A study on children with disabilities and their right to education: the Union of Comoros
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Preamble

Between December 2014 and August 2015 the Education Development Trust and the UNICEF Eastern and Southern African Office (UNICEF ESARO) partnered to conduct a programme of research investigating the extent of the fulfilment of the rights to education of children with disability. The research programme was composed of three strands: a desk-based regional study; three detailed country studies (Rwanda, Comoros and Madagascar) and a paper documenting the methodology and tools for use by others. This report documents the country study conducted in the Union of Comoros and was carried out in partnership with the Ministry of Education.
About the researchers

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Lamiat Said Abdallah graduated in Law and Political Science from the University of Lille 2, France in 2007, having specialised in international solidarity, humanitarian action and crisis management. Following a year within a French NGO, she worked as a social and political analyst within the regional observatory of child rights in Mauritius, under the leadership of the Indian Ocean Commission and UNICEF. On her return to Comoros she worked for the UNFPA as a project manager in a peace-building project, before joining the Comorian NGO MAEECHA (Mouvement associatif pour l’éducation et l’égalité des chances) in 2013, specialising in education programmes. She has a strong commitment to development in general, particularly protecting children’s rights.

Acknowledgements

This study was made possible because of the efforts and participation of:

- the Ministry of Education for their cooperation in allowing us to complete the study
- Mahamoud Ahmed Mze Ahmed who, as interpreter and translator, was very much a part of the team during the fieldwork and without whom the study could not have been completed
- the UNICEF country office, especially Miriam Mareso and Echata Nouroudine, for their guidance and support
- the schools and respondents who willing gave their time and openly shared their knowledge and experience.
### List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tr>
<td>BEPC</td>
<td>Brevet d'études du premier cycle (Examination at the end of lower secondary school)</td>
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<td>CIPR</td>
<td>Circonscription Pédagogique Régionale (Primary school inspection system)</td>
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<td>CRC</td>
<td>UN Convention on the Rights of the Child</td>
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<td>CRPD</td>
<td>UN Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>DFEE</td>
<td>Diplôme de Fin d’Etudes Elémentaires (Examination at the end of primary school)</td>
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<td>DPO</td>
<td>Disabled Persons’ Organisation</td>
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<td>EFA</td>
<td>Education for All</td>
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<td>EMIS</td>
<td>Education Management Information Service</td>
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<td>GDP</td>
<td>Gross Domestic Product</td>
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<td>GPE</td>
<td>Global Partnership for Education</td>
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<td>HDI</td>
<td>Human Development Index</td>
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<td>HIPC</td>
<td>Heavily Indebted Poor Countries</td>
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<td>IFERE</td>
<td>Institute for Teacher Training and Educational Research</td>
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<td>IGEN</td>
<td>General Inspectorate of National Education</td>
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<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>MoE</td>
<td>Ministry of Education</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>TVET</td>
<td>Technical and Vocational Education and Training</td>
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<tr>
<td>UNICEF</td>
<td>United Nations International Children’s Emergency Fund</td>
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<td>UPR</td>
<td>Universal Periodic Review</td>
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Foreword

Every single child has the right to education, as stipulated in the Convention of the Rights of the Child. That universal principal applies to children with disabilities. The Convention of the Rights of the Persons with Disabilities affirms the rights of persons with disabilities to education and specifically outlines that persons with disabilities should not be excluded from the general education system on the basis of disability.

However, a number of children with disabilities remain excluded from the education system. As many as one third of 58 million children of primary school age who are out of school are children with disabilities1. As education is closely associated to better jobs, healthy life, social and economic security and opportunities for full participation in society, we know that those children with disabilities whose right to education is denied are likely to remain excluded from the society.

In Comoros, the country has started the reflection towards the development of a strategy for the inclusion of children with disabilities. To inform such reflection and all follow-up strategic decisions, in 2015 the government has decided to undertake a study to assess the situation on education for children with disabilities. This has been done with the support provided by UNICEF Eastern and Southern Africa Regional Office and the expertise of CfBT Education Trust, whose name has been recently changed to Education Development Trust.

We are pleased to have the findings and recommendations from the study. Those recommendations will help us align with the Sustainable Development Goals, specifically SDG 4 on Education that ensures equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities. Further, this will also help us align with SDG 8 on inclusive economic growth, as it is about achieving full and productive employment and decent work for all, including persons with disabilities, as well as SDG 10 on reducing inequality that emphasizes the social, economic and political inclusion of persons with disabilities.

We reconfirm our commitment to work together and bring other partners to this joint mission to realise inclusive education to children with disabilities.

1 Towards a Disability Inclusive Education: Background paper for the Oslo Summit on Education for Development Prepared by an expert group on disability led by Ann-Marit Sæbønes. 2015.
Executive summary

Introduction
Despite the efforts and achievements of Education for All (EFA) and the Millennium Development Goals (MDGs), it is recognised that children with disabilities remain one of the main groups around the world that continue to be excluded from education, and those that do attend school are more likely to be excluded in the classroom and to drop out (UNESCO, 2015). This study was commissioned by the UNICEF Eastern and Southern Africa Regional Office together with Education Development Trust, UK and conducted in Rwanda through UNICEF and the Ministry of Education (MINEDUC), and is part of a broader regional study on the right to education of children with disabilities. It is one of a series of three case studies conducted in Madagascar, Comoros and Rwanda in the early part of 2015.

Since 1994, the government of Comoros has been committed to the EFA objectives to provide quality, basic education for every child. In 2013, the Union of Comoros joined the Global Partnership for Education (GPE) and received a grant of USD 4.6 million for the period 2013–2016. One of the priority areas of the grant is to increase access to basic education for vulnerable children, including children with disabilities, and this is reflected in the Interim Education Plan 2013–15.

Lying in the Indian Ocean, at the entrance of the Mozambique Channel, the archipelago of Comoros consists of four volcanic islands: Ngazidja (Grande Comore), Mwali (Mohéli), Ndzuani (Anjouan) and Maore (Mayotte). Since the end of the colonial period in 1975, the Union of Comoros has suffered from a series of political coups which, together with Mayotte’s remaining under French control, has seriously undermined the development of the islands. The severe consequences of political instability have had a great impact on the Comorian economy.

Education is compulsory between the ages of 6 and 12 but, as in other places in the region, both access and quality remain challenges.

The study
The fieldwork in Comoros took place between 3 and 13 February 2015. The data collection involved:

• a total of 40 interviews with stakeholders (or groups of stakeholders) at all levels across the system, including representatives of government, NGOs, civil society organisations as well as in schools and communities
• visits to eight schools where interesting or promising practice had been identified by stakeholders
• consideration of barriers and bottlenecks through four domains: enabling factors, supply-side factors, demand-side factors and factors relating to the quality of care/provision
• analysis of relevant documentation and literature.
Findings
The study’s findings are described below in relation to four domains:

• Enabling environment
• Supply-side factors
• Demand-side factors
• Quality of care and provision

Enabling environment
• The CRPD has been signed but not ratified by the Union of Comoros. There was very little awareness of the Convention by respondents, other than representatives of organisations for people with disabilities who advocate for ratification.

• Parents of children with disabilities and representatives of organisations for people with disabilities mentioned the absence of specific policies which would support the rights of children with disabilities to education and the need for a framework specifying rights and entitlements.

• The Ministry of Health, Solidarity, Social Cohesion and Gender Promotion has developed a national social welfare policy, which includes entitlements for children with disabilities to education, but this is waiting validation, so no details were available at the time of the fieldwork.

• There was no clear definition or procedure for identification of people with disabilities in operation but respondents across sectors mentioned the need to develop a framework for the identification of children with disabilities, with guidelines for responsibilities at national and district levels across the sectors of health, education and social protection and also within the community and the family.

• There is currently a lack of any reliable data, but the school census and some household surveys have begun to collect data on children with disabilities.

• There is no special provision for children with disabilities either in segregated schools or classes, or within the mainstream. With regard to education, they felt that the system does not encourage children with disabilities to enrol as there are no facilities or support available.

Supply-side factors
• In terms of entitlement to placement and resources there are currently no systems of support in place, and it is generally accepted that many children with disabilities remain out of school.

• Some resources and assistive devices are provided by the NGO sector.

• There was a divided response to the question of appropriate placements for children with disabilities, with many respondents at all levels considering children with disabilities not to be the responsibility of the mainstream school.

• Many teachers interviewed stated that they did not monitor individual progress in the classroom and felt they did not have the skills to identify difficulties. The need for training for all teachers to be able to accommodate children with mild or
Parents reported that even when barriers to enrolling their children with disabilities were overcome, they faced considerable difficulties in bringing their children to school.

Physical environment of schools is not accessible to some children with disabilities. The schools observed were in poor condition, and even renovated and newly constructed classrooms demonstrated maintenance issues caused by poor construction. Litter and inaccessible latrines also posed a challenge to children with disabilities that affect their mobility or sight.

Even when pupils with disabilities were enrolled in school they were not always included in learning activities.

### Demand-side factors

- The respondents all referred to strong cultural attitudes that prevent many parents admitting they have a child with a disability. The stigma and taboo surrounding disability means parents are ashamed and will try to hide their child. There is a widespread belief that any type of disability equates to a diminished intellectual capacity.

- The need for coordination between authorities, teachers and parents on decision-making regarding children with disabilities was highlighted by parents.

### Quality of care and provision

- It is apparent that in Comoros more children with disabilities are out of school than in school, and that the problems which many children face in relation to enrolment and attending school are compounded for children with disabilities.

- There is an overall lack of general teaching and learning materials, with many classes having no textbooks. There are no specific resources available for children with disabilities.

- While there are inspectors with a remit for ensuring the curriculum is implemented and schools are following the procedures set, there is nothing formally in place to monitor the support provided for children with disabilities.

### Recommendations

In line with the findings in the regional study (published as a separate part of this series\(^2\)) it is hard to prioritise or order the recommendations – instead, what the evidence suggests is that a comprehensive and multidimensional approach is required which acknowledges the multiple barriers to the education of children with disabilities as well as the multiple bridges that can help overcome these barriers. This approach has been applied in the creation of full recommendations later in the report. At the same time we recognise the difficulty of implementing wide-scale system reform so have highlighted first steps in the recommendations listed on the following page.

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\(^2\) See An Eastern and Southern Africa regional study on children with disabilities – with a focus on education, available at www.educationdevelopmenttrust.com
Key, immediate recommendations:

1. Develop a clear vision of what education for children with disabilities in the Union of Comoros should be. Create a clear policy that defines the rights and entitlements of children with disabilities to education. The vision and policy should be widely disseminated across the education system and to the public. The implementation of the policy should be set out in a long-term plan.

2. Review teacher training pedagogy and ensure that inclusive issues are included in all training for teachers:
   - Provide additional training in assessing student needs and further strategies for removing barriers to learning for school-based focal points or coordinators.
   - Review the delivery methodology of both initial and in-service teacher training, to demonstrate participatory practices and provide trainees with experience of the methodologies required in the classroom.
   - Develop a general module on inclusive education and incorporate it into the initial teacher training course for all teachers. Ensure that issues of inclusion are reflected across all subjects.
   - Incorporate issues of inclusion into any pedagogic in-service training for serving teachers, as standard, within each subject.

3. Collaborate with the Ministry of Health, Solidarity, Social Cohesion and Gender Promotion to provide health screening for early identification and intervention of children with disabilities on entry to pre-primary and primary school.

