A study on children with disabilities and their right to education: Madagascar
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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 Madagascar and was carried out in partnership with the Ministry of Education also.
About the researchers

Jacqui Mattingly is a Principal International Adviser within the International Development and Education team at Education Development Trust. As an inclusive education specialist, she has extensive experience working on both long- and short-term assignments across Africa, the Caribbean, Asia and the Pacific. She has previously worked as both a teacher and an adviser supporting children with disabilities and teachers in the UK.

Lila Ratsifandrihamanana joined the project as a local researcher. Since then she became the Country Representative of the Christoffel Blinden Mission (CBM) in Madagascar and is coordinating CBM support to inclusive development projects for persons with disability in the country. She has significant experience working within international development organisations such as the African Union and the United Nations Food and Agriculture Organization and has worked for several years in the area of education as a teacher and researcher at the University of Antananarivo.

Acknowledgements

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

• the Ministère de l’Éducation Nationale (Ministry of Education) for their cooperation in allowing us to complete the study

• Lova Ralamboarisoa 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 Matthias Lansard and Lydia Randrianja, for their guidance and support.

• all the schools who welcomed us warmly and allowed the team to observe their practices.

• the many respondents who so willingly gave their time and openly shared their knowledge and experience.
# List of abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tr>
<td>AKAMA</td>
<td>Akanin’ny Marenina Antananarivo (Competence Centre for the Deaf, Antananarivo)</td>
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<tr>
<td>BEPC</td>
<td>Brevet d’Études du Premier Cycle du Secondaire (Learning Certificate for the first cycle at secondary level)</td>
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<tr>
<td>CAP</td>
<td>Certificat d’aptitude pédagogique (Pedagogic aptitude certificate)</td>
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<td>CBM</td>
<td>Christoffel Blinden Mission</td>
</tr>
<tr>
<td>CBR</td>
<td>Community-based rehabilitation</td>
</tr>
<tr>
<td>CEG</td>
<td>College d’Enseignement Général (Lower secondary public school)</td>
</tr>
<tr>
<td>CEPE</td>
<td>Certificat d’Études Primaires Élémentaires (Elementary Primary School Certificate)</td>
</tr>
<tr>
<td>CFEN</td>
<td>Certificat de Fin d’Études Normales (Certificate for the completion of ordinary studies)</td>
</tr>
<tr>
<td>CISCO</td>
<td>Circonscription Scolaire (Ministry of Education School District)</td>
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<tr>
<td>CNFPPSH</td>
<td>Centre National de Formation Professionnelle des Personnes en Situation de Handicap (National vocational training centre for persons with disabilities)</td>
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<td>CRC</td>
<td>UN Convention on the Rights of the Child</td>
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<td>CRMM</td>
<td>Centre de rééducation motrice de Madagascar (Madagascar centre for physical re-education)</td>
</tr>
<tr>
<td>CRPD</td>
<td>UN Convention on the Rights of Persons with Disabilities</td>
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<tr>
<td>CSO</td>
<td>Civil society organisation</td>
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<tr>
<td>DREN</td>
<td>Direction Régionale de l’Éducation Nationale (Regional education department, within MOE/MEN)</td>
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<tr>
<td>EFA</td>
<td>Education for All</td>
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<tr>
<td>EMIS</td>
<td>Education Management Information System</td>
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<tr>
<td>EPM</td>
<td>Enquête permanente auprès des ménages (Permanent survey of households)</td>
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<td>EPP</td>
<td>École Primaire Public (Public Primary School)</td>
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<tr>
<td>FAF</td>
<td>Farimbon’Antoka amin’ny Fampandrosoana ny Sekoly (Partnership for School Development)</td>
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<tr>
<td>FLM</td>
<td>Fiangonana Loterana Malagasy (Malagasy Lutheran Church)</td>
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<tr>
<td>FRAM</td>
<td>Fikamban’ny Ray Aman-drenin’ny Mpianatra (Parents Association)</td>
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<tr>
<td>FKT</td>
<td>Fokontany (Community Leader)</td>
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<tr>
<td>FOFAMA</td>
<td>Foibe Fanabeazana ny Marenina Antsirabe (Competence Centre for the Deaf, Antsirabe)</td>
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<tr>
<td>FOFAJA</td>
<td>Foibe Fanabeazana ny Jamba Antsirabe (Competence Centre for the Blind, Antsirabe)</td>
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<tr>
<td>ICF</td>
<td>International Classification of Functioning, Disability and Health</td>
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<td>IE</td>
<td>Inclusive education</td>
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<tr>
<td>INFP</td>
<td>Institut National de Formation Pédagogique (National College for Initial Teacher Training)</td>
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<tr>
<td>INGO</td>
<td>International non-governmental organisation</td>
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<tr>
<td>ISTS</td>
<td>Superior Institute for Social Workers</td>
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<td>MDG</td>
<td>Millennium Development Goals</td>
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<td>MEN</td>
<td>Ministère de l’Éducation Nationale (Ministry of Education)</td>
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<td>Acronym</td>
<td>Full Form</td>
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<tr>
<td>NGO</td>
<td>Non-governmental organisation</td>
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<td>PASEC</td>
<td>Programme d’Analyse des Systèmes Educatifs (Programme for the Analysis of Education Systems)</td>
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<td>PFKT</td>
<td>Prezidà Fokontany (President of the Community)</td>
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<tr>
<td>PFPH</td>
<td>Plateforme des Fédérations des Personnes Handicapées (Platform of Federations of Persons with Disabilities)</td>
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<tr>
<td>UERP</td>
<td>Unité d’étude et de recherche pédagogique (Pedagogic Research and Study Unit)</td>
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<tr>
<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<td>WHO</td>
<td>World Health Organization</td>
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<tr>
<td>WWF</td>
<td>World Wildlife Fund</td>
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<tr>
<td>ZAP</td>
<td>Zone administrative</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. This universal principle applies to children with disabilities. The Convention of the Rights of Persons with Disabilities (CRPD) 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. Worldwide, as many as one third of 58 million children of primary school age who are out of school are children with disabilities. 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 Madagascar, we are proud to have seen reaffirmed the Government’s and Parliament’s commitment to children and persons with disabilities through the ratification of the CRPD, in December 2014. The country’s legal framework outlines the rights of people with disabilities to education and supports the provision of education to children with disabilities. Nonetheless, we know we can and must do more.

As the World was preparing for the post-2015 development agenda, we decided to join a study to assess the current situation on education for children with disabilities in our country in 2015, with the expertise and support provided by UNICEF Eastern and Southern Africa Regional Office and CfBT Education Trust, whose name has been recently changed to Education Development Trust.

We are now pleased to have the findings and recommendations from this study. We believe those recommendations will help us move forward, with our partners, towards the achievement of the recently adopted Sustainable Development Goals (SDGs), 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, these recommendations will also help us achieve 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 to bring other partners on this joint mission, in order to realize inclusive education for children with disabilities.

Paul Andrianiaina RABARY
Minister of Education
Madagascar

Elke WISCH
UNICEF Representative
Madagascar

1Towards 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 attend school are more likely to be excluded in the classroom and to drop out (UNESCO, 2015). This study was commissioned by UNICEF Eastern and Southern Africa Regional Office together with CfBT Education Trust (now Education Development Trust), and forms 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.

The Malagasy Constitution stipulates that every child has the right to free primary education, and this is reflected in the government commitment to achieve the international Education for All (EFA) targets. While Madagascar made significant progress towards achieving EFA over the past decade, the country has been significantly impacted since 2009 by a period of political unrest which resulted in falling financial support from donors. If the situation has now normalised, about 90% of the population lives nowadays on less than USD 2 a day, and the financial cost of schooling to be borne by households hence represents one of the main barriers to enrolment in school. The net enrolment rate at primary level decreased from 96.8% in 2005 to 69.4% in 2012, with an estimated 1.5 million children of primary school age currently out of school.

Within the education system, pre-primary education is a newly emerging sub-sector, with just 3.6 per cent of the cohort aged children enrolled in 2010/2011. Primary education is mostly provided by the public sector, where schools work under difficult circumstances with a severe lack of resources and the majority of teachers are untrained and appointed by the community. There are high repetition and drop-out rates, and many over-age children in classes, especially in rural areas. Enrolment in lower secondary school is less than a quarter of that in the primary sector.

Education for children with disabilities has historically been provided through specialist centres organised by the churches, and this continues to be the case, particularly for children with sensory impairments. There is one government school providing for children with intellectual impairments, many of whom also have physical disabilities and an increasing number of private providers offering placements for children with intellectual impairments. With the adoption of the 2009 Decree on inclusive education guaranteeing the right for all children with disabilities to be enrolled in ordinary schools, there have been a variety of both government and NGO initiatives piloting inclusive education programmes and integrated classes over the past few years, but these have suffered from the curtailment of donor funds during the crisis.
Madagascar has recently renewed its commitment to inclusive education to ensure all children participate in education. In addition, the government ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in December 2014. The study therefore comes at a timely moment, with significant milestones having been agreed, and windows of opportunity opening for the mobilisation of relevant stakeholders, the strengthening of the existing legal framework, and the implementation of policies and strategies pertaining to persons with disability.

The study
The fieldwork in Madagascar took place from 19 to 30 January 2015. The data was collected via:

- interviews or focus groups with 30 stakeholders at all levels across the system including representatives of government, NGOs, civil society organisations and in schools and communities
- visits to seven schools, NGOs or CSOs where interesting or promising practice had been identified by stakeholders
- 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
- Despite the existence of laws and policies to support the education of all children, the majority of respondents at all levels displayed no knowledge in interview and discussions of the CRPD, with the exception of senior-level respondents in Ministries and the Platform of Federations of Persons with Disabilities (PFPH).
- Despite the existence of laws and policies referring to the right to education for all, there is in fact no clear single policy that sets out the rights and entitlements to education for children with disabilities. Respondents in this study at all levels mentioned the need for the rights to education for children with disabilities to be determined by a clear policy, including roles and responsibilities across the system.
- Investigations online and in country did not reveal any formal system for the identification of children with disabilities, with the focus being on readily noticeable, visible impairments particularly hearing, vision, intellectual and physical impairments. Representatives of the Ministry of Health explained that there is a plan for a system to improve the identification of disabilities at birth through the existing network of health centres, as some respondents thought that existing tools could be adapted for teachers to identify children with disabilities in schools.
Partly due to the lack of clarity regarding identification of children with disabilities, coupled with discriminatory attitudes towards disability, there is a dearth of reliable data on the numbers and types of children with disabilities. In Madagascar, data suggests that the majority of children with disabilities who are enrolled in school are those with mild hearing or physical impairments.

**Supply-side factors**

- It was widely acknowledged in the interviews and observations that schools tend not to recognise children with learning difficulties, and most respondents did not know of any non-visible types of disabilities.

- Inclusive schools set up through NGO projects focus on the inclusion of children with one type of disability only. The large number of pilot projects that have been conducted over time in Madagascar means there is now a lack of clarity as to exactly what is meant by the different terms being applied and to different types of placement.

- Overall, during fieldwork visits there was a noticeable absence of provision for children with disabilities at secondary level.

- Many respondents in this study mentioned difficulties in travelling to school.

- There are no guidelines or formal regulations in place to ensure children with disabilities can access national exams.

- Interviews and focus groups also revealed that the capacity building of teachers was a pivotal component of the MEN inclusive education pilot programme. In-service training opportunities are limited to days provided by the pedagogic adviser and are mostly focused on general updates and curriculum issues. Training was mentioned as a priority by all respondents at all levels.

- There are few specialist teachers within the system.

**Demand-side factors**

- Respondents at all levels highlighted that disability continues by many in society to be considered as evil, bad fate or the result of witchcraft, and that children with disabilities are often hidden within the home by their parents. It was felt that many parents continue to be reluctant to take children with disabilities to enrol in mainstream school as they fear they will be rejected.

- There is no formal decision-making process regarding placements and it is up to the parents to enrol their child directly in special provision if they can afford to do so, and if a place is available.

- It is notable that many parents of children in special placements do not want their children to be mainstreamed. Parents mentioned that they have few opportunities to be involved in their child’s education and are not kept informed of progress or how they could support their child.

**Quality of care and provision**

- According to the information seen during the fieldwork visit, the MEN pilot inclusive education programme appears to have been successful in increasing the numbers of children with disabilities in mainstream schools, but the enrolment rates of children with disabilities overall remain very low.
• Public schools are poorly maintained and lack even basic resources. The private special centres or schools appeared to have greater resources than the public schools.

• Parents of children in special centres and classes expressed satisfaction with teaching methodologies and activities.

• Respondents agreed that teachers need support with inclusive teaching methodologies and practices.

Recommendations
In line with findings in the regional study (published as a separate part of this series1) 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 a full set of recommendations for Madagascar later in this report. At the same time we recognise the difficulty of implementing wide-scale system reform so have highlighted first steps in the recommendations listed below.

Key, immediate recommendations:
1. Develop a clear vision of what inclusive education means for Madagascar, and work towards the production of a detailed policy specifying the rights and entitlements of children to education services

2. Collaborate with the Ministry of Health to provide health screening for every child on entry to school, to identify undetected problems especially with sight, hearing, motor coordination, mobility, speech, communication, cognition or development.

3. Review teacher training pedagogy and include inclusive issues in all training for teachers:
   • Incorporate issues of inclusion into pedagogic in-service training days for serving teachers, as standard, within each subject area.
   • Review the delivery methodology of teacher training, both initial and in-service.
   • Build upon existing inclusive pedagogy modules to develop a general module on inclusive education, and incorporate it into the initial teacher training course for all teachers.
   • Develop a system for in-service training for all teachers, but with a special focus on FRAM teachers.

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1 See An Eastern and Southern Africa regional study on children with disabilities with a focus on education – available at www.educationdevelopmenttrust.com
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 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.

Following a period of political crisis, Madagascar has recently renewed its commitment to inclusive education to ensure all children participate in education. In addition, the government ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in December 2014. The study therefore comes at a timely moment, with significant milestones having been agreed, and windows of opportunity opening for the mobilisation of relevant stakeholders, the strengthening of the existing legal framework, and the implementation of policies and strategies pertaining to persons with disability. The study aims to inform policy discussion and the direction of implementation activities towards inclusive education for children with disabilities in Madagascar. It 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 international and national literature.
The Madagascar context

General country background

As the fourth largest island in the world, covering 587,000 square km, Madagascar is home to a unique biodiversity of flora and fauna including rich natural resources. The natural environment is, however, under threat from deforestation and the effects of climate change. The country is vulnerable to natural disasters and has increasingly suffered the effects of severe cyclones causing loss of life and damage to infrastructure. Madagascar remains one of the world’s poorest countries, ranking 155 out of 187 countries in the United Nations Development Index (UNDP, 2014).

FIGURE 1: MAP OF MADAGASCAR

The country is vulnerable to natural disasters and has increasingly suffered the effects of severe cyclones causing loss of life and damage to infrastructure.
Madagascar has a population of over 22.3 million (UNICEF, 2013a) with a rich cultural diversity, united by the Malagasy language which is spoken in all 22 regions, along with some local dialects. According to the World Bank (2014) the population is predominantly young, with 43 per cent between the ages of 15 and 24, which has implications for employment opportunities. Despite its wealth of natural resources, indicators show that 88.1 per cent of the population subsists on less than $2 a day, with multidimensional poverty estimated to affect 15,774,000 or three quarters of the population (World Bank, 2014). This acute poverty impacts on malnutrition rates, which have increased to 58 per cent in the last five years (UNDP, 2014). Access to health services is limited, especially in remote areas, and is reflected in statistics such as high child mortality rates of 62 out of 1,000 live births dying before the age of 5. Cases of poliomyelitis, previously officially declared eradicated, are re-emerging because of the irregularity of vaccination programmes (WHO, 2014). Diseases such as pneumonia, malaria, and diarrhoea, caused by poor sanitation and lack of resources for basic needs, remain common and impact on child health.

