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Outside the Circle

A research initiative by Plan International into the rights of children with disabilities to education and protection in West Africa

Plan/Alf Berg

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Foreword

For so many years the plight of children with disabilities has been well known but not well documented. Stories of abuse and neglect in homes, communities and in schools across Africa are common but not often verified. Many children with disabilities do not attend primary or post primary school because their families are ashamed or believe the child has no ability to learn.

According to the World Bank and the WHO, an estimated 15% of the world's population lives with a disability, of which a staggering 106 million children are estimated to have moderate and severe disabilities.[1]

With this in mind, in West Africa, Plan embarked on an ambitious endeavour to understand the complexities of why girls and boys are constantly denied their basic right to education and protection. This regional research aimed to gain in-depth knowledge into the negative attitudes, discrimination and violence that girls and boys with disabilities are subjected to, and to analyse different approaches that have been used to ensure they have the opportunity to access their basic right to education and to be protected from discrimination.

The research found that community perceptions are the root causes of endemic violence and discrimination against girls and boys with disabilities. While there have been dominant traditional views for a long time in communities in West Africa, perceptions of children with disabilities are gradually evolving to one that reflects a more biomedical view, where it is believed that disabilities are the result of illnesses, hereditary factors, accidents, poor prenatal care, and complications at birth. So fortunately the attitudes and treatment of children with disabilities are gradually improving, but many children with disabilities remain excluded from social and educational activities.

Plan will use this research to raise awareness of the rights of children with disabilities with staff, partners and the communities. Plan will work with governments to revise policies, action plans and national budgets so that they reflect the needs and aspirations of children with disabilities. Plan will also ensure that future education, economic security, protection and humanitarian programmes increasingly address the needs of children with disabilities.

I encourage NGOs, development agencies and governments to use this report to similar effect and help children with disabilities fully exercise their rights and take their deserved place in society.

AKDube

Kudakwashe Dube,

Chief Executive Officer,
Secretariat of the Africa
Decade of Persons with
Disabilities

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[1] WHO (2011) World Report on Disability. Geneva: World Health Organisation, p.29

Acknowledgements

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Plan

UNIVERSITY OF TORONTO
FACULTY OF MEDICINE

Executive summary

Children with disabilities across West Africa are subject to profound levels of poverty, exclusion and discrimination. They are widely excluded from education and denied access to protection services as well as other rights enjoyed by abled children. This report outlines why children with disabilities are denied these basic rights; why they are outside the circle. It calls on governments, NGOs, community groups and leaders to take action to put an end to this discrimination.

> "I am no longer in school because the other children make fun of me and say I'm a half person. Yes, even until now, I very much want to go to school, but my friends make fun of me and say that I am incomplete. It is for this very reason that my dad made me leave school."

This 12 year old boy from Guinea with a physical impairment has been subjected to abuse from children and adults in his community for as long as he can remember. Sometimes he prefers hiding in his parents hut to escape the insults. His father sent him to school hoping that his child would find acceptance someday. But he was wrong. When he saw his son being ridiculed by peers, he decided to take him out of school to protect him. This boy, wounded in spirit by stigma, is part of the group of children with disabilities who are excluded from all opportunities, who live outside the circle in West and Central Africa.

The stigmatisation of girls and boys with disabilities is widespread across society in West Africa and is not given adequate attention by

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parents, guardians, siblings, peers, teachers, pastors, imams and governments. Plan West Africa commissioned a major research project to investigate this issue. The research was conducted by the International Centre for Disability and Rehabilitation (ICDR). It comprised of three components: targeted in-depth research in four countries – Guinea, Niger, Sierra Leone and Togo, a West Africa region-wide literature review and an investigation into good practices that exist in the region to include children with disabilities in education and protection work.

Governments and disability

All Governments in West Africa have committed to including children with disabilities throughout their societies through ratifications of relevant UN Conventions. Most have passed relevant legislation associated with UN Conventions. Some have developed inclusive policies. However, most governments have not yet effectively implemented the Conventions and laws they ratified regarding the rights of people with disabilities. Subsequently the inclusion and advancement of children with disabilities in the region is not happening at scale. Data on disability is generally unreliable for multiple reasons including low birth registration of children with disabilities, stigma, the phrasing of survey questions and flaws in data collection processes.

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In all four countries studied, non-state actors such as International Non-Governmental Organisations (INGOs) and Disabled People's Organisations (DPOs) and other civil society actors have played a leading role in promoting the implementation of statutory obligations regarding the rights of children with disabilities.

Stigma is dominant

Multiple levels of prejudice exist towards children with disabilities at all levels of society, creating deep discrimination. Attitudes towards children with disabilities, and language used to describe them, are overwhelmingly negative and based on false assumptions and beliefs. Shockingly, reports of infanticide and trading in body parts of children with disabilities were reported.

The families of children with disabilities were found to be both victims and perpetuators of discrimination. Widespread beliefs of "wrong-doing" by family members as the cause of impairments have led to discrimination and "shame" against whole families. Some families respond by fighting for the rights and service provision of their children with impairments. Others hide them away and ignore them to reduce and avoid further shame, or send children with disabilities out to beg and earn incomes for the family.

Three key factors were found to influence the depth of stigma of individual children with disabilities – their gender, their impairment type and the severity of the impairment.

Education for all?

The majority of girls and boys with disabilities continue to be excluded from formal education. Our study found huge resistance at all levels to including children with disabilities in mainstream schools – from parents, teachers, peers, community members and education leaders. Our studies showed that universal building design in schools, appropriate curriculums and quality teacher training are important precursors to ensuring the effective inclusion of children with disabilities in schools, but they are not enough. Their impact is limited unless positive attitudes towards children with disabilities exist.

Exposure to violence

All countries have ratified Conventions and passed laws to protect children with disabilities yet much abuse continues to happen. Children with disabilities, especially girls, are highly vulnerable to physical, emotional and sexual abuse as well as neglect. There is a lack of recognition in all countries of the extent of this abuse. Abuse is strongly linked to negative attitudes and firmly held traditional beliefs towards children with disabilities.

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Who is reached by child focused agencies and other INGOs?

Child-focused agencies, and other INGOs, in the region, who consider children with disabilities, largely focus on targeted and small scale projects such as material provision and financial or social support for children with disabilities and their families. Targeted projects for children with disabilities and their families are a good start but not a substitute for systematically including children with disabilities in all development and emergency work in West Africa.

Collaborative advocacy efforts and partnerships between DPOs and NGOs have positively influenced the adoption and ratification of Conventions, legislation and policies. Such collaboration is important so that people with disabilities have the opportunity to influence policies and programmes impacting them.

Measures that work

The research found some cause for optimism. Where disability awareness-raising has taken place, the situation and acceptance of children with disabilities has improved. Community-based rehabilitation work (CBR) has been used in some countries to positive effect. Overall though, the research found relatively few examples of good practices in the region which address the substantive issues of including children with disabilities in either education or protection work.

Recommendations

- The research findings lead to a “call to action” defining the next steps in making the inclusion of children with disabilities into education and protection work in West Africa a reality. They are summarised below:

- Governments in West Africa must act to implement their legal commitments to children with disabilities, particularly regarding the implementation of the UN Convention on the Rights of Persons with Disabilities.

- Measures to reduce and eliminate stigma and discrimination towards children with disabilities must be prioritised to address the root cause of exclusion from education and protection.