4. Work towards a tiered system of specialist teacher support by identifying a focal point or coordinator as a second tier, to lead and support the move to inclusive education in every school, or in every CIPR.
Introduction

Despite the efforts and achievements of Education for All (EFA) and the Millennium Development Goals (MDGs), it is recognised that children with disabilities remain one of the main groups around the world that continue to be excluded from education, and those that do attend school are more likely to be excluded in the classroom and to drop out (UNESCO, 2015). This study, conducted in partnership between UNICEF Eastern and Southern Africa Regional Office and Education Development Trust (formerly CfBT Education Trust), forms part of a broader regional study on the right of children with disabilities to education. It is one of a series of three case studies conducted in Madagascar, Comoros and Rwanda in the early part of 2015.

Since 1994, the government of Comoros has been committed to the EFA objectives to provide quality, basic education for every child. In 2013, the Union of Comoros joined the Global Partnership for Education (GPE) and received a grant of USD 4.6 million for the period 2013–2016. One of the priority areas of the grant is to increase access to basic education for vulnerable children, including children with disabilities, and this is reflected in the Interim Education Plan 2013–15. This study aims to inform policy discussion and the direction of implementation activities towards education provision for children with disabilities. The study provides an overview of the general context within which the education of children with disabilities takes place, and presents the findings from interviews with a wide range of stakeholders and school-level observations regarding education for children with disabilities. Recommendations are made based on these findings, supported by national and international literature.
Lying in the Indian Ocean, at the entrance of the Mozambique Channel, the archipelago of Comoros consists of four volcanic islands: Ngazidja (Grande Comore), Mwali (Mohéli), Ndzuani (Anjouan) and Maore (Mayotte). The Union of Comoros is a country with a century and a half of French colonisation as part of its history, and the island of Mayotte remains under French administration. The Union of Comoros continues to claim the sovereignty of the four islands, with the aim of maintaining their territorial integrity. Every year, this claim appears on the agenda of the UN General Assembly.
The Comorian population, with varied origins (Bantu, Persian, Shirazian and Indian), is experiencing rapid growth and is particularly marked by strong regional inequalities. The annual demographic growth rate is 2.1 per cent (3.3 per cent for the island of Mwali) and demographic projections show a rate of 2.6 per cent in 2019. With such growth, it is expected that the Comorian population will double in the 30 years from 2003, and the country will have approximately 1,151,320 inhabitants in 2033. In 2003, the density of population was 574.8 inhabitants per km² (Union of Comoros, 2014). However, if we consider the area of agricultural land instead of the total area of the islands, the population density is higher. Thus, this rate of population growth remains concerning, and detrimental to the economic development of the country, because it leads to strong social demands.

Since the end of the colonial period in 1975, the Union of Comoros has suffered from a series of political coups which, together with Mayotte’s remaining under French control, has seriously undermined the development of the islands. In addition, the secessionist crisis that began in 1990 divided and isolated the island of Ndzuani for almost a decade. All these factors led to a deterioration in the functions of the state: poor performance of public services and governance characterised by corruption which has weakened economic growth, management of public finances and the operation of the judiciary. Therefore, poverty has set in and continues to increase.

In 2001, with the help of the international community, including the African Union, a peace agreement was signed and a new constitution was adopted. These both led to a new constitutional architecture, and the birth of the Union of Comoros, replacing the Islamic Federal Republic of Comoros. Now, the state consists of two constitutional levels: the Union level headed by the President and the island level headed by an elected governor on each island. The election of the second President in 2006 restored territorial integrity, ending the separatist crisis in Ndzuani. The constitutional order and peaceful atmosphere suggest that both democratisation and the peace process are on the right track, although this remains fragile.

The severe consequences of political instability have had a great impact on the Comorian economy. The economy is dominated by agriculture, which itself is very fragile due to the deterioration of the soil and the absence of diversification and control of the price of products. The service sector represents an average 48 per cent of Gross Domestic Product (GDP) but its multiplier and induced effects remain less important compared to the agricultural sector.

The Union of Comoros is caught in a vicious cycle of poverty characterised by a double gap: (i) a deficit due to weak exports of goods and services; and (ii) a domestic deficit due to the weakness of the national economy. Therefore, the government is forced into unsustainable debt, which causes negative net transfers and hinders any possibility of real financial or economic development, or poverty reduction.

The GDP experienced a substantial growth of 1.5 per cent per year over the period 1993–2010 (Union of Comoros, 2014). The Human Development Index (HDI) was 0.433 in 2011, placing Comoros in 163rd place out of 185 countries. Moreover, in the same period, the country achieved levels of governance performance that
allowed it to benefit from the initiative for Heavily Indebted Poor Countries (HIPC). This resulted in a reduction in the interim debt granted by the creditors, and thus lowered pressure on public finances. The completion point – the second stage of this process – took place in December 2012. The debt relief to come will release additional funds for the social sectors, including education.

An overview of the education system

In the Union of Comoros, the education system is controlled and regulated by the Education Orientation law n° 94/035/AF, dating back to 20 December 1994 and enacted by the decree n° 95-012/PR, dated 20 January 1995.

The 1st article of the Education Orientation law states: ‘Every child has the right to a school education [which], complemented by the education received within his/her family and the combination of both, must allow him/her to acquire the basic knowledge/skills and to learn how to think by him/herself. The competencies learned at school must ease his/her start in the professional world and prepare him/her to assume his/her future responsibilities as a man, a woman and a citizen.’ Article 2 of the same law states: ‘School education is compulsory between the ages of 6 and 12.’ The law and its articles have informed the framework of the national development strategy documents: the 5th axis of the Growth and Poverty Reduction Strategy implemented from 2010 to 2014 and the 3rd axis of the new strategy for the period 2015 to 2019 ‘Accelerated Growth and Sustainable Development Strategy’, dealing with the strengthening of access to education and quality training.

Sector-level planning, on the other hand, under the coordination of the Ministry of Education, was framed by the Education Master Plan (Plan Directeur de l’Education) 2010–2015. The education planning process continued under the leadership and coordination of the Ministry of Education (MoE), in collaboration with the local education authorities in each island and the local education partners, with the publishing of the Country Status Report for Education. This diagnosis was undertaken in order to implement the EFA objectives. It has generated the education framework note, the letter of education policy and two policy statements for the sector with a vision to 2020, as well as the Interim Education Plan 2013–2015. Thanks to all these efforts, the Union of Comoros became a member of the Global Partnership for Education (GPE).

The Comorian education system comprises two sub-systems:

- a traditional Koranic education system, which is a non-formal system provided by community members
- a formal, government-led education system, inherited from the colonial period, which includes both public and rapidly-expanding private provision.

The education system is structured as follows: (Kouak et al., 2012)

- pre-primary education – provides for children from 3 to 5 years of age, through three classes called petite section, moyenne section and grande section; this sub-sector is relatively new and still in development
• **primary education** – provides for students from 6 to 11 years of age, through six classes (from CP1 to CM2, i.e. from preparatory and elementary to middle courses). At the end of the primary cycle there is a national examination to award the Diplôme de Fin d’Études Elémentaires (DFEE), also known as the Certificat d’études primaires et élémentaires (CEPE), which is a prerequisite for access to secondary education.

• **secondary education** – divided into two cycles:

  1. **The lower level**, or Collège (from 6ème to 3ème), provides for students from 12 to 15 years of age. Students must first pass an entry exam for the 6ème (first year of Collège) in order to enrol in Collège. The cycle ends with the Brevet d’Études du Premier Cycle (BEPC) examination which students must pass to access the next phase.

  2. **The upper level**, or Lycée, covers another three years (from 2nde to Terminale) and is composed of different branches: literature, biology, physics and management.

• **higher education** – essentially provided by the University of Comoros which opened in 2003.

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**Pre-primary education**

Until 2010, access to pre-primary education was still very limited, with a gross enrolment rate of 5.1 per cent (MoE, 2013), with the majority of these children attending traditional Koranic schools from the age of three, before joining the formal education system at the age of six. For a long time pre-primary education was exclusively provided by the community on the one hand, and by private education providers on the other, under the name of école maternelle following the three levels mentioned above. According to the Interim Education Plan 2013–2015, in 2010, 85 per cent of pre-primary pupils were enrolled in private schools, mainly based in urban areas.

At the same time the government introduced the ‘Renovated Koranic Education’ approach. This approach was implemented as an experimental phase for about ten years. The approach combines some of the objectives of the Koranic schools by introducing an appreciation of the writing and reading of the Koran and the learning that takes places in pre-elementary education programmes, associating social activities and play to literacy appreciation. This process has facilitated the introduction of Koranic education ‘petite, moyenne and grande’ classes in government primary schools in 2013/2014 for three- to five-year-old children. A total of 243 classes have been established in Ngazidja, Ndzuani and Mwali. As a result the gross enrolment rate for pre-primary has increased to 22 per cent in 2014 (Union of Comoros Ministry of Education Research, 2014).
Primary education

As far as primary education is concerned, the Country Status Report shows that, in 2010, 116,564 students were enrolled in primary schools, with 100,127 in government and 16,437 in private schools, or 14.1 per cent. For the same year, the gross enrolment rate is estimated at 107.9 per cent. The report underlines that the ‘gross enrolment rate does not measure the actual coverage of the system but only its physical capacity to ensure coverage. In this case, the figure (more than 100 per cent) means that the number of places in the existing system would, normally, be able to ensure the enrolment of all Comorian children of primary age; however, it does not mean that it is the case effectively.’ Despite the planning efforts of the MoE, the system does not currently provide net enrolment rates, nor data relating to numbers of teachers with pedagogical training, because there is no control over teacher movement and turnover.

In general, teachers attend a two-year pre-service training course at the University of Comoros Institute for Teacher Training and Educational Research, IFERE, or alternatively they may have attended teacher training institutes abroad. In addition, all teachers, whether trained or not, receive on-going in-service training. The General Inspectorate of National Education (IGEN) is responsible for this training, which is provided by the CIPR at the regional levels, whilst additional training is provided by other partners such as NGOs. This training is designed to strengthen teachers’ skills in educational psychology, childcare, classroom organisation and fundamental skills. Training is also provided to keep teachers up to date on education reforms such as the introduction of pre-primary education in government schools, or the competency-based approach. Teachers may also elect to undertake specific courses dealing with particular themes such as environment protection, education in emergency contexts, school hygiene etc. However, due to lack of resources this package of training is not fully provided.

The Interim Education Plan 2013–2015 outlines ‘an average size of 30 students per classroom in 2010’ and the GPE objectives plan to increase it to 40. However, the operation of the system in double shifts and the physical reality of the students’ sizes in the majority of the schools show a different situation – overcrowded classrooms.

The Country Status Report reports that around 28,000 children between 6 and 11 years old are out of school, and nearly 12,000 of these (40 per cent) have never been to school. This is essentially because of economic reasons or the distance between their house and school when it involves a travel time of more than 30 minutes. Of those children that are enrolled in primary school, the retention rate in 2009/2010 was 74 per cent, and the completion rate for the same period was 63.2 per cent. Of these completing the cycle, the transition rate to lower secondary was 73.6 per cent, even though enrolment is conditional on passing the 6ème entry exam.
Secondary education

This study covers children of lower secondary school age, so the data provided is for the first cycle of secondary school, i.e. students from 12 to 15 years old. In 2010/2011, the Country Status Report reveals that, for this age group, 34,125 children were enrolled in this cycle. This comprised 21,453 in public education – with an average class size of 34 students – and 12,672, or 37.1 per cent, in private schools. It is notable that the percentage of those enrolled in private education is significantly higher at secondary compared to primary level. Moreover, for the same year, the gross enrolment rate was estimated at 44.1 per cent (compared to 107.9 per cent in primary education for the same year), showing that a high proportion of Comorian young people do not have access to secondary education.