The unconstitutional change of government in 2009 resulted in an unprecedented political crisis that lasted almost five years. This was reflected in a decrease in economic growth from 5 per cent in 2008 to 2.4 per cent in 2013 (World Bank, 2014), and had a highly damaging impact on all sectors in Madagascar. Insecurity threats increased, isolating entire villages and prohibiting access to schools, particularly in the Southern region of the country. The situation was exacerbated by the interruption of international development partners’ support to strategic programmes, including those in the education sector. Fortunately the process of stabilisation and recovery began with the presidential election of 20 December 2013, restoring a democratically elected government with the ‘fight against poverty through inclusive growth’ as its main objective. Its strategy is based around three pillars: improved governance, economic recovery, and expansion of access to basic social services (Government of Madagascar, cited by World Bank, 2014).

An overview of the education system

The Malagasy constitution stipulates that every child has the right to free primary education, and this is reflected in the government’s commitment to achieve the international Education for All (EFA) targets. The Ministère de l’Éducation Nationale (MEN) developed a first EFA Sector Plan in 2003, updated in 2005 and again in 2008, detailing ambitious reforms particularly in terms of curricula, participatory learning and pedagogic materials, and focused on reducing the numbers of children dropping out of school. During this period primary education witnessed a rapid and sustained growth, demonstrated by an increase from 3.6 million to 4.3 million children enrolled in primary schools. Funding for EFA initiatives supported the building of new primary public schools, and recruitment and training of new teachers and payments of subsidies for teachers recruited from the community by Parents Associations (FRAM). It also provided materials for pupils, school canteens and local funds for schools. The number of teachers increased from 8,300 in 2003 to 60,000 in 2010/2011, while the pupil/teacher ratio in primary school decreased from 60 to 42 (MEN, 2012).
The education sector paid a heavy price for the political crisis and the achievements towards EFA were compromised. The introduction of the new curriculum was only achieved in 20 school districts (CISCO) and not the full 114 covering the country. There was also a gradual depletion of financial resources allocated to education. With all but emergency donor funding suspended, the annual education budget fell from US$82 million in 2008 to $14.9 million in 2012. The government’s inability to recruit new civil servant teachers led to the imposition of school fees to allow for a further increase of teachers being recruited by parents’ associations (FRAM). A growing number of local community schools were created with financial support from parents’ associations or private individuals. At the same time, many poor households have become poorer, with children being required to contribute to family income or assist with agriculture or domestic work. This has resulted in a decrease in school enrolment rates at primary level (MEN, 2012).

With the stabilisation of the political situation, an interim plan 2013–2015 was developed by MEN in 2012, and a process of review initiated in 2014, with the involvement of stakeholders at all levels.

Structure of the Malagasy education system

There are four sub-sectors: pre-school, primary, collège and lycée under the umbrella of MEN. The education administration has been decentralised since 2000, with responsibility for operations being conducted through the 22 regions of Madagascar, respectively the Direction Régionale de l’Éducation Nationale (DREN); the Circonscription Scolaire (CISCO) at the district level; and the Zone Administrative (ZAP) at the commune level. These decentralised branches cover both public and private education institutions. In each school, teachers are supervised by a headteacher who receives regular pedagogic training and is in turn providing training to teachers. Pedagogic advisers also provide training and support to teachers (MEN, 2012).

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<th>Total</th>
<th>Average</th>
<th>Minimum</th>
<th>Maximum</th>
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<td>DREN</td>
<td>22</td>
<td>–</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>CISCO</td>
<td>114</td>
<td>5.3 CISCO per DREN</td>
<td>2 CISCO per DREN</td>
<td>9 CISCO per DREN</td>
</tr>
<tr>
<td>ZAP</td>
<td>1,591</td>
<td>14 ZAP per CISCO</td>
<td>2 ZAP per CISCO</td>
<td>32 ZAP per CISCO</td>
</tr>
<tr>
<td>Schools</td>
<td>35,747</td>
<td>22 schools per ZAP</td>
<td>2 schools per ZAP</td>
<td>45 Schools per ZAP</td>
</tr>
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</table>

Source: MEN, 2010
Pre-primary education

Pre-primary education remains the smaller sub-sector of the education system, involving just 3.6 per cent of the cohort-aged children in 2010/2011. The low enrolment rates reflect to some extent the lack of priority given to the education of young children by parents, as traditionally children of pre-school age would be brought up within the family and community, and this is compounded by the costs involved. However, it is an area of rapid growth, with the number of children enrolled increasing almost fivefold, from nearly 45,400 in 2001 to 207,000 in 2010, with an 18.4 per cent annual average increase.

The table above shows school census data from 2013/2014, indicating enrolment in private pre-schools to be more than twice that in the public sector. There remains limited capacity within the public sector to provide pre-primary classes. It also shows that the overwhelming majority of teachers are provided by FRAM, and are thus without any qualifications or training (MEN, 2014).

The table above shows school census data from 2013/2014, indicating enrolment in private pre-schools to be more than twice that in the public sector. There remains limited capacity within the public sector to provide pre-primary classes. It also shows that the overwhelming majority of teachers are provided by FRAM, and are thus without any qualifications or training (MEN, 2014).

Primary education

Malagasy is the language of instruction in both public pre-primary and primary schools from grades 1 to 3, when French is progressively introduced to become the language used from grade 4 onwards. However, many private pre-primary and primary schools use French throughout as their main teaching language.
In contrast to pre-primary, primary education is mostly provided by the public sector, with private schools accounting for 23 per cent of children enrolled. Primary schools operate through five grades for children aged 6 to 12 years. However, many children continue to enrol late and others repeat classes, resulting in many over-age children in school, especially in rural areas. A net enrolment rate of 69 per cent (INSTAT, 2013) indicates that almost one third of the children between 6 and 12 years are out of school. Whilst the school census of 2013/2014 revealed that the number of children enrolled in primary schools slightly increased compared to 2010, there continues to be a significant and increasing drop-out rate of 59.3 per cent. In addition, 23.5 per cent of those enrolled are repeating classes. These national averages hide wide disparities between richer and poorer socio-economic groups, and between regions. For example, the net enrolment rates for children from the poorest and the richest communities are 59.2 per cent and 95.5 per cent respectively. In the Southern regions, the primary school enrolment rate is estimated to be as low as 55 per cent. Extremely isolated rural areas and those with the poorest quality of education have the highest drop-out rates (d’Aiglepierre, 2012).

<table>
<thead>
<tr>
<th>TABLE 3: SCHOOL CENSUS INFORMATION FOR PUBLIC AND PRIVATE PRIMARY SCHOOLS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>--------------------------------</td>
</tr>
<tr>
<td>Total number of enrolled children</td>
</tr>
<tr>
<td>Repeating class children</td>
</tr>
<tr>
<td>Children in grade 5</td>
</tr>
<tr>
<td>Children succeeding CEPE</td>
</tr>
<tr>
<td>Children admitted into college</td>
</tr>
<tr>
<td>Number of classrooms</td>
</tr>
<tr>
<td>Number of schools</td>
</tr>
</tbody>
</table>


The reliance on untrained, FRAM-appointed teachers has reduced the teacher/pupil ratio to 1:44, but has resulted in a workforce with lower qualifications than the requirements (80 per cent of FRAM-appointed teachers do not have a teaching qualification), low pay and little job security. The government subvention allocated is less than $20 per teacher per month, and although this has not been available to all teachers in the past, the government has committed to extend this to all community teachers at primary level by the end of 2015. Government-appointed teachers at primary level follow a pre-service training programme at the National Institute of Pedagogical Training (INFP), or one of its regional centres, leading to the Certificat de Fin d’Études Normales (CFEN) and a Certificat d’aptitude pedagogique (CAP). With effect from 2015 the course has been extended from one year to two years, and 1,000 teachers will be trained (INFP, 2015).
There is an overall lack of resources, with 40 per cent of pupils not having a seat meeting the required standard, a chronic shortage of textbooks and many classrooms requiring renovation. Damage caused by cyclones also affects an average of 2,000 classrooms per year, and as reconstruction or repairs take time, the number of damaged schools increases every year (MEN, 2012).

All of these factors impact on learning and the evaluations conducted under the Programme for the Analysis of Education Systems (PASEC) in 1997/1998 and in 2004/2005, as well as by MEN in 2011/2012, show a continued decline in pupils’ performance since 1998.

It is generally recognised that the quality of the education in private schools is higher than in public schools (MEN, 2012). Traditionally, schools provided by the churches (Catholic, Protestant and Lutheran) are among those with the highest reputation. This is reflected in figures such as 75.4 per cent of children in private schools succeeding in public exams and 9.8 per cent being required to repeat classes. This will, of course, also be influenced by the socio-economic background of the children attending these schools.

**Lower secondary education**

Enrolment in college or lower secondary school is significantly lower than in the primary sector, and represents under a quarter of those that enrol in primary schools, as shown in Table 7.
A total of 20 per cent of children are without desks, only 23 per cent of schools have a library, and there is an average of three computers per 10 schools.

As in the primary level, learning conditions are difficult, especially in public schools because of the lack of infrastructure, equipment and furniture. A total of 20 per cent of children are without desks, only 23 per cent of schools have a library, and there is an average of three computers per 10 schools. The majority do not have any sports infrastructure and toilet facilities are widely insufficient.

The curricula reform envisaged in 1996 was not achieved, although the use of pedagogy by objectives (PPO) is witnessed. Pedagogic materials and textbooks for French, mathematics, and English have not been distributed since 2003, although some pilot colleges benefited from a new education programme and textbooks for grades 6 and 7 in 2008. 14 model colleges were built to specified technical, pedagogical and administrative standards in different DRENs. According to the EFA 2008 plan, all colleges should conform to these standards in the long run.

### TABLE 6: SCHOOL CENSUS INFORMATION FOR COLLEGES

<table>
<thead>
<tr>
<th></th>
<th>Public colleges</th>
<th>Private colleges</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total (Boys &amp; girls)</td>
<td>Girls</td>
</tr>
<tr>
<td>Total number of enrolled students</td>
<td>667,596</td>
<td>329,200</td>
</tr>
<tr>
<td>Repeating class students</td>
<td>119,141</td>
<td>57,309</td>
</tr>
<tr>
<td>Children in grade 9</td>
<td>156,667</td>
<td>75,159</td>
</tr>
<tr>
<td>Children succeeding BEPC</td>
<td>28,930</td>
<td>–</td>
</tr>
<tr>
<td>Children admitted into high schools</td>
<td>20,902</td>
<td>–</td>
</tr>
<tr>
<td>Number of classrooms</td>
<td>14,511</td>
<td>–</td>
</tr>
<tr>
<td>Number of schools</td>
<td>2,173</td>
<td>–</td>
</tr>
</tbody>
</table>


A reported 17.8 per cent of students in public schools repeat grades and just 18.5 per cent succeed in the public examination, BEPC. This compares with repetition rates in the private sector of 8.4 per cent, and a much higher success rate in BEPC of 43.3 per cent. Again, these disparities may reflect the socio-economic status of the children enrolled in the different types of school.

As in the primary level, learning conditions are difficult, especially in public schools because of the lack of infrastructure, equipment and furniture. A total of 20 per cent of children are without desks, only 23 per cent of schools have a library, and there is an average of three computers per 10 schools. The majority do not have any sports infrastructure and toilet facilities are widely insufficient.

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### TABLE 7: TEACHERS IN PUBLIC AND PRIVATE LOWER SECONDARY SCHOOLS (LSS)

<table>
<thead>
<tr>
<th></th>
<th>Public LSS</th>
<th>Private LSS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of teachers</td>
<td>24,752</td>
<td>20,924</td>
</tr>
<tr>
<td>Civil servant teachers (general payroll)</td>
<td>5,663</td>
<td>–</td>
</tr>
<tr>
<td>On contract (MEN payroll)</td>
<td>5,306</td>
<td>–</td>
</tr>
<tr>
<td>Teachers provided by FRAM (with subvention from MEN)</td>
<td>2,848</td>
<td>–</td>
</tr>
<tr>
<td>Teachers provided by FRAM (without subvention from MEN)</td>
<td>8,459</td>
<td>–</td>
</tr>
<tr>
<td>Ratio student/teacher</td>
<td>27</td>
<td>20.7</td>
</tr>
</tbody>
</table>

Table 8 shows that as in primary schools, large numbers of teachers are recruited by FRAM. Theoretically, teachers at lower secondary level are trained by INFP and hold a CFEN and a CAP for teaching in LSS (INFP, 2015). However, in practice 92 per cent of teachers do not have any professional qualifications. In-service training is provided by INFP or by pedagogic advisers, but these are severely restricted by shortage of manpower (MEN, 2012).

**Education provision for children with disabilities**

**Legal framework**

Law No. 97-044 of 19 December 1997 is considered a milestone as it laid the ground for other legal texts on the rights of people with disabilities. It clearly outlines the rights of people with disabilities to health, education, training and jobs, and to social protection.

Decree No. 2001-162 relating to that law was adopted on 21 February 2001, giving children and young people with disabilities the right to education in mainstream schools, and – depending on the severity of the disability – in specialised schools (chapter 2, article 17 – article 25). It is also stressed, in article 18, that physically and sensory-impaired children should be allowed equal access to all levels of the education system. Provision is made for standards in infrastructure to be set for mainstream schools to ensure the access of children with disabilities. The decree also emphasises the need to train specialised teachers to ensure quality education for children with disabilities. It envisaged the inclusion of specific modules in the curricula of teachers’ initial training. Further support mechanisms were planned to be set up in collaboration with other ministries.

Article 23 underscores that children with disabilities should participate in public exams and may be provided with specific measures to do so. Article 24 stipulates that children with disabilities are authorised to use typewriters or Braille and other special equipment. Finally, children with disabilities are not required to take physical education exams, upon presentation of a medical certificate, unless the candidate chooses to do so. This was followed in 2004, at the start of the decade for persons with disabilities, by six inter-ministerial decisions on implementation of the rights of persons with disabilities covering education, training, health, employment and social rights.

In September 2007, the Malagasy government signed the United Nations Convention on the Rights of Persons with Disabilities (CRPD). However, the ratification by the Malagasy parliament occurred only eight years later, in December 2014. Thus, Law No. 2014-031 pertaining to the ratification of the CRPD was adopted on 3 December 2014 by the Malagasy National Assembly and promulgated by the HCC according to decision No. 21-HCC/D1 of 10 December 2014.

Decree No. 2009-1147, pertaining to the general policy for inclusive education adopted on 9 September 2009 constitutes another milestone. It provides a definition of inclusive education – targeting children in vulnerable or marginalised households, including children with disabilities. The Title I of the decree...
underscores the rights of these children under age 16 to education in mainstream schools. It also details the main purpose of inclusive education, the responsibility of MEN, the targeted groups of children, and the different actors in play (local authorities, NGOs, religious communities, charity groups, health personnel, social workers etc).

