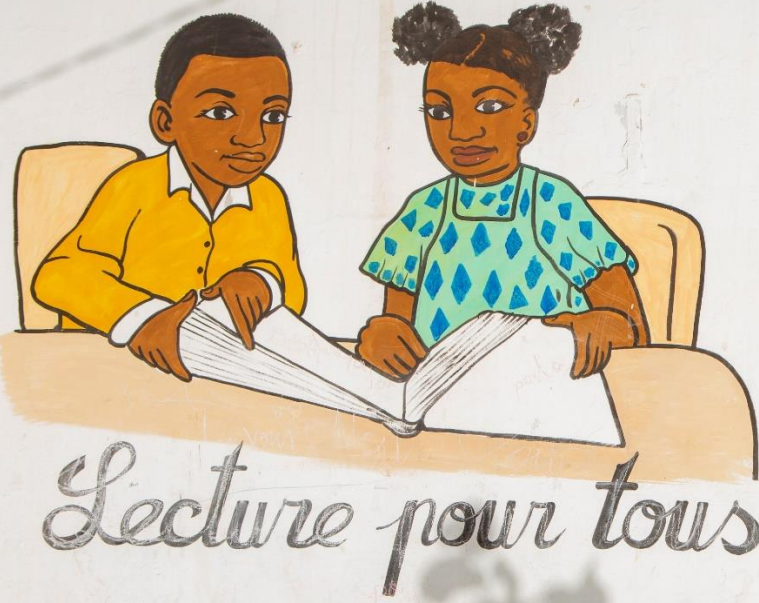




**USAID** | **SENEGAL**  
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*Lecture pour tous*



# STUDY OF INCIDENCE OF DISABILITY AMONG EARLY GRADE LEARNERS IN SENEGAL

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Qualitative Research and Review of Existing Data

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## ACRONYMS

<b>ACPF</b>	African Child Policy Forum
<b>AME</b>	<i>Association des Mères d'Elèves / Students' Mothers' Association</i>
<b>AMELP</b>	Activity Monitoring, Evaluation and Learning Plan
<b>ANSD</b>	<i>Agence Nationale de la Statistique et de la Démographie/ National Bureau of Statistics and Demography</i>
<b>APE</b>	Association des parents d'élèves / Parents' Association
<b>CE1 / CE2</b>	<i>Cours Elémentaires 1ère année et 2ème année (equivalent of Grades 3 and 4 in US system)</i>
<b>CFEE</b>	<i>Certificat de fin d'études élémentaires</i>
<b>CGE</b>	<i>Comité de gestion d'école / School Management Committee</i>
<b>CI</b>	<i>Cours d'Initiation (equivalent to Grade 1 in US system)</i>
<b>CORIPH</b>	Council for the Rehabilitation and Integration of Persons with Disabilities
<b>CP</b>	<i>Cours Préparatoire (equivalent of Grade 2 in US system)</i>
<b>CPRD</b>	Convention on the Rights of Persons with Disabilities
<b>CRFPE</b>	<i>Centre régional de formation des personnels de l'éducation</i>
<b>DALN</b>	<i>Direction de l'Alphabétisation et des Langues Nationales</i>
<b>DEE</b>	<i>Direction d'enseignement élémentaire/ Directorate of Elementary Education</i>
<b>DPO</b>	Disabled Persons' Organization
<b>DPRE</b>	<i>Direction de la Planification et de la Réforme de l'Education</i>
<b>EGR</b>	Early Grade Reading
<b>EGRA</b>	Early Grade Reading Assessment
<b>FSAPH</b>	<i>Fédération Sénégalaise des Associations de Personnes Handicapées/ Senegalese Federation of Associations of People with Disabilities</i>
<b>IA</b>	<i>Inspection d'Académie / Academy Inspection</i>
<b>IEF</b>	<i>Inspection de l'éducation et de la formation / Education and Training Inspection</i>
<b>ICF</b>	International Functional Classification of Disability and Health
<b>INEADE</b>	<i>Institut national d'étude et d'action pour le développement de l'éducation</i>
<b>INEFJA</b>	<i>Institut National d'Éducation et de Formation des Jeunes Aveugles/ National Education and Training Institute for Young Blind People</i>
<b>LGPSE</b>	<i>Lettre Politique Générale pour le Secteur de l'Education et de la Formation/ General Policy Letter for the Education and Training Sector</i>

<b>NGO</b>	Non-Governmental Organization
<b>MEN</b>	<i>Ministère de l'Éducation Nationale/ Ministry of Education</i>
<b>MPSAS</b>	<i>Mouvement pour le Progrès Social des Aveugles du Sénégal/ Movement for the Social Progress of Blind and Visually Impaired People in Senegal</i>
<b>PAQUET</b>	<i>Programme d'Amélioration de la Qualité de l'Équité et de la Transparence/ Quality Improvement, Equity and Transparency Program</i>
<b>RNSE</b>	<i>Rapport National sur la Situation de l'Éducation</i>
<b>RGPHAE</b>	<i>Recensement General de la Population et de l'Habitat, de l'agriculture, et de l'élevage</i>
<b>UN</b>	United Nations
<b>UNESCO</b>	United Nations Educational, Scientific, and Cultural Organization
<b>USAID</b>	United States Agency for International Development
<b>WHO</b>	World Health Organization

# CONTENTS

Acronyms.....	ii
Contents .....	iv
EXECUTIVE SUMMARY .....	1
1 Background.....	3
2 CONTEXT OF THE STUDY.....	4
2.1 Policy and Legislative Framework for Inclusion in Senegal .....	4
2.2 USAID Support for Inclusive Education.....	5
2.3 Purpose and Objectives of the Study .....	6
3 METHODOLOGY .....	6
3.1 Identification and Examination of Existing Quantitative Data .....	7
3.2 Qualitative Study .....	7
3.2.1 Qualitative Data Collection Tools and Study Participants .....	8
3.2.2 Data Collection.....	9
3.2.3 Data Processing And Entry .....	9
3.2.4 Qualitative Data Analysis.....	9
4 RESULTS .....	9
4.1 Quantitative Data Findings.....	9
4.1.1 Data Findings and Limitations.....	11
4.1.1 Knowledge and Use of Data.....	14
4.2 Qualitative Study .....	14
4.2.1 Identifying Students With Disabilities.....	15
4.2.2 Current Referral Practices.....	15
4.2.3 Current Support Services.....	16
4.2.4 Attitudes Toward Children with Disabilities.....	18
4.2.5 Training for teachers and school directors.....	19
4.2.6 School environment.....	20
5 CONCLUSIONS AND RECOMMENDATIONS .....	22
References.....	25
Terminology.....	27
ANNEXES	
Annex A: Summary of Data Identified and Analyzed	
Annex B: Interview Guides	

## EXECUTIVE SUMMARY

Over the last two decades, Senegal has made notable progress toward increasing the number of children who enroll in and complete primary school. Now, the government is pursuing nationwide reform to ensure the quality of classroom instruction is high and that it inspires families and communities to become more involved in helping children learn. USAID is supporting the Senegalese government's efforts to boost early grade reading through Lecture Pour Tous, which began at the end of October 2016 and runs through July 10, 2021, aiming to improve reading levels for students in Grades 1, 2, and 3 through effective, sustainable, and scalable reforms. Part of Lecture Pour Tous' mandate is to promote inclusive education in ways that help children with special needs or learning disabilities increase their reading skills, as part of "reading for all". As part of its research agenda and amid the growing recognition of the importance of inclusive education, Lecture Pour Tous worked with the Ministry of Education to gather existing data on the incidence of disabilities among early grade learners that could impede the development of strong reading skills.

Research indicated that students both with disabilities and without disabilities benefit from inclusive education programs. For example, one study found that students without disabilities educated in inclusive classrooms made "more progress in reading and math than peers without disabilities who were not educated with classmates with disabilities" (Cole, Waldron, Maid, 2004). Simply stated, implementing inclusive education policies and practices will improve educational outcomes for all students.

Based on the results of an initial literature review, the study was expanded to include assessing the quality and consistency of the data identified. Focus group and key informant interviews conducted in Fatick, Kaolack, Dakar, and Thiès provided the research team insight into current identification, referral, and support practices for early grade learners with disabilities as well as the knowledge, attitude, and practices related to educating these students.

The study found that there is little quantitative data available on incidence of disability among children in Senegal and, as far as the research team could determine, no data about incidence of disability specifically among children in the early grades. In fact, the team could not find any study that disaggregated data by type of disability, grade, and age. Only three of the 14 studies provided definitions for the types of disabilities identified or the methodology or tool used for identification. Given that nearly every study used different terms to disaggregate data by disability and did not provide definitions or methodology, it is almost impossible to compare the data found to gain further insight. This dearth of data constitutes an impediment to education system actors and policymakers alike.

However, the study also found strong support for inclusive education from grassroots efforts all the way

up to the Ministry of Education. When channeled through a framework of international best practices, this support could help bring Senegal to the forefront of countries successfully transitioning to an inclusive education model. Since, per one study, 75% of people with disabilities surveyed are not literate, it is vitally important that Senegal implement inclusive education practices to ensure that children with disabilities not only enroll in school but thrive.

The study was authored by Rebecca Malinick (Lecture Pour Tous Gender and Social Inclusion Specialist) and Rokhaya Diop (Lecture Pour Tous Gender and Social Inclusion Specialist). The research team included Dr. Amadou Mactar Sy (Director of the research division at the *Institut National d'Etude et d'Action pour le Développement de l'Education* [INEADE]), Mr. Babacar Mbengue (sociologist at INEADE), Pape Demba Sy (coordinator of the DEE's Bureau of Inclusive Education), Mr. Babacar Niang (DEE, Bureau of Inclusive Education), Dr. Saliou Ngom (Lecture Pour Tous Research Coordinator), Dr. Nancy Ndour (Inclusive Education Specialist), as well as Ms. Diop and Ms. Malinick. Anne Hayes, international expert on inclusive education and author of the USAID toolkit on *Universal Design for Learning to Help All Children Read*, served as special advisor to the study.

## I BACKGROUND

Through the *Programme d'Amélioration de la Qualité, de l'Équité et de la Transparence du secteur de l'Éducation et de la Formation (PAQUET/EF)*, the Government of Senegal and its *Ministère de l'Éducation Nationale (MEN)* committed to strengthening teaching and learning systems for core subjects, such as reading and mathematics, in order to improve academic outcomes for students in the early grades. To contribute to the achievement of these national goals, the USAID-funded *Lecture Pour Tous* program is supporting the MEN to significantly increase reading results in Grades 1-3 through an explicit, systematic phonics approach and the use of national languages, based on international best practices. *Lecture Pour Tous*, which is contracted under USAID/All Children Reading and implemented by Chemonics International and a consortium of partners, began at the end of October 2016 and runs through July 10, 2021. This technical assistance program targets three outcomes across six regions to achieve the following goals: improved early grade reading instruction in public primary schools and daaras, improved delivery systems for early grade reading (EGR) instruction, and improved parent and community engagement in early grade reading.

Part of *Lecture Pour Tous*' mandate is to promote inclusive education in ways that help children with special needs or learning disabilities increase their reading skills, as part of "reading for all". To date, the program has actively incorporated inclusive education principles into activities in multiple ways. For instance, the program's trainings for teachers and school directors includes a module on identifying students who may have auditory, visual, and cognitive impairments or disabilities and on adapting teaching methods to support learning for all students, including those with disabilities. During the 2018-2019 school year, 6,482 teachers and 3,364 school directors and boroom daara (daara directors) benefited from these trainings. Additionally, all teaching and learning materials produced with *Lecture Pour Tous* support have been designed – and audited – to ensure that they reflect social inclusivity with positive images and stories of a diversity of children and adults, including those with disabilities.

Further, with the assistance of *Lecture Pour Tous*, the MEN's *Direction de l'Alphabétisation et des Langues Nationales (DALN)*, worked with the *Mouvement pour le Progrès Social des Aveugles du Sénégal (Movement for the Social Progress of Blind and Visually Impaired People in Senegal [MPSAS])* to complete the first translation of the Wolof alphabet into braille. After completing the translation, the program adapted teaching and learning materials in Wolof braille for use by visually impaired early grade students attending inclusive schools in the Kaolack and Louga regions as they learn to read. These materials enabled them to benefit from the reading program interventions from equally other students without disabilities.