- Inclusive education practices must be adopted and sufficiently resourced. Families of children with disabilities need support to enable them to attend school.

- Awareness Raising regarding the right to protection for children with disabilities is needed across every country in West Africa, along with implementation of protection measures.

- Non-governmental organisations, development agencies and donors should mainstream children with disabilities across all their programmes, collaborating with DPOs to inform their work.

1 Introduction to the research

1.1 Why investigate the education and protection situation of children with disabilities in West Africa?

Education contributes to human development and is a key determinant of personal well-being and welfare; lack of education has a significant impact on poverty when children reach adulthood[2]. All children, regardless of ability level, have the same right to develop their potential and access education; this is clearly outlined in both the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (Article 7, 24) and the United Nations Convention on the Rights of the Child (CRC) (Article 2, 23)[3].

In spite of the recognition of education as a human right, children with disabilities are less likely to start school, have lower rates of school attendance and lower transition rates to higher levels of education[4]. According to the most recent estimates, there are between 93 million to 150 million children (0-14) living with disabilities in the world[5]. Globally the statistics are horrifying – the gap in school attendance between children with disabilities and their non-disabled peers ranges from 10% in India to 60%

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[2] WHO & World Bank, 2011

[3] United Nations[UN] Enable, 2006; United Nations Children's Fund [UNICEF], 1989

[4] Filmer, 2008

[5] WHO, 2008; UNICEF, 2005

in Indonesia for primary school attendance. For secondary school, the range is 15% in Cambodia to 58% in Indonesia[6].

Receiving protection can be a particular challenge for children with disabilities. In societies where they are stigmatised and their families are exposed to social or economic exclusion, many children with disabilities are not even able to obtain an identity document. They are also at an increased risk of sexual violence, assault, exploitation and abuse. Surveys have shown that in Egypt, violence against children with disabilities occurs at least 1.7 times more frequently than against their non-disabled peers[7].

1.2 About Plan

Plan is a global children's organisation, working in 50 developing countries across Africa, Asia and the Americas to promote child rights and lift millions of children out of poverty, with neither religious nor political affiliation. Plan's vision is of a world in which all children realise their full potential in societies which respect people's rights and dignity.

Plan's global strategy One Plan, One Goal (2012 - 2016) commits Plan to "maximise our reach and impact on children's lives, particularly those from excluded or marginalised groups". One of the key principles of Plan's programme approach is inclusion and non-discrimination. Before embarking on the systematic inclusion of children with disabilities in programmes, it has been critically important for Plan to understand the following: the underlying causes of discrimination and exclusion that boys and girls with disabilities are subjected to, what interventions have worked well in the past and for what reasons, who the key players are and where the opportunities for inclusion lie. This research initiative is an important stepping stone for Plan on the road to becoming, in time, a truly inclusive organisation.

1.2.1 Plan in West Africa

Plan works in 12 countries across the region: Benin, Burkina Faso, Cameroon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Senegal, Sierra Leone, and Togo. West Africa is one of the poorest regions in the world, with a majority of the population living on less than $2 a day. The population of Africa in general is youthful – 40% are under 15 years, and an additional 20% are between 15 and 24. Large numbers of children and young people in West Africa would be considered excluded or marginalised, including millions of girls and young women who face social, cultural and economic barriers to education. Plan West Africa's programme strategy is focused on four key areas which are considered to be critical elements for a community-based approach to addressing child poverty: the right to education, protection, healthy start and household economic security.

1.3 Research process – methodology and questions

The Plan West Africa Regional Office (WARO) commissioned research in 2012 to investigate the access of children with disabilities to education and protection. The research was carried out by the International Centre for Disability and Rehabilitation (ICDR); an institution specialising in disability research and located within the Rehabilitation Sciences Sector at the University of Toronto.

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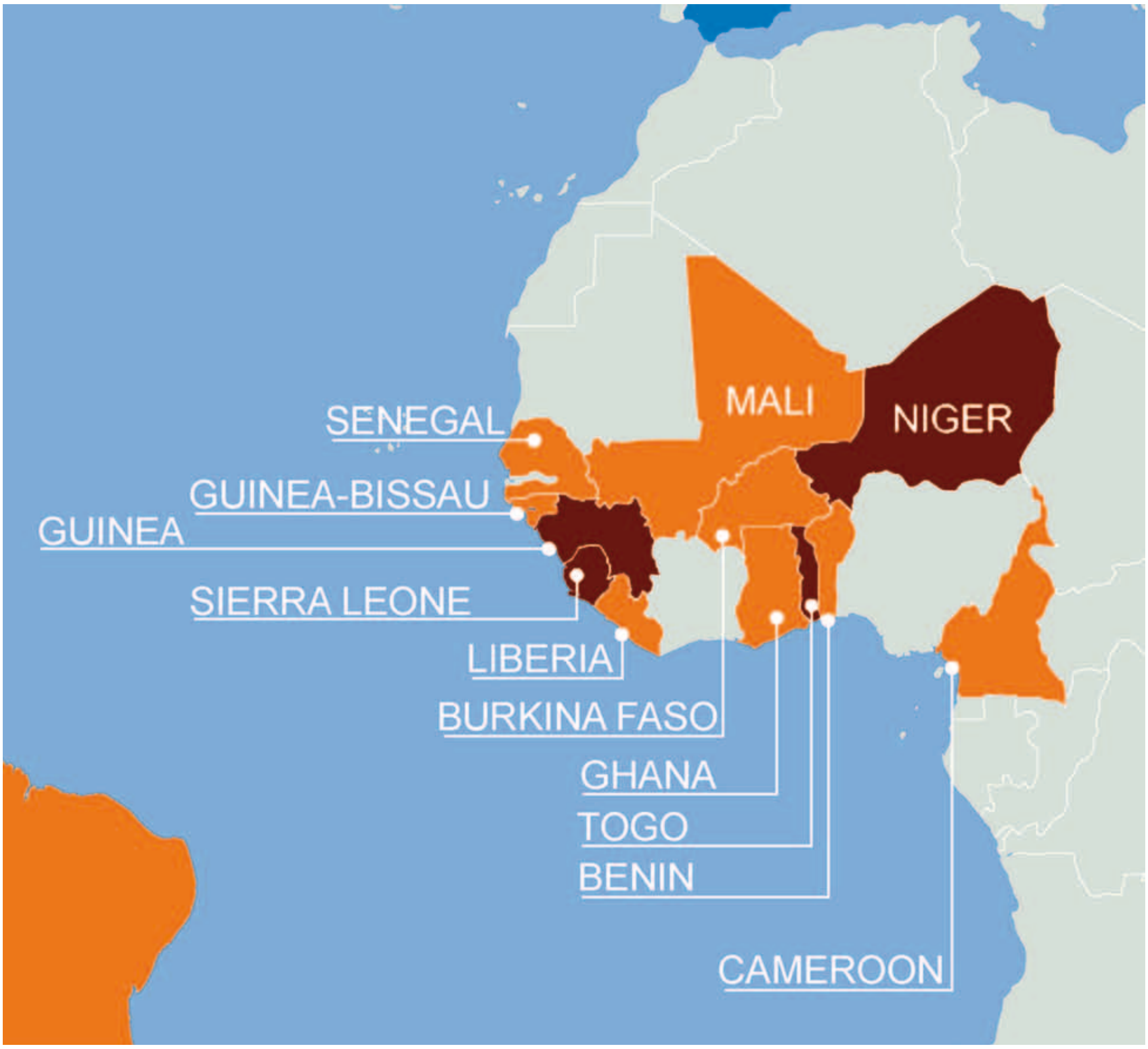
[6] WHO & World Bank, 2011

[7] Plan Egypt, 2012



Four field studies were carried out in Togo[8], Sierra Leone[9], Niger[10], and Guinea[11], to examine the situation in each country in greater, focused depth. A total of 630 people were interviewed across the four countries.