The Interim Education Plan 2013–2015 (Union of Comoros, 2013) reveals that almost all teachers have appropriate academic training. It is important to highlight, however, that almost all of them work in both government and private schools at the same time, which deeply impacts on their effective teaching time in public schools. In addition, the majority of teachers only teach one subject, although they are qualified to teach two subjects.

The lower secondary education ends with the BEPC examination. Those who graduate are able to continue to the lycée, while the others (including those who graduate) can opt for technical and vocational training (TVET); this is an important issue for the Comorian education system because of the limited access to the employment market. In the Union of Comoros, there are three systems for technical and vocational training: the formal public one, the formal private one and the informal one. The 2007 TVET census reveals that of the total of 7,230 learners, 905 (12.5 per cent), were in the formal public system; 250 (3.5 per cent) were in the formal private system; and 6,025 (84 per cent) were in the informal one.

At the secondary level, the formal public system of technical and vocational training is provided by five schools: two located in Ndzuani (one for industrial techniques, construction, electricity etc. and the other for fishing, and both deliver professional certificates) and three located in Ngazidja (one providing horticulture training, one for tourism and hospitality, and the third one providing electrical works, IT and sewing).

The formal private system of technical and vocational training essentially targets students who failed the higher secondary education examination and particularly offers training with tertiary education.

Finally, the widely prevalent informal system, provides training focused on both the secondary and tertiary sectors, particularly handicraft, industrial production, construction, and maintenance. It is led by community associations, NGOs, private companies and individual workers who recruit learners. Thus, this informal system – through its learning mechanism or ‘schoolyard’ system – produces good quality results, particularly in terms of self-employment.
Education provision for children with disabilities

Forty years after the universal declaration on human rights that made education a right for every child without any distinction of race, colour, sex, birth, or any other situation, the World Conference on Education for All (EFA), in Jomtien, Thailand on March 1990 under the aegis of UNESCO, UNICEF, UNFPA, UNDP and the World Bank, produced the world declaration on EFA. All participants of this world assembly, including the Union of Comoros, agreed that education is the right of every human being and represents one of the main development factors of a society.

Taking into consideration the alarmingly low enrolment rates in many countries, the Jomtien conference unanimously proclaimed the declaration on EFA and the framework for action needed in order to satisfy fundamental education needs. Every country, including the Union of Comoros, committed to urgently implement the recommendations of the conference, and elaborate their own action plans.

Therefore, in 1994, the Comorian MoE made a crucial turn by carrying out the États Généraux on education in July 1994, adopting a new education orientation law – that still regulates the current education system – and elaborating the first education and training master plan (Plan directeur de l’éducation et de la formation) in 1996 for the period 1997–2001. The guidelines of the education policy focus on ‘the student as the centre of interest of the educational activity in order for him/her to benefit from every educational action which aims to
Today, the MoE, as the Ministry responsible for the inclusion of children with disabilities in the education system, maintains its willingness to enhance the Comorian education system for it to become more efficient and productive and guarantee quality and equity. Thus, since the development of the master plan 2010–2015, four important documents have been produced: the Country Status Report, the education framework note, the letter of education policy, and the Interim Education Plan 2013–2015. Indeed, this Interim Education Plan ‘is guided by the requirement to change the adopted strategies into actions to be implemented’. Hence, this document is ‘the reference for the efforts to be undertaken in the education sector for these three years in the framework of the GPE’. Under the third pillar of the strategy dealing with inclusive education, the Interim Education Plan provides for ‘extension of access to children with disabilities’.

The need for such provision is based on a report commissioned by the Ministry of Social Affairs and Decentralisation, with UNICEF support, analysing the results of research on the situation of people with disability (Djoumoi and Mohamed, 2003). According to this report, in 2002 there were 10,220 people living with a disability (i.e. 1.6 per cent of the Comorian population). Three quarters of this identified population were found to be located in rural areas. In addition, the report showed that the majority of them lived in Ngazidja (57.4 per cent), a third of them in Ndzuani (36.6 per cent) and just 6 per cent lived in Mwali. A total of 4.6 per cent of the people living with disability were found to be less than 6 years old and 21.2 per cent aged between 6 and 14. Thus, 25.8 per cent of the sample was less than 14 years old. The report underlined the absence of appropriate institutions or support to meet the needs of the different types of disability and highlighted the closure of a department for equipment and rehabilitation that existed in the regional hospital of Ngazidja, l’Hôpital El-Maarouf. It also noted the closure due to lack of resources of a specified centre for people with intellectual impairments. Consequently, a large proportion (85 per cent) reported dissatisfaction with access to health services, and the majority were excluded from the education system. Despite construction guidelines designed to ensure accessible buildings, the research revealed that 60 per cent of people with disabilities did not attend school, as the schools were not physically accessible to them. However, among people with a disability who did attend mainstream school, 41.5 per cent of them attended primary education, 26.7 per cent attended secondary education, and just 2.9 per cent attended beyond secondary education. The majority of these had a motor disability. It is important to underline the weakness of statistics in the Union of Comoros, and the scarcity of data related to the social inclusion of people with disabilities. It is also of great significance that during the 2003 research, the researchers noted that some respondents did not acknowledge their own or family members’ disabilities, because of modesty, embarrassment, or shame for the family.
Due to this critical situation, the Interim Education Plan 2013–2015 includes the implementation of an awareness campaign on education of people with disabilities that would allow the government to create a database to act as a statistical steering device based on need. Through this campaign, the MoE planned to organise regular screening for children during enrolment into their first year of primary school. This would detect any children with hearing or visual impairments and they would then be provided any assistive devices or equipment as necessary.

In addition, as there was no trained teacher for children with disabilities, it was planned to provide three months’ training in sign language and/or Braille for teachers and volunteer trainers to enable them to teach children enrolled in the two first years of primary education within special classrooms in some schools. This implies the purchase of specialised equipment. The idea was for those children to be included in mainstream classes from the third year of primary education. However, these plans were not implemented.

The Country Status Report highlighted that the system of collection of statistical data within the education system was not efficient. The school census should be conducted every year in every school in all levels of education. However, for the past ten years, there are either no education statistics available for some years, or, there are some statistics available but not for all three islands. In this case, the administration of the data collected is sometimes neglected, with no systematic checking of the coverage or the data consistency. It appears that despite the ratification of the recommendations of the world declaration on EFA, and the acknowledgement of the right of every human being to education, Comorian people living with disability are widely excluded from the education system. If people with disabilities, this somewhat unknown category of the population, do manage to access and complete education, it is most probably due to their courage, their personal ambition and the solidarity of their family.
This study forms part of a wider regional study aimed at generating evidence on the status of the fulfilment of the education right of children with disabilities in Eastern and Southern Africa.

The in-country studies were undertaken in three countries with an aim to provide a more in-depth analysis of the realisation of the rights to education of children with disabilities. The field work in Union of Comoros took place between 3 and 13 February 2015, with the meeting and visit schedule being set by the UNICEF country office, and included:

- a total of 40 interviews and focus group discussions with stakeholders at all levels including representatives of government, NGOs, civil society organisations and in schools and communities
- visits to a selection of government schools on all three islands (eight in total – each which included interviews with the headteacher, teachers, parents of children with disabilities and children with disabilities themselves)
- consideration of four domains of barriers and bottlenecks: enabling factors, supply-side factors, demand-side factors, and factors relating to quality of care/provision.

A full list of interviews, meetings and school visits undertaken is provided as Appendix 1 (page 54). The tools used to guide the fieldwork were developed for use in different country contexts and therefore needed to be applied according to the situation in Comoros. For example, respondents were asked about the enabling environment, supply- and demand-side factors and the quality of provision and care that was provided for (and experienced by) children with disabilities. Questions were therefore selected from the guide set accordingly. On completion of the fieldwork in all three countries the tools were reviewed and revised to provide a generic set that can be used to conduct the study in other countries as required. These will be presented in a separate paper discussing the methodology of this study.
The study aimed to examine the systems available to support the development and education of children with disabilities by looking from the supply side as well as the demand side to identify initiatives already in place, what the gaps are and what can be built on to provide education and other learning and development opportunities to children with disabilities. A summary of the data collected during the fieldwork is provided as Appendix 2 (page 55), the main points of which are presented as a narrative in the findings below. This includes the identified strengths, constraints or bottlenecks and any specified needs, which together with relevant documents form the evidence base for the recommendations.

Limitations of the study

Although the study encompassed all three islands of the Union of Comoros, it was naturally restricted by the available time and resources. With just a two-person team in country for ten days, school visits were limited and although conditions in every school visited were observed, extensive observation of teaching and learning in classrooms was not possible due to the limited time available.
Findings

Enabling environment

Knowledge of laws and policies

The CRPD has been signed but not ratified by the Union of Comoros. There was very little awareness of the Convention by respondents, other than representatives of organisations for people with disabilities who advocate for ratification, but do not currently have any specific activities towards that goal. One of the recommendations of the eighteenth session of the universal periodic review (UPR) of the CRPD early in 2014 was for the State to ‘seek technical assistance to increase children with disabilities’ access to education in accordance with article 24 CRPD’ (International Disability Alliance, 2014).

The majority of stakeholders interviewed referred to the EFA commitments to ensure education for all children, and the legal framework of the islands being in line with those commitments and therefore for all children. Although many had not considered the need for policies referring specifically to the rights of children with disabilities, some respondents, particularly parents of children with disabilities and representatives of organisations for people with disabilities, mentioned the absence of such policies and the need for a framework specifying rights and entitlements. Guidelines and standards for construction to ensure accessibility for people with disabilities that were approved in 2014 were referred to by government officials, but do not appear to have been widely disseminated. This means that where buildings are being constructed by community or local-level initiatives, they are not compliant with the standards. This is underlined by the UPR of the CRPD recommendation to ‘develop, promulgate and monitor the implementation of minimum standards and guidelines for the accessibility of facilities and services open or provided to the public’ (International Disability Alliance, 2014).

The Ministry of Health, Solidarity, Social Cohesion and Gender Promotion has developed a national social welfare policy, which includes entitlements for children with disabilities to education, but this is awaiting validation, so no details were available at the time of the fieldwork. The Association for People

Guidelines and standards for construction to ensure accessibility for people with disabilities that were approved in 2014 were referred to by government officials, but do not appear to have been widely disseminated.
with Disabilities (AHAM) on Mwali reported developing a Law stating the Rights of Persons with Disabilities, which has been approved by Parliament but not yet signed. However, this was apparently developed by the association in isolation from key players and other organisations either in Mwali or on the other islands. Respondents considered that a reluctance by government to demonstrate responsibility for meeting the requirements of people with disabilities, caused by a lack of awareness and the necessary competencies, means there is a reliance on individual actions rather than a collective effort to support them.