In Year 4 *Lecture Pour Tous* distributed 26 textbooks and 26 take-home manuals in braille in Wolof for



use by 26 students with vision impairment (15 girls and 11 boys) from the *Cours d'initiation* and *Cours Préparatoire* (CI and CP) inclusive classes in Kaolack and Louga. Six sets of Wolof braille decodable books were also distributed to inclusive schools in those regions. All visually impaired learners in the Kaolack and Louga regions also received the reading textbook and take-home book in braille for CI, CP, and *Cours élémentaire première année* (CEI) classes for the 2019-2020 school year. Decodable readers for first and second grades (CI and CP), as well as leveled readers for third grade (CEI), were also adapted to braille to help these students develop reading fluency and comprehension.

Lecture Pour Tous currently works in six inclusive schools: Serigne Aliou Cissé, Ibrahima Fall, Ndangane 3, Sibassor, Keur Sette Awa in IEF Kaolack, and École Régionale Inclusive Louga I in IEF Louga.

## **2 CONTEXT OF THE STUDY**

### **2.1 POLICY AND LEGISLATIVE FRAMEWORK FOR INCLUSION IN SENEGAL**

Over the past 20 years, Senegal has made multiple high-level commitments and other efforts to promote inclusive education and the principles of the rights of all children to quality of education, regardless of gender, background, or disability. Since adopting the Dakar Framework for Action to Achieve Education for All in 2000, Senegal has worked steadily to achieve its six main goals related to early childhood care and education; access to quality, free, compulsory primary education; meeting the learning and access needs of youth and adults; improved adult literacy and access to continuing education; gender equality in access to quality primary and secondary education; and improved quality of education resulting in improved measurable outcomes in literacy, numeracy, and life skills (UNESCO, 2000). Senegal has ratified the International Convention on the Rights of Persons with Disabilities in 2010, which states that children with disabilities should have access to “an inclusive, quality and free” primary and secondary education, with “effective individualized support measures” (United Nations, 2006).

Multiple laws, programs, strategies, and policies in Senegal underpin these international commitments. For example, the 2010 Law of Social Orientation “calls for providing children and youth with disabilities the right to a free education, and as much as possible, to be educated in mainstream schools settings and attend schools located as close as possible to their places of residence” (ACPF, 2011, p. 7). The *Lettre Politique Générale pour le Secteur de l'Éducation et de la Formation* (LGPSE) 2018-2030 aims to ensure that all children complete the full cycle of education, with a focus on ensuring equal access and completion rates for vulnerable children. It also defines indicators for use in monitoring educational outcomes for children with disabilities. Similarly, the 2018-2030 PAQUET/EF focuses on improved quality, equitable access, and inclusive and effective governance in the education sector. However, the indicators defined by the LGPSE

are not used in PAQUET/EF 2018 – 2030 (*Cadre de Concertation pour l'Education Inclusive*, p. 23).

While encouraging, this patchwork of policies and laws supporting inclusion does not provide a coherent vision or strategy for implementing inclusive education, and much work remains to be done before it becomes a reality for children nationwide. Though gross enrollment in Senegal has steadily increased, “boys with disabilities were 6.6 times less likely to attend school and girls with disabilities were 3.7 times less likely to attend school” (Plan International, 2013). Per UNICEF’s 2016 *Profil Statistique de l’Enfant au Sénégal*, only 51.2% of children with disabilities attend school, with the percentage decreasing based on the severity of the disability: 55.7% of children with “mild” disabilities attend school, while only 39.2% of their peers with more severe disabilities attend.

According to the *Rapport National sur la Situation de l’Education* (RNSE), there were 10,343 public primary schools in Senegal in the 2018 – 2019 school year (RNSE, 2020, p. 48). Only 16 of these schools are “inclusive,” meaning that the majority of the 2,171,967 primary school students, including the 11,353 with disabilities, are not able to benefit from inclusive education practices (RNSE, 2020).

Senegal is in the process of developing a comprehensive inclusive education policy, which highlights the need to better understand the existing data regarding children with disabilities as well as the barriers to inclusion faced by children with different disabilities. To support development of this policy, the *Direction d’enseignement élémentaire* (Directorate of Elementary Education [DEE]), with the support of UNICEF, Sightsavers, Humanity and Inclusion, and the Italian Agency for Development Cooperation, and others commissioned a landscape analysis of inclusive and special education in Senegal (Gaye, 2019).

## **2.2 USAID SUPPORT FOR INCLUSIVE EDUCATION**

Research indicates that both students with disabilities and without disabilities benefit from inclusive education programs. For example, one study found that students without disabilities educated in inclusive classrooms made “more progress in reading and math than peers without disabilities who were not educated with classmates with disabilities” (Cole, Waldron, Maid, 2004). Simply stated, implementing inclusive education policies and practices will improve educational outcomes for all students.

Recognizing the importance of inclusion, USAID, which provides major support to Senegal’s education system, has strong policy directives for the support of inclusive education. Most recently, USAID’s 2018 Education Policy and the 2019-2023 U.S Government Strategy on International Basic Education, “call for a world where education systems in partner countries enable all individuals to acquire the education and skills needed to be productive members of society” and that “disability-inclusive schooling improves educational outcomes for all” (Hayes, Turnbull, Moran, 2018, p. ix).

Per the Lecture Pour Tous contract, “USAID/Senegal supports and encourages deliberate efforts to improve the participation of persons with special needs or learning disabilities in USAID programming.” The Lecture Pour Tous contract aligns with these goals, mandating “equity of services in early grade reading instruction,” and promoting inclusive education in multiple ways as stated above. Additionally, the program has a mandate to further investigate incidence rates for disabilities, which is the impetus for this present study as described in detail in the next section.

## **2.3 PURPOSE AND OBJECTIVES OF THE STUDY**

As part of its research agenda for Years 3 and 4, Lecture Pour Tous worked with the MEN in 2019 to conduct a study and gather “identification and incidence of disabilities that could impede the development of strong reading skills.<sup>1</sup>”

Accordingly, the primary purpose of this study was to:

1. Locate and analyze existing data on incidence of disabilities among early grade learners that could impede the development of strong reading skills.

Based on the results of an initial literature review, the study was expanded to include the following objectives:

1. Assess the quality and/or consistency of these data
2. Better understand current identification, referral, and support practices, particularly as it relates to inclusive education for strong basic reading skills.
3. Better understand knowledge, attitudes, and practices related to educating early grade learners with disabilities.

## **3 METHODOLOGY**

The research team consisted of Dr. Amadou Mactar Sy (Director of the research division at the *Institut National d’Etude et d’Action pour le Développement de l’Education* [INEADE] ), Mr. Babacar Mbengue (sociologist at INEADE), Pape Demba Sy (coordinator of the DEE’s Bureau of Inclusive Education), Mr. Babacar Niang (DEE, Bureau of Inclusive Education), Rokhaya Diop (Lecture Pour Tous Gender and Social Inclusion Specialist), Dr. Saliou Ngom (Lecture Pour Tous Research Coordinator), Dr. Nancy Ndour (Inclusive Education Specialist), and Rebecca Malinick (Gender and Social Inclusion Specialist).

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<sup>1</sup> Original contract mandated a “study or gathering existing data of the incidence of apparent visual processing, auditory processing, or other cognitive impairments that could impede the development of strong reading skills (relevant to inclusive instruction)”

Anne Hayes, international expert on inclusive education and author of the USAID toolkit on *Universal Design for Learning to Help All Children Read*, served as special advisor to the study.

This study consists of two components: 1) the identification and examination of existing quantitative data on disability incidence rates in Senegal, and 2) a modest qualitative study. The research team first conducted a literature and document review to determine the available research and data on inclusive education and disability incidence rates. Based on the gaps and contradictions found in the data, as well as a desire to understand more about how disability identification and response is conducted in Senegal for early grade learners, the research team then collected qualitative data through key informant interviews and focus group discussions. These consultations also led to the identification of additional quantitative data on disability incidence. The following sections present the methodology for each of the two study components.

### **3.1 IDENTIFICATION AND EXAMINATION OF EXISTING QUANTITATIVE DATA**

The quantitative component of the research served to achieve the first objective of the overall study – location and analysis of existing data on incidence of disabilities among early grade learners that could impede the development of strong reading skills. The research team also assessed the quality and/or consistency of these data to achieve part of the second study objective.

To achieve the above, the team conducted a literature and document review to determine the available research and data on inclusive education and disability incidence rates. Using combinations of the search terms “disability,” “education,” “inclusion,” “early grade reading,” “literacy,” “Senegal,” and “West Africa” (in both English and French) on Google and Google Scholar, the team identified just nine studies and reports related to incidence of disabilities and education in Senegal published between 2010 and 2020. An additional six data sets and one report were identified over the course of key informant interviews and focus group discussions. Documents written in English or French and published between 2010 to the present were included in the review. A detailed overview of the data examined may be found in Annex A.

### **3.2 QUALITATIVE STUDY**

The qualitative component of the research served to achieve the remainder of the second study objective, as well as the third and fourth objectives. These included assessing actors’ access to and use of existing data on disability incidence rates, and their usefulness for strategies in mainstream public schools. This component, therefore, was also intended to obtain a better understanding of current identification, referral, and support practices, particularly as relates to inclusive education for strong basic reading skills;

and of the knowledge, attitudes, and practices among local actors as relates to educating early grade learners with disabilities.

### 3.2.1 QUALITATIVE DATA COLLECTION TOOLS AND STUDY PARTICIPANTS

To achieve the objectives of the study's qualitative component, the research team, advised by Ms. Hayes, developed interview guides and focus group discussion tools for teachers, school directors, inspectors, inclusive education focal points, parents of children with disabilities, NGOs, and disabled persons organizations (DPOs). The tools were tested with stakeholders at IEF Guédiawaye and at the Ndiarka Diagne inclusive elementary school in Guédiawaye.

The following categories of participants were included in the qualitative study conducted in Dakar and in the regions of Kaolack, Fatick and Thiès:

- Teachers and school directors at mainstream, inclusive and specialized schools
- Inclusive Education Focal Point Inspectors at the ministry, IA and IEF levels
- Lecture Pour Tous Focal Point Inspectors in the Kaolack and Fatick regions
- Parents of students living with a disability
- Associations and NGOs working in the field of inclusive education
- Subject matter experts specialized in inclusive education and rights of people with disabilities

For each category of focus group participants, a specific interview guide was developed, though some of the questions were common to all groups. The questions in the tailored interview guides and focus group discussion tools (found in Annex B) were grouped by the themes listed below.

- Data, strategies, and tools available to support inclusive education
- School environment
- Methods or practices for identifying students that may have a disability
- Referral mechanisms for students with disabilities
- Remediation and other support available to students with disabilities
- Knowledge and attitudes towards students with disabilities
- Training
- Learning difficulties (particularly related to acquisition of reading skills) faced by children with disabilities
- Evaluating learning progress in students with disabilities

### 3.2.2 DATA COLLECTION

The team conducted interviews and focus group discussions in Dakar, Kaolack, Fatick, and Thiès as these areas house some of the only inclusive schools funded by the MEN.

The research team conducted interviews and focus group discussions in August and September 2019. Two members of the research team together conducted each interview or focus group discussion, with one person responsible for facilitating the interview/discussion and the other responsible for taking notes and recording the session. The study team conducted six focus group discussions with a total of 39 participants and a further 21 individual interviews. In total, the research team interviewed 62 people.

### 3.2.3 DATA PROCESSING AND ENTRY

Though the research team made every effort to record each interview and focus group discussion after obtaining participant consent to do so, not all recordings were complete or of sufficiently high quality to allow for transcription. Graduate students at Gaston Berger University of Saint-Louis transcribed all recordings and translated them from local languages into French, as necessary.

### 3.2.4 QUALITATIVE DATA ANALYSIS

The data from the interviews and focus group discussions were reviewed multiple times prior to being coded using DeDoose software to allow for thematic analysis. Thematic analysis is an “approach to data analysis that enables data sources to be analysed in terms of principle concepts or themes. These themes are developed by the analyst to enable the data to be reduced to key ideas” (Fox, 2004). Themes identified in the qualitative analysis largely mirrored those used to group questions for key informant interviews and focus group discussions.