The methodology of the four country studies used a qualitative descriptive study design. Key informant and stakeholder interviews, focus groups, a literature review and case studies were conducted between October 5th and December 14th, 2012. Following data collection, thematic analysis was conducted to better understand the issues children with disabilities face regarding education and protection and to inform the identified research questions. All data was de-identified to ensure informant confidentiality. Complementary methods of data collection were used in order to ensure that the findings would be comprehensive and provide both a breadth and depth of information. Prior to the research, ethical clearance was obtained from the governments of the four countries, as well as from the ethical board from the University of Toronto.

Research questions were examined according to six areas:

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[8] Richard, D. et al., 2013

[9] Njelesani, D. et al., 2013

[10] Keachie, H. et al., 2013

[11] Richard, D. et al., 2013

1) Prevalence and profiles of children with disabilities;

2) Knowledge, attitude and practices of communities, families/carers and peers towards children with disabilities and gender specific differences;

3) Local and international institutions working with children with disabilities in education and protection and what their programmatic responses/strategies involve;

4) Local political context – Government bodies responsible for disability and what legislation and policies are in place;

5) Specific protection mechanisms – appropriate and effective responses for empowering children with disabilities to access formal or informal quality education and protection from violence and discriminative treatment;

6) Lessons learnt and good practices – in on-going education and protection programmes including children with disabilities implemented by Plan and other INGOs in West Africa.

Research participants were recruited according to purposive recruitment strategies in each country in three groups:

Group 1: Stakeholders representing local, national or international organisations that provide support to persons with disabilities, are child-focused or related to education, and/or are representatives of governmental bodies responsible for disability and/or education legislation and policy

Group 2: Community members including parents, teachers and community leaders

Group 3: Children (10 years of age or older) with or without a disability who are either attending school or not attending school

Table 1 (on page 15) presents the numbers in each group, each gender and each country.

Other reports were commissioned as part of the overall research process:

- A Literature Review exploring access to education and protection of children in Africa with focus on the 12 West African countries where Plan works – Benin, Burkina Faso, Cameroon, Ghana, Guinea, Guinea Bissau, Liberia, Mali, Niger, Senegal, Sierra Leone, and Togo[12].

- A Good Practices and Lessons Learnt report on including children with disabilities in education and protection work gave recommendations for programmes in West Africa, based on the literature review and four country studies[13].

1.4 Key terms and concepts on disability relevant to Plan's research

This section explains Plan's understanding and use of a number of terms and concepts relating to disability. Researchers used these to investigate the situation of children with disabilities in the West Africa region.

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[12] Hashemi, G. et al., 2013

[13] Cameron, C. et al., 2013

Table 1: Participants in country studies

		Number of Participants		
Participant group	Country	Women/Girls	Men/Boys	Total
Government and civil society stakeholders	Guinea	3	14	17
	Niger	4	22	26
	Sierra Leone	15	39	54
	Togo	7	13	20
	Total	29	88	117
Community stakeholders	Guinea	3	12	15
	Niger	22	42	64
	Sierra Leone	39	93	132
	Togo	29	40	69
	Total	93	187	280
Children	Guinea	26	36	62
	Niger	25	28	53
	Sierra Leone	46	59	105
	Togo	6	7	13
	Total	103	130	233
Total		**225**	**405**	**630**

1.4.1 Disability, impairment and barriers to inclusion

There is a difference between ‘impairment’ and ‘disability’.

Impairment is a physical, intellectual, neurological, mental or sensory characteristic or condition, which places limitations on an individual’s personal or social functioning in comparison with someone who does not have that characteristic or condition[14]. The impairment can be short-term or long-term. A person might have one or more impairments.

Disability results from the interaction between an individual with impairments and barriers (contextual factors) they experience. Disability is the result of limitations in their ability to participate fully in activities and effectively participate in society on an equal basis with others.

Barriers to disability inclusion fall into three main categories:

Attitudinal

This is prejudice, discrimination and stigma towards people with disabilities who are assumed incapable and/or inadequate, of low intelligence, in need of a ‘cure’, needing ‘special’ support and/or are dependent. Conversely they can be viewed as exceptionally ‘inspirational’, ‘exceptional’ and/or ‘heroic’ if they demonstrate abilities non-disabled people regard as ‘normal’.

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[14] VSO, 2007

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Non-disabled people can respond with fear, pity, repulsion, or a sense of superiority. These assumptions and emotions are reinforced by the media. Negative language about people with disabilities reflects and can reinforce prejudices – especially language that is offensive and inaccurate – for example the term "dumb" is often used as part-description of someone with a hearing impairment.

Environmental

These are physical infrastructure and communication barriers people with disabilities encounter in areas including public transport, hospitals and clinics, schools and housing, shops and marketplaces, offices and factories, places of worship, media and communication and public information systems.

Most people think of the physical barriers in this category – for example a health clinic is inaccessible for wheelchair users if it has steps and narrow doorways. It's relatively easy to identify these – in consultation with people with disabilities – once aware. But communications can also be disabling for those with sensory and intellectual impairments – e.g. for deaf people if there's no sign language; for people with visual impairments if medication isn't appropriately labelled, for people with intellectual impairments if clear, simple language is not used to communicate key messages. Poor communication can have devastating results where important education campaigns happen (e.g. on HIV and AIDS prevention).

Institutional

These barriers encompass laws, policies and belief systems that exclude or segregate people with disabilities from many areas including legal processes, employment, electoral processes, education, health services, social services, religion and humanitarian/development agency work.

Many of the systems are not accessible to people with disabilities. Exclusion from them has many onward effects – poorly regulated special education often makes fewer academic demands on pupils, and smaller schools expose them to a limited range of cultural experiences. Exclusion of people with disabilities from teacher training colleges limits the number of qualified disabled teachers who can act as role models for children (with and without disabilities) in mainstream schools.