**Definition and identification of disability**

In line with the absence of policies, respondents all considered there was no clear definition or procedures for identification of people with disabilities. This means there are different interpretations and various ways of understanding disability. This is highlighted in the Country Status Report (2012), the analysis of which was used to develop the Interim Education Plan 2013–2015.

It is encouraging that respondents across sectors mentioned the need to develop a framework for the identification of children with disabilities with guidelines for responsibilities at national and district levels across the sectors of health, education and social protection and also within the community and the family. Internationally, the past decade of education policy-making has been marked by an increased awareness and understanding of disability from a social perspective, ‘as arising from the interaction of a person’s functional status with the physical, cultural, and policy environments’ (WHO, 2011). This means many countries are moving away from medically-based models of identification based on health conditions and impairments which located the difference in the individual, towards interactional approaches within education which take into consideration the environment and are more consistent with the International Classification of Functioning, Disability and Health (ICF). The focus on identification by type of impairment reinforces the medical model of disability rather than the social model. It would be more helpful in educational terms to focus on identifying the difficulties that learners face in accessing education and in their participation in learning. It must also be remembered that in many countries social care, education and health providers differ in their definitions of disability. If developing a common definition across the sectors, consideration should be given to categorising disability in ways which best inform service planning.

Respondents at all levels in this study considered it to be the doctor’s or medical worker’s responsibility to identify children with disabilities, although it was mentioned that not all medical staff are prepared to inform parents due to the associated cultural stigma. It is seen as a parent’s responsibility to inform the school if their child has a disability, although the headteacher may inform parents if a problem is identified and requires medical follow-up, for example a visual or hearing impairment. It is widely accepted that some children have a disability that is not identified, especially as parents may not even realise, or will be afraid to admit it. Teachers acknowledge it is not easy to readily identify whether a child has intellectual or hearing difficulties. There is also some confusion in the difference between learning difficulties and intellectual impairments. They consider this to be a result of lack of training.
The need to identify children with disabilities at an early age was highlighted as a priority, together with the need to provide health checks at school. Priority should also be given to provide teachers with training to identify children with disabilities and to take responsibility to ensure their participation in learning.

Data collection and availability of information

With no clear systems in place for the identification of children with disabilities, it is not surprising that there is a lack of any reliable data. Indeed, the International Disability Alliance (2014) reports that a priority recommended by the UPR of the CRPD was to ‘collect appropriate information, including statistical and research data, to enable the State to formulate and implement policies to give effect to the CRPD in accordance with article 31’. According to respondents interviewed, it seems that health records do not provide information regarding numbers of newborn children with disabilities, and there are no indications as to the effects of such factors as poor nutrition on children’s health and development.

The school census now includes information on numbers of children with disabilities in schools by categories of physical, visual, hearing, severe intellectual and multiple impairments. Numbers are recorded by the headteacher and are reliant on information being passed on by the teacher, or parents of children with disabilities. This census does not collect any information about children with non-visible types of disabilities or children with learning difficulties, and does not reflect the numbers of children who require support in their learning. As the census is developed by and returned to the MoE, it is seen as being for Ministry use. It was acknowledged that the information is not used for planning at district or school level. In order to plan interventions for children with disabilities, the island Commissions require a clear direction from the MoE. There is no current policy or direction that requires their response in terms of implementation.

A house-to-house survey in 2013 in sample villages in four municipalities in Ndzuani identified children with disabilities in those communities and provided recommendations for action to be taken. However, none of the recommendations were followed up with the exception of the recommendation to undertake another survey to sample every village in the Union. A household survey based on a sample of 19 households per village is therefore being conducted in 2014/2015 by NGOs through UNICEF support, to identify children out of school and those with disabilities. The data is being collected through a questionnaire, and it is recognised that the identification of children with disabilities will therefore be reliant on the willingness and honesty of respondents, and will vary by different individuals’ interpretations of disability. Respondents to this study raised their concerns that collecting data in this way may also cause inaccuracies because parents often are not prepared to admit their child has a disability. As with the census in schools, the focus in this survey remains on counting children with visible types of disabilities only, taking little or no account of whether there are any barriers to their access or participation in school. In the absence of any other reliable data, the MoE will develop the Education Sector Plan 2016–2018 based on information from such surveys.
The difficulties of collecting reliable information on the prevalence of disability is demonstrated by the very low figure of 1.6 per cent of the population identified with disabilities and the wide variation in distribution across the three islands as found in the survey of 2003, outlined in section 2.3 of this report. This is in keeping with the World Health Organisation (WHO) report (2011) which shows that the prevalence of disability, and of different types of disability, varies greatly between developing countries but is generally recognised to be under-reported. Unreliable or incomplete census data, varying definitions of disability and data collected using a narrow set of impairments all contribute to the likelihood that total numbers of children with disabilities in a range of countries are underestimated. Even if the collection methods were reliable, due to the complex relations between the child and the barriers that he/she faces in the physical and social environment, the usefulness of numbers of children with impairments is found to be limited. The report recommends that data on all aspects of disability including contextual factors are collected to construct a complete picture of disability and functioning to inform planning levels of support and services required (WHO, 2011). A scarcity of data is highlighted by UNICEF (2013) as a major challenge to ensuring the inclusion of children with disabilities in education, as it reinforces and perpetuates their invisibility and restricts an informed approach to planning.

The WHO (2011) estimates that approximately 5.1 per cent of the population below 14 years of age have a disability, with this figure being slightly higher, at 6.4 per cent overall, for Africa due to health and contextual conditions. OECD (1999) however, estimates that up to 20 per cent of learners will have a special educational need at some point in their school career. This would encompass a broader group of learners, some of whom may have a temporary learning difficulty caused by specific events or trauma in their lives. It must also be remembered that not all children with disabilities require any adaptations, special provision or support to participate in learning.

**Organisation and coordination of initiatives to support children with disabilities**

There is no special provision for children with disabilities either in segregated schools or classes, or within the mainstream. Officials mentioned that in the absence of any means or specific resources to meet the needs of children with disabilities in school, they can only offer them the same learning conditions provided to other children. However, this does not mean culturally and socially they are necessarily treated in the same ways within the school.

The decentralised structure gives the responsibility for policy development to the MoE while the Local Education Authority for each island decides on the implementation programme. There is no specific current plan for the education of children with disabilities. Some respondents accept that the system is facing enormous difficulties in striving to provide a good quality education for children without disabilities, and therefore feel powerless towards including children with disabilities in schools. A small number of district officials mentioned that as prevalence rates of disability were very low, children with disabilities are therefore not considered a priority.
Respondents at all levels considered that generally people with disabilities are left out of all types of services. With regard to education, they felt that the system does not encourage children with disabilities to enrol as there is no support or facilities available. It was acknowledged that children with moderate or severe hearing, visual, intellectual or physical impairments all tend to be excluded as there is no equipment, facilities or specialist teachers available to support them. There is no budget allocated for education interventions for children with disabilities, including teacher development, learning materials and equipment. ‘There are no resources for children with disabilities – many schools are inaccessible, teachers do not have any tools to support the children.’ Some respondents thought that children with moderate physical impairments would be able to succeed if they could overcome the barriers to access, but this would also depend on them being especially determined in order to overcome the verbal abuse of other children. The problems are exacerbated at secondary school level, making it very difficult or impossible for the few children with disabilities who do succeed at primary level to transition to the next stage of education.

A small number of NGO programmes support government education, but there is a lack of coordination in their programmes, and they do not specifically target children with disabilities. The organisations representing people with disabilities mainly provide an advocacy role and collaboration tends to be limited to sports activities.

Supply-side factors

Entitlement to placement, resources and support

As mentioned earlier in this report, there are currently no systems of support in place, and it is generally accepted that many children with disabilities remain out of school. There is a conflict of opinion between parents and schools on the reasons for this, with parents suggesting in interviews that schools do not allow children with disabilities to enrol, and schools suggesting parents of children with disabilities do not bring their children to enrol. Some parents and headteachers reported that parents may try to hide their child’s disability and do not inform the school until some time after enrolment, as they think the school will reject their child. However, it was clear from the school visits that schools do not actively encourage children with disabilities to enrol and it was rare to find any support for those that do enrol.

Children with even minor physical impairments not only face barriers in terms of access but also can face difficulties and discrimination through the attitudes of other children and their parents, and teachers.

The school health mutual insurance, set up in 2014, was intended to provide free hospital care for all children in primary schools in Ngazidja but is not as yet operational. A partnership between the Ministry of Health, Solidarity, Social Cohesion and Gender Promotion and the MoE had planned to provide financial support for school fees to vulnerable families in areas identified with low enrolment rates. In theory this could have included children with disabilities, although they were not specifically targeted, but this remains hypothetical as the plan has never been realised. A small allowance is paid to people with disabilities from the government but this is only received by a few of those eligible.
Handicap International provided assistive devices for people with mobility and sensory impairments some years ago but they are no longer working on the islands and there is currently no service provider. The Interim Education Plan 2013–15 allowed for support to hearing and visually impaired children through the provision of assistive devices, but due to the lack of available expertise to provide correct diagnosis, prescription and maintenance of the devices it was decided to allocate the resources to conduct surveys and extend the school census to provide initial data to elaborate a longer-term strategy for the inclusion of children with disabilities in education. However, it is recognised that the absence of specialist teachers, especially in Braille and sign language, significantly impacts on the ability of children with sensory impairments to access the curriculum.

The need to provide a centre with specialist support for visually- and hearing-impaired children was mentioned by both officials and teachers in this study. Some respondents reflected that children with disabilities need to be given the appropriate support and materials to succeed if they are to be enrolled in school, and this is not happening. All respondents acknowledged the lack of specialised staff to be able to identify needs and provide appropriate support to children with disabilities.

Across the system, there was a divided response to the question of appropriate placements for children with disabilities, with many respondents at all levels considering children with disabilities not to be the responsibility of the mainstream school. Many felt they would be best placed in special, separate provision. On the other hand, some respondents felt selection and segregation is not a realistic option and children with disabilities should be in mainstream classes to ‘minimise their exclusion, provide stimulation and improve self-esteem’. It was recognised that a minority of children with severe disabilities may benefit from provision in a special centre or class. However, mainstream teachers expressed concern about the inclusion of children with disabilities in their classes as they do not feel they have any strategies to provide them with adequate support.

Some respondents felt children with disabilities ‘cannot learn in the mainstream classes but might be able to if they had special classes or schools. This would not be a problem for them as they already know they are different to the others.’ It must be remembered that these comments refer to children with the most visible types of disabilities, and not necessarily those that would have difficulties that impact on their learning. Children with disabilities seemed to be considered as a homogenous group, with no distinction between type and severity of disability.

Disparities in provision by gender, age, geography or type of provision
According to the evidence gathered in this study there is currently no specific support for children with disabilities in any type of school. Some respondents felt it was ‘better not to provide anything as there are many types of disabilities and we cannot provide support for them all’. Respondents at all levels mentioned that the increased cost associated with sending children with disabilities to school, such as transport and materials, excludes children from poorer families. Difficulties were reported to be exacerbated in rural areas where transport is less readily available and it was considered there are also likely to be more untrained teachers.
Many teachers interviewed stated that they do not monitor individual progress in the classroom and feel they do not have the skills to identify difficulties. These views were supported by parents of children with disabilities who felt many teachers would not notice if a child had a difficulty. School-level respondents mentioned that if a child’s disability is identified, either by the parents or the teacher, it is noted but in general no action is taken within the school. If a child does not achieve the necessary level he or she does not progress to the next class, but must repeat the class. A disability may be noticed when a child has repeated the same class several times, or if there is a change of teacher to the class. Respondents at all levels suggested that this overwhelming lack of support for children with disabilities to participate leads to them becoming frustrated and drop out, ‘even if they are in school there is no support and they are unable to participate’. Respondents also felt that even where teachers do try to be supportive, parents often choose to take their child out of school because of the additional costs involved such as for transport, food, stationery, and also in their own loss of wage-earning in time needed to take their child to school. Social pressure from family and friends relating to the lack of value in educating children with disabilities was also mentioned as being a factor that influences parents to withdraw their children from school.

