

UNICEF/CARA Consultation Meeting

15- 16 December 2010, at Chawarchla Hotel, Arbil, Kurdistan, Iraq

Participants

Baghdad Governing Council

- Dr Mohammed Al Shimmary, Administrative Deputy, Governor of Baghdad
- Dr Mohammed Yousif Qasim Al Mobarqa'a, Secretary General, Baghdad Governing Council
- Mr Husein Kadhum Muttar, Office Manager to Administrative Deputy

Ministry of Education Baghdad (MoE)

- Mr Adil Abdul Raheem, DG of General Education Directorate
- Ms Assima Majeed Hasany, Head of Special Education Dept. General Education Directorate
- Ms Amel Sadiq Mohammed, head of Kindergarten Dept. General Education Directorate
- Ms Mayada Abdul Jabbar Najim, Head of Translators, Cultural Relations

Ministry of Labour and Social Affairs, Baghdad (MoLSA)

- Ms Abeer Mahdi Muhsin, Head of Nurseries Dept.
- Ms Ghaida'a Ala'a, Senior Researcher, Physical Disability Dept.

Ministry of Health, Baghdad (MoH)

- Mr Ramzi Hadi Musa, Head of Rehabilitation Section, Rehabilitation and Disability Prevention Dept. Directorate of Medical Operations and Specialised Services, International Health Directorate.

Ministry of Education KRG (KRGMoE)

- Mr Abdul Aziz Sarhan, Director General, Basic Education and Kindergartens
- Mr Edress Laua, Head of Special Education Dept.
- Karen Chesterton, Independent Consultant, ECD and Inclusive Education

Ministry of Labour and Social Affairs, KRG (KRGMoLSA)

- Mr Salam Jamal, Director Care Centre for the Disabled

UNICEF

- Kumiko Iwasawa, Programme Manager
- Joyce Gachiri, Chief Field Officer
- Shah Fiaz, Education Specialist
- Abdulkadir Kakasur, Education Officer
- Khulood Malik, Education Officer

CARA

- Professor Roger Slee, Chair of Inclusive Education, Institute of Education, University of London
- Dr Alison Alborz, Lecturer in Complex learning Disability Studies, University of Manchester
- Professor Helen Penn, Professor of Early Childhood, University of East London
- Kate Robertson, CARA Deputy Executive Secretary, London

Apologies

- Dr Liz Brooker, Senior Lecturer in Early Childhood, Institute of Education, University of London
- Dr Jawad Mohammed Al Hashemy, Research Team Leader Iraq and President, Iraq Centre for Transparency and Anti-Corruption (ICTAC)
- Dr Saman Hamid Halabjaee, KRG Ministry of Health
- Dr Sroosht Jamil Sabree, KRG Ministry of Health

DAY 1. 15th December 2010

NB A summary of discussion themes and points raised are collated under the final section of this meeting record ‘Consultation Meeting: Themes and Discussion Points’

Agenda Item 1. Welcome & Introduction Joyce Gachiri & Kumiko Iwasawa on behalf of UNICEF

Participants were welcomed to the meeting with a brief background to the study.

The study had been prompted by the absence of a national strategy on inclusive education and of reliable data on the situation of children with disability. The **aim of the study** was to obtain baseline data, and provide an informed assessment of the needs of children with disability and of available services.

Following a 4-governorate survey, the study had now entered its analytical phase. The 2-day consultation meeting provided an opportunity to share and discuss early findings with ministry experts.

Agenda Item 2. Overview of the Study

Professor Slee noted the importance of the collective expertise and insights in the room, to guide and inform continuing analysis and the final study outputs. Participants were invited to help identify issues and themes; to help to shape and refine analysis; and to highlight pragmatic concerns to ensure that the final study recommendations were relevant, feasible and implementable.