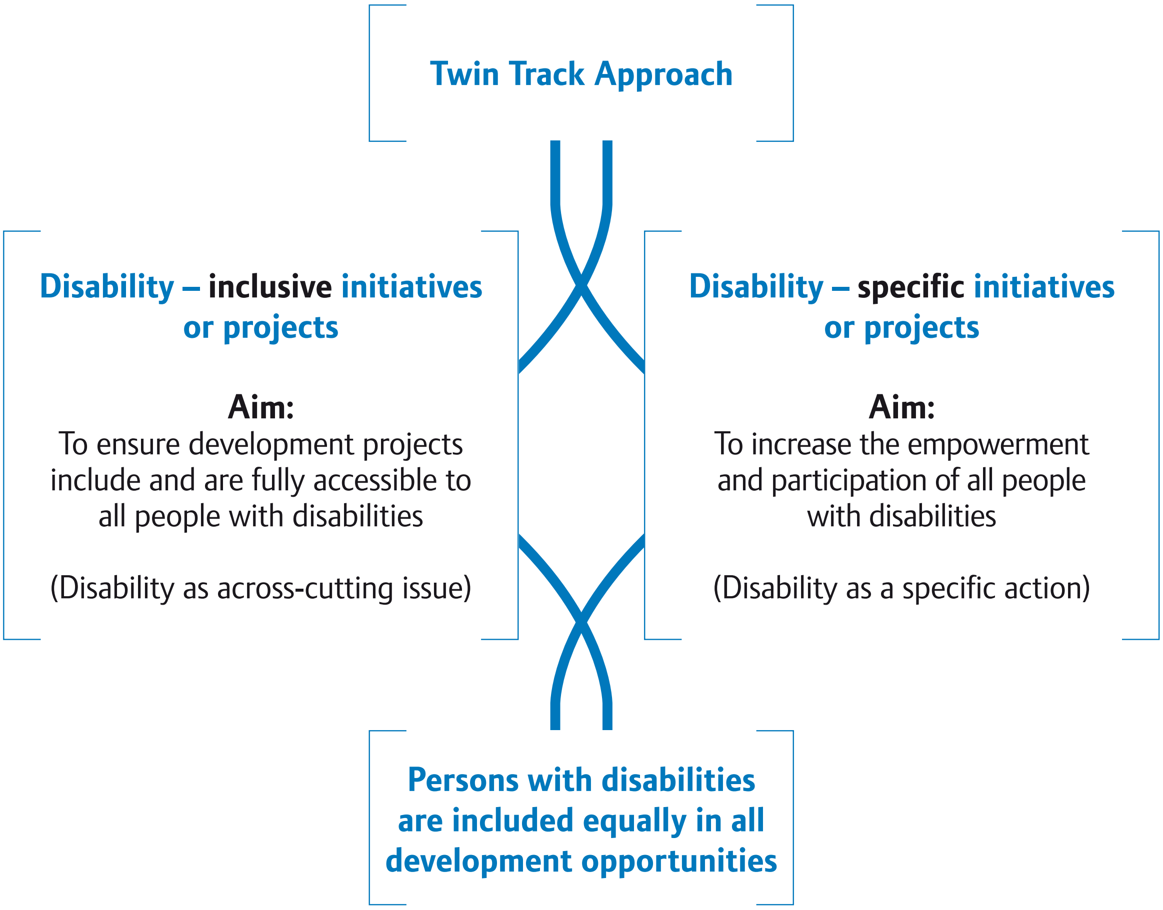
Families make assumptions that their disabled child will never work independently, so they don't press the government to provide suitable formal education or encourage their child to pursue a career. With such low expectations, people with disabilities can easily become fatalistic about their own prospects.

1.4.2 Disability-inclusive work and disability-specific work

Many people confuse disability-inclusive work and disability-specific work.

Disability-inclusive work, based on CRPD principles, actively ensures people with disabilities are included and benefit equally from all activities as others do. The process needed to ensure this is the reduction and elimination

Figure 1: The Twin Track Approach[15]



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[15] IDDC, 2008

of barriers preventing people with disabilities accessing and participating in mainstream work programmes.

Disability-specific work is targeted directly at people with disabilities. When planned and implemented well, it should enable people with disabilities to equally benefit from all services in communities. Disability-specific initiatives are required because barriers people with disabilities experience are so deep that direct action is needed to help reduce them in addition to disability-inclusive work. Examples of disability-specific initiatives are community based rehabilitation (CBR) and capacity development of Disabled People's Organisations (DPOs).

A "twin-track" approach is increasingly being advocated to achieve the full inclusion of children and adults with disabilities in services available to all – see figure 1.

1.4.3 Community-Based Rehabilitation (CBR)

Community-based rehabilitation (CBR) was initiated by the World Health Organisation (WHO) in the late 1970s as a strategy to improve access to rehabilitation services for people with disabilities in low-income and middle-income countries. Over the past 30 years it has developed into a multi-sector strategy to address the broader needs of people with disabilities. WHO published guidelines in 2010 outlining the approach. Sectors addressed by CBR work are health, education, livelihoods, social participation and empowerment of people with disabilities[16].

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[16] WHO, 2010

2 Research findings

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2.1 Numbers of children with disabilities in West Africa

The research confirmed two issues commonly acknowledged in other key documents on disability[17]. The first is that accurate information on children with disabilities in West Africa is hard to find. There are very few publications in scientific or peer reviewed journals focusing on Africa. Unpublished literature identified was mostly from UN agencies and various International NGOs. The second is that under-reported data on children with disabilities has led to under-investment in services and support for them.

Where data does exist there tends to be wide discrepancies between the national census information and that from UN agencies[18]. Three significant studies are UNICEF's Multiple Indicator Cluster Surveys (MICS) in Cameroon, Ghana and Sierra Leone. These show consistent impairment rates of 23-24% of children aged 2-9 years. This figure is much higher than the 1-2% prevalence rates reported in national Government censuses, the result of UNICEF's careful definitions and intentional collection processes[19].

The main problem arising from these discrepancies is that inaccurate reporting on impairment prevalence results in inappropriate

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[17] WHO/WB 2011, UNICEF 2013

[18] WHO & World Bank 2011; Trani et al., 2009; Loaiza & Cappa, 2005; World Vision, 2007

[19] UNICEF, 2008

resource allocation to implement programmes. Accurate data is important to develop and implement appropriate policy strategies and then adequately finance them.

National census data on people with disabilities is either not recorded, based on questions on disability likely to prompt under-reporting, or is very old. In countries where national census data has been recorded, prevalence rates are 1-2% [20]. Niger included a question on disability in its general population and housing census in 2012 – detailed figures are due to be released later in 2013. Those new statistics will be interesting to review when available – DPOs and NGOs in Niger did substantive work to help promote the inclusion of disability more accurately in the census.

Reasons that children with disabilities are not adequately accounted for in surveys include:

- no consistent definition of disability – and no conscious attempts to agree or provide standard definitions;
- no reliable data collection processes and monitoring plans
- low birth registration rates of children with disabilities – directly linked to stigma felt by families leading to under-declaration.

WHO and the World Bank, based on their research for the 2011 World Disability Report, estimate 15% of any population has one or more impairments[21]. Therefore it is reasonable to conclude that services to children with disabilities are substantially under-resourced in West Africa as decisions are being made based on inadequate information.

Causes of disabilities

Where data is available, due to (largely) NGO studies, estimates indicate that causes of disability amongst children in Africa tend to be due to illness related to infections (65%), complications during birth and the birthing process (17%), accidents (11%), through other means (5%) and violence (2%)[22]. Amongst these children, between 20% - 50% aged two to nine years old showed mild/moderate to severe disabilities[23].

2.2 Legislation and their (non-) implementation

2.2.1 Key international Conventions

Over the past 30 years, significant Conventions, treaties and laws have been passed at international and national levels to protect the rights of children, including children with disabilities.

At the global level, two major treaties are the United Nations Convention on the Rights of the Child (CRC) and the United Nations Convention on the Rights of Persons with Disabilities (CRPD). Both conventions are legally binding instruments for States who have ratified them. In 1990, in Africa, the African Charter on the Rights and Welfare of the Child (ACRWC) was adopted and entered into force in 1999[24]. Africa is the only continent with a region-specific child rights instrument[25].