Accessibility to school and within school
Parents reported that even when barriers to enrolling their children with disabilities were overcome, they face considerable difficulties in bringing their children to school. Parents of children with mobility difficulties found difficulties in accessing transport as drivers and other passengers are unwilling to allow children with disabilities to enter, and public transport lacks space and is generally inaccessible. This means parents face additional logistical burdens and costs in sending their child to school. This can be a deciding factor in whether a child goes to school or not for those affected by poverty. Parents of children with disabilities feel there is a need for government financial support to families to meet transport, school fees and other related costs. Not only do they have additional costs, but they also face a loss of income due to the time required to take their child to school and back.

The schools observed were in poor condition, and even renovated and newly constructed classrooms demonstrated maintenance issues caused by poor construction. In some schools the renovation programme included painting the classroom walls but did not allow for holes in the floor or leaking roofs to be repaired. Similarly, ramps have been fitted to some classroom entrances, as prescribed in the national guidelines for the construction of pre-primary and primary schools, Directives pour les normes et standards dans les constructions scolaires, published in 2014, which includes a section on site accessibility. However, access to the ramp is generally hampered by rubble, litter and lack of pathways. In most schools, latrines were completely inaccessible, with many obstacles and no clear pathways to arrive there. Many steps are in disrepair. Classrooms being constructed by the support of local communities were not aware of the need to comply with accessibility standards. There appeared to be no system to monitor construction of new buildings in place. Headteachers mentioned the need to disseminate policy requirements and raise awareness of the need to comply.
Classrooms observed were quite spacious, but the space tends not to be used effectively, and space at the back of the room was often taken up by broken furniture. One school-level respondent observed: ‘our schools are not built to be able to accommodate children with disabilities and that is why we do not like to admit them here’. On the contrary, one school housed in crowded and multi-levelled buildings had accommodated a wheelchair user by moving the class to a ground-level room and providing a make-shift ramp to the entrance. The child could not access the latrines but the school had an arrangement with a nearby hospital for the child to use their facilities.

Respondents at all levels mentioned the need to improve access for those with mobility difficulties and the need for schools to be safe for the inclusion of children with disabilities. Teachers and parents also mentioned that consideration should be made to ensure all children with disabilities can access the national examinations.

Even when pupils with disabilities were enrolled in school they were not always included in learning activities. During two different school visits it was evident that two children with unidentified disabilities exhibiting ‘poor concentration’ were not enrolled in a specific class, but were free to wander from class to class within the school as they chose. This meant not only did they not follow a course of learning, but there was no continuity or follow-up. In fact one of these children was reported to move between different schools, with long absences between appearances at each school. Teachers were widely reported not to monitor progress or provide strategies to reduce the barriers to learning.

**Teacher training and professional development**

New teachers follow a two-year pre-service training course, although some existing teachers are untrained. This course currently does not provide any information on the identification of, or strategies for teaching children with disabilities. Supervisors (encadreurs pedagogiques) visit schools to monitor the implementation of the curriculum, and identify in-service training needs based on any weaknesses in subject knowledge of teachers. However, it was reported that in reality these supervisors do not visit schools very regularly because of a shortage of manpower. Monitoring the teaching of children with disabilities is currently not part of their remit and is therefore not included in the process. ‘In order for the needs of children with disabilities to be considered in our training, it would need to be found to be a priority. There are few children with disabilities in school, and many other problems so these considerations take priority’. School support officers or animateurs also visit schools and raise awareness of good practice or discuss methodologies with teachers but do not conduct specific training. Some teacher trainers have been trained to work with secondary teachers to develop their teaching skills and this is hoped to be extended to primary schools, but again does not have any disability focus. The plan is to provide different training according to the teachers’ qualification level. Respondents considered that training to provide teachers with strategies to support children with disabilities could only be introduced if supervisors found this to be a weakness.
The need for training for all teachers to be able to accommodate children with mild and moderate disabilities in mainstream classes with a range of strategies to remove barriers beyond sitting the child at the front of the class was highlighted at school and district levels. It was agreed that teachers need to be responsible for monitoring progress and following up on those who are not learning. Headteachers commented that ‘Many teachers do not monitor students’ progress and may not notice if a child has a difficulty or a disability affecting their learning’. Some teachers and officials mentioned the need for a module on identification and strategies for teaching children with difficulties that could be included in both pre- and in-service training. It was explained that this would need to be provided by the Union Ministry to island commissions for implementation.

Training and capacity building for non-teaching staff/officials
Any existing training provision was not mentioned to the study team. However, officials suggested study tours to other countries to consider best practice would be helpful, but also highlighted the importance of any action or decisions taken as a result would need to be within the local context.

Availability of technical support and specialists
The majority of respondents at all levels recognise the need to develop a system to identify children with disabilities and provide appropriate support for them to be able to participate in school. The need to train specialist support teachers to move between schools to help and support other teachers and children with disabilities was mentioned, together with the need for specialist teachers for children with hearing and visual impairments, and severe or multiple disabilities.

Respondents also mentioned the need for a department to provide support equipment or materials and devices for children with disabilities, and to provide specialist advice for parents and teachers.

Demand-side factors
Cultural issues, attitudes and expectations
The respondents all referred to strong cultural attitudes that prevent many parents admitting they have a child with disabilities. The stigma and taboo surrounding disability means parents are ashamed and will try to hide their child. Many do not attempt to enrol their children in school because they are afraid of rejection and humiliation. They may be aware that their child has a right to go to school, but do not want to subject him or her to the teasing and abuse they may face from other children. The stigma surrounding disability is so deeply entrenched that one parent revealed not being told of their child’s disability because the doctor was too afraid or embarrassed to inform them. Some parents of children without disabilities do not think children with disabilities should be in the same class as their child. They think their inclusion will slow the others down. There is also a perceived risk that children without disabilities will decline intellectually if children with disabilities are included in the same class.
Anecdotal evidence, together with attitudes witnessed by some parents and teachers, reveals that there is a widespread belief that any type of disability equates with a diminished intellectual capacity. Children and adults with disabilities are regarded with low expectations and are told they cannot achieve, including by their parents and teachers. It was reported that many teachers do not accept children with disabilities can achieve at the same level as other children and therefore do not recognise their achievements. This can impact on a child’s progress through school, and even result in children with disabilities having to unnecessarily repeat grades. Equally, school-level respondents felt parents do not send children with disabilities to school because ‘they have a low expectation of what they can achieve and do not think they can learn’. Some parents prioritise sending their children without disability to school over those with a disability not only because of the additional costs involved but because they doubt their capabilities. Respondents mentioned that it is widely considered a waste of time and money to educate a child with a disability, and it was stressed there is little encouragement for parents to enrol their child in school.

Campaigns to change attitudes rely on the associations for people with disabilities which are lacking funds to do so. Little has been done except some promotion of capability of people with disabilities through sports programmes, and awareness raising activities on the International Day for Persons with Disabilities. The need for awareness raising campaigns was recognised as a key to change attitudes across society and for parents to understand and accept children with disabilities have an equal right to participate and achieve in education. It was suggested that this would require stakeholders working together for a mass campaign, utilising the mayor offices at local level, and parents committees in schools to encourage enrolment. People with disabilities that have succeeded in education could contribute and be used as role models.

Participation of children with disabilities and their families in decision making

The need for coordination between authorities, teachers, and parents on decision-making regarding children with disabilities was highlighted by parents. They felt there was a lack of communication between parents and teachers – no real dialogue – and parents have to seek out information from the school. They do not feel teachers encourage parents to be involved, only calling them when there is a problem or for the teacher to criticise the child. However, according to teachers, parents do not want to be involved, and seldom attend meetings when they are called. Parents and teachers both felt the education of children with disabilities should not be the responsibility of the teacher alone, and mentioned the lack of support. Both groups expressed the need for training to be able to help the child.

Some of the children with disabilities who participated in the study had asked their parents to take them to school. One child had threatened the parent with self-harm having been told it was not an option to continue to secondary school after successfully completing the primary phase. This is the exception to the norm, however, and in general, the voice of children with disabilities is not heard, and they become invisible. In interviews, children with disabilities wondered why teachers consider them unable to learn, finding it to be based ‘entirely on the
way we look, with no assessment or monitoring’. Encouragingly, one enlightened official suggested for future planning they should ‘talk to children with disabilities to find out what they want’.

Community involvement in support of education for children with disabilities
In the schools visited, the school committee is the main point of contact between the community and the school. At the start of the school year the school committee conducts awareness raising activities regarding the importance of enrolment, but at the moment this does not include the enrolment of children with disabilities. The school committee could encourage children with disabilities to enrol if the school suggested it. The school committee also does not have a remit to follow up with students who are out of school. The low expectations of what children with disabilities can achieve permeated all these discussions, with the general notion that the education of children with disabilities was not a responsibility or concern of the mainstream schools. ‘They can come to school but they do not learn properly. They need special classes, teachers and different materials.’ There was mention that there is a need for an association to support and defend the rights of children with disabilities, and that the issues should be separated from the rights of other children.

Quality of provision/care
Teaching and learning
It is apparent that in Comoros more children with disabilities are out of school than are in school, and that the problems many children face in enrolment and attending school are compounded for children with disabilities. Analysis of data suggests that once in school, children are given no support or help to remove barriers to enable them to participate. Children with disabilities that are enrolled frequently have to repeat grades resulting in the children (and their parents) becoming discouraged and frustrated. It also means they are much older than the rest of the cohort. This leads to them dropping out and means very few of the already limited numbers enrolled can make the transition from primary to secondary school, and many remain out of school. The need to provide TVET classes for post-primary children with disabilities was raised by some parents who participated in this research.

The classes observed during the fieldwork were based on traditional teaching methods, reliant on students copying from the board. Classes were mainly non-interactive. The headteachers in this study agreed it would be better for all children, and especially children with disabilities, if classes were more activity based, and that this is the pedagogy they are expected to use. However, they do not follow up or advise on teachers’ practice in the classroom. It was mentioned that there is a plan to train teachers to use a competency-based approach and evaluation to improve teaching practice and learning outcomes but there is no evidence of this.

Whether teachers attempt to include children with disabilities in the learning process appears to remain very much up to the individual teacher. Some teachers observed were actively trying to ensure participation, and one teacher, for
example, had developed a system of gestures to communicate with a hearing-impaired student enrolled in the class. The teacher checked understanding through questions directly to the student, using lip reading and gestures during questions to the whole class.

**Teaching and learning materials**
There is no representation of children with disabilities in the textbooks, and respondents did not think this had been considered. However, the curriculum has recently been revised and the materials will be aligned over the next three years. UNICEF officials suggested this may provide an opportunity to ensure positive representation of both girls and children with disabilities.