## 4 RESULTS

### 4.1 QUANTITATIVE DATA FINDINGS

Despite the limited amount of data available and issues identified (discussed below), some reliable data and trends did emerge from the studies examined. A 2011 study conducted by the African Child Policy Forum (ACPF), which covered children ages 9-17, provided both rich and reliable data as it clearly defined the methodology used for data collection.<sup>2</sup> The study found that 44.7% of children targeted had a disability or impairment since birth. The onset of disability or impairment was before age 5 for 70% of children, and between ages 5-9 for 18% of children

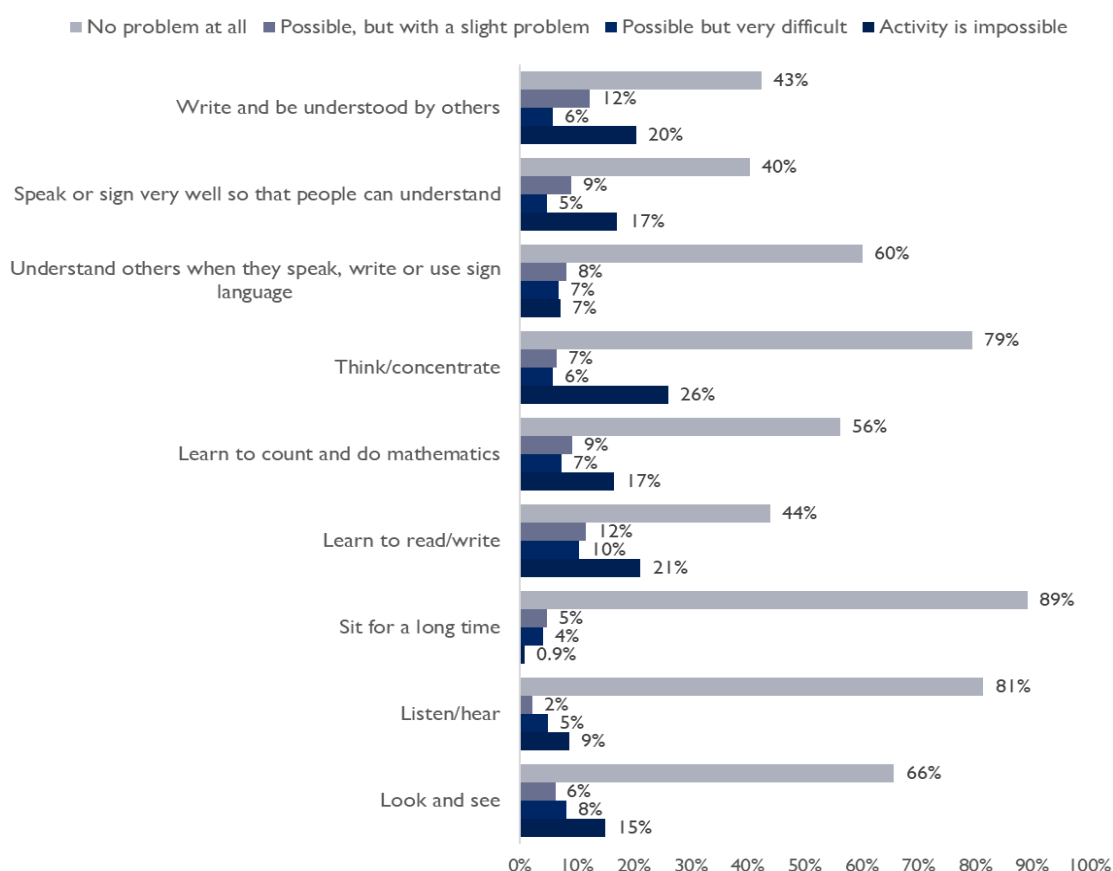
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<sup>2</sup> The 2011 ACPF study “Children with disabilities in Senegal – The hidden reality” covered only children aged 9-17 due to ethical issues, and did not document the experiences of younger children

(ACPF, 2011, pp. 18 – 19). The study also attempted to assess the “capacity of children to perform a series of activities independently, without assistance from another person or special equipment.” Selected results related to education are shown in Figure 1 below.

The Rapport National sur la Situation de l’Education: Année Scolaire 2018-2019 (National Report on the State of Education: School Year 2018-2019 [RNSE]), 2013 Recensement General de la Population et de l’Habitat, de l’Agriculture, et de l’Elevage (RGPHAE), Profil Statistique de l’Enfant au Sénégal, and the Plan International study “Include Us!” from 2011 all found a higher prevalence of disabilities among boys than among girls, though the figures varied significantly between each study.

Figure 1. Ability of children to perform different activities

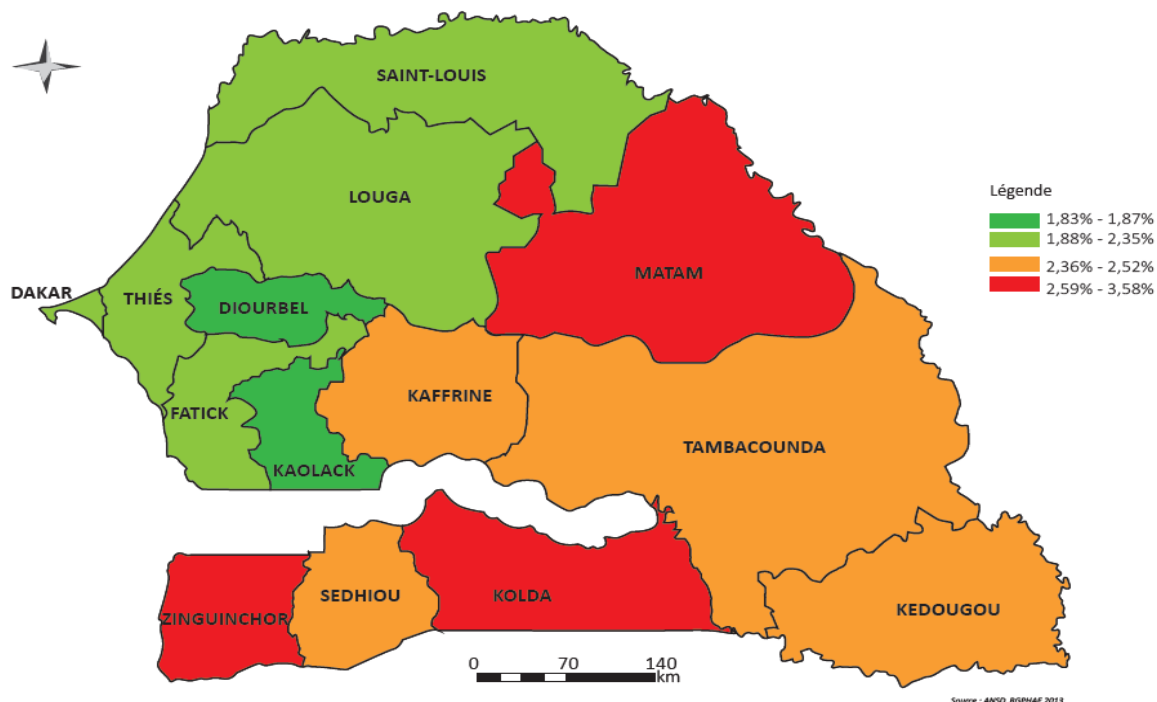


Source: ACPF, 2011, p. 20

Finally, both the 2018-2019 RNSE and 2013 RGPHAE (see Figure 2 below) conclude that Ziguinchor has among the highest prevalence rates of children with disabilities, likely due to the long-running conflict in the region. Unfortunately, neither of these studies provide data for children ages 6-9, which are critical ages for the development of strong reading skills.

Per the 2011 ACPF study, 49.7% of children with disabilities surveyed in Senegal did not attend school. Of these children, 65.8% had never attended school and 34.2% had attended school but dropped out before completing their primary education (ACPF, 2011). According to the *Profil Statistique de l'Enfant au Sénégal* (which used data from the 2013 *Recensement General de la Population et de l'Habitat, de l'Agriculture, et de l'Elevage* [RGPHAE]), having a disability decreased the chances that a child would attend school by 10.2%. The *Profil Statistique* also concluded that 75% of people with disabilities are not literate, while 60% of their peers without a disability are not literate.

Figure 2. Percentage of students age 10-17 with disabilities



Source: RGPHAE 2013 via *Profil Statistique de l'Enfant au Sénégal*, p. 99

Unfortunately, since only three of the 14 studies defined the terms used and provided the methodology or tool used for identification, it is difficult to compare the data sets to gain further insight. Furthermore, because none of the studies disaggregated data by age or grade-level, the research team could find no data on the prevalence of disability at the regional or national level among children ages 6-9, which are the critical years for development of foundational reading skills.

#### 4.1.1 DATA FINDINGS AND LIMITATIONS

As discussed above, data on disability among early grade learners in Senegal is extremely limited. Of the data available, the research team found no common definition of inclusive education, disability, or of types of



disabilities, and found no set monitoring and evaluation system or criteria for inclusive education at the national, regional, or sub-regional level.

Of the 15 data sets/studies reviewed, only four provided detail on the methodology and tools used for identification and only two disaggregated data by grade level. Significantly, while 12 of the data sets and studies focused explicitly on children, only two of these provided details on the methodology and tools used for identifying students and only one provided prevalence rates nationwide disaggregated by grade-level. No single study defined disability and categories of disability used, provided details on the methodology or means of identification employed, and disaggregated data by sex, age, location, and grade level.

However, some studies met some of the categories. For example, the 2018-2019 RNSE provided the percentage of boys and girls with disabilities enrolled in primary school in all 16 *Inspection d'Académie* (IA), though the report does not disaggregate the data by grade level or type of disability nor does it provide the definition of disability or categories of disabilities employed during data collection (see Figure 3 below).

Figure 3. Primary School Students with Disabilities: 2018-2019 school year

Academy	Primary School Students with Disabilities					
	Boys		Girls		Total	
	#	%	#	%	#	%
Dakar	379	0.5%	279	0.4%	658	0.4%
Diourbel	93	0.1%	98	0.1%	191	0.1%
Fatick	426	0.7%	297	0.4%	723	0.5%
Kaffrine	165	0.7%	122	0.4%	287	0.5%
Kaolack	397	0.5%	462	0.6%	859	0.6%
Kédougou	160	0.9%	193	1.1%	353	1.0%
Kolda	457	0.7%	429	0.7%	886	0.7%
Louga	281	0.5%	326	0.5%	607	0.5%
Matam	247	0.7%	257	0.5%	504	0.6%
Pikine- Guédiawaye	295	0.3%	381	0.3%	676	0.3%
Rufisque	130	0.3%	60	0.1%	190	0.2%
Saint-Louis	223	0.3%	243	0.3%	466	0.3%
Sédhiou	434	0.8%	494	1.0%	928	0.9%
Tambacounda	469	0.8%	421	0.7%	890	0.8%
Thiès	553	0.3%	500	0.3%	1,053	0.3%
Ziguinchor	1,018	1.8%	1,064	2.0%	2,082	1.9%
<b>National</b>	<b>5,727</b>	<b>0.6%</b>	<b>5626</b>	<b>0.5%</b>	<b>11,353</b>	<b>0.5%</b>

Source: RNSE, 2020, p. 41

Furthermore, the types of disabilities reported varied from the blanket “disability” (see *Dépistage Kaolack November 2017* and *Statistiques écoles inclusives à l'élémentaire*), to “physical,” “visual,” “cognitive,” and “deaf-mute” (see *Rapport*

sur l'Etat des Lieux Actualisé de la Situation de l'Education Inclusive et Spécialisée des Enfants en Situation de Handicap) to “sensory disabilities,” “physical or mobility disability,” “communication disorder,” “cognitive impairment,” and “attention disorder” (see 2013 RGPHAE and *Profil Statistique de l'Enfant au Sénégal*). Of the 14 datasets and studies identified, only two – the RGPHAE 2013 and *Profil Statistique de l'Enfant au Sénégal* – reported on the same types of disabilities, and this is largely due to the fact that the *Profil Statistique* used the data generated by the 2013 RGPHAE. Aside from these two studies, which both used the Washington Group Short Set of Questions Disabilities and associated definitions, disabilities were generally reported among the five major categories listed in Figure 4 below, though with significant deviations in descriptions where they were provided.