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[20] Plan and ICDR, 2013

[21] WHO & World Bank, 2011

[22] ACPF, 2011

[23] UNICEF & University of Wisconsin School of Medicine and Public Health, 2008

[24] ACERWC, 2012

[25] ACERWC, 2011

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All 11 countries where Plan works in West Africa and Cameroon have ratified the CRC and ACRWC. 10 of the 12 countries surveyed have already ratified the CRPD – one is en route to ratification (Cameroon), leaving only one country in the study that has not signed or ratified the CRPD (Guinea Bissau).

2.2.2 National legislation

Nine of the 12 countries (all except Burkina Faso, Guinea Bissau and Senegal) have either developed or are in the process of developing a harmonised law to meet the needs of children and seven of them have established laws that address the needs of people with disabilities.

Sierra Leone has enacted the landmark Persons with Disability Act (2011) and created a National Commission for Persons with Disability. This is yet to translate into positive outcomes at community level where stigma and discrimination of persons with disabilities remain strong with communities, public officials and institutions[26]. Policies and support through other Government Ministries are still required, along with allocating resources to the Commission. The DPO community and disability organisations have been instrumental in the processes of CRPD ratification and passing of the Disability Act.

Niger has a strong legislative framework promoting the rights of children with disabilities, but the concept of “rights” was not found to hold traction with the lived experiences of children with disabilities and their families.

Togo has national legislation and policy on the protection of people with disabilities,

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[26] UNIPSIL, 2011

in addition to ratifications of CRC and CRPD. A number of policies and legislations specifically recognise the needs of children with disabilities. There has been a strong and influential presence of DPOs and NGOs at the national policy level. Collaborative efforts and partnerships have been formed between policy makers, government and NGOs/DPOs in both education and protection areas for children with disabilities. Recently there has been development of a training module for teachers on inclusive education – a landmark step forward.

The ratifications of international conventions and implementation of national legislation and policies are all massive milestones for the State Governments of West Africa. They are thoroughly, and rightly, applauded for their approval acknowledging and legislating upon the importance of children's rights in their countries.

2.2.3 Implementation of disability Conventions and legislation

The legal commitments taken by all West African countries have yet to be translated into practical plans including sufficient financial and human resource allocations to deliver the obligations within Conventions and legislation.

Efforts to include children with disabilities in community based work in the four country studies were found to have been largely delegated and/or left to non-state actors, International NGOs and Civil Society Organisations (CSOs).

Relatively strong progress has been seen in Togo – attributed to higher levels of Government engagement and larger scale community-based rehabilitation programmes. Sierra Leone and Niger have some progression. Sierra Leone has an active network of DPOs who have lobbied heavily. This bodes well for the future. In Niger, the development of an inclusive education strategy has been an important milestone in translating government commitment into action. But infrastructures are still lacking and attitudinal barriers remain an obstacle.

Case study: Allassane[27], a teacher at an inclusive school

Allassane is a blind man in his late thirties who has been a teacher in a local school in Niger for almost ten years. He has a wife and three children, the youngest of whom is only a few months old.

Unlike many other parents of children with disabilities, Allassane's parents were very supportive of him. They encouraged him to go to school. Nothing was ever easy, but finished high school and went to teachers college.

The school that now teaches at, is one of the only schools in the region offering inclusive education. Several years ago the school started several classes specifically for children with visual impairments. After two years or so in a specialised class, the children are integrated into the regular classrooms with their peers. There are 15 visually impaired students currently at the school.

The students who come to this school are from the surrounding villages. There are a few organisations in the area that work to bring these children out of the villages and into the schools. One of the other specialised

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[27] Name of the person was changed

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teachers regularly takes his own motorcycle into the villages to look for these children. But it's just him, and gas is far too expensive to make those kinds of trips all the time. Parents of children with disabilities often need to be convinced to send their children to school, even though there are no school fees.

There is no infrastructure for these children. There is nowhere for them to go. So for the moment they all go to live with and his wife Hadiza. Along with their own three children, they have eight children living with them, each with a visual impairment. This arrangement is working, for now, but they are at full capacity, and it is unsustainable. Their house is a relatively large, solid concrete building with three bedrooms: one for and his family, one for all the children they are caring for, and one for 's brothers who are also living with him. There is one outdoor toilet in the yard. There is no running water, and so the children learn to walk the several hundred meters to school and back to fetch water every day. For the moment, receives no support from the state – he feeds and clothes these children on the state salaries he and his wife receive as teachers. Sometimes they receive some help from NGOs, but it's sporadic. The house they are living in is rented and they have no idea what would happen to them, or what would happen to all the children they are caring for, if the owner asked them to vacate.

2.3 Stigma on children with disabilities and their families

2.3.1 Stigma and discrimination towards children with disabilities is multi-layered

False beliefs on the causes of impairments

All four country studies in Togo, Sierra Leone, Niger and Guinea reported many strong negative beliefs about how children acquired their impairment(s) based on cultural, religious and historical beliefs of disability.

The most common features were that they were caused by a "bad" act of a family member, inflicted due to a "bad spirit", were a curse from God or was the child's "fate".

Examples reported to researchers of what had caused children's impairments were:

- a punishment/curse from God
- result of "sins" committed by parents or close relatives
- an act by the devil – including sexual relations with a woman whilst asleep
- result of a spirit or jinn (rural Niger)
- the child's "fate" or "destiny"
- the child was a sorcerer
- a curse or witchcraft on either the child or their family
- reincarnation of a family member
- misbehaviour by the child
- mother had laid on her stomach whilst pregnant
- mother had eaten catfish whilst pregnant
- mother had looked at a disabled child whilst pregnant
- mother had bathed at night whilst pregnant
- mother had visited a sacred location during pregnancy
- epilepsy had been contracted from the touch or saliva of a person with the condition

> "When someone gives birth to a child with polio or who is blind, they will say this is the devil." Woman from an urban area in Sierra Leone

Stigma is demonstrated by negative language about/to children with disabilities

The language used in describing children with disabilities often demonstrated underlying concepts of disability respondents held. Negative language dominated descriptions of children with disabilities in the research.

> "A child with a disability is someone who is a little bit different from a normal child, that has problem, like being partially blind, having polio, or their memory is not as smart as a normal childs, we consider those anomalies." Education Administrator, Sierra Leone

There were many reported examples of how negative language was used towards children with disabilities as a form of abuse. They are often labelled or identified by the type of impairment instead of being identified by their name, for example: "chez le sourd" (at the deaf man's house) or "chez l'aveugle" (at the blind women's place). The impairment becomes their identity.

> "My friends mock me and insult me because I do not have a foot. Adults too are mean to me. When I go by, people mock me. When you behave like that to me, I am sad and I am angry." Boy with a physical impairment, Togo

Discrimination towards children with disabilities and their families by communities

A result of the beliefs people hold about how children gain their impairments is that children with disabilities are often perceived as "bizarre", "supernatural" and "demons". A common view was that children with disabilities are not believed capable of living independent lives and would require constant help from non-disabled people.

A number of traditional beliefs in the regions attribute “blame” for disability to family members, especially parents, for “sins” or other perceived misdemeanours. Disability is seen as a curse and often linked with shame for the whole family.

Community members can fear the “curse” of the family will be transmitted to them and so marginalise parents from the community. For example, mothers can face a complete loss of business when customers believe the “misfortune” that caused her child’s impairment is contagious. Some parents, primarily mothers, leave the community entirely to avoid such discrimination.