Consultation Meeting Objectives *To share progress of the study; to benefit from the expertise of key stakeholders to inform/guide further analysis; to establish pragmatic concerns of those leading educational reform in Iraq as a basis for framing the recommendations.*

Study Objectives The study has two complementary components as follows

Education Opportunities for Disabled Children (0-18 years) The development of contemporary and inclusive policies, strategies, programming approaches and initiatives to improve the quality of education for children with disabilities and ensure their inclusion at the primary education level.

Early Childhood Development (0-8 years) To provide recommendations and guidelines that will inform the development of a comprehensive national strategy and policy on early childhood development to support improved coordination, institutional and human capacity, the expansion of services and the quality of early childhood development programmes, in addition to improving budget allocation awareness and raising awareness of early childhood development issues.

The study survey had not been a school survey, but a household survey to ensure the inclusion of children below school age and those excluded from the education system.

Study Phases The study has been split into six phases with this meeting part of phase 5.

Phase 1. Introduction of study/consultation with key stakeholders and secondary data collection

Phase 2. Design of survey methodology and instruments

Phase 3. Recruitment and training of survey team

Phase 4. Implementation of the 4 governorate household and institutional survey (Baghdad, Erbil, Basra and Najaf), qualitative components – ie. one-to-one interviews with key stakeholders and selected households coupled with key stakeholder focus groups

(local government, community and religious leaders; health-workers; principal/special-needs teachers/standard teachers, etc.) – and data entry

Phase 5. Initial data analysis and review; consultation with key ministry representatives

Phase 6. Completion of analysis and drafting of study outputs.

Phase 1 Consultation and Data Collection

The Iraq Study Team Leader, Dr Al Hashemy held a series of meetings with senior representatives from relevant Ministries (eg. MoLSA, MoE and MoH); Parliamentary Committees (eg. Education, Women & Children); representatives from the Education Directorates and COSIT, and a number of other key stakeholders at the national, federal and local governorate level. Extensive background information was obtained, including the latest available MoLSA and COSIT data sets on schools and disability. As part of Phase 4, in the lead up to the survey proper, governorate and local government representatives from the 4 survey governorates were also and permission sought.

It was suggested that a single collective consultation meeting would have been more effective in developing partnership and in facilitating cross-ministry engagement and dialogue on strategic development of educational services. Other committees, such as the Committee for Social Protection, might also have been usefully involved at that stage. It was also regrettable that not all those who had been consulted had shared their knowledge of the study with relevant colleagues within their ministries.

Study Outputs

Background report (Phase 1); final study report on needs, findings and recommendations to support inclusive education and early childhood development (ECD); a model for primary-school teacher training in inclusive education; and two academic papers, one on ‘Inclusive education’ and the other on ‘ECD’.

Dissemination A national dissemination meeting with a much wider audience was scheduled for late April 2011 following delivery of the study outputs - date to be confirmed.

An initial questioning by participants of briefing paper figures revealed problems with the UNICEF-commissioned Arabic translation, in which headings had not been transposed in line with figures.

Agenda Item 3. Establishing a Common Understanding

Establishing a common understanding of terminology and concepts was a critical step towards policy formulation and implementation, particularly in the context of different cultural backgrounds.

Participants were invited to respond in writing to five questions to allow an exploration of cultural and contextual resonance and to capture different understandings across participants:

- *What do you suggest is the purpose of education?*
- *What do you suggest is the purpose of inclusive education?*
- *What are the priorities for education in Iraq?*
- *What do you suggest early childhood development (ECD) encompasses?*
- *What are the priorities for early childhood education?*

A number of issues were discussed prior to the completion of questionnaires.

Definitions of Terms Used in the Study

'Impairment' refers to a long-standing difficulty in physical or mental functioning. Within the survey questionnaire the word 'difficulty' was used because it was considered to have less stigma attached to it than disability or handicap.

'Disability' refers to the interaction of personal impairment with aspects of relevant social contexts. Identification of disability therefore is a twofold process –

- identification of an impairment (described in the survey as a 'difficulty' that is longstanding) and
- identification of a setting in which the person is unable to participate on equal terms with other users because their impairment is not accommodated. In the terms of this survey the context of particular interest is educational.