Figure 4. Types of disabilities used in studies and data reviewed

Physical Impairment	Cognitive impairment	Visual impairment	Hearing impairment	Other
<ul style="list-style-type: none"> <li>Physical</li> <li>Mild physical impairment</li> <li>Moderate physical impairment</li> <li>Severe physical impairment</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive<sup>3</sup></li> <li>Communication disorders</li> <li>Learning disability</li> <li>Down Syndrome</li> <li>Epilepsy</li> <li>Attention disorder</li> </ul>	<ul style="list-style-type: none"> <li>Visual impairment</li> <li>Blind</li> <li>Poor vision</li> </ul>	<ul style="list-style-type: none"> <li>Hearing impairment</li> <li>Poor hearing</li> <li>Deaf</li> <li>Deaf-mute</li> <li>Difficulty communicating</li> </ul>	<ul style="list-style-type: none"> <li>Albinism</li> <li>Sensory disabilities</li> <li>Multiple disabilities</li> <li>With disability/without disability</li> </ul>

Based on the above, it is unsurprising that the research team identified contradictions in the information reported in the data sets. For example, the Plan International 2013 report “Include Us!” found a 0.5% prevalence of disabilities among children aged 0 – 17 while the *Profil Statistique de l'enfant au Senegal* (which used data from the 2013 RPHAE) found a prevalence rate of 6.5% in children aged 1-17. The ACPF study of children ages 9-17 found that physical disabilities had the highest prevalence rate (36.5%), followed by visual impairment (30.7%), auditory/hearing impairment (15.5%), cognitive impairment (15.2%) and multiple disabilities (2.1%). The Plan International study, however, found that communication disorders had the highest prevalence (45%), followed by physical (27%), vision (16%), learning disabilities (6%), and hearing impairments (5%).

<sup>3</sup> Many studies referred to “intellectual” impairments or disabilities. This report instead refers to “cognitive” impairments and disabilities in line with the International Functional Classification of Disability and Health (ICF) model. The ICF model is the WHO framework for measuring health and disability at both individual and population levels.

#### 4.1.1 KNOWLEDGE AND USE OF DATA

Data or studies on prevalence of disability early grade learners, is almost nonexistent, as evidenced by the literature review and fieldwork conducted by the research team.

The literature and document review, which focused on finding data from 2010 to present explicitly related to prevalence of disability among early grade learners in Senegal, uncovered seven studies, two of which drew from the same data set. Over the course of key informant interviews and focus group discussions, the research team gained access to a further seven data sets. A detailed overview of the data examined may be found in Annex A.

The availability of data on children with disabilities varied widely at the school and IEF level amongst respondents, as did knowledge of existing data, including collection methods, frequency, and reporting. Some participants were well-informed regarding the data available to them and how it was collected. For example, when asked about data available and its sources, one responded:

These data come from multiple sources, including the school directors' archives and then from censuses ... The IA sends information related to enrollments, which includes categories of pupils living with disabilities. So, it is at the level of the schools after recruitment, after the lists have already been drawn up, that all this data is recorded, whether it is DEE or Sightsavers.

The research team received six additional data sets and one report through key informant interviews – these are indicated with \* in Annex A. Some respondents indicated that they received much of their data from NGOs such as Humanity and Inclusion, World Vision, and Sightsavers.

Several individuals noted the lack of reliable data as an impediment to their work, with one remarking:

It is quite difficult, because you know in Senegal the problem is data. There is a debate between the Senegalese federation, associations of disabled people and the state of Senegal. We tell the federation that 15% of the population has a disability, whereas for example the ANSD [*Agence nationale de la statistique et de la démographie*] in its last census said the opposite.

The majority of individuals interviewed however, were not aware of existing statistics. For example, one respondent stated, "In the Kaolack IEF we may not have accurate data." Similarly, another respondent remarked, "At the IEF, I admit that no survey or precise identification has not yet been made of the current data. There is no current study on disability to my knowledge."

## 4.2 QUALITATIVE STUDY

#### 4.2.1 IDENTIFYING STUDENTS WITH DISABILITIES

Given that some students with disabilities may require adapted instructional approaches or learning material to acquire reading skills, it is important that these students are identified early so that instructors can adapt to these students' unique strengths and challenges. Per the Universal Design for Learning Toolkit for International Education Stakeholders, if a child has not been identified or diagnosed as having a disability before enrolling in school, it is important that classroom identification should be conducted "with the objective of providing services and supports, instead of potentially providing harmful labels without accompanying support" (Hayes, Turnbull, Moran, 2018, p. 67).

Based on the results of focus group discussions and key informant interviews, the understanding of who has responsibility for identifying a student with a disability and what that entails varies. This likely results from a lack of standardized procedural protocols and tools for conducting screening and evaluation for disabilities at the classroom level. Indeed, multiple respondents noted that only health workers or specialists were qualified to identify disabilities. For example, one respondent said: "...it is up to the specialists [to identify a disability], the teachers welcome them [the students] in the schools ...then the health services take care of them and even refer them to specialized structures."

At inclusive schools, identification practices appear to be more robust and consistent than at "mainstream schools." For example, one teacher noted "...when I identify the disability, there is an interview with the parent ... to make the parent aware that their child... can succeed at school. "

##### *Key Takeaways: Identifying students with disabilities*

- Understanding of what it means to "detect" or "identify" a student with a disability varies widely even within this study's small sample size, as do "processes" for identification at the school level.
- Perceptions differ as to the responsibility/ability of school actors to identify children that may have a disability (range from teachers with no training to those who participated in a ten-day, NGO-led training on disability identification).

#### 4.2.2 CURRENT REFERRAL PRACTICES

After this initial identification, most respondents indicated that students should be referred to hospitals for diagnosis and treatment. As one respondent remarked: "Referring a child is an obligation from a pedagogical point of view, you intervene in terms of detection and care..." However, the dearth of specialists in the healthcare system, coupled with the fact that most specialists are concentrated in large urban areas, makes it unlikely that most children with disabilities will be able to access the healthcare they need. One respondent noted:

...after a student with a disability is identified, they refer the children to the hospital in [Dakar] Fann or to the hospital in Diamniadio - even those [students] from other regions come here. Often there are difficulties and even those in Dakar are having trouble getting the children to Diamniadio.

While data indicate that individuals are aware of the formal healthcare services available, they never attempted to make use of them - 27% of respondents believed that healthcare services were too expensive, while 16% thought they were physically inaccessible (ACPF, 2011). Given that Senegal is ranked 175 of 195 countries with a score of 31 (out of 100) on the 2018 Healthcare Access and Quality Index (Fullman et al., 2018), it is surprising that issues accessing healthcare were not more widespread in the ACPF study.<sup>4</sup>

#### *Key Takeaways: Current referral practices*

- Health services appear to only be reaching a sub-section of schools and students.
- Referral systems appear to be in place but may not be fully functional or adequately resourced. In most cases, children must be sent to Dakar because some cities/regions do not have the necessary services or expertise to diagnose, treat, or support a child with a disability.
- Healthcare perceived as too expensive or inaccessible.

### **4.2.3 CURRENT SUPPORT SERVICES**

Multiple directorates and ministries, including the Ministry of Health and the Directorate General for Social Action are involved within a broad framework of support services, some of which may not be fully developed or operational. The “Equal Opportunity Card,” guaranteed by Article 3 of the Law of Social Orientation, which in theory grants Senegalese nationals with disabilities free access to health services, public transportation and education at the primary and secondary levels is a good illustration of some of the challenges inherent in the current systems.

To obtain a card, an applicant must drop off the required documents, including a medical form signed by a state-certified doctor certifying their disability, at their local Social Promotion and Reinsertion Center. Applications are reviewed by a commission “comprised of departmental prefects and experts on disability issues” before being sent to the national Ministry of Health for processing. If the individual is determined

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<sup>4</sup> The Healthcare Quality Index uses “32 causes from which death should not occur in the presence of effective care to approximate personal health-care access and quality by location and over time.” Each cause was mapped “to a scale of 0–100, with 0 as the first percentile (worst) observed between 1990 and 2016, and 100 as the 99th percentile (best); we set these thresholds at the country level, and then applied them to subnational locations. We applied a principal components analysis to construct the HAQ Index using all scaled cause values, providing an overall score of 0–100 of personal health-care access and quality by location (Fullman et al., 2018).

to meet a certain “level of vulnerability” then they are issued a card. However, budget cuts and technical difficulties all but put a halt to new Equal Opportunity Cards for two years. The system appears to be re-starting, with 4,000 cards issued in 2019 (Kaye, 2019).

Support for individuals with disabilities is further complicated by the fact that health services that work in partnership with inclusive and specialized schools may only be able to provide support for certain types of disabilities. One respondent noted, “In the public sector, there are only services for deaf and blind children.” As a result, many schools form partnerships with NGOs that provide care and support in several areas. UNICEF, World Vision, Sightsavers, Plan International, and Humanity and Inclusion were mentioned most frequently as providing support to students and teachers in both mainstream and inclusive schools. These organizations provide material support to students with disabilities, giving them assistive products (glasses, hearing aids, crutches, wheelchairs), school supplies, and scholarships.

If a student with a disability is not succeeding in a mainstream school, they may be referred to an inclusive or specialized school, as one respondent noted below:

In...mainstream schools, sometimes they send us students who have difficulties; maybe the student doesn't see well, or the student starts to lose his eyesight.... Even the student I had last year, an albino girl, she was not comfortable at the school where she was, so we brought her here. In this inclusive school, we take care of these types of disabilities. They also send us students with other types of disabilities such as motor disabilities.

However, since there are only 16 public inclusive schools in Senegal, switching from a mainstream school to an inclusive one is rarely an option. Students in inclusive schools also benefit from support from *maître referents* (referent teacher) and auxiliary teachers, who assist students both in the classroom and at home.<sup>5</sup> One respondent noted that the support provided by the *maître referents* and auxiliary teachers is “mainly pedagogical, i.e. we put them in a class and we put an assistant who we pay to accompany them, see if they follow and understand and push them to answer the teacher's questions. That's what we do.”

Finally, some focus group respondents noted that remedial courses that take place during the regular school year or during school holidays are available to students that are struggling with their studies. Remedial classes and *maître referent*/auxiliary teachers appear to play a crucial role in the academic success of the child with special educational needs. However, these supports may be primarily limited to inclusive schools, excluding large swaths of the student population in need of specialized support. NGOs and other implementing partners cannot be relied upon to fill the gap in healthcare services, teacher training, and material support indefinitely.

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<sup>5</sup> In Senegal, the term ‘maître referent’ is used at schools that cater to visually impaired students, whereas the term ‘auxiliary teacher’ is used at schools that cater to students with hearing and cognitive impairments and disabilities.

#### *Key Takeaways: Current support practices*

- Implementing partners (primarily NGOs such as World Vision, Sightsavers, Humanity and Inclusion, etc.) provide support to schools through screening, training, material, and financial assistance.
- Remedial classes, dedicated classroom support, and home-based support is available for students in inclusive schools through maître referents and auxiliary teachers.
- Anecdotal evidence suggests that there are more resources (medical and educational) available for students with visual impairment than for those with physical, hearing, and cognitive impairments and disabilities.

#### **4.2.4 ATTITUDES TOWARD CHILDREN WITH DISABILITIES**

Focus group participants and key informants generally expressed positive attitudes toward children with disabilities. According to one parent, “a person with a disability is a person who has a birth defect or has become disabled due to an accident as happened to me during my training. But this person thinks and can do many things.” Another parent noted, “[---] disability exists but the real disability is mental. I'm disabled because I didn't learn French, and that handicaps me in many ways.” Some parents noted that they wanted their child with a disability to consider themselves able of achieving the same things as their peers without disabilities, with one stating, “I have a handicapped child, but I often tell him not to consider himself handicapped...That's why I personally integrate him into my activities so that he doesn't feel neglected, sometimes I send him to do my shopping more often than not.”

While focus group participants and key informants generally expressed positive attitudes toward children and students with disabilities, the anecdotal evidence they relayed indicates that negative perceptions of individuals with disability remain pervasive. Per one study, in many families children with disabilities are considered “as a source of shame, a curse, and a burden” (ACPF, 2011). This is echoed in one respondent's statement: “Because of negative prejudices, some parents abandon their disabled children.” One participant noted that parents of visually impaired children do not enroll their child in school “because they think their [the child's] future is begging.” Another noted, “The major challenge is for parents to accept these children and give them the place they deserve.” These anecdotes highlight the importance of educating parents to ensure they understand that having a child with a disability is no reason to be ashamed or to keep the child out of school.

