the statement, "The process of mainstreaming disability in the development agenda may be viewed in a similar manner."

In the case of MENA, integrating gender and disability policies is especially salient, given the cultural context that has driven the twin goals of gender equity and disability equity for these countries. The MENA region has made a concerted effort to include girls in schooling, and to raise the literacy rate to parity with men and boys. This effort has resulted in significant literacy gains for women within a very short period of time (Hammoud, 2005).

Given the success of MENA policies with regard to equity for women and girls, it follows that a concerted effort on behalf of equity for persons with disabilities might achieve the same results—especially if gender and disability goals are integrated.

That is, gender policies should always include a disability component, and vice versa. Finally, concurrent with the 'no-gap' policy, it may be necessary to establish affirmative action guidelines. Recent Lebanese legislation to ensure the rights of people with disabilities has included an affirmative action component for employment, requiring a 3% employment rate of people with disabilities. Concerning provision of special education services, A report of the Margalit Committee (2000) recommends

> "taking affirmative action in allocating resources and developing services for underprivileged social groups in the field of special education in the Arab education system in general, and in the education system serving Bedouin villages in particular. This affirmative action policy will be reflected in allocating the required resources for developing an infrastructure for training professional personnel in the relevant spheres, in order to narrow gaps and ensure equality and equity in access to special education services." (Manor-Binyamini, 2007: 116).

Addressing prevention through Early Childhood Programmes

Prevention is recognised as an important strategy in relation to children and youth with disabilities, as well as those at-risk for impairments. It is widely recognised that a significant amount of disability is preventable, often through relatively simple and low cost interventions such as immunization programmes and improved maternal care. Yeo (2001: 15) reports that 70% of visual impairments and 50% of hearing impairments in Africa and Asia regions are preventable through these measures. The Human Development Department for the MENA region recognises that strengthening public policies and programmes to prevent disabilities would "reduce their occurrence and long-term impact through early identification of the risk factors and introduction of preventive measures" (HDD, 2005: 21). Early childhood intervention is an important strategy for guaranteeing the right to education of all children. "Identifying and addressing the different learning needs that children may have in the early years, along with other developmental aspects, helps to pave the way to placing them all on an equal footing in their access and completion of basic education, and in achieving significant learning outcomes" (Opertti & Belalcazar, 2008: 127). Making early childhood education free and compulsory for all children would go a long way toward achieving the goals of Education for All. The current low

rates of enrollment in nurseries and kindergarten programmes for countries in the MENA region, as reported in the section on Disability Causes in this report, indicate that much work needs to be accomplished in this area. Jordan, in particular, has recognised this need and has recently accomplished a significant increase in their programmes. Lebanon increased its access rate to 70% of the 0-6 population, mainly due to the fact that the government implemented a new curriculum around 2000, included kindergarten in its public education system and made it free. Other countries in the MENA region need to follow suit. Overall, an integrated approach to early childhood education is needed that links prevention and rehabilitation with empowerment strategies and changes in attitudes (Yeo, 2001: 1).

Addressing infra-structure

Mazawi (1999) conducted a comprehensive historical review of education research in the Arab states spanning the 1950's to late 1990's. His appraisal of major research trends revealed that, while access to educational resources has expanded greatly since the 1950s, two major areas of research have been neglected. First, while education is widely acknowledged as a potentially strong mediator of societal inequalities, this capability has not been explored in Arab states. In Mazawi's view, this neglect fails to recognise the links between education and broader social-political contexts. Instead, the focus on access to educational resources through the undertaking of state apparatuses, maintains the view of an "omnipotent, state-controlled school system" (p. 352). This focus neglects the "extent to which local communities or marginalized social groups, can act on state policies as an integral part of social and educational change." (p. 351). As a result, Mazawi argues that comparative education concerned with Arab states is still largely unable to account for the inter-relations between the state and the broader social and political processes of civil society.

Most MENA countries, and Syria, Jordan and Lebanon in particular, have inclusive education policies in place to re-dress exclusion and support inclusion of children and youth with disabilities. However, the infra-structures and political/societal commitment needed for implementing these policies are critical. Given the heterogeneous nature of MENA countries and the distinctive cultural contexts, specific strategies for building infra-structure will naturally vary. However, one general type of approach appears to be very promising. That is, a multi-sector approach between grassroots organizations of people with disabilities, NGOs and schools. This kind of approach aligns with the four basic premises for inclusion outlined in this paper by accomplishing several simultaneous goals: 1) the direct participation of people with disabilities in development and implementation of initiatives; 2) capacity-building of the public sector through partnerships; 3) reduction of stereotypes and negative attitudes toward disabled people; 4) focus on advocacy and community development as opposed to remedial approaches to service delivery.