There is an overall lack of general teaching and learning materials, with many classes being without textbooks. There are no specific resources available for children with disabilities. Those children requiring glasses or hearing aids do not have access to them because of the lack of general technical expertise as described earlier in this report.

A pre-primary class visited remained without any of the promised equipment and resources. A workbook was printed for the 2013–14 school year, but was not re-printed for this year. It was an expensive colour production, and proved too costly to replicate. Schools were told to erase previous children’s work and re-use the books, but teachers realised this was not feasible. In schools where there were surplus books they remain unused as there are insufficient for all the children in the classes.

**Curriculum flexibility**
Officials explained that the plan is to increase levels of participation, including those of children with disabilities, through the introduction of the competency-based curriculum. It was not made clear to the research team, however, how this would be achieved.

**Quality assurance/monitoring of schools/programmes for children with disabilities**
Inspectors are responsible for ensuring the curriculum is implemented and schools are following the procedures set. The pedagogical adviser visits schools and advises teachers on curriculum implementation only. Headteachers claimed they have no responsibility to provide support to teachers, or for their professional development. There is nothing formally in place to monitor the support provided for children with disabilities. Anecdotal evidence indicates low morale and demotivation amongst staff at all levels in the education system, which is possibly due to the irregular payment and low levels of salaries.
Recommendations

As the findings of this study demonstrate, the prevailing context and conditions make it extremely difficult for children with disabilities to enrol, let alone participate in school. International research highlights the close relationship between exclusion, poverty and disability, with environmental factors potentially disabling the vast majority of students in some contexts (Peters, 2003).

The move towards a more inclusive system needs to be seen as a continual long-term process and an integral part of quality improvement in teaching and learning. Since this is so wide-ranging it is useful to consider this as development through the four dimensions shown in the diagram below. This is loosely based on the widely-used Index for Inclusion (Booth and Ainscow, 2002), which essentially provides a set of indicators to describe levels of inclusion at school level, but here is extended further to apply to development at all levels in the system:

FIGURE 3: THEORETICAL FRAMEWORK

Ensure an inclusive environment

Access to a system with an inclusive culture

Deliver inclusive quality education

Develop inclusive practices

ACROSS ALL LEVELS: INTERNATIONAL / NATIONAL / DISTRICT / SCHOOL / CLASS / INDIVIDUAL

Physical access and appropriate environment

Access to teaching, learning, assessment, curriculum and emotional security and motivation
• Creating an inclusive culture – is focused both within the wider community or society and within the system. It requires the development of a common recognition and acceptance of the right of all children to participate in education without discrimination and the need to reduce the barriers that some children face to do so. This means responding positively to diversity and difference without discrimination.

• Developing inclusive practices – is focused at system level (governmental as well as non-governmental systems of practice, programmes and provision) and requires the development of inclusive practices throughout the entire system, whereby every level of the system supports schools to improve teaching and learning and become more inclusive. This is a process of continual development and improvement and relates to all activities that enable the delivery of quality inclusive education, including training activities and teacher development.

• Ensuring an inclusive environment – is focused at school level and is not only concerned with the provision, maintenance and accessibility of school infrastructure, but with the general ethos and attitudes within the school. This means providing a safe, stimulating, learner-friendly environment where every learner is welcomed, valued and respected within a system that is committed to ensuring every learner participates and achieves to their full potential. This can also include technologies, assistive devices and other factors that will ensure schools are accessible to children with disabilities.

• Delivering quality, inclusive education – is focused at

a. the system level in the creation of monitoring and supportive structures to ensure the educational rights of children with disabilities are met but is also related to

b. the classroom in the form of quality improvement in teaching and learning.

This includes curriculum, teaching and learning materials, pedagogy and pupil assessment. Teaching is carefully planned and appropriate to the needs of every learner, ensuring learning. The goal is that all children participate in their education and that they are all valued equally. Through ensuring inclusive issues are embedded in the system, and through the integration of the issues into all activities, momentum is gained and the necessary changes in practice and attitudes can take place.

These dimensions are a guide to ensure all aspects are considered, and should not be seen as clear-cut and rigid areas. There will be some aspects that do not fit neatly into one dimension and some blurring and overlapping may naturally occur.

The reliance on identifying children by visible disabilities focuses attention on physical and sensory impairments rather than on identifying and removing the barriers to learning. Many children already in school will be experiencing difficulties in learning, some of which may be caused by non-visible disabilities, but these are currently not being recognised. For the purpose of educational planning, and especially in the absence of specialists to identify specific types of learning disabilities, it is generally more helpful to identify difficulties in learning through the following four broad categories:

• Physical and sensory difficulties (includes difficulties with hearing, vision, motor skills, hand/eye coordination, or mobility)
• Cognitive and learning difficulties (includes difficulties with reading, writing, or mathematical skills, difficulty understanding abstract concepts, requires more time than peers to absorb learning)

• Communication and interaction difficulties (includes difficulties with language, communication or social interaction)

• Behavioural, emotional and social difficulties (includes difficulties with attention, concentration, managing moods and emotions, or social skills)

Rather than focusing on the learner’s impairments and difficulties such as their inability to understand the materials being presented, their inability to use written or oral instruction, or even their inability to access buildings, the focus should be on removing or minimising the barriers these learners face. This requires continually changing or improving the teaching/learning process with consideration given to the relevance of the curriculum, the pace of teaching, the teaching methodologies and processes, the teaching/learning materials, the time given to absorb and practise learning and the methods of assessment being used.

It should be remembered that many children with disabilities do not require any additional support or adaptations to participate in school (see page 31, Data collection and Availability of information), but their inclusion would depend on a major attitudinal shift. Learners frequently face challenges in more than one area and every learner is different. Some children will require proactive measures to identify and remove the barriers they face, and some will require specialist support or facilities.

**Key recommendation A: Creating an inclusive culture**

1. There is an urgent need to develop a clear vision of what education for children with disabilities in the Union of Comoros should be, and to work towards the development of a clear policy that defines the rights and entitlements of children with disabilities to education. This would require the engagement of a wide range of stakeholders to define terminology, identify children with disabilities, clarify the right to access, encourage participation, clarify the right to entitlements to receive support and how this will be provided. This should include provision for children with severe hearing, visual, intellectual or multiple impairments. The implementation of the policy would then need to be agreed and set out in a roadmap or long-term implementation plan.

It should be noted that in many countries social care, education and health providers differ in their definitions of disability. In developing a common definition, consideration should be given to categorising disability in ways which best inform service planning. As mentioned above, it may be more useful to focus on identifying and reducing the barriers to learning rather than on classifying children according to a medical model.

The vision and policy should be widely disseminated across the education system and to the public, through existing human resources, including district and mayor offices, community leaders and school committees.
2. Plan and implement an inter-ministerial, sustained, long-term awareness-raising campaign to change mindsets and reduce stigma and discrimination against children with disabilities. The development of the campaign should involve a wide range of stakeholders, including associations for people with disabilities, NGOs, parents of children with disabilities and children with disabilities. The campaign should highlight the right of every child to education and promote the capabilities of children with disabilities. Successful people with disabilities should be celebrated and used as role models.

Interviews revealed a need for attitudinal change within the system and also a lack of awareness of disability and the issues of inclusion. In order to create a supportive, inclusive culture it will be necessary to raise awareness at all levels within the system that everyone has a responsibility to support schools to become more inclusive. (This will be set out in the vision and policy).

3. Strengthen data collection to provide national, district and community level information about the numbers and characteristics of children with disabilities, and their use and need of local service provision. This information to be used in the planning and delivery of effective services.

4. Identify focal points in the MoE and each local education authority to be responsible for the inclusion of children with disabilities in education.
Key recommendation B: Developing inclusive practices

5. **Provide officials at all levels with guidelines** to ensure inclusion, with orientation and capacity building to enable them to support schools to develop a more inclusive approach. Issues of inclusion need to be incorporated into all workshops and training at all levels.

6. **Include issues of inclusion** in all inspection, supervision and school monitoring activities and ensure everyone in the system is working towards supporting teachers to be more effective and inclusive. As part of overall quality improvement in education, develop a system to provide mentoring, supervision and professional development to all serving teachers to develop their sense of responsibility towards teaching children with disabilities. This could be done through collaboration between headteachers and pedagogic advisers.

7. **Urgently consider the development of a tiered system of expertise**, with a small team of highly specialised teachers specifically to support children with hearing, visual or severe intellectual impairments. These teachers may work from a resource base. Due to the lack of existing expertise within the country these may require scholarships initially to study overseas (see also point 15, page 50).

8. **Seek technical assistance** to work with officials and teachers to develop a simple teacher toolkit for all teachers to provide support to make their classrooms more inclusive and child friendly, together with a checklist for assessment and simple strategies to identify children experiencing difficulties in learning, and practical initiatives that can be applied in the classroom to overcome these. Provide orientation to the toolkit through workshop-style sessions for the teachers, or by orienting the school-based focal point or coordinator to feed back to the teachers in their school.

Especially in the absence of specific support systems for children with disabilities, it is important that teachers are provided with the knowledge to set appropriate learning targets and remove the barriers some children face in learning and achieving. It is important that teachers can distinguish between children that are under-achieving and those who can be identified as having a specific learning difficulty which may require special attention. Under-achievement may be the result of poor quality or inappropriate teaching, or the effect of absence from school, lack of attention by the learner and so on, and interventions need to be made accordingly.

9. **Review training for teachers**, both initial teacher training and in-service teacher training and professional development, and review the methodologies of teacher training to ensure they encourage and are compatible with inclusive practices:

- Incorporate issues of inclusion into any pedagogic in-service training for serving teachers, as standard within each subject. This will develop teachers’ awareness that they need to consider not only teaching the syllabus but ensure the content is accessible to all learners.
• Provide additional training in assessing student needs and further strategies for removing barriers to learning for school-based focal points or coordinators (see also point 14, page 50).

• Develop a general module on inclusive education and incorporate it into the initial teacher training course for all teachers. This should include the rights of all children to education, the importance of ensuring the participation of all learners in the classroom, simple strategies for identifying and removing the barriers some children may face in learning, and practical interventions that can be applied to overcome difficulties in learning particularly for literacy and numeracy. It should not cover teaching children with specific types of disabilities. Ensure that issues of inclusion are also incorporated and reflected within all subjects, reinforcing the idea that teachers have a responsibility to make sure all children are learning, with practical strategies for presenting content in different ways to suit different abilities and learning needs.

• Review the delivery methodology of teacher training, both initial and in-service. Support and strengthen teacher trainers to be able to provide trainee teachers with opportunities to experience learning through the methodologies expected in the classroom. Teachers are unable to change their methodologies if they have no understanding of how theory relates to practice. Teacher training therefore will be most effective if it is conducted using the same techniques they are expected to use in the classroom. Opportunities for training and professional development for teacher trainers are therefore essential, including study tours to observe participatory training methodologies in practice.

FIGURE 5: ACHIEVING IMPROVED INCLUSIVE PRACTICES IN THE UNION OF COMOROS
Key recommendation C: Ensuring an inclusive environment

10. **Widely disseminate** and ensure the enforcement of the accessibility guidelines for construction of all new buildings.

11. **Collaborate with other relevant ministries** to provide transport or transport costs for children with disabilities who need transport to attend school. Consider allowances for other costs to encourage parents of children with disabilities to enrol their children in school.