'Difficulty' is used to describe difficulties that might be experienced in home life, or relationships, or at school, or in the community, that might be overcome by access to appropriate equipment or an aid – ie. in the case of the loss of a leg, an artificial leg, or, if both legs are affected then access to a wheelchair. If, however, the local infrastructure, such as poor roads or stairs, does not allow use of their wheelchair, the individual will remain disabled.

'Current Support' is used in the study to refer to support given, aimed at, or that is likely to impact on, optimum child development and educational opportunity and achievement. This may comprise paid or unpaid elements and may involve family, community, statutory or voluntary actions (including NGO and religious organisations) or financial aid.

'Disadvantage' is used in the study to refer to the consequence of structural obstacles (created by society) that inhibit access to resources, benefits and opportunities and might include: race, ethnicity, gender, religion, indigenous or national origin, socio-economic status, level of education attainment (qualifications), disability, geographic location etc.

'Early Child Development' is used in the study to refer to the ordered emergence of interdependent skills of sensor-motor, cognitive-language, and social-emotional functioning with a focus on children under 8 years of age and particularly on the first years of life when development is most rapid.

'Segregated Special Education' is used in the study to refer to the provision of separate educational facilities for a child due to sensory, behavioural or cognitive impairment.

'Inclusive Education' is used in the study to refer to the practice of including all children reflecting the millennium goals of Education For All (EFA) which includes children suffering poverty, conflict, forced migration etc.

Adoption of the **2010 Disability Act** definitions was proposed, but felt to be premature given that it had yet to be ratified.

Agenda Item 4. Emerging Themes

Prof Slee reiterated that the household survey was not intended or designed to identify areas with a high prevalence of children with disability, but rather to survey representative areas to assess the prevalence of 0-18 years with disability across each survey governorate. Data reviewed to date indicated differences across and within the governorates. Findings from the institutional survey were pending.

4.i Quantitative Data (Dr Alison Alborz)

6,000 households across the four governorates had taken part in the survey, with households defined as 'all the individuals living permanently in a single dwelling'. The prevalence of risk of mental health or other difficulties across the 6,000 households was found to be over 15% in 4-18

years olds. The average percentage of birth defects amongst 0-4 year olds across the four governorates was 3.7%, rising to 8.1% in Basra. Specific difficulties, including communication, self-care and epilepsy, ranged between 0.5% and 5.3%, which was in keeping with levels in other countries. 50% of respondents with children with impairments felt their lives were constantly affected, with over 50% feeling 'burdened' as a result. It was also found that very little equipment was provided by anyone other than members of the household, corresponding with the expressed sense of burden.

4.ii Qualitative Data (Prof. Roger Slee)

The qualitative component involved direct interviews with representatives from key groups – eg. healthworkers, teaching staff, community leaders; focus groups, again with key groups; and, follow-up one-to-one interviews with selected survey households. The emerging themes related to funding, infrastructure & resources; training across the community and professional groups; confusion over disability; and the vulnerability of disabled children.

4.iii ECD (Prof Helen Penn on behalf of Dr Liz Brooker)

The survey had looked at the developmental status of 1,425 children from 0–4 years and 1,159 children from 4–8 years, using a developmental checklist for each group. Although the results for the 0-4 range were ambiguous at this stage requiring further analysis, they pointed to the importance of compensatory ECD for poorer families. Data for children in the 4–8-year range indicated they were achieving anticipated development skills. Two striking findings were the lack of support received from outside the immediate household and the exclusion of younger children from education provision pointing to the need for some form of 'inclusive education' for younger children.

Agenda Item 5. Barriers and Challenges

In preparation for Day 2's brainstorming session, Prof. Slee invited participants to consider the following four questions overnight, in relation to inclusive education and ECD provision:

- What were the barriers to presence in school?
- What were the barriers to participation once in school?
- What were the barriers to achieving success in school?
- What resources were there to help address barriers and challenges?