These goals also align with several objectives in the *Declaration of the Arab Decade for People with Disabilities;* i.e.,

1. developing and improving existing government and nongovernment services and programmes to satisfy the needs of people with disabilities;
2. Changing society's view of disability and that of people with disabilities of themselves;
3. Developing and improving existing government and nongovernment services and programmes to satisfy the needs of people with disabilities;
4. Supporting and facilitating the formation of disabled people organizations, which must be represented in the higher councils for disability so as to guarantee their active participation in drawing up policies, programmes and plans to raise the standards of living of people with disabilities;
   (Kabbara, 2003).

Examples to support such an approach can be found in several MENA countries. Three such examples are:

Partnerships between Oxfam and associations of disabled persons
Oxfam has been providing support in the MENA region since at least the 1970s. "The organization supports capacity-building, networking, advocacy, and the provision of alternative services, such as the integration of blind children in mainstream schooling, or subsidized and accessible transportation for disabled students and employees. A close relationship is maintained with selected associations, who hold an important role in training, curriculum-development, and expert consultancy at both the local and regional levels" (Abu-Habib, 1997: 81).

Lebanese Physical Handicapped Union (LPHU)
Established in 1981 as an advocacy organization, its focus is on "creating the societal conditions necessary to foster the full inclusion of people with disabilities in Lebanese society" (Wehbi, 2007: 67). LPHU carries out advocacy initiatives to raise awareness of the rights of people with disabilities as well as community-based development projects for inclusive education. The organization has forged alliances with civil-society working from a rights and social justice perspective. By "adopting an intersectional analysis, by seeing the links between all forms of oppression and by actively organizing with others, LPHU enriches its own work and allows others to see the importance of taking disability issues into account in their work," (Wehbi, 2007: 76).

Multi-Purpose Community Learning Centres (MCLCs)

An ongoing best practice that exemplifies cross-sector collaboration is the existence of Multi-purpose Community Learning Centres (MCLC's). Currently implemented in Lebanon and Syria, MCLC's are organized and managed by the local community. They target out-of-school children, providing a venue for community learning and various development activities.

Using the approach of multi-sector collaboration, with direct participation of disabled people and their organizations has proven very successful in other regions of the world. For example, disabled adults as role models have been employed in schools as a successful and innovative alternative approach to the traditional school aides (Peters, 2004: 25). Peer-to-peer tutoring programmes, child-to-child programmes, and related initiatives that utilize disabled people as trainers of teachers have proven effective as well. The MENA region is rich with organizations of disabled people who could provide human resources to schools as they attempt to integrate their classes.

Conclusion

From the evidence and discussion provided in this paper, it is apparent that MENA countries are working diligently toward redressing marginalization and exclusion of people with disabilities. Yet they have a long way to go, especially with respect to education of children and youth with disabilities. Few of the children in this group have access to education, and for the few that do, the only integrated programmes are nascent, and small in scope within a system that remains largely segregated between general and special education. In their discussion of the double-discrimination of blind girls', Fahd, et. Al. (1997) emphasize the consequences: "The segregation of blind children in special schools not only serves to increase their isolation, but also creates an artificial sheltered environment" (pp.47).

The major findings and recommendations in this paper may be summarized as follows:

1. Marginalization and exclusion of children and youth with disabilities needs to be conceived of more broadly than the current focus on indicators of poverty and on the excluded individual.
2. Addressing marginalization and exclusion of children and youth with disabilities requires explicit public policy that supports new innovative approaches aimed at reducing and eventually eliminating structural barriers *as well as* societal attitudes underlying cultural traditions.
3. Context is important. Inclusive initiatives for children and youth with disabilities must be localized and responsive to diversity in a heterogeneous society.
4. The private sector plays an important role in provision of education for children and youth with disabilities. Efforts to promote and support

collaboration and partnerships between the private and public sectors should be a priority.

5. Reducing the high incidence of disability should be a priority. Strategies to reduce incidence of disability should utilize the effective interventions reported, and specific to the causes that have been identified.

Finally, much attention in the literature has been given to the lack of data regarding numbers of children and youth with disabilities. There is already enough evidence to support the probability that significant numbers of these children are underserved. Researchers, educators, and government policy-makers would serve children better by allocating more research, intellect, and commitment to innovative strategies for inclusion, rather than to solidifying indexes of poverty. Today's inequalities and state of progress toward EFA provide both challenges and opportunities—for the MENA region and for all regions of the world. Countries are challenged to commit themselves to eliminating exclusion and promoting inclusion. Opportunities will manifest themselves in the day-to-day tasks undertaken with individual children, in classrooms, in schools and in society. Inclusion of children and youth with disabilities is a worthy goal. It is hoped that this review has made a contribution to that goal.

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