The Decree also highlights the primary role of MEN in the design of curricula and in coordinating partners’ interventions. It pertains as well to the protection measures, the standards, the conditions of access, entitlement to pedagogic materials, pedagogic activities, identification, and conditions of enrolment. Under Title II of Decree No. 2009-1147, provisions are made for partnership, parents’ obligations, and interventions of partners. NGOs, associations, decentralised communities, social and specialised institutions are considered as state partners in the implementation of the policy of inclusive education. Title II also touches upon curricula and teaching modules, teaching structures, teacher training, follow-up and controls, and detailed procedures regarding official exams.

Article 7 states that children with physical, sensory or mental impairments should be provided with priority access to inclusive education, whilst Article 12 pertains to standards required for infrastructure to ensure access to school, and the provision of appropriate programmes, pedagogic materials and activities to ensure achievement once children are enrolled. Article 13 describes early screening of children to identify those in need of specific learning support in primary schools. Article 14 relates to the evaluation of children’s learning. It makes provision for specialised evaluation by professionals, and about the modality of exams which should take into account specific needs of children. Articles 18 to 22 detail the roles and responsibilities of relevant actors towards inclusive education, including parents, NGOs, communities, specialised institutions, as well as MEN and its decentralised offices.

The Evaluation Report on Inclusive Education 2010–2012 (MEN, 2013) acknowledges the need for further efforts to be made to implement the provisions of these existing legal texts, with collaboration and synergy of all actors involved in activities towards people with disabilities and more specifically towards inclusive education for children with disabilities.

**Education provision for children with disabilities**

Education for children with disabilities has historically been provided through specialist centres organised by the churches. In the last few years there have been a variety of initiatives piloting integrated classes and inclusive school programmes, which have suffered from the curtailment of donor funds during the crisis. The overwhelming majority of any type of provision is at primary level. MEN (2012) reports that 11.3 per cent of children with disabilities were enrolled in primary school, including all types of provision. These figures would indicate that 207,159 children remain excluded from school because of their disability (MEN, 2012).

**Specialist schools and centres**

The education provision for children with disabilities has historically relied on private initiatives, especially the Lutheran, and to a lesser extent, Catholic churches. In particular, the Malagasy Lutheran Church (FLM) has been very active
in providing education to children with hearing and visual impairments through specialised schools. It currently owns four schools and one vocational training centre for students with visual impairments, and seven schools for students with hearing impairments, mostly at primary level (MLC & FLM, 2015). A single facility for children with physical disabilities in Antsirabe (CRMM) initially provided education for children requiring medical care and long spells in hospital. Over its 60 years, it has now become a government primary school, although the infrastructure remains under the auspices of the Ministry of Health, providing education for 86 children with intellectual impairments, many of whom have physical disabilities. This includes children with cerebral palsy.

Support to persons with intellectual disabilities is relatively recent. From 1974 to 1999, only one private centre was operational, namely the Orchidées Blanches. Since 2000, a growing number of specialised centres have been created by private associations and local NGOs in different regions devoted to providing for those with intellectual impairments.

Information on the main centres is given below. Other specialised centres do exist but as records are not compiled or held centrally, or data collected, information regarding their coverage was not made available to this study.

<table>
<thead>
<tr>
<th>Specialised centres/schools</th>
<th>City/region</th>
<th>Enrolled children with disabilities</th>
<th>Type of disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>FOFAMA and six other Lutheran schools</td>
<td>Analamanga/Vakinakaratra</td>
<td>617</td>
<td>Hearing</td>
</tr>
<tr>
<td>FOFAJA</td>
<td>Antsirabe/Vakinakaratra</td>
<td>77</td>
<td>Visual</td>
</tr>
<tr>
<td>CRMM</td>
<td>Antsirabe/Vakinakaratra</td>
<td>86</td>
<td>Physical, intellectual</td>
</tr>
<tr>
<td>AKAMA</td>
<td>Antananarivo/Analamanga</td>
<td>180</td>
<td>Hearing</td>
</tr>
<tr>
<td>Orchidées Blanches</td>
<td>Antananarivo/Analamanga</td>
<td>118</td>
<td>Intellectual</td>
</tr>
<tr>
<td>ACBHM supported by Catholic church</td>
<td>Antananarivo/Analamanga</td>
<td>118</td>
<td>Intellectual</td>
</tr>
<tr>
<td>Akanin’ny Marary Maharivo</td>
<td>Ambositra/Amoron’i Mania</td>
<td>52</td>
<td>Physical, intellectual</td>
</tr>
<tr>
<td>Centre Sembana Mijoro</td>
<td>Antananarivo/Analamanga</td>
<td>31</td>
<td>Physical, intellectual</td>
</tr>
<tr>
<td>Foyer Tanjomoha (Vohipeno) with Catholic church support</td>
<td>Vohipeno/Vatovavy Fito vinany</td>
<td>Over 100 young people</td>
<td>Physical</td>
</tr>
<tr>
<td>CNFPPSH (professional training centre)</td>
<td>–</td>
<td>104</td>
<td>Physical, hearing, visual, intellectual</td>
</tr>
</tbody>
</table>

Source: Data provided by relevant specialised centres (2015)

**Integrated classes**

Integrated classes are separate classes within mainstream schools for children with moderate-to-severe intellectual impairments. The aim is for the children to follow a specialised programme of learning to meet their needs whilst having opportunities for learning and especially social interaction with mainstream students. Some classes also enrol children with physical or sensory impairments if...
no alternative placement can be found. Much of the work has been conducted with the support of Handicap International since 1999, and especially as a pilot project, in collaboration with MEN since 2008. As of 2010, 58 integrated classes were operational within 42 mainstream schools in 16 regions of Madagascar (Handicap International, 2010). Another NGO initiative by Reggio Terzo Mondo (RTM) also supported eight integrated classes for intellectually impaired children in Amoron’i Mania and Vatovavy Fitovinany. There are also a few integrated classes set up as private initiatives, according to the PFPH, but there are no available statistics.

Under the recent Handicap International initiative, teachers were trained regularly over three years and the mainstream teachers in the school were also provided some orientation training. According to Handicap International (2012) 356 children were attending integrated classes in the school year 2011/2012. The pilot has now completed and Handicap International has recommended that MEN take ownership of the programme along with responsibility for follow-up actions.

Inclusive education
Following the adoption of Decree No. 2009-1147, MEN developed a pilot programme of inclusive education with the support of UNICEF. It was anchored on three pillars:

• Strengthening the National Framework on Inclusive Education through technical support to MEN with a view to elaborate and implement the national strategy on IE
• Development of inclusive pedagogy and inclusion of children with disabilities in mainstream schools
• Planning of inclusion involving relevant actors (children with disabilities, parents, community, teachers) in the identification of children with disabilities.

A pilot committee comprising inter-ministerial and representatives of the PFPH was established to monitor activities, together with a technical committee aimed at promoting the culture of inclusive education at school and community level. Specifically, the technical committee sought to facilitate the enrolment of all children in schools in the community, to reinforce teachers’ competencies, and to improve piloting and monitoring of inclusive education activities at decentralised community levels. Out of the 22 regions, only two were targeted, Vakinankaratra, located in the central part, and Diana, in the Northern part of the country, with a total of 258 schools at primary level for 2010 and 2011. In addition to these two regions, pilot initiatives were also undertaken in the region of Analamanga (five public primary schools) due to the proximity with the capital, Antananarivo.

<table>
<thead>
<tr>
<th>DREN/region</th>
<th>CISCO</th>
<th>Number of targeted schools (2010)</th>
<th>Number of targeted schools (2011)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vakinankaratra</td>
<td>Antsirabe 1</td>
<td>10</td>
<td>16</td>
</tr>
<tr>
<td></td>
<td>Antsirabe 2</td>
<td>–</td>
<td>217</td>
</tr>
<tr>
<td>Diana</td>
<td>Antsiranana 2</td>
<td>15</td>
<td>–</td>
</tr>
<tr>
<td>Total</td>
<td>–</td>
<td>25</td>
<td>233</td>
</tr>
</tbody>
</table>

The pilot programme also targeted teachers’ networks in six regions to provide inclusive pedagogy training in 2012, as indicated in the table below:

<table>
<thead>
<tr>
<th>Regions</th>
<th>Networks</th>
<th>Teachers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diana</td>
<td>170</td>
<td>2,477</td>
</tr>
<tr>
<td>Androy</td>
<td>51</td>
<td>649</td>
</tr>
<tr>
<td>Analanjirofo</td>
<td>30</td>
<td>497</td>
</tr>
<tr>
<td>Melaky</td>
<td>26</td>
<td>312</td>
</tr>
<tr>
<td>Sofia</td>
<td>29</td>
<td>516</td>
</tr>
<tr>
<td>Atsimo Atsinanana</td>
<td>24</td>
<td>399</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>309</strong></td>
<td><strong>4,850</strong></td>
</tr>
</tbody>
</table>


The pilot programme on inclusive education had an important component on advocacy and awareness raising within the targeted regions on the right to education for children with disabilities. Sensitisation campaigns were conducted in 2011/2012 using a wide range of media with regular inputs, and the International Day for Persons with Disabilities was used to reinforce advocacy. These activities were constrained by the political crisis; however, as the situation returns to stability the process of reactivating the piloting and technical committee has started.

In addition, with support from Handicap International, inclusive education programmes have been implemented by local partners in 16 regions of Madagascar. According to Handicap International (2012), 327 children were enrolled in 36 inclusive schools for the school year 2011/2012 in the Itasy and Analanjirofo regions. Moreover, Handicap International and UNICEF supported 15 classes in the Diana region, thus making a total of 51 schools supported by Handicap International within the pilot project. Whilst these schools include children with disabilities in the mainstream classes, they provide for only one type of disability, and teachers are trained specifically to include children with visual, or hearing or physical or intellectual impairments. 184 teachers provided by FRAM in these inclusive schools were trained under the pilot. The pilot also provided medical screening, resulting in 320 children being identified as having some form of disability.

Children with disabilities in mainstream schools

The school census for 2013/2014 requested information from schools regarding physical and intellectual disabilities only. This has been refined for 2014/2015, to include visual and hearing impairments, but related data was not available at the time of this report. The following gives the situation of the enrolment in mainstream schools (public and private) in 22 regions as per information received from MEN for the academic year 2013/14.
According to the MLC/LMS report (2015), the inclusive education programme is offered in 15 Lutheran schools, and involves about 150 children. The MLC/LMS envisages extending its inclusive education programme to more Lutheran schools, making special schools such as AKAMA, FOFAMA and FOFAJA assume the role of centres of competence (MLC and LMS, 2015).
The study forms part of a wider regional study aimed at generating evidence on the status of the fulfilment of the right to education 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, and included:

- a total of 30 interviews with stakeholders at all levels including representatives of government, NGOs, civil society organisations and in schools and communities
- a total of seven visits to schools, NGOs or CSOs where interesting or promising practice had been identified by stakeholders
- consideration of four domains of barriers and bottlenecks: enabling factors, supply side factors, demand side factors and quality of care/provision factors.

The study examines 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 for children with disabilities.

The fieldwork in Madagascar took place from 19 to 30 January 2015 and the meeting schedule was set by the UNICEF country office. A full list of interviews, meetings and school visits undertaken is provided as Appendix 1 (page 66). 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 Madagascar. Questions were therefore selected from the guide set accordingly. 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. Further details regarding the methodology and the tools used can be found in the separate report on the subject. A summary of the data collected during the fieldwork is provided as Appendix 2 (page 67), 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

The study was naturally restricted by the available time and resources. With just a two-person team in country for ten days, school visits were limited to those identified as being active in providing education for children with disabilities. This means interviews were only conducted in two regions, and especially those where identified specific action towards the education for children with disabilities had been taken. The views are therefore not necessarily representative of the entire country. 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.

Despite covering a wide range of the different types of provision of education for children with disabilities in Madagascar, it was not possible for the study team to visit examples of all the many different pilot projects that have been initiated. The data collected should therefore be considered as a snapshot rather than a comprehensive representation of the various initiatives across the country.
Enabling environment

Knowledge of laws and policies

In interviews and discussion, the majority of respondents at all levels displayed no knowledge of the CRPD, with the exception of senior-level respondents in ministries and the PFPH. These respondents mentioned that there has been increased awareness since ratification of the Convention on 3 December 2014, and the Ministry of Population is supervising a cross-ministerial national inclusion development plan which was expected to be agreed in March 2015.

Beyond senior-level respondents within the Ministry there was little knowledge of any national education-related policies and laws. Many respondents said they knew there were policies and laws but did not know the content. The interviews and discussions also revealed that there is widespread confusion and lack of clarity in Madagascar about what inclusive education means, possibly as a result of many different pilot projects trialling different approaches and demonstrating different interpretations of the terminology. Whilst it is notable that, as part of Madagascar’s efforts towards the increased inclusion of persons with disabilities, the existing legal and institutional frameworks have been strengthened in the past few years, they have been insufficiently publicised and are not generally known.

As outlined above in Pre-primary education (page 20 of this report), there are laws and decrees referring to the right to education for all, notably Decree No. 2009-1147, but there is in fact no clear single policy that sets out the rights and entitlements to education for children with disabilities. Such a policy would not only articulate the principles and rights of children with disabilities, but would identify the barriers they face. It would mandate the fundamental practices expected in providing inclusive education, and establish the procedures and practices required to facilitate such practices. In the absence of such a policy, not only do the teachers and other workers within the system not have a clear idea of the requirements, but parents and the public also have no point of reference as to the rights to education for children with disabilities in case of any disagreement regarding their placement or entitlement to support.
The concluding observations of the Committee on the Rights of Children (CRC) at its 59th Session in 2012, with regard to the implementation of Decree No. 2009-1147 and inclusive education in Madagascar, raised concerns regarding widespread discrimination against children with disabilities. It recommended strengthening programmes and policies on inclusive education with a view to improving the access of children with disabilities to education. It also recommended the implementation of policies and programmes to combat inequalities in access to education, and stressed the need to foster an inclusive and tolerant environment in schools and other spaces for children. The Committee expressed particular concern about the situation of children with disabilities who are isolated in their homes, and about their particular vulnerability to abuse and their reduced access to appropriate healthcare services, and recommended awareness raising and improved access to healthcare (International Disability Alliance, 2012).

Respondents in this study at all levels mentioned the need for the rights to education for children with disabilities to be determined by a clear policy, including roles and responsibilities across the system. The policy must be widely disseminated and publicised through a variety of media. There needs to be a strong political will, as well as resources made available by the government and its partners towards supporting the implementation of such a policy.

**Definition and identification of disability**

Investigations online and in country did not reveal any formal system for the identification of children with disabilities, with the focus being on readily noticeable, visible impairments, particularly hearing, vision, intellectual and physical impairments. Respondents told us that the identification of children with disabilities in school tends to rely on parents informing schools on or after enrolment, and to a much lesser extent teachers notifying parents of difficulties. However, interviewees generally agreed that parents of children with mild or moderate disabilities would try to hide their child’s disability if enrolling their child in a mainstream school. Many do not take their children to school because they fear their child will be rejected. It was acknowledged at all levels in the education and health systems that there may be children in school who have a disability that is undetected, especially specific learning disabilities and mild intellectual difficulties caused by poor nutrition, poor birth conditions, lack of stimulation etc.

Representatives of the Ministry of Health explained that there is a plan for a system to improve the identification of disabilities at birth through the existing network of health centres. Community-based rehabilitation (CBR) programmes in the health centres will raise awareness and support attitudinal change. It is anticipated that the national plan for inclusion will include doctors working with schools for early identification of children with disabilities. There is currently no screening system in place to identify any disabilities in the early years, only general health checks. Many children do not have health records as there remain a significant number of births not attended by medical practitioners, and even among those that are, many continue not to be taken to clinics to undertake such health checks.

