

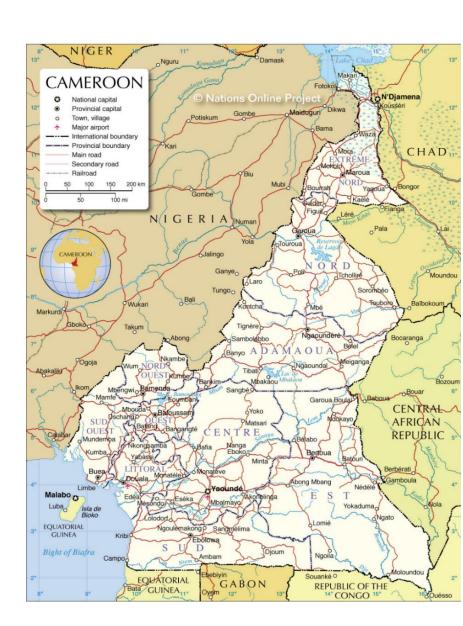
The Role of Multiple Stakeholder Engagement in Sustaining Inclusive Education: Experience from the Northwest Region of Cameroon

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6th CBR World Congress
Intercontinental Hotel, Lusaka
7th to 11th May, Lusaka, Zambia



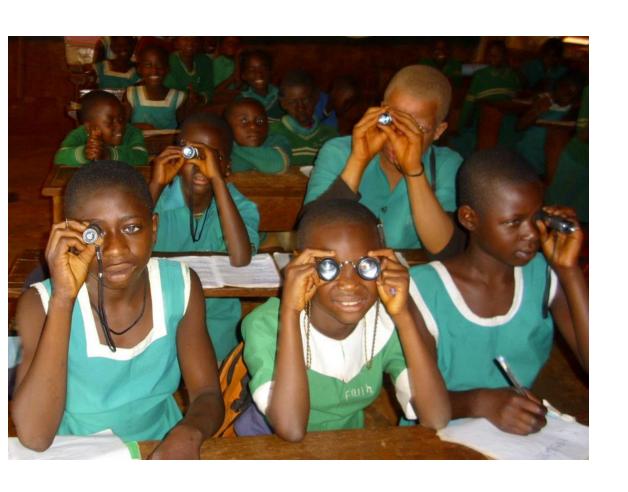
Cameroon: Context at a Glance

PWD in Cameroon represent, 1,272,189 persons with a valued male population of 49.4 % against 50.6 % of female.





Cameroon: Context at a Glance



Of the 1,272,189
People with disabilities in Cameroon,
795,118 (62.5% of 1,272,189) are Children.



Cameroon: Context at a Glance

Signed the CRPD and enacted N°2010/002 of April 13, 2010 on the Protection and Promotion of persons with disabilities.

2004 Law on decentralization is being implemented.

2016 Government started a national pilot of IE in 68 primary schools.

Policy on IE currently being

designed.



Development of a national CBR strategy is ongoing.





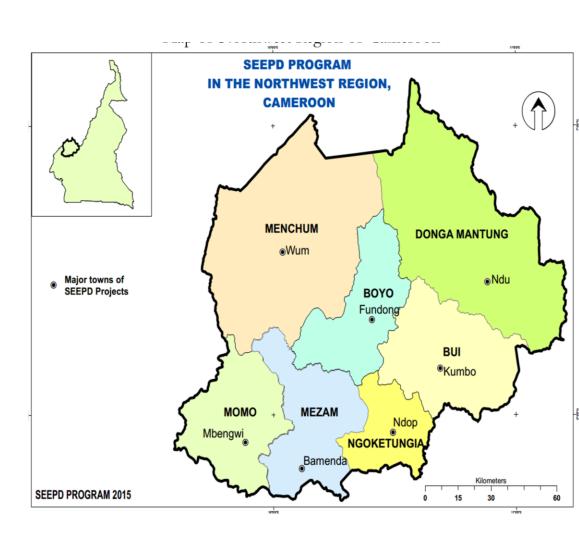
Background

1982: In Partnership with CBM, CBC Health Services started a CBR program.

2009: Adopted a cross disability, multi-sectoral, rights-based approach using the SEEPD Program.

2014: moved towards community based inclusive development.

2015: using evidence from CBID to inform advocacy and policy formulation at national level.





Focus





The aim of this presentation is to highlight the role of multi-stakeholder engagement in sustaining IE



Education stakeholders Involved

Government

- Ministries of education
- Examination board
- Ministry of health
- Ministry of social affairs
- University of Bamenda
- Special Schools
- Teacher training colleges
- Media
- CBR staff
- DPOs/PWDs
- Parent support groups
- Parent teachers associations
- Local government Units
- Religious/traditional authorities



Approach

Used the "14 school initiative" as a pilot within which 3 key approaches where used:

- Conducting or supporting advocacy around inclusive education.
- Embedding child safeguarding within inclusive education efforts.
- Working simultaneously with persons with disabilities and with the wider community (using the TTA).