Discrimination towards children with disabilities by their families

Another common theme from the research was reports of discrimination towards children with disabilities by their parents and other family members. Reports of parents hiding children with disabilities in their houses were widespread, as well as neglect and marginalisation from other family members. Some parents deny having a child with an impairment, as they feel shame. Some parents do not include their children with impairments in numbers given in household surveys. In Togo, it was reported children with disabilities are left anonymously at religious institutions for care. Some families are believed to have killed their children who have an impairment.

> “Before, there were many things being told about children with disabilities, especially those with severe disabilities, such as children with cerebral palsy who cannot stand. In my community, these children are called snakes. We call these children ‘snake’ because they lie on the ground. [...] To eliminate (kill) the child, ceremonies are organized at the river,

Plan/Alf Berg

> where the child is left to drown and it is said that the snake is gone and certain ceremonies prevent the return of the snake in the family." Local NGO representative, Togo

In Guinea, fathers were reported to have abandoned their wives who had given birth to a child with a disability.

2.3.2 Factors influencing depth of discrimination against children with disabilities

Three factors were consistently reported as influencing the depth of discrimination an individual child with an impairment faced:

Type of impairment

Children with physical disabilities, especially those still able to move around unassisted or if they have mobility aids, are the least discriminated against. Children with physical impairments tend to be more accepted in society in general, mainly as they are perceived to be potentially independent, especially when there is access to mobility aids.

In Sierra Leone there is greater acceptance of those who have become physically impaired through war injuries. Many believe this type of impairment was not the fault of the individual.

Children with sensory (especially deafness), intellectual and mental disabilities are extremely discriminated against. In Sierra Leone, children who are deaf and not able to speak were described as the group most vulnerable to abuse, as they could not easily tell of their abuse.

Severity of impairment

Children who are severely physically disabled and rely largely on others for assistance with their mobility and basic needs often face higher levels of discrimination. Children with severe sensory deficiencies are often considered un-teachable.

Children with severe mental deficiencies or multiple disabilities suffer the strongest forms of discrimination. They rarely attend school and are often kept hidden in their homes.

> "In general, children who do not have a 'heavy' disability go to school. When the child has no difficulty with mobility, he can be enrolled in school, when he does not suffer from speech or impairments or from serious mental disorders he can be enrolled in school." Man, Traditional Leader, Togo

Gender

Girls with disabilities were consistently reported as facing increased stigmatisation, greater lack

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of opportunities (including socially), and more marginalisation in comparison to boys with disabilities. Families may marginalise their girls with impairments more. Girls are less likely to receive education.

Girls with disabilities are believed more vulnerable compared to boys with disabilities and at greater risk of mistreatment, abuse and rape.

> "There is a difference between girls and boys who are disabled. For example, the boy, he can go for a walk without problems, but the girl, she may be a victim of rape or unwanted pregnancy and then he who rapes her declines his responsibility." Father of a girl with an impairment, Guinea

2.4 The right to education

2.4.1 Attitudes on the education of children with disabilities

In all four country studies researchers found views that children with disabilities should have the same rights to education as non-disabled children. However, huge resistance to the inclusion of children with disabilities in mainstream schools exists at many levels – from parents, peers, teachers and education leaders.

Parents

Parents of children with disabilities often believe they would not succeed at school and should not be "invested" in. Most face financial constraints due to enhanced poverty and have difficulties paying for school fees and supplies. Others feel that it is more beneficial for the family to send their child to beg and earn money.

Parents of non-disabled children were often reported as trying to keep their children separate from the children with disabilities. This was based on beliefs that the children with disabilities would "infect" the classroom and their children. They were embarrassed for their children to mix with children with disabilities, and didn't want them to associate with them.

Peers

Many interviewees spoke about teasing, name calling, physical violence, pranks, social rejection and general lack of consideration for children with disabilities by their non-disabled peers. Children with disabilities confirmed this – they often felt isolated from their peers. Many cited this as a reason why children with disabilities should not attend school alongside non-disabled children but should be educated separately – rather than seeing tackling discrimination as the focus of attention.

Teachers and education leaders

Although many research interviews with Government officials were more positive and nuanced in attitudes, Government officials generally only saw inclusive education as feasible for children with physical impairments. The research also highlighted that teachers and school administrators often don't practice what they preach: they expressed support of inclusive education in their public statements, although they did not believe in the rights of children with disabilities.

Some children with disabilities interviewed concurred with the views expressed by others – that they did not have a right to attend school. This is known as "internalised oppression" – where consistent negative messages delivered to children are internalised by them as the truth.

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Case study: Gisele[28]: I am capable of learning the same as the other children ...

Gisele is a 10-year-old girl who lives in a rural community in Guinea. When she was 11 months old, her mother discovered her paralysed upon returning from working in the fields. It was believed Gisele's impairment was caused by a curse from God and shortly afterwards her father abandoned the family because of this. Gisele's mother took her three children to live with her uncle and aunt as she was unable to provide for them. They all live together with Gisele's five cousins.

Gisele's is unable to walk. She has no mobility aid. If she leaves the house, her uncle carries her on his back. Gisele spends most of her day alone, inside her home. Her siblings and cousins attend school and her mother, aunt and uncle work in the field. She is regarded as unable to participate in field duties with her mother. Gisele occasionally participates in household activities such as dish washing and sweeping when given the opportunity.

Gisele is perceived as undesirable to a potential spouse. Her family expects that she will be dependent on them for the rest of her life and unable to financially contribute to the household. Gisele is neglected - she has limited food, clothing, hygiene and very little love from her family.

Gisele was enrolled in school aged seven. Her uncle carried her to the school. She really enjoyed learning. Initially, Gisele attended school five days per week, but this reduced to three days per week after a few weeks

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[28] Name of the child was changed

as her uncle refused to carry her. Gisele was respected by her teacher but experienced a lot of discrimination from her peers. She had no friends in school and was constantly insulted and teased by other children. They would tell her that she was a half person and should not be there. Due to her mobility limitations, she was not able to participate in many school activities outside the classroom. Accessing the toilets at school was a big challenge as she had to either rely on teachers to carry her or crawl across the yard to the latrines, which were unsanitary. After a few months, Gisele's mother decided to take her out of school and keep her at home. Her mother and uncle do not believe school is a safe place for her because of negative attitudes and behaviours from other children.

They also believe that Gisele would not succeed in school and so do not invest family resources in her, but give them to her siblings and cousins. Her mother also believes that education is more important for boys than for girls as they will become the primary provider for their family in the future. She thinks it is more important for girls to learn domestic duties in order to be desirable for a future spouse.

Gisele has not been in school for three years. She aspires to return to school with her siblings and cousins. She has dreams of learning French and becoming a teacher. She believes that she is capable of learning the same as other children.

Inclusive education in the mainstream versus "special" schools

Many non-disabled people interviewed rejected the idea of inclusive education because they felt that children with disabilities cannot understand the course content at the same rate as children without a disability. Another reported perception was that children with disabilities would display "problematic" behaviour in the classroom which could disturb abled children in their learning progress. But most of the reasons cited were related to the limited capacity of regular schools to accommodate children with disabilities:

- Inaccessibility or unsuitability of regular school infrastructures (no ramps, benches too high, distance of equipment/ chalkboard for the visually impaired, etc.)
- Lack of teachers trained in inclusive education methods
- Limited pedagogic materials and resources (Braille and other learning tools)
- Lack of accessible transportation for children with disabilities to reach school
- Difficulties communicating with children with sensory and intellectual impairments

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This lack of facilities and of technical and financial capacity led many non-disabled people interviewed to advocate for special schools as the path forward for educating children with disabilities.