Given the range of understandings emerging from the preceding session, Prof. Slee also invited consideration as to whether inclusive education was '*about fitting into an existing school system?*' or '*about the reform of schools?*' allied to which was the question '*How might we move systems forward?*'

The answers to these questions would provide important stepping stones towards developing study recommendations and policies.

DAY 2 - 16th December 2010

Agenda Item 6. Reflection on Common Understanding (Prof. Slee & Dhiaa Al Asadi)

Participant responses to the questionnaire from Day 1 Session 3 were summarised to help initiate discussion on 'aspirations' and identification of the 'barriers' to fulfilling those aspirations:

Q1. What do you suggest is the purpose of education?

- to support knowledge development

- to develop knowledge, culture, behaviour and reform all aspects of life
- to support skills development
- for self-education
- to broaden knowledge
- to compete in labour market
- to develop mental ability
- to change the individual and the community

The responses fitted under three broad concepts: i. *Improvement of the individual*, ie. individual skills and knowledge; ii. *Functional*, ie. training individuals for the workforce, many education systems had reduced themselves to this function; and iii. *Civic membership and responsibility*, ie. the development of well-rounded individuals to contribute to the betterment of their community.

Q2. What do you suggest is the purpose of inclusive education?

- to promote social integration and harmony
- to reduce individual differences
- to improve society and the country
- to provide access to all regardless of difference
- to raise the quality of schools and education
- make schools more attractive
- awareness-raising

These responses pointed towards social integration to reduce difference, to normalise and assimilate the disabled within the existing environment, prompting the question ***“Might it not be about reforming schools to be more accepting of difference, to better reflect society?”***

Q3. What are the priorities for education in Iraq?

- to build individual personalities
- to reform the education system
- to develop qualified trainers and teaching staff
- to develop new approaches and new curriculum
- to develop modern and well-equipped schools
- to develop education opportunities
- to maintain free and compulsory education
- to deal with ‘drop-out’ children
- to promote inclusive education
- to support gifted children

These responses demonstrated a clear commitment to ‘Education For All’ goals, and to school reform. If schools were not to continue to reject children then changes to the curriculum, to teaching and the education of teachers would all need to be considered.

Q4. What do you suggest ECD should encompass?

- training for teachers and other stakeholders
- family/stakeholder awareness-raising
- stakeholder capacity-building
- specialist ECD education programmes/ opportunities
- all aspects of childhood
- highlight role of Ministry of Health

- medical assessment to ensure early diagnosis
- psychosocial and moral care
- nurseries for disabled children 0-3
- broader age range: 0-4, 4-8
- financial support

Q5. What are the priorities for early childhood development in Iraq?

- to establish ECD centres
- to provide specialised training for staff
- to promote full attendance
- to clarify roles of different ministries
- to develop modern programmes
- to offer accurate and early diagnosis
- to respond to all needs and requirements
- to promote public awareness through media

Responses to these last two questions were split between ‘inclusion’ and ‘care’. The debate for ECD was the same as that for ‘inclusive education’, ie. **“How could people work together to provide for children?”** Training and service reform went hand in hand. This was not just about making up for the current lack of provision, but also about catching-up with Iraq’s neighbours who were moving ECD strategies forward at a great rate.

Fundamental Contradictions These positive written responses had not always been reflected in discussions, with a number of statements that inclusion was only relevant to children with ‘sensory impairment’ and not to children with ‘intellectual impairment’. An allied theme was that more specialist institutes were required. **“How could these divergent, conflicting responses be reconciled?”**

Agenda Item 7. Barriers to Presence & Participation in School

This session involved a brainstorming to identify barriers to ‘presence’, ‘participation’ and ‘successful achievement’ in schools of children with disability, and to identify available resources drawing on all levels of society. **“Was the lack of an effective response due to lack of resources or lack of commitment?”**

Q1. Barriers to Presence in Schools?