Methodology

Planning

- •Involvement of: education authorities; municipal and traditional leaders; religious authorities; parents of CWDs/CWDs; DPOs; media organs; and school authorities was prioritized.
- •Multi-stakeholder planning was used across all the phases of the program.

Awareness

- DPOs and role models led participatory awareness raising activities targeting learners, families, school staff, government of ficials and community members.
- The participation of girls and women with disabilities in awareness-raising activities was facilitated to ensure

Capacity

- Capacity building targeted education authorities, specialist teachers, regular teachers (primary, secondary and University) as well as field staff/volunteers.
- Trainings were regular and systematic and often intensified during summer breaks.
- · Qualified PWDs were included in trainings and mentored.

etworking & ollaboration

- Linkages were established with specialized health services, community health workers and social workers.
- A network of all stakeholders involved in IE was set-up (special schools, training schools for special education teachers, main stream schools in the pilot and University teachers training schools.)

Early years

- Community staff, nurses and midwives, teachers, parents and social workers were trained on early detection and referral pathways developed.
- Early detection campaigns were done through outreach screening/assessment done in schools, and communities.
- Pre-school education was provided to leaners with hearing impairment and their families.

Primary/sec indary/Terti ary education

- Schools were advise, support and mentored to become accessible and welcoming of learners with disabilities, following the UDL approach.
- Setting up of resource rooms to facilitate inclusive teaching and learning in mainstream schools
- $\bullet \ Promoted \ high \ quality community based \ apprentices hip \ programs \ for \ people \ with \ disabilities.$
- Promoted the development of flexible curricula at all levels of education and advocated for a policy in IE.
- Advocated for local government units to support development of inclusive systems and accessible schools

Advocacy



Stakeholder Engagement

Stakeholder	Engagement
Regional delegations for basic/secondary education	 Invite education stakeholders for capacity building workshops. Preside over the ceremonial aspects of such workshops to give weight. Permit and participate in school visits by the SEEPD Program for monitoring and evaluation exercises. Organize inclusive exams Report to the minister on progress of pilot.
Special schools	Act as nurseries for learners with severe impairment and resource rooms to support mainstream schools move towards inclusion.
Teacher training colleges	Train special education/resource teachers (Braillist and sign language interpreters)
University	Train mainstream teachers on inclusive education through mini- workshops. Enroll qualified PWDs in to teachers training



Stakeholder

Parent Support

Ministry of Health

CBR workers/social

Stakeholder Engagement

Engagement

	3.3.
Local government Units	 Appoint disability focal points Plan and allocate resources for IE Sensitize communities rights to education for CWDs.
Traditional/Religious Leaders	 Raise awareness Identify and refer

Institutionalize and entorce education for all PTAs and School Councils Plans for and mainstream disability in all school projects Awareness raising groups/DPOs and PWDs Advocacy Provide support services Home based support

- Authorize and promote school screenings and outreaches for early detection/assessment. Advocate, link CWDs to opportunities, facilitate early years Collect and collate statistics.
- workers Ministry of social affairs Provide school fee waivers, promote respect of national disability law Media Raise awareness and advocate



Lessons learned

Early detection through screening/assessment and pre-school contribute in reducing education inequalities and give children with disabilities from disenfranchised families a fair chance. In our experience, school screening programs done in partnership with specialized medical services increased early identification and correction/rehabilitation. For example, audiology screening in special schools identified 36 children who could hear with use of hearing aids and 28 who could see with use of low vision devices.







Networking and collaboration among education stakeholders has a positive knock-on effect on inclusive education outcomes given that there is a common goal and shared vision binding members of the network, thereby substituting competition with collaboration and coordination. For-example, the setting up of "IE network" led to reflections on the design of an integrated cross-organizational education EMR with a view to reduce lust to follow-up among CWDs, monitor their performance, facilitate transition planning and inform budgeting for education at municipal levels.



When planning for education activities is participatory and brings on board all stakeholders, there is shared understanding of the key issues and ach actor defined and commit to their role in bringing a solution. In our experience, participatory planning defined and strengthened the rights holders, duty bearer relationship. For example, PTAs incorporated disability in school planning leading to accessible structures and recruitment of special education teachers to support learners with severe visual and hearing impairment in mainstream classrooms; parents improved their commitment to the education of their children; local councils budgeted for, acquired and provided assistive devices.





Challenges

- Week support systems for children with hearing impairment leading to low retention in education.
- Absence of an integrated M&E system posed profound difficulty in planning transitions for learners from one level of education to the other as well as limited capacity to track school drop-out among CWDs.
- Frequent breakdown of assistive devices without a corresponding capacity for maintenance frustrate IE endeavors. For example, while Braille embossers are required to facilitate brailing, there are no exiting capacities for their maintenance.



Summary





Thank you and Contact us

We would love to:

- Hear about similar initiatives, and what you learned
- Share your resources with the CBC Health Services' service for persons with disabilities.

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Thank you, Merci, Meyaka, Zonka, Beri-wo, Njika, Kezong