

## Morocco Office

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Image (disabled child in class learning)

# Case Study on inclusive education development

**UNICEF Morocco**

**Capacity building and mobilization to improve access and quality education for disabled children**

# Morocco

## Capacity building and mobilization to improve access and quality education for disabled children

### ABSTRACT

To tackle high levels of out of school disabled children and lack of adaptive quality education among children in Morocco, UNICEF and Ministry of Education (MoE) supported the regional academy of education of Souss-Massa-Daraa to implement a pilot program on inclusive education regional strategy building and implementation aiming to improve access and learning practices for disabled children as part of a larger initiative to feed a national program to ensure access and quality learning for disabled children.

The pilot (flagged “we live together we learn together”) uses a wide mobilisation participatory strategy for the promotion of local and regional institutional mechanisms to improve mobilisation of stockholders and education actors, improve access and learning practices for disabled children and ensure a continuum of services targeting the most vulnerable to ensure improvement of education access and quality in public schools.



After 12 months, the first phase evaluation of the program found a significant impact of advocacy and mobilisation processes on ensuring the continuity of multi services local committees to improve inclusive education and an improvement of schools inclusiveness regarding learning practices and perceptions.

Advocacy, mobilisation and capacity building can strengthen communication around inclusive education, thereby improving social perception, teaching practices and inclusion principles in schools while prolonging years of schooling of disabled children. Based on the positive results and lessons learned from the piloted UNICEF Morocco in partnership with Handicap International is currently implementing second phase program actions documenting the process and results on children and ensuring an evidence based feedback to orient building a national program for inclusive education.

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### OVERVIEW & BACKGROUND

With only 32% of access to basic education, Moroccan disabled children are the most marginalised population to access education services.

The latest national census estimated the rate of access to basic education shows big disparities in access to basic education for children with disabilities. Only 22% of rural girls have access to primary education and less than 12% of disabled children gain secondary school.

Since 2000, education system began a national program of integration of children with disabilities in public schools through the creation of special classes (school integration classes) aim to improve capacities of disabled children regular basic education classes. In 2014, there were 680 classes among with very few ensure the transition function for children with disabilities to regular classes and as a majority managed by civil society.

The access for disabled children to schools is always dependent on availability of trained teachers and a systematic lack of medical and social specialised staff is a major issue. Furthermore, teachers are not trained to adaptive methods to ensure quality learning for both children with disabilities of with special needs.

At the governance level, coordination between sectors of services is a major bottleneck to enhance offer and improve quality in school for children with disabilities. The study conducted in the pilot region shows that among 57 integrated education classes programmed only 43 were available in 2014. Furthermore, the study shows that the articulations between the specialised centres, integrated classes and regular classes are almost absent in all provinces of the pilot region.

Hence, the focus of the program was to include inclusiveness as a major objective in education system planning, mainstream and operate a system change at a higher central level based on pilot experimentation to inform a wider strategy for inclusive education in a context of education reform that is characterized by a disarticulation of specific education offer for children with disabilities (specialized, integrated and inclusive).

Three major domains were developed covering change of perception through mobilization, strengthening communication and children participation. The second aims to develop capacity building mechanisms to adapt education offer to children with disabilities both at the pedagogical level and management of school facilities. The last domain concern the creation of a continuum of services: pedagogy of inclusiveness, specialized medical assistance, parent education as well as coordinated monitoring and action.

## STRATEGIES & EXECUTION

### *Program objective and approach.*

The program main objective is to operate a system change toward inclusiveness for disabled children through creating evidence and documenting pilot experimentation best practices and constrains as well as developing mechanisms of coordination between social services to insure education inclusion of children with disabilities.

To do so, a major piloting was developed in the region of Souss-Massa-Daraa covering all spheres of education decisions levels in all provinces, experimenting behavior change, capacity building and services coordination development in 18 schools counting 9200 children. The program governance included as well a mix of regional and central composed comity for the monitoring and orientation as an entry to a post scaling up mechanism.

The first phase begun with two principal interventions covering a large comprehensive diagnosis of inclusive education situation in the pilot region and the creation of mechanisms of coordination at local, regional and central level.

The diagnosis was carried out under a large participatory process including all social services stakeholders at all levels, education actors as well as children and parents education aiming to inform achievements, constrains and bottlenecks as well as asses local and regional capacities.

The diagnosis results were the basis of the second phase planning and mainstream that highlighted three major components: mobilization strengthening, capacity building in educational field, and institutionalization of coordination mechanisms for inclusiveness.

In parallel a progressive implication of central high level of decision, including Ministry of education, has been included as support mechanism as well as a way of feeding national reform strategy with evidence and best practices to develop a national framework of inclusive education strategy.