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 most countries are moving away from medically-based models of identification of health conditions and impairments, which located the difference in the individual, towards interactional approaches within education, which take into consideration the environment, consistent with the International Classification of Functioning, Disability and Health (ICF) (WHO, 2013). 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 difficulties in access to education and 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. In focusing on types of impairment, there is an implicit assumption that each type has specific health, educational, rehabilitation, social and support needs. However, two individuals with the same impairment may have very different experiences and needs, and therefore diverse responses are required.

According to the interview data the integrated class teachers have been provided with an assessment tool which they use to assess a child’s level of capability on entry to the class and to monitor progress. The results of the assessment are used to plan and inform the individual programme of learning for the child. Some respondents suggest this could potentially be adapted and used by mainstream teachers should they have a concern about a child in their class. The need for clarity on the identification of children with disabilities and the necessary tools for assessment was stressed, however. The need to develop an early diagnosis strategy at community level and the provision of early intervention was also mentioned.

Data collection and availability of information
Partly due to the lack of clarity regarding identification of children with disabilities outlined above, coupled with discriminatory attitudes towards disability, there is a dearth of reliable data on the numbers and types of children with disabilities. Given the recent political circumstances in Madagascar, this is not surprising and is in keeping with many developing country contexts, where children with disabilities continue to be invisible in data and therefore overlooked in initiatives to include out-of-school children in education (UNESCO, 2013).

Information regarding people with disabilities is not collected in the national census. The annual school census currently only collects the numbers of children with physical and intellectual disabilities, although from 2015 this was to be extended to include those with hearing and visual impairments. House-to-house surveys and school mapping show there are children with disabilities not attending school, but it is widely recognised that many parents continue to be reluctant to admit they have a child with a disability and therefore these are not necessarily reflecting the full extent of the numbers involved. Both the school census and school mapping are limited to the identification of children
with visible disabilities, and obviously open to interpretation of what constitutes a disability by the observer. ‘Other children’ were reported as being used to identify children with disabilities in their community to map children out of school. Information on the school census is completed by headteachers who rely on information from parents, ‘other children’ and teachers to do so. 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 limited. Data on all aspects of disability including contextual factors are important for constructing 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 acknowledged prevalence of disability, and of different types of disability, varies greatly between developing countries but is generally recognised to be under-reported (WHO, 2011). 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 countries are underestimated. However, the public institutions, through the initiative of MEN, started to be involved in developing the concept of inclusive education through the EFA initiatives in Madagascar in 2000. At the time, a study conducted by MEN Pedagogic Research and Study Unit (UERP), and supported by the UN system, estimated 7.7 per cent of the population under the age of 20 have a disability (United Nations, 2000). This compares favourably with the WHO (2011) estimate that approximately 5.1 per cent of the population aged 0–14 years 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. The same report emphasises that not all children with disabilities require any special provision or support in their learning, and that many children with disabilities could participate in mainstream education with few or minor adaptations.

In Madagascar, data suggests that the majority of children with disabilities enrolled in school are those with mild hearing or physical impairments. Children with visual or mild intellectual impairments are more likely to drop out of school, while those with severe disabilities are more likely to never enrol. The severity of disability is significantly higher in children who have never been to school compared with other children with disabilities. Those who have never been to school have also made fewer medical visits than children with disabilities who have been to school (UNICEF, 2012).
Table 12 shows that a significant number of parents consider their child’s disability to be a result of witchcraft.

The same UNICEF report stressed that the number of enrolled children with disabilities represents just 0.62 per cent of overall enrolment, and only just over one tenth of children with disabilities are enrolled, representing a little less than a fifth of those children excluded from primary education. It is clear from the data collected by EMIS in the school census provided in *The Madagascar context,* (from page 17), that the total number of children with disabilities enrolled in both public and private schools of 10,986 falls very far short of the estimated total number of 6.4 per cent (or even 5.1 per cent) of the school-aged population with disabilities.

Respondents at all levels in this study mentioned the lack of data, at both national and local levels, on the numbers and characteristics of children with disabilities, their support requirements and their use of local service provision. It was evident that there was also an absence of accurate information on the different types of education provision and services for children with disabilities. Respondents felt the availability of such data to be a prerequisite to the planning and delivery of effective services. There is therefore an urgent need to strengthen national and regional data on children with disabilities and their inclusion in the education system.

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

The inter-sectoral piloting committee for the inclusive education activities under MEN has been suspended since 2012, but has recently been re-established. This has representatives from Ministries of Health, Education Youth and Sport, and Population together with development partners, and the PFPH.

It was acknowledged in interviews with stakeholders in both government and non-government positions that there is a lack of coordination between private special schools and centres, projects supported by NGOs and INGOs, and

### TABLE 12: CHARACTERISTICS OF CHILDREN WITH DISABILITY

<table>
<thead>
<tr>
<th></th>
<th>Enrolled in school</th>
<th>Dropped out of school</th>
<th>Never enrolled in school</th>
</tr>
</thead>
<tbody>
<tr>
<td>Girls (%)</td>
<td>48.3</td>
<td>51.6</td>
<td>38.2</td>
</tr>
<tr>
<td>Age</td>
<td>11.3</td>
<td>12</td>
<td>11.7</td>
</tr>
<tr>
<td>Birth order among siblings</td>
<td>2.5</td>
<td>3.1</td>
<td>2.8</td>
</tr>
<tr>
<td>Number of health concerns</td>
<td>1.8</td>
<td>1.5</td>
<td>1.4</td>
</tr>
<tr>
<td>Medical visit</td>
<td>49.6</td>
<td>73.4</td>
<td>25.7</td>
</tr>
<tr>
<td>Born with disability (%)</td>
<td>26.1</td>
<td>27.1</td>
<td>50.4</td>
</tr>
<tr>
<td>Result of early childhood illness (%)</td>
<td>21.6</td>
<td>39.7</td>
<td>13</td>
</tr>
<tr>
<td>Result of trauma (%)</td>
<td>12.3</td>
<td>17</td>
<td>6.8</td>
</tr>
<tr>
<td>Result of harmful environment (%)</td>
<td>0</td>
<td>0</td>
<td>10.6</td>
</tr>
<tr>
<td>Result of witchcraft (%)</td>
<td>1.8</td>
<td>9.1</td>
<td>11.4</td>
</tr>
</tbody>
</table>

Source: UNICEF, 2011
initiatives in mainstream schools. A recent agreement with MEN has identified 68 specialist teachers in special schools, 33 of whom have now been taken onto the government payroll. These teachers will continue to work as before, in the same private special schools, with no specific commitment to support government initiatives for children with disabilities. Whilst respondents at all levels appreciated the involvement of NGOs in the provision of education for children with disabilities, they felt that this had resulted in many pilot projects all taking a different short-term approach and not always with sustainability. Even though the INGOs do maintain a platform committee to share experiences, they are aware that there may be some overlap in their activities and duplication of effort.

Parents of children with disabilities considered there is little support available to them or their children. They also expressed concern over a lack of continuity in NGO programmes, as they are reliant on funding and must move, change or close according to the availability of donor funding. The difficulties of constantly changing their programmes in response to donor priorities to access funding, and the challenges of providing short-term programmes to meet these requirements were also mentioned by the NGO respondents. Examples were mentioned by interviewees of education and health officials receiving training under various projects to identify children with disabilities and decide on an appropriate placement, but when the project stopped the trained officials no longer continued to conduct such assessments. The overall response from the data collection in country suggested that provision is somewhat ad hoc and insufficient to provide for the needs of children with disabilities in school.

In interview, stakeholders felt that there was a need to create a unit or department responsible for inclusive education within MEN to strengthen the coordination of the different actors involved. They also stressed the need to map the provision of existing special schools and centres, and for NGO interventions to have a clear picture of coverage. This would help to highlight districts that have not benefited from project interventions and identify needs. The need to ensure that, going forward, all projects are contributing to and supporting the implementation of the government plan on inclusive education was also highlighted.

Supply-side factors

Entitlement to placement, resources and support
As mentioned earlier in this report, there is currently no system in place for the identification or placement of children with disabilities. According to respondents at all levels, children with disabilities are taken to be enrolled in special classes and schools directly by parents or other community leaders. It was felt that many parents continue to be reluctant to take children with disabilities to enrol in mainstream school as they fear they will be rejected. The MEN pilot inclusive education programme started the move for mainstream schools to become more inclusive, especially through encouraging the enrolment of all children in schools in the community. Prior to its suspension in 2012, the activity had been conducted in 258 schools in two regions.
Parents of children with moderate or severe intellectual or sensory impairments explained that they can enrol their child directly in a special school or class without the need for a referral from a mainstream school, although a doctor’s certificate may be required. Most of the provision, however, is private and fees are incurred. However, the special residential schools for children with sensory impairments provided by churches are based on charity. Parents pay a small amount towards their child’s lodging costs. These schools all have long waiting lists and acknowledge that many children with disabilities remain out of school.

The integrated classes visited were over-subscribed, and teachers may be alone with up to 18 students of mixed ages all with very different disabilities. Teachers reported that they enrol children with hearing or visual impairments, even though the class is targeting children with intellectual impairments, because there are insufficient places in special schools, or because parents cannot afford the fees to send them there.

It was widely acknowledged in the interviews and observations that schools tend not to recognise children with learning difficulties, and most respondents did not know of any non-visible types of disabilities. Many respondents at all levels thought schools did not consider children with disabilities to be their responsibility and could refuse enrolment without any question. Respondents within the education sector understand there are children with unrecognised disabilities and consider these as likely to be children that repeat the same class several times, and do not progress through the school system. It was also acknowledged that it is the exception rather than the norm for mainstream schools to accept children with any physical disabilities. Parents reported trying to hide any physical impairments of their child in case schools refuse their enrolment.

The integrated classes established as INGO initiatives within mainstream schools appear to operate in isolation from the rest of the school, and have a lack of resources. One class visited had been moved from their designated classroom as the mainstream classes required more space. They were far removed from the rest of the school and received no resources or support. The children had no interaction with the other children in the school.

Inclusive schools set up through NGO projects focus on the inclusion of children with one type of disability only, so do not embrace inclusive education in its usual sense, and children may have to travel long distances to attend. Teachers are trained specifically to teach children with hearing, visual or intellectual impairments and are not provided with strategies for teaching a wide range of abilities, or how to improve and ensure inclusion for every child in the locality of the school. These programmes are all at primary level only and there is no provision at secondary level.

The large number of pilot projects that have been conducted over time in Madagascar means there is now a lack of clarity as to exactly what is meant by the different terms being applied and to different types of placement. This is especially true of inclusive education. The financial support to programmes relating to children with disabilities is uneven and is often reliant on donor-funded projects which may not be sustainable for continuation by the government. There is a lack of specialist support and equipment or assistive devices.
Disparities in provision by gender, age, geography or type of provision

Overall, during fieldwork visits there was a noticeable absence of provision for children with disabilities at secondary level. The vocational training centre (CNFPPSH) provides some initial training for children at secondary level in three centres in Antananarivo, Mahajanga and Toliara. Students with visual, hearing, intellectual and physical impairments are then supported in inclusive classes. Those with severe intellectual impairments continue at the centres in a special class.

The special centre for children with visual impairments in Antsirabe (FOFAJA) supports children to attend mainstream school at secondary level whilst continuing to board at the special centre. There is no recorded difference by gender.

There is one special school in Antananarivo providing pre-primary, primary and secondary provision for children with hearing impairments, but very limited places. The school informed the research team that one student had succeeded to university but then dropped out because of lack of support and inclusion there. Very few children from the regions outside Antananarivo attend because of the expense, the distance from the family and the attitude of parents to education for children with disabilities. Teachers with specialist training commented that it is assumed they have knowledge about all types of disabilities, although they have been trained to teach only either visually or hearing impaired children.

Inclusive schools developed so far under various projects found that resistance from teachers dissipated once the project started and children with disabilities were enrolled. Teacher commitment developed as they became more experienced and confident. There remains some reluctance by the district authorities to take responsibility for project initiatives, with project support especially being required for teacher training activities.

In some cases, researchers were told that integrated classes for children with intellectual impairments cannot take all students that come to enrol and if they do not respond and progress in class they are asked to withdraw to make space for others. There is no other placement available, and children may stay in these primary classes until they are 18 years old. Some classes receive the support of foreign donors, which provide extra teachers and resources. Teachers may have opportunities to go abroad for training, or the support of an overseas teacher in the classroom. Those that do not have such links are reliant on the teacher to provide resources and manage the class. One such class has become so overcrowded that the teacher has been forced to split them into two groups. Each group attends class every other day, except on a Friday when they all attend.

Accessibility to school and within school

Many respondents in this study mentioned difficulties in travelling to school. Special placements may not be in the child’s locality and often involve long journeys from home to school. Lack of availability of transport, the time required for travel and the costs involved all influence parental decisions on whether a child with a disability can attend school. For some parents, the distance and time involved means they cannot continue to work if their child attends school.
It was reported that some families from outside the region choose to rent accommodation near CRMM in Antsirabe, as it is the only government centre in the country for children with physical and intellectual impairments. One parent stays with the child while the other continues to maintain other family and work responsibilities in their home region. For many parents, this is obviously not an option. Some private schools provide transport for students to attend. The special schools provided by the churches have some boarding placements for children with visual and hearing impairments, but this not only removes them from their family, but also from their local community.

There is a big contrast between the conditions in government schools and those observed in the private sector. Government schools are generally in very poor condition, with schools lacking resources for regular maintenance and upkeep. Classrooms observed were dark, dirty, had holes in the floor and poorly maintained and inappropriate furniture. They have generally not been built with any accessibility standards in mind. The integrated class observed in a government school is situated at the furthest point on the campus from the water supply, and a long distance from the latrines. The building is external to other classes in the school, and is accessed by several flights of poorly maintained steps. The teacher has to carry water long distances to the classroom every day for the children to wash their hands, and maintains a bucket in the classroom for student’s toilet use as she cannot leave the class unattended to supervise visits to the latrines:

‘I think this is humiliating for the students and for me, but what can I do? I cannot find any alternatives. One of my students has a medical problem and needs to use the bucket at very regular intervals (at least once an hour).’

Researchers also observed that one child in the class has mobility difficulties and will soon be too heavy to carry up the steps each day. This is in contrast to another integrated class that has direct support from overseas and, although housed separately from the mainstream classes, has a separate accessible latrine provided by Water Aid. Ramps have also been built to enter the class.

In rural areas, lack of specialist provision coupled with greater social interaction means children with disabilities are more easily found. Following an awareness-raising campaign the numbers of children with disabilities enrolling in school doubled. However, teachers in mainstream schools do not consider children with disabilities should attend their classes because they lack basic resources such as benches, space, textbooks and learning materials, along with the difficulty in changing the language of instruction to French at G4. There is a widespread assumption that all children with disabilities would have severe learning difficulties.

Teachers who participated in this research especially considered children with intellectual impairments should not be admitted to their classes as they felt that such children require small class sizes, a curriculum suited to their needs based on life skills and basic functions, and teachers who have been trained and can adapt to their needs.
There are no guidelines or formal regulations in place to ensure children with disabilities can access national exams. Some students may need extra time, equipment or other resources to be able to complete the paper. Difficulties with the translation of the paper into Braille were mentioned, with the translation taking place during the examination time, thereby reducing significantly the time allowed for the students’ responses. Students have to write their responses on a typewriter, as if they used Braille it would need to be translated before the markers could read it, raising problems of accuracy and mistrust. This means they not only are working on unfamiliar and outdated machines, but cannot review their answers as they cannot read what they have written. Other examples were given of individual students being allowed to use a computer or take the exam orally where they had difficulties in writing. These were considered very much to be the exception to the rule and one-off occurrences.