Some focus group participants expressed feeling pity or wanting to protect individuals with disabilities. Several participants also stated that children with disabilities are often hidden by their parents. Parents

may keep their child with a disability at home or “hide” them in an effort to protect the child from harm or out of a sense of shame. During a focus group discussion, one teacher remarked that, “At first it was a bit difficult; we couldn't get our hands on these kids. They were overprotected, they were even hidden. So, we had to do a lot of awareness raising, door-to-door visits to the mosque and so on, to get these families to get their children out of their homes...”.

Awareness raising campaigns in mosques and neighborhoods have helped inform a greater number of parents of the existence of inclusive schools, which may in part be responsible for the significant increase in enrollment in the 2019 *Rapport sur l'État de Lieux Actualisé de la Situation De l'Éducation Inclusive Et Spéciale des Enfants en Situation de Handicap*. According to this study, between 2015 and 2018, the number of children with disabilities enrolled in the targeted schools increased from 10,866 to 16,052. In 2018, 10,089 children ages 6-11 (which roughly corresponds to the ages of students in grades CI through CMI), were enrolled in the targeted schools (Gaye, 2019, p. 55). It is important to note, however, that the study covered just 20 inclusive and specialized schools in seven of sixteen total IAs.

*Key Takeaways: Attitudes toward children with disabilities*

- Study participants generally expressed positive attitudes toward children and students with disabilities, though they provided anecdotal evidence indicating that negative perceptions of individuals with disabilities remain pervasive.
- It may be common for parents to keep children with disabilities at home and out of school, potentially resulting in under reporting of incidences of disability among students and highlighting the need for continued awareness-raising campaigns to encourage enrollment of children with disabilities.
- There is a strong commitment among teachers, parents, and community members interviewed to educating children with disabilities.

#### 4.2.5 TRAINING FOR TEACHERS AND SCHOOL DIRECTORS

Senegal does not have formal pre-service or in-service training modules regarding inclusive education. Instead, focus group respondents reported receiving training on inclusive education principles, sign language, and identifying students with disabilities from NGOs. One teacher who had received sign language training from Humanity and Inclusion noted that the training sessions “take four to five days during Easter or during the big holidays they are grouped somewhere with a sign language specialist who trains teachers but also inspectors.” Teachers are perhaps being trained in how to best support a child with one particular type of disability, as one respondent notes: “We were trained for visual disability but sometimes a parent comes with a child who has another disability.”



While some benefited from training provided by NGOs, still others took it upon themselves to learn about inclusive education practices. This was the case for one focus group participant, who relayed the following:

...I trained myself using the Internet as it is something that interests me because I fought for a long time for the education of these children [with disabilities]. I found it necessary to learn the pedagogies on these teachings, especially on discrimination and gender-based violence, which interested me a lot. And when inclusive education came and they chose my school, it was a godsend for me, and I told myself that I had succeeded.

While NGOs such as Humanity and Inclusion, Sightsavers, and Plan International do provide such training, data regarding the number of teachers trained in inclusive education is very hard to come by. Only the 2019 *Rapport sur l'État de Lieux Actualisé de la Situation De l'Éducation Inclusive et Spéciale des Enfants en Situation de Handicap*, which studied 20 public and private inclusive schools, provided data on teachers trained in inclusive education, noting that 164 (45.9%) of the 357 teachers surveyed had received training in inclusive education (p. 55).

*Key Takeaways: Training for teachers, directors, and other education system actors*

- There is a lack of teacher training – no “inclusive education” module in pre-service or in-service training is available for teachers.
- Some training/assistance is available to parents of children with handicaps, though this is uneven.
- There may be more teachers trained to work with students with disabilities at the primary school level rather than at the secondary school level (anecdotal evidence only).

#### 4.2.6 SCHOOL ENVIRONMENT

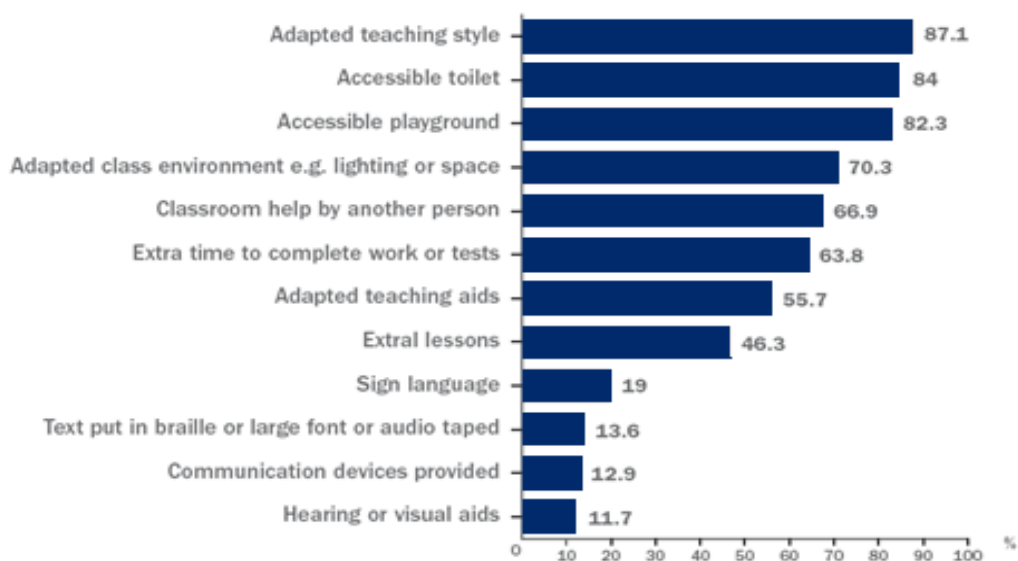
Students with disabilities face multiple obstacles in accessing school and navigating the school environment. While focus group participants understood the importance of adapting the school environment to be more inclusive, the majority of respondents said that schools have not been adapted for students with disabilities, though data examined indicate this may be slowly changing. According to a report by the Global Partnership for Education, the proportion of primary classrooms adapted to students with physical handicaps increased from 12.4 percent to 19.7 percent between 2013 and 2017 (Global Partnership for Education, 2019, p. 70).

Similarly, data collected in 2019 by the DEE indicates that 20.1% of school buildings were adapted for students with disabilities. Unfortunately, the data set does not provide further detail to clarify what

constitutes an adapted building nor does it disaggregate by type of adaptation. Of the 20 schools surveyed in the *Rapport sur l'Etat De Lieux Actualisé de la Situation de l'Education Inclusive et Spéciale des Enfants en Situation de Handicap*, 10 were outfitted with ramps while eight had no adaptations whatsoever. However, the same data also indicate that 12 schools had toilets with ramps, calling in to question the reliability of this data set.

Per Figure 5 below, adaptations to the physical school environment are most common, while adaptations to pedagogical materials are less common (material available in braille or large print, teaching in sign language, etc.).

Figure 5. Type of support children received from school



Source: ACPF, 2011, p. 38

While it is encouraging that 87.1% of respondents in the ACPF study reported that “the teacher teaches in a way that makes my understanding and my learning better,” there is no further information on what these adapted teaching methods entail (ACPF, 2011, p. 38). Unfortunately, no other data set provided the same level of detail about the school environment, nor did the ACPF report disaggregate the data on school environments by academic level or region.

Focus group respondents did note that while most schools were not adapted for students with disabilities, some schools and teachers were implementing zero-cost methods for making their school environments more inclusive. One school has made impressive strides in supporting students with disabilities to successfully navigate the school environment without incurring any costs:

The team, including myself, the director, and the teachers, were trained in Dakar on orientation and mobility. As soon as they [the children] came to the school, the first lessons were on school mobility. In the classroom first so that they could avoid obstacles, orient themselves in the classroom and then around the school package, the toilets, the tap, the headmaster's office, the classrooms....Often they pass by the office to say hello and then they go to their classes without any problem neither cane nor guide.

The most common adaptations relayed were related to where the child sat in the classroom, with teachers ensuring that a child with a possible hearing impairment sat near the front of the classroom and seating a child with a possible vision impairment near a window. Teachers also noted that they adapted learning assessments by providing students with disabilities more time to complete them.

*Key Takeaways: School environment*

- Teachers, directors, and inspectors understand the importance of adapting the school environment to be more inclusive.
- Some schools may have made small adjustments themselves to make the environment more inclusive though they cite the lack of funds or direction as barriers to doing more.
- Pedagogical tools produced by Lecture Pour Tous generally viewed as accessible and adapted to the cultural context.

## 5 CONCLUSIONS AND RECOMMENDATIONS

This study found that there is little quantitative data available on incidence of disability among children in Senegal and, as far as the research team could determine, no data about incidence of disability specifically among children in CI, CP, and CEI. Given that 49.7% of children with disabilities targeted by the ACPF survey do not attend school, of which 34.2% dropped out for reasons including physical inaccessibility and absence of adapted teaching materials, there is an urgent need to understand the prevalence of children with disabilities in Senegal and ensure that schools are equipped to welcome them through inclusive instruction and adaptations to the school environment. Though a number of tools for measuring incidence of disability have been developed in recent years (e.g., Washington Group/UNICEF Module on Child Functioning and Disability), the research team did not find any information indicating that these tools have been used in Senegal. To improve inclusive education in Senegal, it will be important for the government and its partners to focus on the items listed below.

- **Identification, data, and research:** As discussed above, data on disability among early grade learners in Senegal is extremely limited. Of the data available, the research team found no common definition of inclusive education, disability, or of types of disabilities and found no set monitoring and evaluation

system or criteria for inclusive education at the national, regional, or sub-regional level. Access to and use of data at local level to ensure inclusion in primary schools is limited at best and the understanding of who has responsibility for identifying a student with a disability and what that entails varies. This likely results from the lack of standardized procedural protocols and tools for conducting screening and evaluation for disabilities at the classroom level. Senegal must adopt common definitions for different types of disability and implement standardized identification tools and processes to establish a solid foundation of data for decision-making. Furthermore, the lack of comprehensive and reliable data on disability in Senegal constitutes a major impediment to policy reform and implementation. To build a base of reliable, valid data, it will be important for Senegal and its partners to do the following:

- Standardize definitions and revise instruments for identification to enable more accurate incidence data among children and youth, disaggregated by disability type and age or grade level.
  - Conduct standardized identification across the country using these updated instruments, particularly for young children of age to be entering or attending the early grades.
  - Conduct further research to uncover the link between incidence of disabilities and possible impediments to development of strong basic reading skills.
- **Destigmatize disability:** Organizations such as the *Fédération Sénégalaise des Associations de Personnes Handicapées* (Senegalese Federation of Associations of People with Disabilities [FSAPH]) have already implemented awareness-building efforts to destigmatize disability in Senegal. By coordinating with FSAPH and other DPOs in Senegal, implementing partners and the government of Senegal could reach a larger swath of the population to foster inclusion and increase enrollment of children with disabilities in primary school. To that end, the government and implementing partners should work with DPOs to conduct campaigns to shift negative attitudes towards individuals with disabilities and to encourage parents to enroll their children with disabilities in school.
  - **Training:** For inclusive education to be successfully implemented in Senegal, teachers must be trained “to instruct a wide array of learners with different needs,” including students with disabilities (Drame, 2014, p. 79). In focus group discussions and key informant interviews, teachers, school directors, and inspectors expressed a desire for additional training and tools to better understand and implement inclusive education practices. Creating and rolling-out pre-service and in-service training modules on inclusive education for teachers, directors, and school inspectors will improve learning outcomes for *all* students, not just those with disabilities.

- **Classroom- and local-level support for students with disabilities:** Adopt classroom- and other local-level response measures to serve students with disabilities in their current school-communities. This has the potential to increase the rate of enrollment and retention for early grade learners with disabilities. While much of the effort in implementing inclusive education has centered around designated inclusive schools, expanding these efforts to include zero or low-cost interventions in mainstream schools will improve educational outcomes for all students, not just those with disabilities.
- **Policy:** Senegal has demonstrated its commitment to inclusive education by ratifying international conventions, passing legislation, and drafting policies in support of education for *all* students. However, this study indicated that further work is required to ensure that all children build strong foundational reading skills and receive a quality education. Senegal should focus on integrating inclusive education policy with national language education and reading policy and should ensure that the forthcoming national policy on inclusive education aligns with existing legislation and international best practices.