The global approach of the program was to capitalize and improve existing mechanisms for inclusiveness, develop new institutionalized mechanisms for planning and mainstream inclusive education at the field level, and include mobilization and children/parent participation. UNICEF support has provided technical support via mobilization of expertise and experts to develop adaptive pedagogical school contents and develop organized structures that ensure a continuum of services in favor of disabled children education.

The monitoring and evaluation process put in place was a main strategic focus in terms of informing results and best practices as well as an insight on participatory process of stakeholders, education actors, parents as well as children.

#### *Behaviour change and communication strategy.*

The communication and behaviour change strategy was included at the first phase of the program as a strong domain of action to support both achievement of results and create system change. Mobilisation of Ministry of education central and regional levels was ensured via a wide communication campaign as well as technical meetings including participation of disabled children that succeeded in achieving high levels of education as well as field campaigns to increase handicap visibility and disabled children education exclusion.

At the local level, local governments and education stakeholders took part on a wide diverse communication program that includes workshops for children inclusive education, manifestations with the participation of children and parents as well as conferences gathering all experts, decision makers and education stakeholders.

Media campaign program was design to follow all steps of program mainstream and involved radio spots, television debates as well as oriented regular newspapers articles on education right for children with disabilities targeting both families and schools.

#### *Monitoring and evaluation.*

Beside the global framework of program monitoring that includes indicators for main results achievement and regular reports of mainstream and process evaluation. Schools were supported to develop specific dashboards for access and retention of children with disabilities that were included in school action plans planning, mainstream and evaluation.

A feedback loop was developed via an education system planning anchorage of a regional matrix to ensure including children with disabilities in education planning priorities and ensure specific responses to school access for disabled children.

Capacity building of local and regional planners conducted under MoRES approach to ensure equity sensitiveness of planning and mainstream of education services was a key support to ensure high quality evaluation of regional education planners of school access and retention.

#### *Coordination Mechanisms.*

At the central level, a national comity led by Ministry of Education was created to ensure monitoring of the project at all levels. The comity includes all departments involved in providing services to ensure inclusive education for children with disabilities among with health and social protection departments play a central role to orient conditions of success to program development and results achievement.

The national comity ensures also development of key determinants of scaling up under a process of national strategy building of inclusive education.

At the field level, a regional comity as well as local comities had been institutionalised, composed by teachers, school management representatives, local governments, experts as well as civil society participation. Timely regular meeting are held to monitor developed action plans and give field responses to assessed constrains.

## PROGRSS AND RESULTS

At the school level a major change has been operated both in capacity building as well as mobilisation for inclusiveness. Hence children are provided with new approaches of learning and benefit from regular assessments to integrate regular classes.

In terms of access, the result of the first phase of mobilisation had ensure an important increase of children with disabilities in schools that reached in the targeted districts 31.7%. Furthermore, a substantial change has been showed in families and parents behaviour that claim education access for their disabled children and contribute to education process even for those of low socioeconomic behaviour.

The local governments included for the first time a specific budgetary line to support inclusive education development that resulted, at the first phase, in providing specialised transport to school for disabled children (a pioneer initiative nationwide). Better coordination with health services is reflected as well in an articulated process between medical support and education process is beginning to rise (almost half of schools targeted and half of the total disabled children in school over the region)

New pedagogical methods were developed to adapt curriculum content and teaching methods to six major disabilities and had been validated and adopted by Ministry of Education. The result of the first phase of implementation in targeted schools show already a better learning process for disabled children as well as a better pedagogical differentiation that benefit all the 9200 children in classes.

The scaling up process has already begun with the involvement of key Ministry of Education central departments covering introduction of inclusiveness inputs in education national planning, schools management comities, teachers training and individualised monitoring of children education. Thus, the national monitoring system of learning outcomes has included for the first time all children with disabilities as well as the education planning system that includes allready school access planning oriented toward inclusiveness.

## NEXT STEPS

UNICEF is supporting an ongoing process of national framework strategy of inclusive education building based on pilot results. As a first result, a multisectoral convention has been signed between education, social protection and health departments to provide basis to a national coordinated strategy for inclusive education. The pool of expertise created on the field for inclusive education development is supported to disseminate the expertise and competencies on other regions via a first experience in the Oriental region.

The main targeted objectives in the next two years is to support building a national response to inclusive education that will be a key component of the national strategy of handicap that had been lunched in 2014 and ensure coordinated system capacitation to provide a continuum of services for children with disabilities beyond basic education.

REFERENCES\*

[www.unicef.org/maroc](http://www.unicef.org/maroc)

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