12. **Ensure community mobilisation** to involve community and parents in the identification of strategies to ensure all children’s participation and progress in school (and to reduce drop-out and repetition).

13. **Collaborate** with the Ministry of Health, Solidarity, Social Cohesion and Gender Promotion to provide health screening for early identification and intervention of children with disabilities on entry to primary school.

**FIGURE 6: IMPROVING THE INCLUSIVE ENVIRONMENT IN THE EDUCATION SYSTEM IN THE UNION OF COMOROS**

- Mobilise community to support enrolment and retention of children with disabilities in school
- Collaborate with relevant government departments to provide health screening in support of early identification of children with disabilities
- Enforce accessibility guidelines for construction of new buildings
- Collaborate with relevant ministries to provide transport or assist with cost of transport to school

**IMPROVED INCLUSIVE ENVIRONMENT**
Key recommendation D: Delivering quality, inclusive education

14. Work towards a tiered system of teacher support by identifying a focal point or coordinator in every school, as a second tier. This could be the headteacher or other experienced teacher who would be able to provide guidance and advice to other teachers in supporting children in their learning. They would also be able to raise awareness and guide the school towards becoming more inclusive.

15. The third tier would be provided by a small number of specialist teachers for the hearing, visually and intellectually impaired. These specialist teachers could be based in a resource or competence centre and provide assessment and direct support to learners and their teachers in schools. Some may also teach those few children who require their education to be in specialist centres or classes, depending on the directive of the agreed national policy.

16. Review teaching and learning materials to ensure positive representation of children with disabilities.
References


Kouak, B., Mahdjoub, R. and Mingat, A. (2012) under the supervision of General Secretary MoE, Comorian education system diagnosis for a new policy in the framework of EFA, National report of the education system (RESEN).


# Appendix 1: Meetings and visits

Field study meetings and visits held 3 – 13 February 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Meeting / visit description</th>
</tr>
</thead>
<tbody>
<tr>
<td>03/02/15</td>
<td>Ngazidja</td>
<td>• UNICEF Education programme&lt;br&gt;• Other UNICEF programme representatives&lt;br&gt;• General inspectorate official&lt;br&gt;• MoE officials</td>
</tr>
<tr>
<td>04/02/15</td>
<td></td>
<td>• HUMANICOM&lt;br&gt;• MAEECHA&lt;br&gt;• FAHACT&lt;br&gt;• FAWECOM&lt;br&gt;• Follow-up with UNICEF Education programme</td>
</tr>
<tr>
<td>05/02/15</td>
<td></td>
<td>• School visit: Public primary school Headteacher, parents of children with disabilities, children with disabilities, school and classroom observation&lt;br&gt;• School visit: Public primary school Headteacher and teachers, parents of children with disabilities, children with disabilities, school and classroom observation&lt;br&gt;• Solidarity and Gender Promotion Commission (Commissariat général à la solidarité et à la promotion du genre)</td>
</tr>
<tr>
<td>06/02/15</td>
<td>Ndzuani</td>
<td>• School visit: Public primary school Headteacher, school committee, parents of children with and without disabilities, children with disabilities, school and classroom observation&lt;br&gt;• School visit: Public primary school Headteacher, school committee, parents of children with and without disabilities, children with disabilities, school observation</td>
</tr>
<tr>
<td>07/02/15</td>
<td></td>
<td>• Officials of the Commission for Education (CEIA Ndzuani)&lt;br&gt;• CAP (NGO)</td>
</tr>
<tr>
<td>09/02/15</td>
<td>Mwali</td>
<td>• School visit: Public primary school Headteacher and deputy headteacher, parents of children with and without disabilities, children with disabilities, school and classroom observation&lt;br&gt;• School visit: Public primary school Headteacher and head of studies, parents of children with disabilities, children with disabilities, school and classroom observation&lt;br&gt;• School visit: Public primary school Headteacher, school observation</td>
</tr>
<tr>
<td>10/02/15</td>
<td></td>
<td>• Officials of the Commission for Education (CEIA Mwali)&lt;br&gt;• AHAM (Association des Handicapés de Mohéli) (Association of persons with disabilities in Mwali)</td>
</tr>
<tr>
<td>11/02/15</td>
<td>Ngazidja</td>
<td>• Officials of the Commission for Education (CEIA Ngazidja)</td>
</tr>
<tr>
<td>12/02/15</td>
<td></td>
<td>• School visit: Public secondary school Headteacher, parent of child with disability, child with disability, school and classroom observation&lt;br&gt;• SHIWE (NGO)</td>
</tr>
</tbody>
</table>

Debrief meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Meeting / visit description</th>
</tr>
</thead>
<tbody>
<tr>
<td>13/02/15</td>
<td>Ngazidja</td>
<td>• Ministry of Education&lt;br&gt;• UNICEF</td>
</tr>
</tbody>
</table>

Follow-up meetings

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Meeting / visit description</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/02/15</td>
<td></td>
<td>• Officials of the Commission for Education (CEIA Ngazidja)</td>
</tr>
<tr>
<td>03/03/15</td>
<td></td>
<td>• Children with disabilities out of school</td>
</tr>
</tbody>
</table>
# Appendix 2: Data analysis summary

## Eastern and Southern Africa regional study on education for children with disabilities

### Enabling environment

<table>
<thead>
<tr>
<th>Law/policy</th>
<th>Existing situation and specified strengths</th>
<th>Specified constraints, challenges, gaps, bottlenecks</th>
<th>Specified priorities, needs, other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Knowledge/status of CRPD/CRC</strong></td>
<td>• CRPD only mentioned by Disabled Persons’ Organisations (DPOs) – signed but not ratified</td>
<td>• DPOs not taking any action specifically for ratification of CRPD.</td>
<td>• UNICEF focus on children with disabilities because of priority of GPE and funding for this in 2015–16.</td>
</tr>
<tr>
<td><strong>Knowledge of laws, plans and policies regarding education of children with disabilities</strong></td>
<td>• EFA commitments include all children.</td>
<td></td>
<td>• Need to disseminate and publicise legal requirements.</td>
</tr>
<tr>
<td></td>
<td>• Legal framework does not specifically include children with disabilities – it is for all children.</td>
<td>• 2004 national strategy for protection of vulnerable children defined 12 categories of most vulnerable children with no access to education, including children with disabilities, but no strategies for intervention.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Guidelines on accessible construction were approved 2014.</td>
<td>• Lack of available competencies dealing with inclusion of children with disabilities, at the government level brings a lack of responsibility from government and reliance on individual actions by DPOs rather than collective effort (e.g. in developing law).</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Some celebration of children with disabilities on International Day for Children, but no policy.</td>
<td></td>
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<tr>
<td></td>
<td>• Government has developed a national policy of social welfare to include education for children with disabilities – expected to be validated in March 2015: not done for the moment.</td>
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</tr>
<tr>
<td></td>
<td>• Most respondents do not know of any policy for children with disabilities.</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Law for rights of people with disabilities developed by NGO organisation approved by Parliament but not signed yet.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Definition of disability and policy for identification</strong></td>
<td>• No definition or policy leads to various ways of understanding ‘disability’.</td>
<td></td>
<td>• Need to have a framework for identification of children with disabilities with guidelines for levels of responsibility – e.g. health, education, family/ community.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• This need for definition and the problems coming from the lack of identification are underlined within the Diagnosis of the national education system held from 2011 to 2012: the report dealing with this diagnosis is called the Country Status Report published in 2012 = it is the source of the PIE 2013–2015 (Interim Education Plan).</td>
</tr>
<tr>
<td><strong>Budget to support education for children with disabilities and financial resources available to these children and/or their families</strong></td>
<td>• Partnership between Ministry of Solidarity and MoE planned to financial support for school fees to vulnerable families in areas with low enrolment rates but not put into practice.</td>
<td>• No education budget for children with disabilities.</td>
<td>• Would like study tours to other countries to consider best practice but important for any action to be within local context.</td>
</tr>
<tr>
<td></td>
<td>• Allowance paid to people with disability from Ministry of Solidarity, but very small and only received by a few.</td>
<td></td>
<td>• Need government financial support for families with children with disabilities, to meet costs of transport, school fees etc, as if they take their children to school they cannot work.</td>
</tr>
<tr>
<td><strong>Organisation and collaboration between education, health, social services, others to support children with disabilities and their families</strong></td>
<td>• School health mutual insurance for all children in primary schools in Ngazidja is intended to provide free hospital care – but not operational yet.</td>
<td>• People with disabilities are generally excluded from all types of services.</td>
<td>• Need to provide health checks at school.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Need to raise awareness of measures which can be taken to prevent disabilities occurring.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Need to identify children with disabilities at an early age – need specialists and teacher training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>• Medical care/medicine could be provided for children with disabilities at low cost.</td>
</tr>
</tbody>
</table>
### Enabling environment (continued)

<table>
<thead>
<tr>
<th>Law/policy</th>
<th>Existing situation and specified strengths</th>
<th>Specified constraints, challenges, gaps, bottlenecks</th>
<th>Specified priorities, needs, other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreements, responsibilities and coordination of activities with NGOs</td>
<td>• Some NGOs working in education but no specific coordination of their programmes. DPOs mainly in advocacy roles.</td>
<td>• Lack of coordination and collaboration among NGOs and DPOs – they only collaborate for sports activities.</td>
<td>• Possibility of request for support from international NGOs to support children with disabilities.</td>
</tr>
<tr>
<td>Data availability on children with disabilities – EMIS, other (census etc) and use in planning</td>
<td>• The school census now includes information on children with disabilities in schools identified by headteacher.</td>
<td>• Lack of reliable data – children with disabilities not counted. No statistics on newborn children with disabilities; no records on effect of poor nutrition.</td>
<td>• Will develop sector plan 2016–2018 based on information from surveys. • Need to map where children with disabilities are and know how many.</td>
</tr>
<tr>
<td>System of provision (inclusive, segregated etc.)</td>
<td>• Decentralised structure for implementation – MoE sets policy and Local Education Authority in each island implements.</td>
<td>• No specific plan for education of children with disabilities. If parents send them to school they will be enrolled but no special support will be provided.</td>
<td>• Need a special centre to provide support for children with disabilities.</td>
</tr>
</tbody>
</table>

### Supply-side factors

<table>
<thead>
<tr>
<th>Law / policy</th>
<th>Existing situation and specified strengths</th>
<th>Specified constraints, challenges, gaps, bottlenecks</th>
<th>Specified priorities, needs, other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Practice for identifying children with disabilities</td>
<td>• Doctors and medical workers identify, although some do not acknowledge disability as they are too embarrassed to tell parents.</td>
<td>• Some teachers ignore children with disabilities in the classroom.</td>
<td>• Teacher training in identification of children with disabilities. • Train teachers to monitor progress in learning.</td>
</tr>
<tr>
<td></td>
<td>• In school, mostly headteacher, teacher or parents – if teachers identify a problem they inform the head and parents are informed.</td>
<td>• Teachers do not monitor individual progress or identify difficulties – some teachers would not notice. Children with difficulties in learning are not reported.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Some children have a disability that is not identified – even parents may not realise or may not want to admit it. Schools can see disabilities – parents do not inform. Teacher notices something wrong if hearing or mentally impaired, but may misdiagnose as do not have any training – may confuse intellectual and hearing difficulties.</td>
<td>• If teacher identifies children with disabilities no action is taken. If children do not make progress they just repeat the class. Can be identified by having repeated grade several times – teacher may not notice or teacher may change.</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>• At school (and even for some parents), sometimes, there is a confusion between learning difficulties and mental disability.</td>
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</table>
### Supply-side factors (continued)