While Lecture Pours Tous does not have the mandate to directly assist the MEN with each of these points at this time, the program will continue to provide support to the ministry with the inclusive education initiatives we have already begun (braille, etc.). Lecture Pour Tous will also endeavor to ensure the National Reading Program promotes inclusive education, starting with better identification and universal design for learning principles, to ensure that *all* children learn to read.

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## TERMINOLOGY

**Disability:** The UN Convention on the Rights of Persons with Disabilities (CRPD) defines disability as a social construct, stating that “disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society.”

**Inclusive education :** Inclusive education can be defined as "[---] an educational policy, a new paradigm and a method of education for people with disabilities, enabling all children, whoever they are, to benefit from schooling without feeling discriminated against” (Ndour, 2019). More simply, “inclusive education is focused on the education of children with disabilities and their right to receive an education within the general education system” (Hayes, Turnbull, Moran, 2018).

**Mainstream school (*école ordinaire*):** A school that welcomes all children, though children with disabilities have to adapt to the instruction, materials, and school environment in order to succeed.

**Inclusive school (*école inclusive*):** Mainstream school that welcomes all children, including those with disabilities. Instruction methods, materials, and the school environment are adapted as needed to ensure that all students are able to learn.

**Specialized school (*école spécialisée*):** School that only welcomes students with certain types of disabilities (i.e. school for the blind, school for the deaf). The instruction, materials, and school environment are adapted to support students with a specific type of disability.



## Annex A: Summary of Data Identified and Analyzed

### Summary of Data Identified and Analyzed

Document Name	Geographic Area or institution	Target population	Individuals	Data Type	Date	Disaggregation	Types of disabilities	Tool used for identification	Methodology or means of identification	Limitations
Statistiques écoles inclusives a l'elementaire*	National	Primary school students enrolled in both public and private schools	7,023	Quantitative	2019	Sex, IA, IEF, type of school (public or private)	None	Unknown	Unknown	Data not disaggregated by type of disability, age, or grade level.
2018 Rapport National sur la Situation de l'Education (RNSE)	National	Primary school students in 2018	2,142,227 (total number of primary school age students in 2018)	Quantitative	2018	Sex, IA	Intellectual, visual, auditory, physical (but this data is not provided in the report)	Unknown	"Les élèves en situation de handicap ont été recensés à partir de questions spécifiques portant sur l'état physique, la motricité, le type de déficience (intellectuelle, visuelle et/ou auditive)."	Data not disaggregated by type of disability, age, or grade level.
Recensement General de la Population et de l'Habitat, de l'agriculture, et de l'élevage (RGPHAE)	National	94% of the population (population estimated at 13,508,715)	12,698,192	Quantitative	11/11/2013 - 12/12/2013	Region, sex, literacy rates, school attendance rates, marital status, age (by decade), degree of disability, residence (urban v. rural)	Sensory disabilities, physical or mobility disabilities, communication disorders, intellectual disability, attention disabilities	Washington Group short set of questions	Washington Group short set of questions	Does not disaggregate disability by age group or class.
Profil Statistique de l'enfant au Senegal (sur la base du recensement général de la population 2013)	National	Same as for RGPHAE 2013 (94% of the population (population estimated at 13,508,715))	12,698,192	Quantitative	2013	Region, sex, literacy rates, school attendance rates, marital status, age (by decade), degree of disability, residence (urban v. rural), household income	Sensory disabilities, physical or mobility disabilities, communication disorders, intellectual disability, attention disabilities	Washington Group short set of questions	Washington Group short set of questions	Washington Group Short Set not adapted to children (i.e. questions about the ability to take care of oneself may not be relevant). As such, they limited their analysis to children 10-17
Children with disabilities in Senegal - the hidden reality (ACPF)	Louga, Matam, Saint-Louis, Dakar, Thiès, Diourbel, Fatick, Kaffrine, Kaolack; Kolda, Kédougou et Tambacounda, Bignona, Ziguinchor	Children selected from among 480 families in which there was at least one child with a disability, 10 focus groups.		Qualitative and quantitative	2011	Type of disability, religion, ethnicity, household income, citizenship, urban/rural (area of residence), sex	Physical, visual, auditory/hearing, intellectual, multiple	Self-reporting	Self-reporting	Sample population of children with disabilities was identified through partner organizations working for/with persons with disabilities. Hidden children with disabilities who are not on the radar of these organizations or the community may not have been included in the survey. II) Due to ethical issues, the study covered only children aged 9-17 and the experiences of younger children is not documented
Include Us!	Plan Senegal worked in Thiès, Kaolack, Louga, St Louis (rural) and Dakar suburban) at the time the report was written	Sponsored children (ranging in age from 0-17)	32,738	Quantitative	2012	Sex, type of disability	Physical, communication, vision, learning	Caregiver report	Questions designed based on guidelines available on the WHO website: "impairment: a characteristic and condition of an individuals' body or mind which unsupported has limited, does limit, or will limit that individual's personal or social functioning in comparison with someone who has not got that characteristic or condition. Impairment relates to a physical, intellectual, psychosocial or sensory condition; as such it is largely an individual issue."	Data only represents sponsored children, no general statement about children with disabilities can be made at a national level. Plan's sponsorship programs are located in economically disadvantaged areas and sponsored children and their families are among the poorest or most marginalized within their communities. Estimates are likely to underestimate the true prevalence among sponsored children.
Rapport sur l'Etat de Lieux Actualise de la Situation de l'Education Inclusive et Spécialisé des Enfants en situation de handicap	20 inclusive and specialized schools in Dakar, Pikine Guédiawaye, Rufisque, Louga, Kaolack, Thiès, Ziguinchor	Students and teachers in 20 inclusive and specialized schools	19,295 students and 833 teachers	Qualitative and quantitative	2018	Sex, IA, type of disability	Physical ("moteur"), visual, intellectual, "deaf mute"	Unknown	Unknown	Covers only 7 of 16 IAs (Dakar, Pikine Guédiawaye, Rufisque, Louga, Kaolack, Thiès, Ziguinchor) and 20 inclusive schools. Selection of schools was random, so only one school is rural and only one is private)

**Annex A: Summary of Data Identified and Analyzed**

Statistiques écoles inclusives: 2018/2019*	Inclusive schools (Pikine 23 B, Malick Diop Thiaroye, Cherif 1 Rufisque, Louga 1, Serigne Aliou Cisse Kaolack)	Students in 5 inclusive schools	241	Quantitative	2018/2019 school year	School, type of disability	Non voyant, mal voyant, handicapé moteur, albinos, déficient auditif, déficient intellectuel	Unknown	Unknown	
IA Kaolack - élèves en situation de handicap*	IA (IA Kaolack)		1,970	Quantitative	Unknown	Sex, type of disability	Déficiência intellectuel, handicap moteur, sourd muet, handicap visuel	Unknown	Unknown	
Sightsavers et DEE: Cartographie Kaolack (2017)*	Kaolack	Students in the neighborhoods around Ecole Serigne Aliou Cisse in Kaolack		Quantitative	2017	Sex, age, type of disability	Moteur (mild, moderate, severe), vision (blindness, poor vision), verbo-tonal (mute, poor hearing, deaf, difficulty communicating), intellectual (Down's Syndrome, epilepsy, "retard mental", multiple disabilities	Unknown	Unknown	
Données – IEF Fatick ESH 2017-2018*	IEF (IEF Fatick)	Students in IEF Fatick with disabilities in grades CI - CM2	359	Quantitative	2017/2018 school year	Commune, grade level, sex, disability	Intellectual, "moteur", deaf-mute, visual	Unknown	Unknown	
Liste des élèves déficients visuels à encadrer*	School (Ecole Serigne Aliou Cissee)	Students with visual disabilities enrolled in Ecole Serigne Aliou Cissé	9	Quantitative	Unknown	None	Visual	Unknown	Unknown	
Dépistage (Kaolack, Nov 2017)*	School (Ecole Serigne Aliou Cissee)	209 students screened	209	Quantitative	11/9/2017	Sex	Sans anomalie, avec anomalie	Unknown	Unknown	Data does not disaggregate by type of disability
Rapport Dépistage El Aliou Cissé (Nov 2017)*	School (Ecole El Hadj Aliou Cisse, Kaolack)	863 students screened, list of those that were referred for a consultation at the Centre Optique de Kaolack	40	Quantitative	11/24/2017	Grade level, sex	Acuité visuelle œil droit (AVOD), acuité visuelle œil gauche (AVOG) plus notes	Unknown	Unknown	

# **ANNEX B: INTERVIEW GUIDES**



## Lecture Pour Tous

### GUIDE D'ENTRETIEN INDIVIDUEL – DIRECTEURS/DIRECTRICES D'ÉCOLE

L'entretien vise à recueillir les opinions des acteurs/actrices du système pour mieux comprendre l'incidence des différents handicaps chez les élèves et qui pourraient entraver le développement de leurs compétences en lecture, ainsi que les ressources existantes disponibles et les stratégies utilisées pour améliorer l'inclusion dans l'enseignement de la lecture en début d'année.

**CGE** – comité de gestion d'école

**EI**-école inclusive

**EO** – école ordinaire

**ESH** – élèves en situation de handicap

**LPT** – Lecture Pour Tous

INFORMATIONS GENERALES	
Date	
IA	
IEF	
Nom de l'école	Code :
Type d'école	
Prénom et nom	
INFORMATIONS GENERALES	
Début de l'entretien .....	Fin de l'entretien.....
Animateur.....	Observateur .....

### ENVIRONNEMENT SCOLAIRE

1. Quelles sont les difficultés rencontrées par un enfant handicapé au niveau de l'environnement scolaire/de la classe (surtout dans les cours de lecture) ? *What are the difficulties faced by a disabled child in the school environment / class (especially in reading classes)?* (EO/EI/ES)
2. Est-ce que le matériel pédagogique (les livres, les autres outils de la salle de classe) est accessible et adapté pour les enfants en situation de handicap ? *Are the teaching materials (books, other classroom materials) accessible and adapted for children with disabilities?* (EO/EI/ES)



3. Est-ce que les manuels de lecture de LPT et les livrets de maison et tous les outils produits par LPT sont accessibles aux enfants en situation de handicap (n'importe quel type de handicap) ? (EI)
4. Que pensez-vous du maître référant au niveau de l'école ? Est-ce qu'il suit des enfants à la maison en lecture ? *What do you think of the referring teacher at the school level? Does he/she work with children on their reading skills at home? (EO/EI)*

## IDENTIFICATION DE LA DÉFICIENCE

1. Où et comment se fait l'identification des élèves porteurs de handicaps au niveau des classes initiales, y compris les difficultés liées à l'apprentissage ? (à l'école, aux centres de santé etc.) (EO/EI) *Where and how are primary grade students with disabilities (including learning disabilities) identified/diagnosed (at school, health centers etc.) (EO/EI/ES)*
2. Quels types de déficiences sont identifiés à partir de ces méthodes ? *What types of disabilities are identified through these screening methods? (EO/EI)*
3. Qu'est-ce qui se passe quand la déficience est identifiée ? Par exemple, est-ce qu'il y a des recommandations par rapport à l'orientation de l'élève soit dans une école inclusive soit dans une école ordinaire ? *What happens once a disability is identified? For example, are recommendations made related to what school the student should be enrolled in (ordinary school, inclusive school, or specialized school)? (EO/EI/ES)*
4. Est-il nécessaire d'avoir un diagnostic avant l'inscription dans votre école ? *Is it necessary for students to have a diagnosis prior to enrolling in your school? (EO/EI/ES)*
5. Votre école organise-t-elle des dépistages de routine des déficiences visuelles et auditives ? *Does your school organize regular visual and auditory screenings? (EO/EI/ES)*
6. Quels sont les plus grands défis liés aux pratiques de l'identification des déficiences existantes au Sénégal ? *What are the strengths of existing identification practices that could be scaled up? (EO/EI/ES)*
7. Quelles sont les points forts des pratiques de l'identification existantes qui pourraient être mises à l'échelle ? *What are the greatest challenges related to existing identification practices in Senegal? (EO/EI/ES)*
8. Comment les familles participent-elles au processus d'identification ? *How do families participate in the identification process? (EO/EI/ES)*



## RÉFÉRENCIEMENT DES ÉLÈVES

1. Quelles sont des systèmes de référencement disponible pour des ESH de votre école? *What referral systems are available for your students?* (EO/EI)
2. Quels sont les services de soutien en place pour les familles des ESH? *What support services are in place for families of disabled students?* (EO/EI/ES)
3. En règle générale, quelle distance les familles doivent-elles parcourir pour recevoir des aides à l'identification de la déficience de leur enfant ? *Generally speaking, how far do families have to travel to receive assistance in getting a diagnosis for their child?* (EO/EI/ES)