- Poverty – children being part of household economy
- Transport – private or state provision
- Hostile environment – bullying, gangs etc
- Social attitudes – children with disability are teased and picked on
- Poor state provision – rural areas particularly affected
- Poor teachers and teaching methods – if children don’t like teachers they stay away
- Lack of early diagnosis to mitigate against impact of disability and isolation
- Legislative framework enables children to be excluded
- Policy on age for school enrolment
- Family’s/Parent’s educational level
- Lack of confidence, self-esteem and sense of difference – ie. not fitting
- Lack of aids/specialist equipment budgets – MoLSA could provide hearing aids and wheelchairs

- Physical access to buildings due to poor design, eg. steps not ramps, uneven floors, poor sanitation
- Harsh punishment policies – children are hit and alienated
- Lack of family support to individual
- Lack of coordination between government agencies/agent
- School policies
- Disabled child not valued by family/community/society – potential not recognised
- Mental state of disabled child
- Lack of holistic approach

Q2. Barriers to Participation in School

- Use of punishment
- Prejudice by peers and teachers
- Lack of specialist teaching materials, equipment, aids
- Lack of appropriate teaching methods
- Teacher attitudes
- Language of instruction
- Lack of incentives to enjoyment of school
- Exam policy – lack of support
- Health
- Isolation
- School culture – diversity not valued
- Lack of specialist teaching staff
- Poor water and sanitation provision – health hazard
- Lack of learning support role

Q3. Available Resources

- Human resources and experienced staff – principals, teachers, specialist teachers, supervisors, administrative staff running institutions etc
- Beneficiaries – the children themselves and their peers
- Education Budget – rising to 5.5% of total annual budget in 2011
- City Council budget allocations to education and health – they have greater flexibility in allocation than the Ministry of Finance
- Families and family resources
- Educated families
- Regulation and legislation supporting inclusive education
- Media
- Individual philanthropy
- Children’s parliament
- Inclusion strategies and policies
- Flexible thinking
- CBOs, NGOs, DPOs, INGOs and international organisations
- Specialist centres
- Diagnostic centres
- MoLSA and other training courses
- Administrative infrastructure from ministries to local government

Discussion relating to resources highlighted not just the extent of available resources but how a collective, collaborative approach could increase the impact of those resources. The quality of teachers and teaching and the lack of special-needs teacher training, had been raised on numerous occasions, but it was important to embrace existing teaching staff as a resource in efforts to

support inclusive education, building on their existing skill sets, a simple example being to teach them brail.

Discussion also pointed to the importance of casting a diagnostic eye on Iraq's schools where many of the problems appeared to lie.

Agenda Item 8. Next Steps (Professor Slee)

Analysis In-depth analysis would be ongoing and would reflect the points raised by participants, including: the reorganisation of age ranges in line with Iraq's education system (ie. Kindergarten 4 to 6 years; Primary 6 to 12 years; and Secondary 12 to 18 years); cross-governorate and single governorate analysis; analysis using the basic survey variables of rural/urban; affluence/poverty, conflict/non-conflict affected etc.; and cross-relational analysis where helpful in clarifying unusual findings (eg. Najaf has both the highest developmental skills rating and the highest level of mental health issues).

Recommendations would, as requested, include practical short-term recommendations within a bigger strategic plan. Emphasis was placed on the considerable urgency of this work and frustrations at the extended timing of study shared, but the logistical complexities of the survey had been considerable and it was important that analysis be rigorous. The research team were asked to provide practical short-term recommendations within a bigger strategic plan with emphasis placed on the considerable urgency of this task. UNICEF encouraged an evolutionary action-learning approach echoing the importance of practical activities to the successful implementation of recommendations, which UNICEF could support.

Participant Feedback The study consultants welcomed the possibility of continued engagement with participants to be able to benefit from their experience, understanding, expertise and local knowledge. Offers of more recent MoLSA data was welcomed, as was the provision of any additional information participants believed to be relevant to the study.