Teacher training and professional development
Interviews and focus groups also revealed that the capacity building of teachers was a pivotal component of the MEN inclusive education pilot programme. With UNICEF support, a general module on inclusive pedagogy was developed, together with specific modules relating to teaching children with hearing, visual, physical and intellectual impairments. A total of 23 central INFP trainers were involved in developing the initial training curricula and a coordination workshop to elaborate the four specific modules was held in February 2012, attended by specialised institutions, such as Orchidées Blanches, FOFAJA, Merci, FOFAMA, AKAMA and the PFPH. This also involved developing a strategy relating to the development of a plan for each module and the way forward. The initial module has not been implemented as INFP does not have any specialist trainers. The diploma course for mainstream teachers therefore does not include inclusive education as yet. The strengthening of INFP and provision of training for trainers are identified needs. Training of INFP trainers was planned for 2013, but circumstances prevented implementation.

Under the pilot programme for inclusive education catering for specific disabilities in one school, teachers were trained for three weeks if including children with hearing or visual impairments in their schools, and one week for those teaching children with intellectual or physical impairments. Respondents found the training useful but it was not continued or followed up. It also focused on the causes and difficulties of the disabilities, rather than providing them with specific strategies for teaching.

Handicap International provided integrated class teachers with four weeks’ training per year for three years to teach children with intellectual impairments. Some support and follow-up visits in class were provided, but as the project is now completed this is no longer happening. Teachers now responsible for the classes are concerned about what will happen should they become ill or retire, and about the future for the students, as no teachers are being trained to replace them. When an integrated class started all the teachers and the headteacher in the mainstream school were given initial orientation training, but as teachers moved on there was no repeat or follow-up. This means in schools with integrated classes the mainstream teachers do not have any background relating to the inclusion of children with disabilities.
The Malagasy Lutheran Church (FLM) provides a special two-year pre-service training course for teachers of children with visual or hearing impairments in specialised schools, and a nine-months in-service course for teachers of children with hearing or visual impairments operating in mainstream schools. Candidates for the latter must be qualified teachers and already teaching in Lutheran church supported schools. This training programme is conducted in the special centre with follow-up support for the teacher on return to their mainstream school. As the only specialist provider in Madagascar for teaching children with hearing and visual impairments, the FLM is hoping to open a new centre that will provide training for teachers in non-Lutheran schools in the near future.

In-service training opportunities are limited to days provided by the pedagogic adviser and are mostly focused on general updates and curriculum issues. Training was mentioned as a priority by all respondents at all levels, and especially as the majority of FRAM teachers are untrained.

‘Teacher training must be a priority. The training modules need to be simplified and made more general rather than focusing on one type of disability. It should be in Malagasy as it is easier for FRAM teachers to understand.’ (Government official)

In order to move the system towards being more inclusive, and for teachers to fulfil their responsibility to provide the best teaching and learning opportunities for all children, it is clear that teachers need to be provided with opportunities to learn new methodologies, and practical strategies to identify and remove the barriers that some children face in learning. Concerns were raised that teachers are not adequately prepared or supported to teach children with disabilities. It is important to remember that teaching does not guarantee learning. Teachers need to continuously monitor the levels of learning that are taking place for all students, and provide opportunities for them to practise and consolidate their learning.

A recent review of the evidence on inclusive education found:

‘... teacher attitudes, confidence, knowledge and expectations in relation to teaching girls and boys with diverse learning needs, are inextricably linked and can be affected, both positively and negatively, by pre-service and in-service training, by teaching experience, and by social and cultural values’ (Howgego et al., 2014).

The same review cited five strategies for training, recruiting and supporting inclusive teachers:

- ensuring that all teachers receive training on inclusion in their initial teacher training
- balancing theoretical understandings of inclusive learning with practical experience
- ensuring that teacher trainers have a good grasp of inclusive principles
- involving people with disabilities in teacher education processes
- recruiting a diverse range of people as teachers.
Training and capacity building for non-teaching staff/officials

Some respondents explained that orientation training has been provided for DREN and CISCO officials operating pilot project activities. FLM special centres offer sign language training to parents, teachers and other interested personnel. The International Day for People with Disability is celebrated and used as an awareness-raising activity.

Officials recognised that in the move towards increased inclusion in mainstream schools it will be important to provide training for INFP trainers, and especially to enable them to deliver training for trainee teachers to reflect best inclusive practice in the classroom.

It is clear that any change in teaching practice will not happen without sustained teacher training and support to transfer that training into regular classroom practice. This can only be brought about by systematic quality improvement through training and support from all levels within the system. Teachers require ongoing professional development beyond their initial training, and for many without that initial training, it is even more important. There also needs to be support from all levels within the system to ensure teachers are supported to fulfil their role and ensure all children are learning to their full potential. Headteachers, pedagogic advisers and inspectors will therefore also need training to support the implementation of inclusive education and provide support, advice and strategies for teachers in the classroom. Studies highlight the importance of developing professional staff at all levels to support teachers, including providing opportunities for officials to increase their understanding and capacity to imagine what might be achieved, and increasing their sense of accountability for bringing this about. This may also involve tackling taken-for-granted assumptions, especially in relation to expectations about certain groups of students, their capabilities and behaviours (Ainscow and Miles, 2009).

Availability of technical support and specialists

Interviews also revealed that the inclusive education plan had provided for the private specialised centres and schools such as FOFAMA, FOFAJA, AKAMA, Orchidées Blanches and others to be used as resource centres and to support other schools and teachers to include children with disabilities in mainstream schools. This support could be in the form of direct support to teachers, or the provision of specialist teachers as an outreach service or provision or loan of equipment. At the moment this is limited to the activities being undertaken by FLM within schools supported by the Lutheran Church. Some teacher training is provided by private sector special provision for children with intellectual impairments.

Sign language interpreters have been provided through an NGO supporting the inclusion of children with hearing impairments in a private school.

As outlined earlier in this report, the national plan for inclusion includes health workers providing early intervention through CBR programmes in health centres, and doctors working with schools for early identification of children with disabilities. Formal training of social workers has notably improved through national specialised centres, such as the Superior Institute for Social Workers (ISTS), and the Professional Training Unit in Social Work and Development recently created at the University of Antananarivo.
Many respondents, especially parents of children with disabilities and teachers in specialised centres mentioned the general lack of specialists to support teachers and to support the assessment and identification of children with disabilities, such as educational psychologists. There is also a shortage of therapists for children to be referred to for specialist intervention beyond school programmes such as physiotherapists, occupational therapists, speech therapists etc.

**Demand-side factors**

**Cultural issues, attitudes and expectations**

Respondents at all levels highlighted that disability continues by many in Madagascar to be considered evil, bad fate or the result of witchcraft, and that children with disabilities are often hidden within the home by their parents. It remains culturally difficult for parents to admit their child has a disability, considering it a shame on the family. References were made to parents of children with disabilities considering their child unable to learn and therefore not thinking it worth investing in their education. Some do not understand their child’s disability and are reluctant to recognise and acknowledge the problem. Special centres find it common for children with hearing impairments not to be brought to enrol until they are 12 or 13 years of age. They think this may be because the child has become frustrated by being unable to communicate and is becoming difficult to manage. Reports indicated that children with intellectual impairments, particularly, may be neglected. Some parents admit to avoiding being seen with their child in public and may not attend church or go on public transport with them. Many children with disabilities are not identified or counted. It was widely reported that as children with disabilities are often subject to mockery and abuse by other children and adults, parents choose to keep them at home to protect them and to avoid them being the object of such behaviour. It was clear that the rights of children with disabilities to education are not understood, and mainstream students and their parents are not always welcoming, and neither are all teachers and headteachers. Mainstream teachers do not consider the education of children with disabilities to be their responsibility and think children with disabilities should be educated in special classes or schools, even if they have no special learning requirements: ‘They would be too difficult and time consuming. We already have large classes and they would disrupt the learning of the other children.’

These views are supported by a study (UNICEF, 2012) which found that nearly 17 per cent of students feel uncomfortable with the idea of sitting next to a child with a disability and 10 per cent believed disabilities to be contagious. Many parents of children with disabilities who are out of school perceive school as not suitable for their child. Mockery, physical aggression and emotional abuse were found to be frequent, with abuse by other children being one of the main causes for children with disabilities dropping out of school. The study also highlighted the negative attitude of some parents of children in mainstream schools who did not accept that children with disabilities could be in the class with their child. Many parents still consider that disabilities could be contagious and that some children with disabilities bring bad luck.
Ministry officials recognised the importance of collaboration with organisations that support people with disabilities for advocacy and awareness raising. A campaign held during the pilot for inclusive education in 2011 was particularly successful because of this collaboration, and the numbers of children with disabilities in schools were found to increase significantly.

The special schools and centres conduct awareness programmes every year to encourage new parents to bring their children to school. The boarding schools visited all reported that some children are rejected by their families, but they maintain a rule that all children must go home during the school holidays. Some parents do not provide the funds for transport for the child to return in the holidays and the school then has to pay. The schools consider it to be important for children to maintain contact with their families and communities. They find that after the child has been at school some families experience improved relations with their child when they see that they can achieve and learn.

It was widely agreed among most respondents that there is a great need for a sustained inter-ministerial awareness campaign, using all media and at all levels from national to community, to change attitudes and break down the stigma associated with disability, to inform parents of the rights of children with disabilities to education, and to encourage them to enrol their children in school. The ingrained attitudes and stigma necessitate strong sensitisation and mass education strategies.

**Participation of children with disabilities and their families in decision making**

It was clear that there is no formal decision-making process regarding placements and it is up to the parents to enrol their child directly in special provision if they can afford to do so, and if a place is available. It is notable that many parents of children in special placements do not want their children to be mainstreamed. They consider the quality of provision and care is better in a special class or school. Some suggested they would keep their child at home rather than send them to a mainstream school.

Parents mentioned that they have few opportunities to be involved in their child’s education and are not kept informed of progress or how they could support their child. They feel they can only be involved through school committees. They are only informed if there is a problem such as with behaviour or lack of materials (i.e. stationery). However, teachers reported that many parents do not attend meetings when called and felt that parents do not want to be involved. They think parents do not consider they have a role to play in their child’s education and that it is the school’s responsibility.

Schools for children with hearing impairments offer free training for parents in sign language and this is recognised as being very helpful, as parents struggle to communicate with their child and understand his/her difficulties. The schools find, however, there is little uptake from the parents to attend these courses with the majority of places being taken by teachers and other interested professionals, who have to pay.

The private school for children with intellectual impairments ensures parental involvement by their engagement in one of four committees as part of the overall commission of the school, as a condition of enrolment. Students are enrolled on
a trial basis and parents must fulfil their responsibility to the committee, meet the
teacher regularly and work with the child at home on the programme that is being
conducted in school to ensure progress. Only children whose parents fulfil these
conditions are able to continue at the school.

Community involvement in support of education for children with disabilities
The community supports the engagement of FRAM teachers. Organisations for
Persons with Disabilities such as the National Federation for the Deaf, and NGOs
such as Merci, and Farimbon' Antoka amin'ny fampandrosoana ny Sekoly (FAF)
provide support and resources such as sign interpreters to students with disabilities
to attend mainstream school.

Community and local businesses are active in fund-raising for private special
schools such as Orchidées Blanches.

Quality of provision/care
According to the information seen during the fieldwork visit, the MEN pilot inclusive
education programme appears to have been successful in increasing the numbers
of children with disabilities in mainstream schools, but the enrolment rates of
children with disabilities overall remain very low. Despite specialist centres and
different project approaches, options for children with disabilities remain few and
far between, with those that are available being mostly in the private sector, and
thereby exclude the poorest children. Access for children with hearing or visual
impairments is generally limited to the few places available in special schools, apart
from some small-scale initiatives and pilots through NGOs supporting the inclusion
of these children in mainstream schools. Children with intellectual impairments
have very limited options in the private sector or integrated classes. With such
limited options, there remains a great insufficiency of specialised placements.

While mainstream schools continue to generally refuse enrolment and teachers are
reluctant to admit children with disabilities into their class, many children with
disabilities remain out of school even if their parents do try to enrol them.

Teaching and learning
Public schools are very poorly maintained and lack even basic resources.
Respondents felt that the quality of support for children with disabilities is better in
the segregated sector and there seems to be more emphasis on learning. This was
reflected by observation. Teachers in the special centres are provided with more
support and training than teachers in the public system.

Teaching and learning materials
The private special centres or schools appeared to have greater resources than the
public schools, and some are sponsored and supported by overseas connections.
They therefore have some specialist equipment, according to their specialism.

In mainstream classes all learning materials appeared scarce, with many children
not having access to textbooks – this was also confirmed by respondents. There is
no representation of children with disabilities in textbooks, nor, from respondents’
reactions, does it seem to be something that has been considered. The integrated
classes visited varied greatly in the resources they had available. One class was
sponsored from Europe and received expertise in the form of volunteer teachers,
teaching and learning resources and financial support for an additional teacher. 
This compared to another class visited where the teacher worked alone with 
no support and felt that the integrated class was a low priority in the school. 
Resources were always given to the mainstream classes first. There are no specific 
materials for special programmes such as speech training.

‘In the beginning I received resources from the project but these are not being 
replaced and no new ones are coming. The children need to over-learn the 
concepts with different activities. They become bored doing the same thing 
as they have a short attention span and it’s difficult to maintain their interest. 
I find things that are suitable in the market and also make my own materials, 
but these are at my own expense and I do not have money to spare for this.’

Curriculum flexibility
Special schools explained they were able to adapt the curriculum to the needs 
of their students. The school for children with hearing impairments in Antsirabe 
focuses on language, speech training, vocabulary, sound exercises, sensory 
development, sign language and life skills during the first three years. Children 
then follow the primary school curriculum. All children take CEPE after nine years 
at school irrespective of their age on entry. Vocational training is an option instead 
of secondary schooling.

Schools and classes for children with intellectual impairments do not follow 
the regular curriculum and children work on their own programme of skills 
development based on the results of an assessment checklist.

Teaching methodologies
Parents of children in special centres and classes expressed satisfaction with 
teaching methodologies and activities. Despite the lack of resources and difficult 
circumstances in some special classes observed, in special settings the children 
were mostly engaged in a range of activities targeting their particular needs. 
At CRMM the apparent lack of resources, coupled with very poorly maintained 
classrooms made teaching and learning extremely difficult. Anecdotal evidence 
suggests teaching in mainstream classes continues to be very traditional and is 
based on teaching the curriculum rather than teaching the child. It was mentioned 
that in mainstream schools some children drop out because of inappropriate 
teaching methodologies and the approach of teachers. When a child is succeeding, 
their continuation and retention in school depends on the next teacher being 
responsive to their needs. Not all mainstream teachers are supportive and students 
become demotivated.

There is a need for inclusive education to be seen as an integral part of quality 
 improvement, with teachers fulfilling their responsibility to provide the best 
teaching and learning opportunities for all children, supported by practical 
strategies to identify and remove the barriers that some children face in learning. 
Especially in the absence of support systems for children with disabilities, it is 
important that teachers are provided with the knowledge to set appropriate 
learning targets and avoid as far as possible identification and forms of labelling 
that have led to segregation. Difficulties in learning are likely to be related to one 
of the following broad categories:
• physical or sensory difficulties
• cognitive and learning difficulties
• communication and interaction difficulties
• behavioural, emotional and social difficulties.