## FORMATION DES DIRECTEURS

1. Avez-vous reçu une formation pour appliquer les pratiques d'identification et êtes-vous suffisamment outillé pour accompagner les enfants en situation de handicap ? *Have you ever received training on how to identify handicaps?* (EO/EI/ES)
2. En tant que membre de CGE, est-ce que vous sensibilisez les parents sur la scolarisation des ESH? *As a member of the school management committee, do you help raise the awareness of parents regarding education for disabled children?* (EO/EI/ES)
3. Est-ce que vous recevez de bonnes pratiques qui pourront vous aider à l'adaptation de vos méthodes de gestion d'école pour des ESH ? *Do you receive information regarding best practices that could help you better manage your school to support children with handicaps?* (EO/EI)

## DIFFICULTÉS D'APPRENTISSAGE DE LA LECTURE

1. Pensez-vous qu'un enfant en situation de handicap peut apprendre au même titre des autres élèves ? (EO/EI/ES)
2. Pensez-vous qu'un enfant en situation de handicap peut lire au même titre des autres élèves ? *Do you think a student with a disability can read just as well as other students?* (EO/EI/ES)

## EVALUATION/REMÉDIATION

1. Comment organisez-vous des dispositifs d'évaluation/remédiation pour des ESH ? *How do you organize assessments and remediation activities for handicapped students?* (EO/EI/ES)



2. Quelle appréciation faites-vous des résultats des évaluations administrées aux ESH ? *What is your assessment of the results of evaluations delivered to students with disabilities?* (EO/EI/ES)
  
3. Etes-vous outillé pour mener à bien une évaluation/remédiation dans le cadre des ESH ? *Are you equipped to carry out an evaluation / remediation within the framework of ESH?* (EO/EI/ES)
  
4. Est-ce que les outils d'évaluation et de remédiation disponibles sont adaptés pour tous les élèves ? *Are the available evaluation/remediation tools adapted for use with all children, including those with handicaps?* (EO/EI)
  
5. Quelles sont vos stratégies actuelles en matière d'inclusion scolaire des ESH et pour les aider à réussir dans leur apprentissage? *What are your current strategies for ensuring inclusive education for students with disabilities?* (EO/EI/ES)
  
6. Quelles sont vos plus grandes réussites de votre école en matière d'inclusion scolaire des ESH ? *What are the biggest successes at your school related to inclusive education for children with handicaps?* (EO/EI)
  
7. Quelles sont vos aspirations pour améliorer l'identification de handicap ? Pour améliorer l'inclusion scolaire ? *What are your aspirations for improving identification of handicaps? For improving inclusive education?* (EO/EI)
  
8. Quelles sont les ressources disponibles qui pourraient être mieux utilisées pour réaliser ces aspirations ? *What available resources might be better used to achieve inclusive education?* (EO/EI)



# Lecture Pour Tous

## **GUIDE DE FOCUS GROUP – ENSEIGNANTS**

L'entretien vise à recueillir les opinions des acteurs/actrices du système pour mieux comprendre l'incidence des différents handicaps chez les élèves et qui pourraient entraver le développement de leurs compétences en lecture, ainsi que les ressources existantes disponibles et les stratégies utilisées pour améliorer l'inclusion dans l'enseignement de la lecture en début d'année.

**CGE** – comité de gestion d'école

**EI**-école inclusive

**EO** – école ordinaire

**ESH** – élèves en situation de handicap

INFORMATIONS GENERALES	
Date :	
IA	IEF
Ecole(s)	Code:
Type d'école	
Participants	
Prénom et nom	
INFORMATIONS GENERALES	
Début de l'entretien .....	Fin de l'entretien.....
Animateur.....	Observateur .....
ENVIRONNEMENT SCOLAIRE	

5. Quelles sont les difficultés rencontrées par un enfant handicapé au niveau de l'environnement scolaire/de la classe (surtout dans les cours de lecture) ? *What are the difficulties faced by a a child with disabilities in the school environment / class (especially in reading classes)?* (EO/EI)
6. Est-ce que le matériel pédagogique (les livres, les autres outils de la salle de classe) est accessible et adapté pour les enfants en situation de handicap ? *Are the teaching materials (books, other classroom materials) accessible and adapted for children with disabilities?* (EO/EI)
3. Est-ce que les manuels de lecture de LPT et les livrets de maison et tous les outils produits par LPT sont accessibles aux enfants en situation de handicap (n'importe quel type de handicap) ? (EI)
4. Est-ce que les contenus des enseignements et la façon d'enseigner sont adaptés ? (EI)





## IDENTIFICATION DE LA DÉFICIENCE

9. Où et comment se fait l'identification des élèves porteurs de handicaps au niveau des classes initiales, y compris les difficultés liées à l'apprentissage ? (à l'école, aux centres de sante etc.) *Where and how are primary grade students with disabilities (including learning disabilities) identified/diagnosed (at school, health centers etc.)* (EO/EI)
  
10. Quels types de déficiences sont identifiés à partir de ces méthodes ? *What types of disabilities are identified through these screening methods?* (EO/EI)
  
11. Ou se fait l'identification des déficiences (à l'école, aux centres de sante etc)? *Where are disabilities identified (at school, at health centers, etc)?* (EO/EI)
  
12. Les difficultés lies à l'apprentissage sont-elles identifiées en Sénégal chez les élèves des classes initiales ? Sinon, pourquoi pas ? *Are learning disabilities diagnosed for early grade students in Senegal? If not, why not?* (EO/EI)
  
13. Qu'est ce qui se passe quand la déficience est identifiée ? Par exemple, est-ce qu'il y'a des recommandations par rapport à l'orientation de l'élève soit dans une école inclusive soit dans une école ordinaire ? *What happens once a disability is identified? For example, are recommendations made related to what school the student should be enrolled in (ordinary school, inclusive school, or specialized school)?* (EO/EI)
  
14. Est-il nécessaire d'avoir un diagnostic avant l'inscription dans votre école ? *Is it necessary for students to have a diagnosis prior to enrolling in your school?* (EI)
  
15. Votre école organise-t-elle des dépistages de routine des déficiences visuelles et auditives ? *Does your school organize regular visual and auditory screenings?* (EO/EI)
  
16. Quelles sont les points forts des pratiques de l'identification existantes qui pourront être mises à l'échelle ? *What are the strengths of existing identification practices that could be scaled up?* (EO/EI)
  
17. Quels sont les plus grands défis liés aux pratiques de l'identification existantes au Sénégal ? *What are the greatest challenges related to existing identification practices in Senegal?* (EO/EI)



18. Comment les familles participent-elles au processus d'identification ? *How do families participate in the identification process?* (EO/EI)
19. Connaissez-vous des outils qui sont utilisés pour identifier des déficiences chez les élèves ? *Do you know of any tools that are used to identified disabilities in students?* (EO/EI)

### **RÉFÉRENCIEMENT DES ÉLÈVES**

20. Quelles sont des systèmes de référencement disponible pour vos élèves ? *What referral systems are available for your students?* (EO/EI)
4. En règle générale, quelle distance les familles doivent-elles parcourir pour recevoir des aides à l'identification de leur enfant ? *Generally speaking, how far do families have to travel to receive assistance in getting a diagnosis for their child?* (EO/EI/ES)
5. Quels sont les services de soutien en place pour les familles d'enfants identifiés comme ayant un handicap ? *What support services are in place for families of disabled students?* (EO/EI/ES)

### **FORMATION DES ENSEIGNANTS**

4. Avez-vous reçu une formation pour appliquer les pratiques d'identification ? *Have you ever received training on how to identify disabilities?* (EO/EI/ES)
5. Avez-vous reçu une formation pour enseigner les enfants en situation de handicap ? *Have you ever received training on how to students with disabilities ?*
6. Est-ce que vous êtes suffisamment outillé pour accompagner les enfants en situation de handicap ? *Are you sufficiently equipped to support children with disabilities?*
7. Est-ce que vous êtes suffisamment sensibilisé par les acteurs communautaires de LPT ?
8. Est-ce que vous recevez des informations ou des suggestions qui pourront vous aidez à l'adaptation de vos méthodes d'enseignement ? *Do you receive information or suggestions as to how you can adapt your teaching methods?* (EO/EI)

### **CONNAISSANCES/ATTITUDES**



3. Pensez-vous qu'un enfant en situation de handicap peut apprendre au même que titre des autres élèves ? *Do you think that a student with a disability can learn just as well other students? (EO/EI/ES)*
4. Pensez-vous qu'un enfant en situation de handicap peut lire comme les autres élèves ? *Do you think a student with a disability can read just as well as other students? (EO/EI/ES)*

### **Evaluation**

9. Comment organisez-vous des évaluations pour des ESH ? *How do you organize evaluations for students with disabilities?*
10. Quelle appréciation faites-vous des résultats des évaluations administrées aux ESH? *What is your assessment of the results of evaluations delivered to students with disabilities?*
11. Quels sont les activités de remédiation disponible? *What remediation activities are available for students with disabilities?*
12. Quel est l'impact de handicap sur l'apprentissage des ESH? *What is the impact of disability on learning for students with handicaps?*

### **Remédiation**

1. Quelles sont vos stratégies actuelles en matière d'inclusion scolaire des élèves handicapés ? *What are your current strategies for ensuring inclusive education for students with disabilities?*
2. Quelles sont les plus grands succès pour aider les élèves handicapés à réussir dans leur apprentissage ? *In your opinion, what are the greatest successes related to helping students with disabilities succeed in their learning?*
3. Quelles sont recommandations ou suggestions pour améliorer l'identification du handicap chez les élèves des classes initiales ? *What suggestions or recommendations to you have to improve identification of handicaps in primary grade students?*
4. Quelles sont vos recommandations ou suggestions pour améliorer l'inclusion scolaire ? *What are your recommendations or suggestions for improving inclusive education?*



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5. Quelles sont les ressources disponibles qui pourraient être mieux utilisées pour réaliser vos ambitions en termes d'inclusion sociale des élèves ? *What available resources might be better used to achieve inclusive education?*



# Lecture Pour Tous

## GUIDE D'ENTRETIEN FOCUS GROUP - PARENTS

L'entretien vise à recueillir les opinions des acteurs/actrices du système (y compris les parents) pour mieux comprendre l'incidence des différents handicaps chez les élèves et qui pourraient entraver le développement de leurs compétences en lecture, ainsi que les ressources existantes disponibles et les stratégies utilisées pour améliorer l'inclusion dans l'enseignement de la lecture en début d'année.

- CGE** – comité de gestion d'école
- EI** – école inclusive
- EO** – école ordinaire
- ESH** – élèves en situation de handicap
- LPT** – Lecture Pour Tous

INFORMATIONS GENERALES	
Date :	
IA :	
IEF :	
Fonction :	
Prénom et nom :	
Email :	
Téléphone :	
L'ENTRETIEN	
Début de l'entretien .....	Fin de l'entretien.....
Animateur.....	Observateur.....
CONNAISSANCES/ATTITUDES	

1. Pour vous c'est quoi un handicap ?
2. Quels sentiments éprouvez-vous face à une élève en situation de handicap ?
3. Avez-vous un enfant confronté d'une situation handicap ? Quel type de handicap présente votre enfant ?
4. Votre enfant est handicapé de naissance, par maladie, ou par accident ?



5. Que faites-vous par rapport à son handicap ?
6. Que feriez-vous si vous aviez un ESH?
7. Est-ce que vous êtes suffisamment sensibilisé par les acteurs communautaires de LPT par rapport à l'accompagnement de votre enfant/ESH en lecture ?
8. Que pensez-vous du matériel pédagogique que LPT a mis à disposition au niveau des écoles ? Pensez-vous qu'ils sont accessibles à tous les élèves ? Sont-ils adaptés pour votre enfant en situation de handicap ?
9. Pensez-vous que votre ESH peut lire au même titre que les autres élèves ?
10. Est-ce que vous soutenez votre enfant en lecture à la maison ? Si non, pourquoi ? Si oui, comment ?
11. Que pensez-vous du maître référant au niveau de l'école ? Est-ce qu'il suit votre enfant à la maison en lecture?