In contrast, many of the reservations of parents of children with disabilities, DPOs and the disabled children themselves were related to their fears of the mistreatment and stigmatisation in the schools by other children, their parents and the teachers.

The feasibility of whether children with disabilities can be in mainstream education are believed related to the type and severity of their impairment – physically impaired children with mild impairments are generally regarded as able to participate in mainstream schools. Children with sensory and intellectual impairments, especially if they were regarded as "severe", were not.

2.4.2 Good practices to include children with disabilities in education

The research identified a number of strategies that have been used at national, local and community levels to facilitate the inclusion of children with disabilities in inclusive education. Some have been used in West Africa; some are drawn from other regions of the world.

Good Practice 1: Early Childhood Care and Education

Early Childhood Care and Education (ECCE) has been identified as a good indicator for inclusive education initiatives as it provides opportunities for better identification of social, physical and emotional development of children with disabilities. Children accept each other in younger years – the inclusion of children with disabilities at early stages will reduce stigma issues later on. A number of countries in West Africa have plans to implement ECCE; however there are many others that, despite recognising its benefits, are far from establishing and setting up strategic plans to develop such programmes[29].

Good Practice 2: Community Based Rehabilitation (CBR)

Community based rehabilitation (CBR) initiatives working closely with the education sector can help facilitate inclusive education. CBR workers are often the first contact person to identify children with disabilities in a community. They play an important role in providing education and support to the family and can help create an environment of learning and support both within the home and in the community. CBR workers can assist schools to become more inclusive through raising awareness with abled children and parents, educating teachers, providing mobility aids, giving advice on accessibility of buildings, and identifying resources from the community[30]. In Niger, for example, children with epilepsy have been successfully integrated in schools in the Dosso and Tillaberi regions after starting medical treatment and raising awareness with parents and teachers.

Good Practice 3: Create Physically Accessible Schools

All new schools should be built on universal design principles (i.e. designed to benefit entire populations). Making buildings accessible represents less than 1% of total construction

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[29] World Vision, 2007

[30] WHO, 2010; World Vision, 2007

costs – adaptation of existing buildings is much more expensive. It is not just classrooms – eating areas and toilets need to be accessible too[31].

Good Practice 4:
Develop Policies and Training for Teachers

Develop policies and provide training to support teachers in providing inclusive education programmes at all schools. They should include key strategies that improve quality education in IE schools[32] such as:

- Use of more flexible curriculum and assessment frameworks;
- Expanding teachers' concepts of educability;
- Increasing the range of instructional approaches teachers use, supporting creativity;
- Provision of a wider range of instructional materials including visual, tactile and audio resources in educational settings;
- Inclusion of adults with disabilities in teacher training programmes – they can be role models for students.

Good Practice 5:
Child to child methodology

This has been used as a strategy to identify children with disabilities and to pair them together with non-disabled children in school and in the community. It can substantially

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[31] Steinfeld, 2005

[32] World Vision, 2007

help reduce discrimination and accelerate the inclusion of children with disabilities[33].

Good Practice 6:
Rapid Education Services
Group 'older children' whose school inclusion is delayed due to limited earlier access to education into a separate classroom until they catch up with their peers. Although this involves initial separation from peers, it allows children with disabilities who start their education at an older age to stay in school.

Good practice 7:
Non-formal education
Extend the provision of non-formal education given to marginalised children and communities, such as very poor families in rural areas, working and street children, and nomadic populations to include children with disabilities[34].

2.5 The right to protection

> "Those who are lucky enough to survive are victims of prejudice (demons, strange beings, shame of the family, loss of family honour). They are oppressed, abused by their parents, hidden, isolated, [...] poorly fed, poorly maintained, discriminated by their peers, merchants, pregnant women (out of fear that their unborn child will be contaminated), finally from the whole community." Man from a rural community, Togo

The multi-layered stigma and discrimination towards children with disabilities makes them very vulnerable to abuse and violence. Verbal and psychological abusive behaviours were reported as common in all four countries – in particular isolation, oppression, marginalisation and abandonment. Children with disabilities are also more often exposed to neglect, physical violence and sexual abuse.

Plan's research also revealed cases of exploitation. Some families send their child with a disability to beg in the streets to improve their income.

Case study: Laurent:[35] Life on the street frightens me!

Laurent is an 8-year old boy who lives with his family in an urban centre in Guinea. His vision gradually started deteriorating at the age of four. At the age of eight, he is completely blind. The cause of his blindness is uncertain as he never saw a doctor or visited a health centre because his family could not afford the cost of a medical consultation.

Community members feel sorry for and pity Laurent and his family. Occasionally they give him money and food. As a result, his family thought they could further benefit from his disability by sending him to the city centre to beg for money. At first, Laurent was sent to the city streets a few days per week with one of his older siblings who would guide him and help him collect money from strangers. This proved lucrative for Laurent's family. Now, he is sent to the city centre daily to beg for money. Sometimes his siblings accompany him; however he is often left alone. When Laurent is not accompanied, he is teased, ridiculed and mistreated by other children. Occasionally he gets beaten for his money by other older children, and sometimes by adults. When unaccompanied, Laurent often gets lost on his way home and the journey home is long and difficult. On occasion, neighbours accompany

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[33] World Vision, 2007

[34] World Vision, 2007

[35] Name of the child was changed

Plan/Derman Salifou

Laurent to the city centre to take a portion of his earnings.

Laurent's family believes that begging is the only earning option for him, as they believe he would never be able to succeed in school. Laurent wishes he could attend school with other children. He dreams of becoming a political leader in his community. Laurent feels scared to be on the street and would prefer to attend school like other children.

The most shocking reports to researchers were reports of infanticide of children with impairments. Some traditional practices involve killing of children born with an impairment (albinism and cerebral palsy). Cases of secret societies sacrificing children with disabilities for rituals/ceremonies were reported. These included incidences of traditional healers being recruited to support election bids and the use children for ritual sacrificing.

2.5.1 Good practices for protection of children with disabilities

Good Practice 1:

Increase awareness of children, their carers and their communities about the rights of children with disabilities through Community Based Rehabilitation (CBR)

An important stepping stone to ending violence and abuse of children with disabilities has proven to be awareness-raising. Reports from areas where disability awareness efforts have been made, show perceptions and knowledge about children with disabilities are gradually evolving into greater acceptance of the families and children.

The most significant good practice the researchers discovered was the Community-Based Rehabilitation (CBR) work implemented by Plan in Togo. Work has taken place with parent committees, mothers committees and child led structures. Communication and educational tools were produced such as training manuals, posters and documentary films and T-shirts[36]. Further, Plan's CBR project has helped equip and support teachers to support children with disabilities in school. The research showed that the project has helped improve attitudes on disability in communities. A number of reports stated that parents started admitting they had a child with an impairment, where previously it had been denied. A range of people also said cases of abuse, elimination and discrimination against children with disabilities are less common in the targeted communities.