It is important also that teachers can distinguish between those children who 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.

Teachers need to be made aware that assessment practices can facilitate or hinder inclusion. The World Report on Disability suggests that streaming by ability and focusing on academic attainment promotes exclusion, while mixed ability and multi-grade teaching has the potential to be more inclusive. Multi-grade teaching approaches, which may already be in place in remote locations, can help teachers better understand that ‘difference’ is not something that only applies to learners with obvious physical impairments.

It is therefore particularly important that inclusive education becomes recognised as part and parcel of everyone’s work within the system. Supporting teachers to recognise their existing skills and knowledge, especially those already experienced in teaching multi-grade classes for example, and allowing them to build on what they already know, and what they understand about what works and what doesn’t work, has proven effective in developing teachers’ sense of responsibility for ensuring the learning of children of all levels of ability. In this way they become the key change agents. Adopting a peer-to-peer approach where teachers collaboratively plan, demonstrate, observe and assess lessons together not only encourages quality improvement in teaching and learning, but has been found to strengthen school systems through encouraging teamwork. Involving school managers in the process also improves supervision. The more problems that teachers meet, the more successful they are likely to become at solving problems, or overcoming barriers to learning. Including children with disabilities can therefore be seen as an opportunity for the whole school to learn and develop, and so become more effective. A study in Lao PDR found teacher attitudes were fundamental in developing innovative and inclusive practice. In particular:

'Where teachers engage with the idea of changing lessons so that all children are participating and achieving, then their attitudes begin to change. As well as enjoying their teaching more and becoming increasingly motivated, they are also enabled to understand how children with disabilities and special needs can be included in ordinary lessons in mainstream schools.' (Grimes, 2009)

The global initiative on out-of-school children found that even if children with disabilities are able to gain access to school they are particularly disadvantaged by non-inclusive teaching methods, inflexible curricula and examination systems.
Quality assurance/monitoring of schools/programmes for children with disabilities

Each ZAP is responsible for monitoring all schools in their zone, but has no responsibility for monitoring teacher performance. Inspectors evaluate teachers and pedagogic advisers provide support and in-service training as identified by the inspectors. There is currently reported to be a serious lack of manpower for inspection and pedagogic support to schools.

Project initiatives provide support during the project cycle but this ceases at the end of the project. Although her class was situated within a mainstream school, one integrated class teacher felt that her class was always the last to be considered, and that the other mainstream teachers do not really consider the class as part of the school. She has no assistant and lacks resources: ‘I am quite alone in this job.’

Most of the special centres are private institutions but, as with NGOs, may have to fulfil criteria set by donors. The lack of coordination between different types of provision means there is no overall picture of the education opportunities for children with disabilities, or their levels of quality.
Much remains to be done in support of both inclusive education (IE) and the education of children with disabilities in particular.

The MEN Report on Inclusive Education (2012) contained relevant recommendations for the way forward, including the need to:

- **foster communication** on IE through pilot technical committees
- **take advantage** of existing community agents for mobilisation
- **strengthen collaboration** with decentralised offices and local communities in support of school IE programmes
- **raise awareness** through publicising Decree No. 2009-1147 and relevant texts
- **reinforce the synergy of actions** with the Ministry of Health, Ministry of Population and the Ministry of Communication to conduct awareness raising and advocacy through a wide range of media to change attitudes
- **promote in-service training** of teachers and motivate teachers to achieve the IE programme
- **provide significant subsidies** to schools enrolling children with disabilities
- **improve the conditions** in schools in accordance with standards
- **mobilise and foster responsibility** of the FAF and the FRAM.

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.
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 current focus for education of children with disabilities in Madagascar is on those with the most severe visible disabilities, with little regard to the greater numbers of children who face difficulties in learning, some of which may be caused by non-visible disabilities. Many of these children may already be in school but not learning. Given the lack of specialist support available, it may be more useful to focus on identifying and reducing the barriers that lead to exclusion from learning, rather than on classifying children by visible types of disability. It should be noted that many children with disabilities do not require any additional support or adaptations to participate in school.
Key recommendation A: Creating an inclusive culture

1. Develop a clear vision of what inclusive education means for Madagascar, through the involvement of a wide range of stakeholders, and work towards the production of a detailed policy that specifies the rights and entitlements of children to education services. This should include the right to mainstream school wherever possible, and the support that should be made available. It should take into account the existing specialist provision (special schools, inclusive schools for specified types of disability and integrated classes), allowing for their use as outreach centres, with resources and teachers being available to support students and their teachers in mainstream schools. Any entitlement to alternative placements should also be clearly specified. Clear points of transition between schools and sub-sectors should be indicated, including rights to education beyond primary school. The policy should include the entitlement to access and support in national examinations.

In order to lay out the rights of entitlement to placement, the identification of children with disabilities will need to be considered. 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. Consideration should also be given to the types of special placements to be made available and their availability. It is recommended that visually and hearing impaired children are not placed in special classes with those with intellectually impairments unless they also have an intellectual impairment. There is also a need for integrated classes to maximise opportunities for any integration with their mainstream counterparts.

The vision, and subsequently the policy, should be widely disseminated across the education system and also to the public through existing human resources, including community agents for mobilisation, and communication channels at local, regional, and national levels. Such a policy will provide parents with a point of reference if they feel their child’s rights are denied.

2. Strengthen data collection accordingly to provide data at national, regional, district and community levels on the numbers and characteristics of children with disabilities, and their use of and need for local service provision. This is a prerequisite to planning and delivery of effective services.

3. The inter-ministerial committee (Piloting and Technical, e-group) to collaborate to deliver a long-term, sustained awareness campaign to change mindsets and reduce stigma and discrimination against children with disabilities, including information about the CRPD. This should include use of mass media, posters, leaflets, drama, meetings etc at national, regional and community levels.

Interviews revealed a need for attitudinal change within the system and also a lack of awareness of 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.) Issues of inclusion need to be incorporated into all workshops and training at all levels. District officials, inspectors, pedagogic advisers, ZAP, FAF and FRAM should be provided with guidelines to the issues, with orientation and capacity building to enable them to support schools to develop a more inclusive approach.

4. **Map and track work being undertaken by INGOs and local NGOs** in support of education for children with disabilities and ensure all are working towards the same goal and vision. Establish coordination between projects to prevent any duplication of effort. Ensure NGOs’ work supports the government plan to develop the system to become more inclusive and that all initiatives are sustainable. It is important that programmes do not stop when NGO support is no longer available. Encourage NGO coverage in the most needed districts (for example where few children with disabilities are enrolled in school, or in areas with low achievement).

5. **Encourage schools** to include children with disabilities by providing incentives for additional resources.

6. **Trace and map any teachers who have undergone any training** or have experience in teaching children with disabilities, and ensure their skills and experience are utilised to the full as capacity builders and as agents of change.

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**RECOMMENDATIONS**

Issues of inclusion need to be incorporated into all workshops and training at all levels.
Key recommendation B: Developing inclusive practices

7. Explore options to develop the existing specialist centres and classes as an integral part of the system to act as outreach centres, utilising the expertise to support other teachers in mainstream schools. Although it is recognised that as private institutions these centres do not come under government remit, there are opportunities for collaboration. Conditions for providing support to government schools could also be applied should any further teachers in these schools and classes be taken onto the government payroll.

8. Develop a simple toolkit for all teachers, but aimed particularly at untrained FRAM teachers. This to provide support to make their classrooms more inclusive and child-friendly, together with a checklist for assessment or simple strategies to identify children experiencing difficulties in learning, as well as practical initiatives that can be applied in the classroom to overcome these. This would require some orientation to the toolkit and support for teachers in its use potentially by orienting headteachers or another resource person identified in the school.

9. Review initial and in-service teacher training with issues of inclusion in mind:
   • Issues of inclusion to be incorporated into pedagogic in-service training days for serving teachers, as standard within each subject area. This will develop teachers’ awareness that they need to consider not only teaching the syllabus but ensuring the content is accessible to all learners.
   • Review the methodology for delivery of teacher training, both initial and in-service. Support and strengthen INFP to be able to provide 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 will therefore be most effective if it is conducted using the same techniques as those they are expected to use in the classroom. Opportunities for training and professional development for teacher trainers is therefore important, including study tours to observe participatory training methodologies in practice.
   • Build upon existing inclusive pedagogy modules to 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 that 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 specific types of disabilities. Issues of inclusion should also be incorporated and reflected within all subjects, reinforcing the idea that teachers have a responsibility to ensure all children are learning, with practical strategies for presenting content in different ways to suit different abilities and learning needs.
   • Develop a system for in-service training for all teachers, but with a special focus on FRAM teachers. 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 those children who 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.

10. Work towards a tiered system of specialist teacher support by providing additional training in assessing student needs and further strategies for removing barriers to learning for a focal point or coordinator as a second tier.

As a third tier, continue to expand the base of specialist teachers for the hearing, visually and intellectually impaired by providing specialist training either as an advanced course, as in-service modules or as optional modules within the initial training course. Based in a resource or competence centre, these specialist teachers would 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.

Key recommendation C: Ensuring an inclusive environment

11. Enforce and apply the already determined construction standards, and include the need to consider the accessibility of the environment in school improvement planning. Provide standards of accessibility that schools could work towards.

12. Collaborate with the Ministry of Health to provide health screening for every child on entry to school with the intention of reducing difficulties in learning caused by undetected problems such as with sight, hearing, motor coordination, mobility, speech or cognition.
13. Ensure exam papers are provided in Braille and consider options for the visually impaired to provide their response. Currently the response is required on a typewriter, and most of the learners are unfamiliar with these outdated machines. They also cannot review their answers as they write. Other options would be to allow responses in Braille or on a type/speech computer program. The specialist centres would be able to advise on the method that the learner would be most familiar with. Also allow for sign interpreters for the hearing-impaired as some of the questions may need explanation. Similarly, confusion can arise from the language used in their answers, and markers need to be made aware of common differences in interpretation to prevent any misunderstanding of answers resulting in loss of marks. Consideration needs to be given to ensure a consistent system for extra time being allocated for some students to complete the paper. This should include, for example, those with difficulties in motor control and any difficulties in writing.

14. Collaborate with other relevant ministries:

- to develop the necessary resource and specialist technical support including psychologists, speech therapists, physiotherapists, sign language interpreters, Braille instructors, etc

- to provide transport or help with transport costs for children with disabilities who need transport to attend school. Consider other allowances for costs such as canteen, clothing, stationery, school fees etc to encourage parents of children with disabilities to enrol their children in school.

15. Focus school improvement planning (SIP) on the improvement of teaching and learning and provide guidelines on what makes a child-friendly, inclusive school.

FIGURE 4: IMPROVING THE INCLUSIVE ENVIRONMENT IN THE EDUCATION SYSTEM IN MADAGASCAR

- Enforce and apply already determined construction standards
- Develop guidelines to ensure a system for provision of resources
- Collaborate with the Ministry of Health to screen children for disability
- Collaborate with other ministries to develop specialist technical support and support transport costs
- Provide guidelines on what makes a child-friendly inclusive learning environment

Consideration needs to be given to ensure a consistent system for extra time being allocated for some students to complete the paper.
Key recommendation D: Delivering quality, inclusive education

16. Work towards providing a focal point or coordinator in every school. This could be the headteacher or another 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.

17. Encourage teachers to involve parents of children with disabilities in their children’s learning – they often know how the child learns best. Equally, ensure that teachers provide opportunities for the child to suggest what might work for him or her.

18. Explore possibilities to form public-private partnerships to obtain new technology to support learners with disabilities.

FIGURE 5: IMPROVING THE QUALITY OF INCLUSIVE EDUCATION IN MADAGASCAR
### Appendix 1: Meetings and visits

Field study meetings and visits held 20 – 30 January 2015

<table>
<thead>
<tr>
<th>Date</th>
<th>Meeting / visit description</th>
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</thead>
</table>
| 20/01/15 | • Introduction and briefing with UNICEF  
• Meeting with senior managers within the Ministry of Education (MEN)  
• Meeting with technical staff, MEN |
| 21/01/15 | • Meeting with Platform of Federations of Persons with Disabilities (PFHP), with representatives of organisations of persons with physical, intellectual, hearing and visual impairments  
• Meeting with Handicap International  
• Meeting with Prover (NGO) |
| 22/01/15 | • Meeting with CBM  
• Meeting with Chief of Education District Administration (CISCO), and Zone Administration (ZAP) Antananrivo City  
• Visit to AKAMA (Specialised centre for children with hearing impairments), meetings with the Director, teachers and parents; class observation |
| 23/01/15 | • Visit to EPP (primary school) with integrated class: meetings with FRAM, ZAP, community leader, Director, teachers, integrated class teacher; classroom observation |
| 26/01/15 | • Meeting with RTM (NGO)  
• Travel to Antsirabe  
• Meeting with DREN (Regional Director) and Chief of Education, CISCO (district administration)  
• Visit FOFAJA (school for visually impaired): meeting with Director  
• Visit FOFAMA (school for hearing impaired): meetings with Director, teachers and parent |
| 27/01/15 | • Visit EPP Mahazoarivo with integrated class  
• Meetings with Chief ZAP, Director, three integrated class teachers, 19 parents of children with disabilities, children with disabilities; classroom observation  
• Visit CRMM (EPP school): meetings with Director, teachers, parents and classroom observation |
| 28/01/15 | • Return travel to Antananarivo  
• Visit to Orchidées Blanches (specialist centre for intellectually impaired); meeting with coordinator, school Director, teachers, classroom observation |
| 29/01/15 | • Meeting with Director and Chief of Service: prevention of non-transmissible diseases (Ministry of Health)  
• Visit to a private school offering inclusion for hearing-impaired students  
• Meeting with Association Mirana, Chief FKT, Chief ZAP, Director, teachers, parents, FRAM  
• Visits to classes  
• Meeting with out-of-school children with disabilities (Merci – NGO): Coordinator of Merci, parents, children with disabilities |
| 30/01/15 | • Debriefing with MEN: Secretary General, Director General, and Central Directors (DGEFA, DEF, DPE, DEPA, DRH, INFIP, DCLI, DGESFM, DES, OEMC)  
• Debriefing with UNICEF |
### Appendix 2: Data analysis summary, Madagascar