Implementation of Study Recommendations There had been preliminary discussions as to a possible role for the CARA research team in the implementation of study recommendations, but with nothing confirmed. CARA's current contract obligations ended with delivery of the study outputs.

Summary of Consultation A summary of the meeting, with key themes and discussion points, would be translated and circulated to participants in early February 2011. A draft of the main findings and recommendations circulated in later February for feedback.

Timeframe

- Mid-February 2011 Circulate summary findings/recommendations to meeting participants
- End February 2011 Feedback from meeting participants
- Early March 2011 Invitations to National Dissemination meeting in late April 2011
- Mid March 2011 Final draft report and other outputs to UNICEF for approval
- End March 2011 Translation of Reports and Training model – to complete early April 2011
- Late April 2011 National Dissemination meeting – *final date to be confirmed.*

Thanks Prof Slee, on behalf of the CARA study team, thanked the meeting participants, expressing appreciation for their generous contribution of time, knowledge, expertise and good will. He also extended his thanks to UNICEF for organising the meeting.

National Strategy The question of a national strategy elicited two divergent views: i. Change was hindered by Iraq's lack of clear national vision, of an educational philosophy and of a strategic national plan; and, ii. Iraq had a national vision and education strategy, reflecting the country's strategic development plan that had been guided by experts and professionals and ratified the Council of Ministers. The Ministry of Planning was responsible for defining labour force needs, in line with the country development plan, and higher education quotas to ensure delivery of a suitably qualified labour force.

Outmoded and Conflicting Education Legislation The legislation underpinning the Iraqi education system was established in the 1940s, modified in the 1960s and again in the 1970s and, although it had been subject to minor amendments since, current legislation required systematic revision. Two or three years ago the Council of Ministers had authorised a further review to identify strengths and weaknesses to guide reform, but it remained full of fundamental contradictions and unfit for purpose.

Disability Legislation The 1980 Law #126, mandating MoLSA as responsible for the education of the blind and deaf, and for vocational training in special institutes, remained in force pending possible ratification of the 2010 Disability Act. A number of representatives were unaware of the Act, just one of a number of occasions pointing to a failure of communication and lack of dissemination within and across ministries.

Changes in disability legislation would impact directly on education policies, as would Iraq becoming a signatory to the UN Convention on the Rights of the Disabled, for which there existed a strong lobby in Iraq. There appeared to be some major reform questions to confront, even in difficult and resource constrained circumstances.

Roles and Responsibilities Despite some views that the divisions of responsibility between MoE and MoLSA were clearly defined, with the MoE responsible for the education of Iraq's children other than where unsuitable for inclusion within the standard school system due to severe disability, when MoLSA became responsible, there was evidence of gaps and overlaps requiring cross-ministry collaboration.

There remained the question as to how to engage with those children excluded from social and school life. There also appeared to be a real provision gap for 0-4 year olds with disability, with responsibility for diagnosis falling to the healthcare services.

Redefining roles and responsibilities around inclusive learning was deemed to be important.

Early Childhood Provision and Access

- **Nursery Provision** Although MoLSA was responsible for both nursery provision and the care of the severely disabled, with the current limited provision, working mothers were prioritised and severely disabled 0 to 4 years olds were uncatered for.
- **ECD Provision** Central MoE aimed to expand CECD provision for the blind and mentally handicapped in addition to their school integration programme. The KRG MoE provision included 6 ECD centres, catering for 2,100 4 and 5 year olds, and 470 ECD teachers who worked closely with parents. Again, 0-4 year olds, whether disabled or not, fell outside the KRG MoE's remit and were not being catered for.
- **Kindergarten Provision** The survey recorded current access at 7.5%, considerably below the MoE's 40% target for access to free kindergarten provision. The role of the private sector was discussed as a viable strategy, but a major barrier to expanding kindergarten provision was the lack of suitable buildings, some existing ones having been co-opted for use as schools, and a lack of suitable equipment and qualified teachers, despite the development of a good kindergarten curriculum and teacher guide.

