THE GAMBIA

NATIONAL DISABILITY STUDY

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UNICEF Gambia, in collaboration with the Ministry of Basic and Secondary Education (MoBSE)
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- Special Needs Education schools for sharing their work and experiences in supporting children with disabilities in their areas of focus.
- Itinerant teachers and cluster monitors for their enthusiasm in supporting children with disabilities, sharing their experiences and recommendations on how to improve the situation for children with disabilities.
## Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CBR</td>
<td>Community Based Rehabilitation</td>
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<tr>
<td>CHW</td>
<td>Community Health Workers</td>
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<td>CPA</td>
<td>Child Protection Alliance</td>
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<td>CPU</td>
<td>Child Protection Unit</td>
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<td>CRC</td>
<td>Convention on the Rights of the Child</td>
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<td>CRPD</td>
<td>Convention on the Rights of Persons with Disabilities</td>
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<td>CRR</td>
<td>Central River Region</td>
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<tr>
<td>DPOs</td>
<td>Disabled People’s Organisations</td>
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<td>FGD</td>
<td>Focus Group Discussion</td>
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<td>FGM/C</td>
<td>Female Genital Mutilation/ Cutting</td>
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<td>GADHOH</td>
<td>Gambia Association of the Deaf and Hard of Hearing</td>
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<td>GAPD</td>
<td>Gambia Association of the Physically Disabled</td>
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<td>GBOS</td>
<td>Gambia Bureau of Statistics</td>
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<td>GFD</td>
<td>Gambia Federation of the Disabled</td>
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<tr>
<td>GOLD</td>
<td>Gambia Organisation for Learning Difficulties</td>
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<td>GOVI</td>
<td>Gambia Organisation of the Visually Impaired</td>
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<td>KII</td>
<td>Key Informant Interviews</td>
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<tr>
<td>KMC</td>
<td>Kanifing Municipal Council</td>
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<tr>
<td>LGA</td>
<td>Local Government Authority</td>
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<tr>
<td>LRR</td>
<td>Lower River Region</td>
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<tr>
<td>MoBSE</td>
<td>Ministry of Basic and Secondary Education</td>
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<td>MoHSW</td>
<td>Ministry of Health and Social Welfare</td>
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<td>NBR</td>
<td>North Bank Region</td>
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<tr>
<td>NGO</td>
<td>Non-Governmental Organisation</td>
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<td>NGOs</td>
<td>Non-Governmental Organizations</td>
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<tr>
<td>NUDY</td>
<td>National Union of Disabled Youths</td>
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<tr>
<td>RSOD</td>
<td>Rural Support Organisation for the Disabled</td>
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<tr>
<td>TANGO</td>
<td>The Association of NGOs</td>
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<tr>
<td>TBAs</td>
<td>Traditional Birth Attendants</td>
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<tr>
<td>TOR</td>
<td>Terms of Reference</td>
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<tr>
<td>UN</td>
<td>United Nations</td>
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<tr>
<td>UNCRC</td>
<td>United Nations Convention on the Rights of Children</td>
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<td>UNICEF</td>
<td>United Nations Children’s Fund</td>
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<tr>
<td>URR</td>
<td>Upper River Region</td>
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<tr>
<td>VSO</td>
<td>Voluntary Service Overseas</td>
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<tr>
<td>WHO</td>
<td>World Health Organization</td>
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<td>WCR</td>
<td>West Coast Region</td>
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Executive summary

This is the report of the National Disability Study commissioned by UNICEF in collaboration with the Ministry of Basic and Secondary Education (MoBSE) in The Gambia. The study was intended to update the information available on children with disabilities in the light of prevailing socio-cultural, legislative and national development contexts.

The Government of The Gambia carried out a national disability survey in 1998, which revealed that the overall disability prevalence rate was 1.6 per cent, with the child disability rate at 9.9 per 1000 and the prevalence rate for boys and girls was 11.2 and 8.5 per cent respectively.

The study also provided information on the types of disability among children in mainstream schools, the challenges they faced and their coping strategies. The study revealed that out of the sample of children with disabilities in the mainstream classrooms 25.7 percent were partially sighted; 12.3 percent had significant speech difficulties; 8.9 percent had mobility challenges, 5.4 percent were hard of hearing and 3.7 percent had significant manipulation and fits problems.

Some of the major constraints affecting the mainstreaming of children with disabilities in schools were inadequate technical aids, few disability friendly games, and limited financial resources and scholarships. Other important findings were inaccessible physical facilities, few qualified teachers and inadequate learning and instructional materials.

The education of children with disability is a priority for the MoBSE and a two-pronged approach has been adopted accordingly. Children with disabilities are educated in three special needs schools that are GOVI School for the Deaf, St John’s School for the Blind and Methodist School for Learning Difficulties. Children with mild disabilities are mainstreamed into regular schools. Itinerant teachers were trained and they in turn provide support to the teachers in managing cases of mild disabilities.

The main objectives of the study were to update the information on the situation of children with disabilities in The Gambia so as to provide:

- A better understanding of the status of children with disabilities.
- A situational analysis of children with disabilities.
- Information/data to guide development of strategies, policies and programs to address the circumstances of children with disabilities.