**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, weaknesses</th>
<th>Specified priorities, needs, other comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledge/status of CRPD/CRC</td>
<td>• Not known by most respondents. Senior-level respondents in ministries and the PPHN are aware of CRPD.  • Since ratification on 3 Dec 2014 there is an increased awareness. Ministry of Population is supervising a cross-ministerial /sectoral national inclusion development plan to be agreed in March 2015.</td>
<td>• Very slow process regarding CRPD implementation. No texts drafted as yet on implementation of CRPD, despite agreeing in 2000.</td>
<td>• Need a long-term strategy to ensure EFA, including IE for children with disabilities.  • Need strengthened coordination among relevant stakeholders.</td>
</tr>
<tr>
<td>Knowledge of laws, plans and policies regarding education of children with disabilities</td>
<td>• Senior-level respondents referred to Decree No. 2009-1147 on general policy for inclusive education.  • Standards for buildings have been approved and all new construction from 2014 is to comply.  • District, school level, community and parents are aware laws and policies exist, but not the content.  • Right to education, health and play – Title I of the decree underscores the rights of excluded children to education in mainstream schools.  • The Interim Education Sector Development Plan 2012–2015 focuses on all excluded children but not specifically children with disabilities.</td>
<td>• Decree No. 1147 is not specific about the rights of children with disabilities, only mentioned in art. 7, among other excluded children. The decree does not outline support requirements for different types of disabilities. No implementation decisions taken to support decree.  • No clear policy that specifically sets out provision entitlements and rights for children with disabilities. No system for appeal if school refuses enrolment.  • Parents do not know rights.  • Existing legal framework is not sufficiently publicised, such as Decree No. 2001-162 in implementation of Law No. 97-044 on the right of persons with disabilities, which refers to children with disabilities to be provided education in mainstream schools.  • Policies exist but are not implemented.  • Lack of clarity on what is meant by inclusive education – may be a result of many different ad hoc pilot activities.  • Need increased recognition of rights of children with disabilities and clear policy statements to allow for appeals and grievances. This should include entitlement to placement, transport, teachers and all rights that everyone, including the poor, can access.  • Essential to draft decisions for implementation of Decree 1147.  • Need effective implementation of Decision No. 23144/2004 on implementation of the rights of persons with disabilities in the area of education.  • Need to strengthen advocacy on legal framework for children with disabilities.</td>
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<tr>
<td>Definition of disability and policy for identification</td>
<td>• Decree No. 2001-162 and Law No. 97-044 provide some definition of disability in art. 1. No formal system of identification of children with disabilities.</td>
<td>• Recognition only of visible and severe types of disabilities: hearing, visual, physical and intellectual.  • Reliant on parents, teachers and children identifying children with disabilities – no criteria and not based on difficulties in access or participation in learning. Not all parents will admit they have a child with a disability.</td>
<td>• Many respondents consider there is a need for clarity and tools on how to identify children with disabilities.</td>
</tr>
<tr>
<td>Budget to support education for children with disabilities and financial resources available to children with disabilities and/or their families</td>
<td>• Ministry of education, through DEF, provide budget to each primary school, but no specific allocation for IE. All schools receive the same level of resources. Fees are paid by all students.  • Ministry of Population used to provide special equipment for children with disabilities, but this has stopped since the crisis.  • 33 teachers in private special schools now on government payroll.</td>
<td>• Insufficient budget allocated to schools to maintain standards. Education budget fell from US$82 million in 2008 to US$14.9 million in 2012.  • No specific budget or resources for children with disabilities. No specific budget to support IE.  • No incentives to schools to accept children with disabilities.  • Some teachers in the few special school and integrated class are not on government payroll – they have no sustainability if donor funding stops. The 33 teachers that have been transferred to the payroll have no contractual commitments to support inclusion in public schools. They are mostly serving in private specialised centres.</td>
<td>• Need government commitment of funding to a long-term process to become inclusive.  • Need specific budget allocated to IE.  • Teachers on government pay roll should be involved in supporting/developing IE in public schools.</td>
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<tr>
<td>Organisation and collaboration between education, health, population, social services, others (civ society) to support children with disabilities and families</td>
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<tr>
<td>Inter-ministerial (and inter-sectoral) collaboration – piloting committee established in 2011 includes MEN, Ministries of Population, Health, Youth and Sport, Justice, the PFPH, civil society platform, technical and financial partners – had been suspended because of the political crisis but re-started in February 2015.</td>
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<tr>
<td>A technical committee on IE established at technical level to strengthen advocacy, implementation strategies, develop standard for school accessibility, teaching modules.</td>
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<tr>
<td>• UNICEF is supporting MEN taking lead on piloting committee. Lack of coordination of NGO activity – international NGOs have a platform committee to share experiences but sometimes there are overlaps and duplication of effort.</td>
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<tr>
<td>• No system of medical/health follow-up or screening.</td>
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<tr>
<td>• The revamping of the task force (inter-ministerial/sectoral platform) should be a priority.</td>
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<tr>
<td>• UNICEF to support the mapping of INGOs’ and NGOs’ interventions (Handicap International, CBM, Provert etc).</td>
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<table>
<thead>
<tr>
<th>Cross-cutting initiatives and activities with NGOs</th>
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<tbody>
<tr>
<td>The PFPH role is for advocacy and identification; early childhood education; technical advice; support to persons with disabilities.</td>
</tr>
<tr>
<td>Some collaboration between NGOs and the PFPH, e.g. Handicap International, CBM, Provert, to provide support to the private special schools.</td>
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<tr>
<td>Handicap International involved in integrated classes and inclusive education pilot.</td>
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<tr>
<td>Private initiatives on IE and integrated classes.</td>
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<tr>
<td>INGOs meet to discuss and plan initiatives.</td>
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<tr>
<td>NGOs feel that government should take greater responsibility towards IE.</td>
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<tr>
<td>Parents of children with disabilities feel there is little support available and no continuity in NGO programmes – they are reliant on funding and change their programmes frequently to acquire funding.</td>
</tr>
<tr>
<td>Although INGOs meet, there is no coordination between programmes in reality.</td>
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<tr>
<td>Need to define the responsibilities of government, NGOs, parents in implementation of national policy on IE.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Existing situation and specified strengths</td>
<td>Strengthening identification of children with disabilities and statistics in inclusive schools and specialised centres.</td>
<td></td>
</tr>
<tr>
<td>Specified priorities, needs, other comments</td>
<td>Need to strengthen national statistics and EMIS to include children with disabilities.</td>
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</tr>
<tr>
<td>Data availability on children with disabilities – EMIS, other (census etc) and use in planning</td>
<td>Strengthening identification of children with disabilities and statistics in inclusive schools and specialised centres.</td>
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<td>Health survey in 2005 showed 7.5% of population had a disability, and more than half under 18 years of age. This number is considered to be higher in reality. According to WHO report: 15% persons with disabilities. Some disaggregated breakdowns: about 2.5% PI, 3% VI, 1% HI, 0.5% II. 1 only four types of disability identified by Ministry of Health.</td>
<td>No data on persons with disabilities collected in national census. No recent health survey data available.</td>
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<td>School census includes numbers of children with intellectual and physical disabilities in school. This year it will include hearing and visual impairments. According to MEN data (2014/2015): 87 HI and 77 VI in inclusive schools; 442 II in private schools (2013-2014); 3507 PI in public schools (2013-2014); 849 PI in private schools (2013-2014). Excluded children with disabilities estimated at 207,159, based on 11.3% of children with disabilities in education (UNICEF report, 2013).</td>
<td>Only visible disabilities are counted. Method of identification not reliable (see identification section – reliant on parents, teachers and children identifying children with disabilities – no criteria and not based on difficulties in access or participation in learning. Not all parents will admit they have a child with a disability. Do not have relevant data to be able to compare or follow retention rates.</td>
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<td>• A survey in Antananarivo in 2000 identified 20,000 children with hearing impairments between age 6 and 14 but there are only approx. 300 school places.</td>
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<td>• The PFPH (2013/2014) represents 236 groups and associations in 22 regions. There are 41 specialised centres for persons with disabilities.</td>
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1 PI: physically impaired; VI: visually impaired; HI: hearing impaired; II: intellectually impaired
### Enabling environment (continued)

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<tr>
<th>Law/policy</th>
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<tr>
<td>System of provision (inclusive, segregated etc.)</td>
<td>• Policy for inclusive education concerns all excluded children including children with disabilities.</td>
<td>• No sustainable actions due to funding shortage during the crisis.</td>
<td>• Planned meeting to be held in March with all stakeholders (civil society, donors, government) to develop structure for education of children with disabilities.</td>
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<td>• MEN initiatives in implementation of the policy supported by Handicap International and UNICEF in four regions out of 22 regions in form of pilot projects.</td>
<td>• No strategy for implementation. Project approach has led to different interpretations of the concept of inclusive education.</td>
<td>• Need to develop culture of inclusion; re-establishment of the technical committee on IE aimed at improving children with disabilities community based rehabilitation (UNICEF report on IE, 2013).</td>
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<td>• 25 schools in two regions (Diana and Vakinakaratra) targeted in 2010; additional 233 schools in Vakinakaratra in 2011.</td>
<td>• Integrated classes are generally kept quite separate from mainstream schools. Mainstream students ‘stare as if in a movie’. Integrated classes are not seen as part of school – in those visited Directors do not consider them equal to other classes. Students and teachers are not included in data – not primary and not pre-school so not recognised.</td>
<td>• Specialist teachers: Hearing and visually impaired need special support and training before they could be considered for mainstream school, but inclusion is possible – hearing impaired especially need to be part of deaf culture so should not be mainstreamed alone. Best if they can visit special centre from time to time to be able to share difficulties and socialise with peers.</td>
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<td>• According to MEN evaluation report on IE activities, 75,282 girls and 77,305 boys identified in 4,668 schools of Melaky, Sofia, Diana, Atsimo Atsinanana, Androy and Anosy regions. In 2011/2012, 29,560 girls and 32,307 boys have been re-enrolled.</td>
<td>• In the inclusive classes visited, only children with one specific type of disability are enrolled. Children may travel long distances to attend so they are not representative of local community.</td>
<td>• Parents of children with disability: there should be no segregation. Community needs to be made aware and support available – including financial.</td>
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<td>• Very short-term sporadic actions taken under projects.</td>
<td>• Lack of equipment hinders inclusion, also lack of trained supportive teachers. Training of teachers on IE detailed in Evaluation report on IE 2010–2012 received from DEF (187 teachers trained on general module on inclusion of children with disabilities and 4,850 teachers trained on inclusive pedagogy in 2012).</td>
<td>• Plan is to use special schools as competence centres to support mainstream schools – collaboration between Lutheran church and government.</td>
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<td>• MEN IE sensitisation campaigns and advocacy on the right of children with disabilities, particularly after the ratification of the Convention on Use of Media: local radio, Malagasy National Radio.</td>
<td>• Many short-term project-based activities piloting different interpretations of IE and no continuity because of suspension of funding.</td>
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A STUDY ON CHILDREN WITH DISABILITIES AND THEIR RIGHT TO EDUCATION: MADAGASCAR

Supply-side factors

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<tr>
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| Practice for identifying children with disabilities | • Health centres are setting up a system to improve identification at birth but not in place yet. Local doctors refer parents to specialised health centres for specialist help/diagnosis.  
• Lack of specialists – easier to find out-of-school children in rural areas. After an awareness campaign on the right to education for children with disabilities, the numbers of children with disabilities in school doubled. During one year training of PFKT, parents, CISCO in Diana, of young reporter club (JRC) supported by UNICEF, of DREM, and BEMC on IE and on basic info on children with disabilities e.g. – not contagious, and can be educated with regular children, followed by sensitisation campaign (use of local media and national radio for promotion of IE in Diana region during the campaign period).  
• Integrated class teachers have a checklist for identification – assessment to identify learning targets.  
• Special schools have long waiting lists. Many children with disabilities remain out of school. | • No guidelines or policy on identification.  
• Each child should have a health record but many rural women do not go to hospital for delivery. There are increased numbers of children with cerebral palsy because of unsupervised births. No specific screening for disabilities, only general health checks.  
• Children with disabilities are hidden because of stigma – so it is difficult to obtain reliable statistics, especially in urban areas.  
• Excluded children with disabilities estimated at 207,159 (if based on 5.5 %) and at 565,615 if based on 15% as estimated by WHO).  
• Estimated 1 million excluded children – children with disabilities are the most marginalised: estimated only about 11.3% children with disabilities are in education (UNICEF, 2013b).  
• Some children in mainstream with unrecognised disabilities – especially intellectual impairment caused by malnutrition, or poor birth conditions, lack of education of parents.  
• Only one week sensitisation campaign (pilot project).  
• Schools do not identify/recognition children with learning difficulties. Focus on severe, visible forms of disability only. | • In the national plan for inclusion, doctors will work with schools for early identification of children with disabilities: CBR programmes will raise awareness and change attitudes.  
• Pursue mapping of excluded children with focus on children with disabilities. |
| Practice of enrolment/ entitlement to placement and support | • Some special placements decided by doctor.  
• Parents take children directly to special schools and classes to enrol.  
• Education and health officials have been trained at different stages under projects to identify children with disabilities and decide on placement but project based and no funds to continue the programme in 2013, because of the crisis.  
• Some schools accept enrolment of physically impaired students, but very few.  
• Respondents were aware there may be some children with invisible disabilities, e.g. those who repeat a class several times and do not learn. | • No system of placement. Parents do not try to enrol children with disabilities in mainstream for fear of rejection. If trying to enrol a child with physical disabilities they try to hide the disability because school may refuse enrolment. Schools do not consider education of children with disabilities to be their responsibility. Schools can refuse enrolment without any punishment.  
• Lack of coordination between private specialised schools/centres, NGO provision and government.  
• Project-based approaches not always sustainable when project funds are no longer available.  
• Integrated classes may have hearing-impaired children alongside those with severe intellectual impairments because parents cannot afford to send the child to a special school or do not see the benefits of sending their child to school.  
• Mainstream teachers feel that including children with disabilities would be impossible because of large class sizes (more than 50 on average), lack of benches, space, insufficient learning materials and difficulties in changing language of instruction to French at G4 (many teachers provided by FRAM also have difficulty in French).  
• Special schools are over-subscribed and may have to reject some students. | • Need strengthening of the Piloting Committee for coordination of activities on IE.  
• Teachers consider children with intellectual impairments should be segregated as they need specialised teaching – cannot be included in mainstream because they cannot access the curriculum. Need life skills and training for basic functions. |
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| Disparities in provision by type of school, geographic location, age, gender | • IE pilot projects supported by UNICEF concern 25 schools in two regions: Diana and Vakinakaratra targeted in 2010; additional 235 schools in Vakinakaratra in 2011.  
• Besides, 55 inclusive schools with support of Handicap International.  
• Teacher training, awareness in community, medical screening prior to enrolment but for all children in community – reveals unidentified problems and mis-diagnosis. Demand for secondary schools to continue provision.  
• Pilot project on IE in Antsirabe established a network of teachers in readiness for inclusive education, but only for hearing-impaired. Did not continue because of suspension of funding due to the crisis.  
• According to Evaluation report on IE (2010–2012) 13 teachers’ networks were established in 2010 in Vakinakaratra (including Antsirabe) and 10 networks in Diana.  
• 58 teachers, 58 parents and 58 children trained on children with specific disabilities (14 each HI, 3 VI, 15 PI and 26 II respectively) in Diana, Vakinakaratra and Antananarivo in September 2012.  
• Special schools provided by church or private sector have better facilities than government schools. Some special classes receive support of foreign donors and teachers may go abroad for training.  
• Only one special school in Antananarivo providing pre-school, primary and secondary schooling for hearing-impaired.  
• Public vocational training school at low secondary level in Antananarivo and Mahajanga (CNFPPSH) with inclusive classes (VI, HI, II, PI).  
• Integrated class for severe intellectually impaired children over-subscribed and no assistant teacher. | • Resistance from some CISCO and some schools to take responsibility for IE. Some teachers were resistant at first but as they start their commitment grows. Teacher training by pedagogical adviser for IE requires support from MEN and relevant NGOs such as Handicap International.  
• Very little support at secondary school level – no integrated classes. Fewer special school places. Very few students from regions at secondary level in special school for hearing-impaired because of expense, distance from family, and attitude of parents towards learning. One hearing-impaired student succeeded to university but dropped out because of lack of support there.  
• Project-based initiatives do not continue long enough to see impact.  
• When teachers are trained to teach children with disabilities they are expected to be able to deal with all types of disability but only trained for hearing- or visually impaired.  
• Integrated classes cannot take all students that come to enrol – and if child does not respond then they have to withdraw to make space for others. Can stay in class until around 16 years old (sometimes older), as no other provision. | • Need to provide transport to school or financial support.  
| Accessibility to school for children with disabilities – transport, environmental conditions | • Boarding segregated placements for hearing-and visually impaired.  
• Private schools have own transport to bring children to school. | • No sufficient public transport, not always affordable to vulnerable families; difficult to bring children with disabilities to school; attitudes in society.  
• Parents taking children to special provision need to spend a lot of time travelling and time commitment means they cannot work. Some parents rent a house near the school to maintain child in school. | |
### Supply-side factors (continued)