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[36] Agbovi, 2011

Case study: Jeannine[37]: Getting prepared for going back to school

Jeannine is a 14 year old girl who lives in a rural community in Togo. Jeannine was only a few months old when she started experiencing epileptic seizures. Her family sought treatment with the local traditional healer, however the seizures continued for several years. Throughout the years, Jeannine's seizures became more frequent, longer in duration and more severe and, as well as this, she was not mentally developing like other children. At the age of 7, Jeannine's parents managed to gather enough funds to bring her to the nearest hospital where she was diagnosed with epilepsy. Medications were recommended, however Jeannine's family was not able to cover the costs of the drugs leading to feelings of hopelessness.

Today, most of Jeannine's activities are limited by her inability to move her limbs, mainly on the right side of her body, due to partial paralysis. She also has difficulty with her speech and difficulty participating independently in most activities of daily living, including feeding, general personal care and toilet use.

Plan Togo's CBR Project has supported Jeannine during the last 5 years. Jeannine's parents learned about the project through a CBR community agent who approached them and introduced the project. To date, the project has facilitated a medical consultation for Jeannine in Lomé. The project has also allowed Jeannine's parents to afford the recommended medications and a mobility device as most of the cost is covered by Plan.

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Jeannine's mother reported that the CBR project has positively impacted her daughter and their family. She feels grateful for the medication Jeannine is taking as it has improved her speech and ability to interact with her family. She is hopeful that with ongoing treatment and a properly fitting mobility device, Jeannine may one day "heal completely". Jeannine's mother reported that the CBR project "taught us how to love our children, how to listen, how to take care of them [...] it has helped us a lot and we hope it continues."

Jeannine aspires to attend school. Her mother also greatly desires that her daughter attends school. She believes that education is the key to her further progress and development.

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[37] Name of the child was changed

Good Practice 2:
Empowerment of children with disabilities through access to information

In Sierra Leone the Ministry of Social Welfare, Gender and Children's Affairs, in collaboration with UNICEF, has a Braille version of the Child Rights Act, with training for blind children. These children have reported that they felt empowered and more confident to advocate for their rights as they could understand the Child Rights Act in their own communication medium[38].

Good Practice 3:
Home support to children with severe impairments

Handicap International developed a small scale project in Northern Togo targeting children with multiple disabilities who were excluded from education. In order to help them progress, the children and their families received support from a team composed of an ergo-therapist and several community based agents in their homes. In the short term, the project helped to build the capacity of the families and community based organisations to provide proper care to the children. In the long term, the life of targeted children showed significant improvement and their exposure to neglect and violence was reduced[39].

2.6 Collaboration with DPOs and disability organisations

The research found that Disabled People's Organisations (DPOs) have been instrumental in achievements regarding Conventions and legislation. Collaborative advocacy efforts

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[38] Davies, 2009

[39] Roul, 2011

and partnerships between DPOs and NGOs have positively influenced the adoption and ratification of Conventions, legislation and policies in West Africa. Such collaboration is important so that people with disabilities can direct and influence issues impacting them.

In Sierra Leone strong advocacy and influence of DPOs and NGOs at national level has been a crucial factor in the advancement of Convention ratification and passing of legislation. The network of DPOs is very strong and supportive of members.

In Togo there are on-going advocacy efforts at all levels. DPOs have sought to play a key role in this. At local level, work has focused to increase awareness of parents and all community members on the rights of children with disabilities to ensure that community development committees take into account the needs and rights of children with disabilities within their community projects. At regional level, efforts have been made to facilitate awareness, acceptance and coordination of programmes and initiatives. At national level, the work of DPOs has influenced policies and legislation to include specificities on disability and assist with the development of such policies. International/national NGOs and DPOs build capacity at local NGO and community levels. One example is the DPO FETAPH providing support and training to member associations on best practices.

The DPOs collaborate closely with INGOs specialising in disability inclusion. In West Africa, the key players are Christian Blind Mission (CBM), Sight Savers and Handicap International. These organisations bring in technical expertise for empowering people with disabilities. To increase their impact, they work with a broad approach including CBR, advocacy, capacity building, household economic security, mobility devices and inclusive education.

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3 Calls to action

The inclusion of children with disabilities in education and protection work in West Africa is far from being achieved. To date, thousands of them are denied their access to basic rights and they are ostracised by society: they are outside the circle. Action to ensure greater inclusion needs to be intentional – practical commitment by governments and the civil society is the biggest measure needed to make progress on including children with disabilities in the areas of education and protection.

We call on governments to:

- Take a strong role in disseminating and implementing the Conventions and laws they have made regarding the rights of children with disabilities
- Capture accurate data on the numbers of children with disabilities to inform government policies and practices.
- Commit adequate resources and financing across all departments to fulfil the obligations of the Conventions and laws they have passed regarding children with disabilities.
- Continue to consult and collaborate with DPOs, civil society and development agencies whilst taking forward their State responsibilities to citizens with disabilities.
- Implement inclusive education approaches with adequate financing provision
- Provide CRPD-compliant disability awareness training to all stakeholders delivering education, along with school children and their parents.
- Use universal building design in schools.
- Introduce appropriate, flexible school curriculums inclusive of children with disabilities.
- Train teachers on inclusive education measures as part of their pre-service and in-service training programmes.
- Include children with disabilities in early childhood care and education programmes.

We call on governments, community leaders, religious leaders, non-governmental organisations, development agencies and donors to:

- Prioritise challenging stigma at all levels towards children with disabilities which excludes them from education and protection work.
- Implement CRPD compliant disability awareness-raising as a key initial programming response in West Africa.
- Discourage use of language about/toward people with disabilities that is negative or offensive.
- Actively seek greater understanding about the specific protection needs of children with disabilities.

We call on child-focused organisations and other INGOs, development agencies and donors to:

- Systematically include children with disabilities in all their work in West Africa.
- Collaborate with people with disabilities and their representative organisations (DPOs) in advocacy and programming work to identify, agree and implement disability-inclusive work.
- Integrate CBR in education and protection work using a twin track approach of disability specific and disability inclusive work (see figure 1 on page 17).

- Base future work on principles of protection for children with disabilities and enhancement of their rights as outlined in Conventions and laws in the West Africa region.
- Advocate for inclusive education based on Article 24 of the CRPD at community, regional and national level. This article explicitly states that inclusive education is required of States who have ratified the CRPD.
- Highlight and address the additional disadvantages faced by girls with disabilities in advocacy and programming work.

Plan/Naka Abalo

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Acronyms

ACRWC	African Charter on the Rights and Welfare of the Child
CEDAW	Convention on the Elimination of All Forms of Discrimination Against Women
CBR	Community-Based Rehabilitation
CRC	United Nations Convention on the Rights of the Child
CRPD	United Nations Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CSP	Country Strategic Plan
DPO	Disabled People's Organisation
ECCE	Early Childhood Care and Education
ESP	Education Sector Plan
FETAPH	Togo DPO
HI	Handicap International
ICDR	International Centre for Disability and Rehabilitation
IE	Inclusive Education
INGO	International Non-Governmental Organisation
MDG	Millennium Development Goals
NGO	Non-Governmental Organisation
PRSP	Poverty Reduction Strategy Paper
UNICEF	United Nations Children's Fund
WARO	West Africa Regional Office
WHO	World Health Organisation

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Photos used in this document feature children from communities and groups with which Plan works, but it should not be inferred that they are necessarily victims of stigma, or that they represent the children whose voices are heard in this report.

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