<table>
<thead>
<tr>
<th>Law / policy</th>
<th>Existing situation and specified strengths</th>
<th>Specified constraints, challenges, gaps, bottlenecks</th>
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<tbody>
<tr>
<td>Practice of enrolment/entitlement to placement and support</td>
<td>• Conflict of opinion: ‘Parents do not bring children with disabilities to school’ vs ‘Schools do not allow children with disabilities to enrol’. • Parents may inform of disability after enrolment, as they are afraid school will not accept the child. Children with disabilities are not enrolled for fear of ridicule. Also parents have low expectations. • Many children with disabilities are out of school. Schools do not actively encourage children with disabilities to come (those who would like to do so do not have any means) – no provision for hearing or visually impaired. Physically impaired have difficulty with access and attitudes. • The Interim Education Plan 2013–15 allowed for support to hearing and visually impaired children through provision of assistive devices but it was not realised – no action was taken. • Assistive devices were provided by Handicap International some years ago but they are not here now and there is no service. • If children with disabilities are enrolled they need to be given support and materials to succeed and this is not happening – parents do not think it is worth sending them to school.</td>
<td>• Lack of specialised staff to be able to identify needs and support. • Teachers do not have any strategies to support children with disabilities. • There should be special, separate provision for children with disabilities – teachers do not know how to teach them. If they had special classes they would learn – they know they are different. They are not able to learn in mainstream class and they slow the others down. There is a risk that regular students will decline intellectually if children with disabilities are included in the class. • Children with disabilities should be in mainstream classes to minimise exclusion and provide stimulation and improve self-esteem. • Many types of disabilities – cannot provide support for them all. • Children with disabilities with poor concentration move from class to class and this means there is no continuity or follow-up in learning.</td>
<td>• Need to address inclusion of children with disabilities to meet the requirements of EFA. • Should set up a centre with specialist support for visual and hearing impaired children. • Some teachers are more sympathetic than others and these should be given further training. • Selection and segregation is not a realistic option – need a special centre for support, but most should be in mainstream schools.</td>
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<tr>
<td>Disparities in provision by type of school, geographic location, age, gender</td>
<td>• No specific support for children with disabilities in any type of school. • Increased costs associated with sending children with disabilities to school means the poorer families cannot send their children with disabilities to school. • More difficult for children with disabilities to access in rural areas – transport and lack of trained teachers.</td>
<td>• Lack of support to participate in school leads to children with disabilities becoming frustrated and dropping out – those who can afford it may move into private sector but not much better. • Other children tease and bully them. Also physical punishment.</td>
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<tr>
<td>Accessibility to school for children with disabilities – transport, environmental conditions</td>
<td>• Transport has to be provided by parents which is an additional logistical burden and cost. Poverty is a barrier. • Lack of transport for children with disabilities – cannot access.</td>
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<tr>
<td>Accessibility of school buildings, common facilities and classroom</td>
<td>• Schools are in poor condition, even renovated and newly constructed classrooms have maintenance issues. Ramps have been fitted to some, but access to the ramp hampered by rubble, litter and lack of pathways. Latrines are completely inaccessibile – many obstacles and no clear pathways. Some schools have many poorly maintained steps. • UNICEF has supported accessible additional classroom construction and renovated toilets.</td>
<td>• Observation by respondents: Schools are not built to be able to accommodate children with disabilities. • Classrooms are spacious but space tends not to be used effectively. Space often taken up by broken furniture. • New buildings do not necessarily comply with accessibility standards as these have not been disseminated.</td>
<td>• Need to improve access for those with mobility difficulties. • Schools need to be safe for children with disabilities to be included.</td>
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### Supply-side factors (continued)

<table>
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<tr>
<th>Materials and communication</th>
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| Representation of children with disabilities in teaching/learning materials | • No representation of children with disabilities now.  
• Curriculum has been revised and materials will be aligned over next three years. Will ensure positive representation of girls and children with disabilities. |                                    | • Ensure positive representation of children with disabilities during revision of learning materials. |

| Appropriateness and availability of materials for specific disabilities | • None available. Lack of general classroom materials – no textbooks etc. | • Pre-primary class without promised equipment and resources. Workbook printed for year 2013–14 but not re-printed for this year. Expensive colour production – MoE told schools to erase children’s work and re-use but not practical to do this. | |

| Flexibility of curriculum to meet all learning needs | • Priority is to increase participation through competency-based curriculum with repetition of class only permitted once – cannot provide a special system for all types of disability. |                                    | |

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| Teacher training – pre service, In-service | • Pre service training for two years.  
• Inspectors identify in-service training needs based on any weaknesses in subject knowledge of teachers and from census. Inspectors do not visit regularly because lack of manpower.  
• Some teacher trainers are trained to work with secondary teachers to develop skills and this can be extended to primary schools. Training according to teachers’ qualification level.  
• Animateurs and pedagogic advisers can raise awareness with teachers but not conduct specific training. | • Pre-service training does not include any information about children with disabilities.  
• Training to provide teachers with strategies to support children with disabilities could only be introduced if inspectors find this to be a weakness and it is not part of their remit. It needs to become a priority but there are few children with disabilities so it is not a priority.  
• In general, education staff (inspectors, teachers particularly) are being discouraged and demotivated because of irregular payment of salaries. | • Need training for all teachers to be able to accommodate children with mild and moderate disabilities in mainstream classes. Need strategies to help – more than sitting at front of class.  
• Train teachers to monitor progress and follow up those who are not learning.  
• Need a module on identification and strategies for teaching children with difficulties that could be included in pre and in-service training – it would need to be provided by Union Ministry to island commissions. |

| Training for specialist teachers | • None available. |                                    | • Need specialist teachers for severe cases and for hearing and visually impaired. |

| Training/awareness raising for non-teaching staff/officials/parents | • None available. |                                    | • Need specialist advice for parents and teachers.  
• Need to identify disabilities correctly.  
• Need a department with support materials and devices for children with disabilities. |

| Inclusion of children with disabilities in assessment and national exams and how any entitlement to support is allocated | • There should not be any extra time or support – need to treat everyone equally. |                                    | • Need to consider how all children with disabilities can access exams. |
### Supply-side factors (continued)

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| Cultural issues/attitudes and expectations regarding disability | - Parents are ashamed to say they have children with disabilities – it is taboo, particularly in rural areas. Parents try to hide children with disabilities and do not bring them to school. If they do bring them they are afraid of rejection and humiliation.  
- Teachers do not accept children with disabilities or recognise achievements of children with disabilities – they are made to repeat grades.  
- Awareness that children with disabilities should go to school but frightened of teasing. Some parents would not like children with disabilities to be in same class as their child.  
- Some promotion of capability of people with disabilities through sports programmes set up by DPOs. | - It is considered a waste of time and money to educate a child with disabilities – no encouragement for parents of children with disabilities to enrol their child in school.  
- Children with disabilities are spoken about with low expectations and are told they cannot achieve, including by teachers and parents.  
- Parents will prioritise sending children without disability to school over children with disabilities because they doubt their capabilities and because of additional costs. | - Need awareness raising campaigns to change attitudes towards children with disabilities for parents to understand and accept they can participate and have an equal right to education.  
- Stakeholders should work together for a mass campaign.  
- Parents committee in school need to encourage parents with children with disabilities to enrol.  
- Awareness raising for parents could be conducted through mayor offices at local level.  
- Use successful people with disabilities as role models. |
<p>| Inclusion of children with disabilities and/or families in all stages of decision-making about child’s education | - Lack of communication between parents and teachers – no real dialogue – parents have to ask for information from school. | | - Need to make decisions on children with disabilities between teachers, authorities and parents. Should be coordination. |
| Demand-side factors | | | |</p>
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| Support for families of children with disabilities to participate in child’s learning | - Teachers do not encourage parents to be involved. Parents are called when there is a problem or teachers criticise the child. According to teachers, parents do not want to be involved. They do not attend when called. | - Schools do not encourage parents to be involved. | - Strengthen dialogue between parents and teachers to find ways to meet needs of children with disabilities.  
- Would like parent training to help child.  
- Parents should be involved as not only the teacher’s responsibility. |
| Child’s own voice in decision-making and overcoming barriers | - Children with disabilities may ask parents to take them to school. In general their voice is not heard. Children with disabilities wonder why teachers consider them unable to learn – no follow-up or monitoring based on the way they look. | - Children with disabilities are not heard; most become invisible – even those who are in school. | - For future planning should talk to children with disabilities and see what they want.  
- Use success stories as role models to change attitudes. |
| Community involvement in supporting children with disabilities | - School committee does not follow up with students who are out of school.  
- At start of school year, school committee conducts awareness-raising regarding importance of enrolment – this does not include encouragement to enrol children with disabilities. | - Low expectations of how children with disabilities could participate in learning and what they may achieve.  
- School committee could encourage children with disabilities to enrol if it was suggested to them. | - Need association to support and defend rights of children with disabilities.  
- Need school committees to be responsible for taking action in support of children with disabilities. |
### Quality of provision / care

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| **Effect of existing provision on access to learning** | • More children with disabilities are out of school than in school.  
• Problems are compounded for children with disabilities – many of the same problems as other students re costs, transport etc. | • Complete lack of support unless parents can provide.  
• Parents become demotivated if child does not learn and then take them out of school.  
• No special attention given to removing barriers in school to enable children with disabilities to participate. | • Need specialist teachers for children with disabilities – especially hearing and visually impaired. |
| **Effect of existing provision on progression in learning** | • Children with disabilities that do enrol frequently repeat the same class sometimes many times if they do not pass the end of year exam.  
• Very few of the limited numbers enrolled make the transition from primary to secondary schools. | • After repeating three times, children have to be promoted to next class. Those with intellectual difficulties may repeat classes three times and then drop out because they are so much older than the others or become discouraged. If they do complete there is nowhere to go; if do not pass primary exam they just stay at home. | • Need to have TVET classes for post-primary children with disabilities. |

### Quality assurance/monitoring of schools/programmes for children with disabilities

| Teaching methodology | • Traditional methods are reliant on students copying from board. Classes are non-interactive. Would be better for all children and especially children with disabilities if classes were more active but there is no one to advise teachers to conduct classes in this way.  
• Pre-primary methods follow same pattern as other classes. | • Plan is in place to train teachers to use competency-based approach and evaluation to improve teaching practice. |  |
| Classroom management | • Some teachers actively try to ensure children with disabilities participate – developed system of gestures when hearing impaired student enrolled in class. Check progress through questions directly to student in addition to whole class.  
• Lack of glasses and hearing aids – teachers move children with disabilities to front of class. |  |  |
| Advice/support for teachers | • Nothing regarding children with disabilities. Pedagogical adviser visits school and advises teachers on curriculum implementation only. Headteacher does not provide support to teachers or professional development. | • Problem of definition of responsibilities and tasks of headteachers towards teachers when they are appointed. |  |
| Specialist support and resources for children with disabilities | • Lack of general resources, so no available resources for children with disabilities. |  | • Need general classroom resources and support, then specialist support and resources. |