- **Transport** The allied question of transport was also raised, particularly in relation to rural communities. Although the KRG MoE provided a collection service for their ECD Centres, it was geographically limited, again to the detriment of rural communities.

Discussions pointed to the importance of a unified MoLSA and MoE CECD strategy.

Diagnosis and Referral The issue of diagnosis and referral arose for both pre-school and school-age children. Although the primary school registration system included a formal medical examination (eg. neural, psychiatric, sight related, physical, including autism) carried out by an MoH Medical Committee, there were conflicting views as to the effectiveness of this routine examination in diagnosing less evident impairments. The MoH had been called on to do more in-depth checks, but the volume of children involved made this difficult.

This school integrated model also excluded all children under the age of 6, when early diagnosis could be crucial to mitigating against long-term impact. The survey pointed to a considerable proportion of Iraqi children in possible needs who not being identified so that early diagnosis appeared to be problematic. Although a kindergarten to school referral initiative had recently been introduced, it relied on parents.

Inter-Ministerial Collaboration A number of exchanges over the two days had highlighted the need for a; the importance of a coordinated response at the central and federal levels; and the need for inter-ministerial collaboration and cooperation, including collaboration between the Baghdad and KRG ministries. There was general consensus around the importance and benefit of working together and collective delivery.

A Dedicated Directorate The idea of creating a Education Directorate for Special Needs to coordinate MoE, MoH and MoLSA activities relating to special education and follow-up on related issues was discussed, but the experience of a Directorate for Secondary Education had not proved effective.

Curriculum Development also elicited divergent views. The first was that the current co-agreement and power-sharing system led to politically-motivated appointments to critical posts on the basis of party affiliation or ethnicity rather than merit and expertise. So-called 'committees of experts' including those tasked with drafting new curricula had neither the expertise nor experience to deliver appropriate curricula, including curricula to ensure that disabled children achieved their potential.

The opposing view was that the expert committee system worked well and had successfully developed up-to-date curricula for Maths and other scientific topics All new curricula were trialed over a three-year period, during which they were evaluated to provide insights to inform future reform. Ongoing difficulties with the development of History and Islamic education curricula were, however, acknowledged. These last needed to be rewritten to encompass all ethnic and sectarian groups in Iraq.

Building Stock The lack of school buildings and the quality of existing stock was another major challenge. Although an extensive modern purpose-built school building programme had been approved by the Ministry of Planning, the allocated funding had never materialised.

Specialist Special Needs Teacher Training and Incentives The lack of suitable specialist training and well trained/qualified special-needs and ECD teachers was raised on numerous occasions, echoing the study findings. There was only one specialist teacher higher education training facility, located at the University of Al Mustansiriya and, although UNICEF had supported special needs training, a more structured intensive approach was required to help develop the necessary special-needs teacher capacities.

The lack of special needs teachers has also exacerbated by the removal of incentives to encourage pursuit of careers in special-needs education. A recent request for their reinstatement was under consideration.

Inclusive Education for the Severely Disabled Despite positive discussions and clear commitment to inclusive education (Central MoE had a 30% inclusion target) there were equally consistent views that severely disabled children fell outside the 'inclusive education' and 'education for all' agendas.

Social Attitudes Reshaping social attitudes to disability would be an essential component in the successful introduction and implementation of any inclusive education strategy.

Education Reform To support education reform and enhance the quality of education and ensure a strategy for inclusion of all categories of impairment (physical and mental – referred to in Iraq as 'Slow Learning' important to adopt a rights based approach, with school administration, approaches to teaching, supportive child-friendly teachers and a philosophy that schools should reflect the natural diversities within society. Central to which:

- The ability for children to attend schools close to their homes
- Flexible curriculum
- Different pedagogical approaches to serve all pupils
- Awareness raising using media to support a culture of integration
- Need to start when children are young so that exclusion never occurs, with nurseries and kindergartens playing an important role.