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<td>Accessibility of school buildings, common facilities and classroom</td>
<td>• A few school buildings have ramps but not always according to standard. CNPPSH is among the few schools with standardised ramps and handrails and accessible toilet facilities (built on BAD funding in 1991). Most mainstream school buildings are inaccessible. • Private special schools provide better maintained buildings and attention to handrails, ramps and accessible toilet facilities etc. • Some schools have connection to donors and receive funds for adaptation to buildings e.g. ramps and toilet facilities for integrated class provided by Water Aid and other support from Switzerland.</td>
<td>• Buildings are unsuitable, poorly maintained, and dirty. Students cannot use floor space as no covering – bare concrete and very dirty and dusty. In one public primary school with integrated class, toilet and water supply is at opposite end of campus down several flights of badly maintained steps. As teacher is on own cannot leave class to assist with toileting so has to keep bucket in classroom for students to use – no privacy, degrading, inappropriate – also has to carry water to classroom for students to wash. • One child cannot walk and will soon become too big to carry up the steps. • Other government special provision poorly maintained, as above. • Another case in public primary school: integrated class moved to different building as school prioritised accommodation of mainstream students. • Overall, very poor condition of classes with government only funding and no outside help – holes in floor, leaking roof, lack of light and ventilation. • Integrated class teachers feel the class is not a priority for school directors – do not allocate resources or provide support.</td>
<td>• Need for government to provide appropriate buildings with facilities and learning resources.</td>
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### Materials and communication

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<tr>
<td>Representation of children with disabilities in teaching/learning materials</td>
<td>• No representation of children with disabilities.</td>
<td>• Illustrations produced on IE sensitisation in 2010 could be exploited in schools (AMU Report on IE, 2013).</td>
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<td>Appropriateness and availability of materials for specific disabilities</td>
<td>• 'Students with intellectual difficulties need a lot of repetition and become bored with the same activities'. • Most teachers rely on textbooks and these are in short supply.</td>
<td>• Overwhelming lack of resources in government schools. Integrated class teacher makes own resources as there are so few available, but has to pay for materials. • Few schools have a library and if they do they contain few and outdated books.</td>
<td>• Need appropriate learning materials especially for intellectually impaired. • Strengthening of library and use of updated learning materials, particularly software for VI.</td>
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<td>Flexibility of curriculum to meet all learning needs</td>
<td>• Looking to adapt curriculum for children with disabilities in collaboration with special school teachers. • No special curricula.</td>
<td>• If students do not succeed in end of year exam they must repeat grade – demotivating.</td>
<td>• Curricula to be elaborated by INFP.</td>
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Supply-side factors (continued)

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<tr>
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| Teacher training – pre-service, in-service | • MEN Evaluation Report on IE (2010–2012) and AMU (Anglican Mothers’ Union) reports: a series of workshops organised for development of special modules on IE under MEN.  
• Specific modules on IE and on specific impairment developed during the IE project pilot phase 2011–2012 in collaboration with resource persons from specialised centres and from the PFPH – with support from UNICEF.  
• Teachers receive general updates from pedagogic advisers but not related to children with disabilities or inclusion. Private special school teachers may attend.  
• Integrated class teachers were trained by HI and received some follow-up but no longer happening. When integrated class started, all teachers and headteachers were given orientation training but as teachers changed there was no repeat or follow-up. | • INFP do not have any specialist trainers. Teacher training does not have an inclusive education module.  
• DPOs lack resources to provide training.  
• Modules for training have been developed but not implemented.  
• Many teachers (FRAM) are untrained.  
• Teachers report some training conducted on including children with disabilities which was useful but not continued and no follow-up. | • Need to strengthen INFP. Training of INFP teachers was in pipeline in 2013.  
• Teacher training must be a priority – both pre- and in-service. Teachers need general strategies to teach children having difficulties in learning.  
• Have developed training for inclusion by type of disability but this should be simplified and translated into Malagasy for in-service training.  
• Since training for integrated classes stopped, no training for integrated class teachers – now difficult to recruit and replace those retiring. |
| Training for specialist teachers | • Under IE pilot project 2010-2012, 617 facilitators trained on inclusive pedagogy (IP) in September 2012.  
• 4,850 teachers trained on IP in October–December 2012; 48 regional trainers trained on IE in April 2012.  
• 44 facilitators and 287 teachers trained on general module on inclusion of children with disabilities in April 2012.  
• 58 teachers, 58 parents and 58 children trained on specific children with disabilities (34 HI, 3 VI, 15 PI and 26 II respectively) in Diana, Vakinakaratra and Antananarivo, September 2012.  
• Trainings provided by Lutheran church for teachers in their schools – need to be government trained teachers to take the specialist training, but only for those in Lutheran schools.  
• School for hearing-impaired provides training in sign language for parents, teachers and other interested personnel.  
• Teachers for inclusive education of hearing impaired in Lutheran schools trained for 2 years, with 9 months in special school and then follow-up support in mainstream.  
• 2 years’ training for teachers of visually-impaired provided by specialist centres of Lutheran church after initial teacher training. Specialists come from abroad and update.  
• In public primary schools, integrated class teachers received training from Handicap International specifically for education of intellectually impaired (4 weeks per year for 3 years). This has now stopped as project has completed. | • The inclusive school teachers are trained for three weeks for hearing and visually impaired and one week for intellectual or physical impairments – training is about disabilities and most common difficulties but not given strategies for teaching.  
• If government ask for support from special school teachers they can do so, but now training is conducted by support of Lutheran church. | • Integrated class teachers mention need for further training on autism, speech and language development.  
• Need to include strategies for teaching and learning in IE modules.  
• Training by Handicap International should be reinstated.  
• Specialised Centres (FOFAMA, FOFAJA, AKAMA et Orchidées Blanches and the PFPH) to be used as resource centres (as recommended in Evaluation Report on IE, 2010–2012).  
• Training should be available for unqualified teachers (FRAM) and those not on government payroll.  
• Lutheran church – hope to open new centre that will train other teachers outside Lutheran church system.  
• Need to update teachers on new technology especially for visually impaired students – rapid changes happening. |
Supply-side factors (continued)

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| Training/awareness raising for non-teaching staff/officials/parents | • Pedagogic advisers are trained by INFP.  
• 8 chiefs of ZAP, 5 agents of CISCO, 3 agents of DREN, person resources 10 health, 3 specialised schools and 13 associations of persons with disabilities trained on inclusion of specific children with disabilities in Diana, Vakinakaratra and Antananarivo in September 2012.  
• Teachers of hearing impaired provide training for parents in sign language and communication with their children.  
• Celebrated International Day for People with Disabilities and used as awareness raising. | • Need to raise awareness within system to provide quality education for all.  
• Need to raise awareness with parents and children in mainstream. Focus on raising awareness of the society at large, local communities and parents on the existing texts on IE; campaigns to focus on culture of inclusiveness; address funding issues.  
• Need to train parents of children with disabilities how to support and encourage their child.  
• Conduct campaign during the school holidays for better effectiveness.  
• Implement annual Work Plan of DOEMC adopted in November and include extending IE sensitisation campaigns and advocacy on the right of children with disabilities, particularly after the ratification of the Convention. |                                                                                                                                  |
| Availability of technical support/therapists and specialist staff to schools | • Sign language interpreters in inclusive class for hearing impaired (private school).  
• French NGO provides hearing aids for students’ use in special school to support speaking.  
• Teachers of hearing-impaired children work as outreach support to include hearing-impaired students in mainstream schools but only those under Lutheran church – not government schools.  
• Private school for intellectually impaired provides teacher training to teachers in mainstream schools. | • Lack of specialists in government system.  
• Lack of support to children with disabilities – depends on family resources. | • Need to train specialists and therapists to support teachers.  
• Strengthen collaboration between MEN and the PFPH.  
• Develop special centres as resource centres to provide outreach support to mainstream schools.  
• The PFPH proposes listing sign language as an official language, as in other countries in Africa. |
| Inclusion of children with disabilities in assessment and national exams and how any entitlement to support is allocated | • Existing legal framework: Decree No. 2001-162, chapter 2 on education, art. 23, 24 and 25 on persons with disabilities examinations; MEN Decision in 2009 on modalities of examinations for persons with disabilities; difficulty of implementation due to lack of funding and relevant equipment.  
• Support requirements decided case by case. MEN collaborates with specialist teachers for Braille translation. Visually impaired students write their answers on a typewriter.  
• One child was allowed to use a computer because he had a physical impairment and could not write. Another was allowed to take exam orally as unable to write.  
• Hearing impaired students at FOFAMA all sit CEPE after nine years at school irrespective of age on entry. | • Have had difficulties with Braille translation meaning translation takes place during exam time and students therefore have reduced time. Translation takes time because computer software is out of date and cannot be used so has to be done manually on Braille machine. Lack of trust – suspicion that interpreters will include answers for the students.  
• Students are not used to using typewriters and they cannot review their answers.  
• Extra time or support (e.g. use of computers, sign interpreter, reader) based on request – not all children with disabilities are in a position to make request.  
• Supervision teams need training; also difficulties in interpreting students’ responses, especially hearing-impaired – can be marked down. | • Special schools for hearing-impaired would like a sign interpreter to be allowed to support students in exams.  
• Visually impaired should be allowed to use Braille or computer with spoken programme to provide their responses. |
### Supply-side factors (continued)

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| **Cultural issues/attitudes and expectations regarding disability** | • Strong stigma, particularly in rural areas.  
• Many cases of hidden children with disabilities. It is difficult for parents to admit their child has a disability. Having a child with a disability is considered a shame. Generally, disability is considered as God’s will.  
• Moderate and severe disabilities (particularly intellectual) are difficult to integrate into mainstream schools.  
• Awareness campaign was successful because there was collaboration with the PFPH.  
• Special schools conduct awareness programme every year to encourage new parents to bring their children, but have restricted number of places.  
• Special schools also engage in advocacy if they have funds.  
• Some visually impaired may be sent by parents to beg in the street – they provide an income for the family. Do not want to send them to school.  
• Many are rejected by family but all must go home during school holidays. | • Schools generally refuse enrolment of children with disabilities. Parents and mainstream students do not understand rights of children with disabilities. Many parents of children with disabilities also think their child cannot learn and it is not worth investing in their education. Many parents do not understand their child’s disability, and there is a reluctance to recognise the disability – some hearing-impaired children are not taken to school until they are 12 or 15. Intellectually impaired children can be neglected.  
• Costs and distance are preventive for parents to bring their children to special schools.  
• Parents do not like to be seen with their child, e.g. refusing to use sign language on a bus.  
• Children with disabilities not identified. Parents are ashamed and hide them.  
• Mainstream teachers do not consider it their responsibility to teach children with disabilities – they consider it too difficult, time-consuming and disruptive to the learning of others. | • Need a mass awareness campaign: large-scale and long-term. If elders in community advocate for rights of children with disabilities this would reduce stigma and change attitudes.  
• Parents of children without disabilities need to understand the rights of children with disabilities and be sensitised to accept them.  
• Need to encourage parents not to hide their children. |

| Inclusion of children with disabilities and/or families in all stages of decision making about child’s education | • Parents enrol children directly in special school or classes – can be refused enrolment in mainstream school. | • No formal decision-making process. | • PFPH and relevant NGOs to be included in meetings about children with disabilities.  
• Teachers should work with parents to support learning. |

### Demand-side factors

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| **Support for families of children with disabilities to participate in their child’s learning** | • Parents of children in special schools do not want their child to be mainstreamed – some have already been rejected and they feel quality is better.  
• Will keep children at home if there is no special placement – do not always know about provision available.  
• Teachers generally only inform parents of problems, not of progress in learning.  
• Training for parents of hearing-impaired children is very helpful as they need to communicate and understand their difficulties.  
• School for intellectually-impaired children ensures parental engagement by their engagement in one of 4 committees as part of the overall commission of the school, as a condition of enrolment of their child. They must be active in the activities of the commission. Also must meet teacher regularly and be prepared to work together to ensure progress of child. | • Many parents do not attend meetings at school. They do not want to be involved. Many think there are problems if they are called to school. Parents do not consider they have a role in their child’s education – just to bring them to school. | • Need to develop partnerships with parents – parents need to follow up what is learned in school, especially with children with disabilities.  
• Need to be informed of types of provision available and how to access placements. Children need to come to school early to make better progress.  
• Training required for parents to be able to support learning. |

| Child’s own voice in decision making and overcoming barriers | • Seldom heard. | | |
### Demand-side factors (continued)

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| Community involvement in supporting CWD | • FRAM actively involved in decision-making in primary public schools.  
• Collaboration between school for hearing impaired and employers means a high number of those completing courses are successfully employed (24 out of 30).  
• Special schools receive support in fund-raising from community. | • Not all schools have active FRAM committee or PTA. | • FRAM could be used for awareness raising, identification, funds mobilisation. |

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<th>Quality of provision/care</th>
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| Effect of existing provision on access to learning | • Right to access to regular school in Decree No. 2001-162, chapter 2 on education, part 1.  
• Access restricted to those who can enrol in special schools or integrated classes. Mostly fee-paying so excludes the poorest. | • Teachers are unwilling to accept children with disabilities in their classes. They consider there should be specialist provision.  
• Lack of specialist places means many children remain out of school even if parents try to enrol them. | • Parents: children with disabilities should be given priority by government to access medical care, and provided financial support for school fees, transport and canteen. The initiatives need to be made permanent and not reliant on projects.  
• Canteens are required as many children are hungry and cannot learn. |
| Effect of existing provision on progression in learning | • No integrated classes at secondary level. Very limited places at secondary level for hearing impaired and visually impaired.  
• No provision for intellectually impaired at secondary level. | • Children stay in integrated classes in primary schools until they are 18 as there is nowhere for them to progress to.  
• Increased number of children with disabilities drop out at primary level. | |
| Quality assurance/monitoring of schools/programmes for children with disabilities | • ZAP is responsible for monitoring all schools in zone, but not teacher performance. Inspectors evaluate teachers’ general performance. Pedagogic advisers provide training. | • Lack of pedagogic advisers and inspectors and no focus on children with disabilities.  
• Handicap International did follow up and monitor integrated classes but this has now stopped because the project has ended. | |
| Teaching methodology | • Parents of children with disabilities in special placements are satisfied with teaching and types of activities provided.  
• Hearing and visually impaired are given social and life skills in special school – regular schools focus on academic subjects only.  
• Teachers rely on traditional methodologies. | • Some children with disabilities withdraw from mainstream because of methodology and approach of teachers. When students are successful their continuation depends on the next teacher being responsive to their needs. Not all teachers try to support children with disabilities and students become demotivated.  
• Teachers do not adapt approach for children with disabilities. | |
| Classroom management | • Traditional methodologies. | | |
| Advice/support for teachers | • Integrated class teacher receives no support – other teachers in mainstream school do not see her as part of school and no assistant: ‘I am alone in this job’. | • No system for support. Headteachers do not see themselves in advisory role. | • Need to develop collaborative working practices. |
| Specialist support and resources for children with disabilities | • No specific resources. Generally children with disabilities are given lowest priority in resource allocation. | | • Need to provide TVET for intellectually impaired to learn simple skills for increased independence. |