### **IDENTIFICATION DE LA DEFICIENCE**

1. Comment est-ce que la situation handicap de votre enfant a été détecté ?
2. Avez-vous participé au processus d'identification et si oui, comment?
3. Est-ce que vous êtes suffisamment outillé pour accompagner votre enfant/ESH?
4. Quelles sont des systèmes de référencements disponible pour vos élèves ?
5. Est-ce que vous vous êtes référés aux centres de santé ou aux spécialistes ?
6. En règle générale, quelle distance les familles doivent-elles parcourir pour recevoir des aides à l'identification de leur enfant ?
7. Quels sont les services de soutien en place pour les familles d'enfants identifiés comme ayant un handicap ?

### **ENVIRONNEMENT SCOLAIRE**



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1. Quelles sont les difficultés rencontrées par un enfant handicapé au niveau de la classe (surtout dans les cours de lecture) ?
2. Est-ce que l'école et la classe sont accessibles à votre ESH ? Pourquoi ou pourquoi pas ?
3. Que pensez-vous de la capacité de lecture de votre enfant ?
4. Quel est l'impact de handicap sur l'apprentissage de votre enfant?
5. Y-a-t'il des cours de remédiation disponible pour votre enfant?
6. Comment échangez-vous avec le maitre sur le suivi de votre enfant ? Comment échangez-vous sur la prise en charge de votre enfant/ESH?



# Lecture Pour Tous

## GUIDE D'ENTRETIEN INDIVIDUEL IA/IEF

L'entretien vise à recueillir les opinions des acteurs/actrices du système pour mieux comprendre l'incidence des différents handicaps chez les élèves et qui pourraient entraver le développement de leurs compétences en lecture, ainsi que les ressources existantes disponibles et les stratégies utilisées pour améliorer l'inclusion dans l'enseignement de la lecture en début d'année.

**CGE** – comité de gestion d'école

**EI**-école inclusive

**EO** – école ordinaire

**ESH** – élèves en situation de handicap

INFORMATIONS GENERALES	
<b>Date :</b>	
<b>IA :</b>	
<b>IEF :</b>	
<b>Fonction :</b>	
<b>Prénom et nom :</b>	
<b>Email :</b>	
<b>Téléphone :</b>	
L'ENTRETIEN	
Début de l'entretien .....	Fin de l'entretien.....
Animateur.....	Observateur.....
.....	.....
DONNÉES, STRATEGIES, OUTILS ETC	

1. Avez-vous des données sur le nombre d'élèves porteurs des handicaps au Sénégal ou au sein de IA / IEF?
2. Si oui, d'où proviennent ces données ?
3. Comment ont-elles été obtenues ?
4. Pourriez-vous les partager?





5. Si les données n'existent pas, pourquoi ?
6. Quels outils utilisez-vous pour le dépistage et pourriez-vous les partager ? *What tools do you use for screening, and may we see them?*
7. Quels sont vos stratégies et politiques actuelles en matière de l'inclusion scolaire des élèves handicapés ?
8. Pourriez-vous les partager ?
9. Quels sont les plus grands succès en matière de l'inclusion scolaire des élèves handicapés dans votre académie IA/IEF ?
10. Quel est le taux de l'abandon des ESH ?
11. Quel est le taux d'achèvement des ESH ?

## ENVIRONNEMENT SCOLAIRE

1. Combien d'écoles inclusives avez-vous dans votre académie IA/IEF ?
2. Quels sont les types de handicaps que vous pouvez recevoir dans vos écoles ?

## IDENTIFICATION DE LA DÉFICIENCE

21. Quels sont les plus grands problèmes et défis liés à l'identification des ESH au Sénégal / dans votre académie IA/IEF ?
22. Quels sont les plus grands succès liés à l'identification des ESH dans votre académie IA/IEF ?
23. Vos écoles organisent-elles des dépistages de routine des déficiences visuelles et auditives ?
24. Si oui, comment ? A quelle fréquence ?



25. Comment les familles et les CGEs participent-ils au processus d'identification des déficiences ?
26. Après avoir reçu un diagnostic de déficience, les élèves pourront-ils, quel que soit leur type de déficience, s'inscrire à leur école locale et être éduqués dans la même classe que leurs pairs non handicapés ? *Demandez de la clarification si nécessaire*

### RÉFÉRENCIEMENT DES ÉLÈVES/SERVICES DE SOUTIEN

6. Quel sont les systèmes de référencement disponibles pour les élèves qui sont identifier comme porteurs de handicap ?
7. En règle générale, quelle distance les familles doivent-elles parcourir pour recevoir des aides à l'identification de leur enfant ?
8. Quel type de soutien fournissez-vous aux élèves porteurs de handicap ?
9. Quels sont les services de soutien en place pour les familles d'enfants identifiés comme ayant un handicap ?

### FORMATION

1. Avez-vous des agents qui ont été formés pour la détection des déficiences ?
2. Quelle formation, le cas échéant, est fournie aux enseignants pour la prise en charge de l'enseignement inclusif ?
3. Quelles sont les formations reçues par les personnes en charge du dépistage ?

### DIFFICULTÉS D'APPRENTISSAGE

6. Quels obstacles existants peuvent empêcher tous les élèves, quel que soit le handicap, de recevoir une éducation inclusive ?
7. Comment appréciez-vous la lecture initiale dans le cadre de l'apprentissage inclusif ?
8. Quels sont les facteurs qui entravent la poursuite de la scolarité chez les ESH ?

### EVALUATION



13. Comment organisez-vous des évaluations pour des ESH ?

14. Quelle appréciation faites-vous des résultats des évaluations administrées aux ESH ?

## REMÉDIATION

1. Quelles sont les stratégies de remédiation que vous utilisez pour les ESH après les évaluations ?
2. Quelles sont vos aspirations pour améliorer l'inclusion scolaire ?
3. Quelles sont les ressources disponibles qui pourraient être mieux utilisées pour réaliser ces aspirations ?

Avez-vous d'autres choses à ajouter dans le cadre de l'éducation



# Lecture Pour Tous

## GUIDE D'ENTRETIEN INDIVIDUEL ONG ET/OU EXPERT

L'entretien vise à recueillir les opinions des acteurs/actrices du système pour mieux comprendre l'incidence des différents handicaps chez les élèves et qui pourraient entraver le développement de leurs compétences en lecture, ainsi que les ressources existantes disponibles et les stratégies utilisées pour améliorer l'inclusion dans l'enseignement de la lecture en début d'année.

**CGE** – comité de gestion d'école

**EI** – école inclusive

**EO** – école ordinaire

**ESH** – élèves en situation de handicap

**LPT** – Lecture Pour Tous

INFORMATIONS GENERALES	
Date :	
Organisation :	
Fonction :	
Prénom et nom :	
L'ENTRETIEN	
Début de l'entretien .....	Fin de l'entretien.....
Animateur.....	Observateur .....
DOMAINES D'INTERVENTIONS	

1. Quelles sont vos domaines d'intervention dans le cadre d'éducation et/ou de handicap ?
2. Quels types de déficiences sont pris en charge dans votre programme ?
3. Qui sont vos partenaires dans le cadre de l'éducation et/ou de handicap?
4. Quels sont vos zones d'intervention ?
5. Quelle est la durée du programme d'intervention ?
6. Quelles sont les réalisations dans le cadre de la pris en charge des déficiences et l'éducation inclusive ?
7. Comment appréciez-vous vos résultats ?
8. Quelles différences existent-ils entre les ONG qui interviennent dans l'éducation inclusive au Sénégal ?

DONNÉES, STRATÉGIES, OUTILS
1. Avez-vous des données sur le nombre d'élèves porteurs des handicaps au Sénégal ?
2. Si oui, d'où proviennent ces données ?
3. Comment ont-elles été obtenues ?
4. Pourriez-vous les partager ?
5. Si les données n'existent pas, pourquoi ?
6. Quels outils ou méthodes utilisez-vous pour identifier les ESH ?
7. Quels outils ou méthodes utilisez-vous déterminer les taux d'incidences ?

**Résultat 2** : Résultat 2 : Amélioration du système d'enseignement de la lecture à l'école élémentaire

**Extrant 2.3** : La recherche sur la lecture initiale à l'école élémentaire est produite et disséminée



8. Quelle est l'incidence des handicaps sur la qualité des apprentissages à l'école ?
9. Quelle est l'incidence des handicaps sur la capacité en lecture des élèves dans les trois premières années de l'élémentaire ?

### **ENVIRONNEMENT SCOLAIRE**

1. Quelles sont vos interventions pour améliorer l'environnement scolaire pour les ESH ?  
Environnement physique ? Matériels pédagogiques ? Matériels didactiques ?
2. Comment appréciez-vous l'état des écoles inclusives ?
3. Quels sont vos suggestions pour améliorer l'environnement scolaire ?

### **IDENTIFICATION DE LA DÉFICIENCE**

1. Quelles sont les ressources et / ou stratégies actuellement utilisées en Sénégal pour identifier les ESH ?
2. Ces stratégies sont-elles alignées sur la Convention des Nations Unies relative aux droits des personnes handicapées ?
3. Ces méthodes sont-elles alignées sur les meilleures pratiques internationales ?
4. Comment ces ressources et / ou stratégies diffèrent-elles, le cas échéant, selon la zone ou la région et/ou zones urbaines/rurales ?
5. Existe-t-il des variations notoires dans les taux d'incidence selon le genre, la zone ou la région ?
6. Quelles sont les différences actuelles entre les taux d'incidence rapportés par différentes sources au Sénégal ?
7. Existe-t-il un système universel permettant à tous les étudiants sénégalais de se soumettre systématiquement à des dépistages de la vue et de l'audition ?
8. Est-ce fait dans les centres de santé ou dans le système scolaire ?
9. Quels sont les plus grands problèmes et défis liés à l'identification des ESH au Sénégal ?
10. Quels sont les plus grands succès liés à l'identification des ESH en Sénégal ?
11. Comment les familles et les CGEs participent-ils au processus d'identification des déficiences ?
12. Quelles sont vos recommandations ou suggestions pour améliorer l'identification de handicap chez les élèves des classes initiales ?

### **RÉFÉRENCIEMENT DES ÉLÈVES/SERVICES DE SOUTIEN**

1. Quel sont les systèmes de référencement disponibles pour les élèves qui sont identifier comme porteurs de handicap ?
2. Quels types de soutien ou de services sont fournis pour soutenir les résultats d'apprentissage des ESH ?
3. En règle générale, quelle distance les familles doivent-elles parcourir pour recevoir des aides à l'identification de leur enfant ?
4. Quel type de soutien fournissez-vous aux élèves porteurs de handicap ?
5. Quels sont les services de soutien en place pour les familles d'enfants identifiés comme ayant un handicap ?

### **FORMATION**

1. Avez-vous des agents qui ont été formés pour la détection des déficiences ?
2. Assurez-vous des formations pour la prise en charge de l'enseignement inclusif ?
3. Si oui, pouvez-vous mettre à disposition ces modules de formation ?
4. Quelles sont les formations reçues par les personnes en charge du dépistage ?
5. Formez-vous des partenaires au niveau locale à la détection et la prise en charge des ESH ?



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6. Quelles sont les difficultés et contraintes liées à la formation des acteurs de la prise en charge des ESH ?

### **DIFFICULTÉS D'APPRENTISSAGE**

1. Quels obstacles existants peuvent empêcher tous les élèves, quel que soit le handicap, de recevoir une éducation inclusive ?
2. Quels sont les facteurs qui entravent la poursuite de la scolarité chez les ESH ?

### **EVALUATION/ REMÉDIATION**

1. Est-ce que vos partenaires sont formés à l'évaluation des apprentissages et à la remédiation dans le cadre l'éducation inclusive notamment à la lecture initiale ?
2. Quelle appréciation faites-vous des résultats des évaluations administrées aux ESH ?
3. Quelles sont vos aspirations pour améliorer l'inclusion scolaire ?
4. Quelles sont les ressources disponibles qui pourraient être mieux utilisées pour réaliser ces aspirations ?
5. Comment participez-vous à la mise en place des dispositifs de suivi/encadrement des enseignants dans le domaine de l'éducation inclusive ?
6. Les parents sont-ils associés aux activités de remédiation en lecture destinées aux ESH?
7. Avez-vous d'autres choses à ajouter dans le cadre de l'éducation inclusive et surtout pour les ESH?