The study focused on the following five (5) key questions outlined below:

i. What statistics are available on the types, degrees and prevalence of disabilities affecting children in The Gambia?

ii. What are the needs and challenges of children with disability as they relate to education, health and protection (social and general)?

iii. What organisation or institutional capacities exist at community and family levels to support children with disabilities to realise their full potentials?

iv. What are the services currently available in Education, Health and Protection to support children with disabilities?
v. What strategies and actions are in current policy documents (e.g. Education, Health, Children’s Act and the Programme for Accelerated Growth and Employment – PAGE) that make references to children with disabilities, their challenges and potentials?

Findings

Statistics

The latest statistics on child disability prevalence were in the 2003 Population and Housing Census. In other institutions, statistics were generally not available and what was available was limited and not comprehensive. The SNE Unit had collected statistics to help them in planning and deployment of itinerant teachers. However, these were limited and focused only on 163 schools. The establishment of a database at the SNE Unit should go a long way in ensuring the availability of up-to-date data on children with disabilities in schools. The Disability Unit in the Department of Social Welfare had scanty statistics.

Recommendations on disability statistics

1. Develop a national disability coordination body and establish systems and mechanisms for the routine collection of statistics on children with disabilities, health service provision for children with disabilities and protection services for children with disabilities.
2. Support and build the capacities of the SNE Unit, the Disability Unit in the Department of Social Welfare, the Disabled Peoples’ Organizations (DPOs) and other service providers to strengthen their data collection.
3. Provide training on the use of statistics for strategic planning, monitoring and reporting on progress and dissemination.

Education of children with disabilities

Although access to education has improved for children with mild visual and hearing impairments, children with mental, learning and multiple disabilities and those afflicted with epilepsy still face numerous barriers including socio-cultural beliefs and practices that result in stigma and discrimination on children with disabilities and their families. There were also limitations in accessibility to physical structures and learning resources in schools.

Early identification, assessment, and referral for early intervention were inadequate or lacking. Children with mental impairments, profound and multiple disabilities were catered for only in the Methodist School for Learning Disabilities. This is inadequate support for this segment of children with disabilities.

There was limited awareness of disability issues among some of the Regional Education Officers.
Recommendations

Early identification and screening services for disability among children

a) Establish assessment and resource centres in regions using schools such as St. Joseph’s in Basse as nuclei.
b) Establish and mainstream early identification, screening for disability and management in SNE and health services to prevent complications. Use existing structures such as the immunization teams to beef them up to create multi-professional teams to do this.

Awareness creation on disability

a) Develop programmes and strategies to create awareness in communities about children with disabilities, their needs and challenges. Use the available and inexpensive community radios (FM stations) to create awareness and educate communities to support disability issues and children with disabilities in particular.
b) Develop programmes to create awareness in schools to eliminate/reduce cases of peer harassment of children with disabilities.
c) Support schools to create disability support groups within schools for students to support children with disabilities.

Focusing on Parents of children with disabilities

a) Train families of children with disabilities on how to support their children and be advocates for other children with disabilities in their communities.
b) Encourage and facilitate parents, especially mothers to establish support groups in their communities to fight stigma, dispel feelings of loneliness and low self-esteem and provide skills-development for economic empowerment.

Accessibility of the environment

1. Intensify efforts to modify schools to make them more accessible while paying specific attention to toilets and water points.
2. Use community development committees and school management committees to support the modification of school facilities to improve access for children with disabilities.

Accessibility and available learning and instructional materials

Provide appropriate instructional materials for learners in accessible formats.

SNE training and monitoring and reporting

1. Train and post more teachers in disability issues in schools where integration is currently implemented. This will provide on-site support for children with disabilities. Itinerant teachers will then be able to visit to provide supplementary support and monitor the quality of instruction in schools with SNE learners.
2. Strengthen the monitoring and reporting system at the SNE Unit to track progress and use the feedback to inform future activities.
3. Train Regional Education officers in disability issues to enable them to monitor SNE more effectively in their regions.

Health provision for children with disabilities

The study concludes that health training does not feature disability and many health workers are not well-informed about disability issues generally. There were no services targeting children with disabilities. There was no evidence of screening children for disabilities during immunizations or clinic visits.

Recommendations

1. Include disability in health care training.
2. Incorporate screening of babies for disability during immunization visits into communities and during the periodic post-natal well-baby clinics.
3. Establish services to support children with disabilities in the second level tier of health care to bring services such as rehabilitation, physiotherapy, and mobility and orientation for blind children closer to communities. The added benefit will be the early identification of disability in order to prevent complications that could lead to disability and increase the burden on the health system.
4. Establish a monitoring and reporting framework and create a database that will track progress and use lessons learnt to improve implementation.

Child protection

Child protection services in the country are still evolving. At the moment, protection issues are uncoordinated and contained in various different legislations. Services also are fragmented, falling under different arms of Government in different ministries. There are commendable and ongoing efforts to develop policies and a coherent country strategy that is more responsive to the Social Protection needs of The Gambia people. It would be an opportune time to introduce and mainstream disability issues into child protection at this early stage of developing the Social Protection sector.

Recommendations

1. Establish a coordinating body for social protection in the nation.
2. Define services that will target children with disabilities and mention them in the policy that is being developed.
3. Harmonise the different legislations and policies to create a holistic, cohesive and coherent social protection policy.
4. Build the capacity of social protection implementers to be sensitive and responsive to the needs of children with disabilities and their families.
Role of disability peoples’ organizations (DPOS)

Disabled peoples’ organizations (DPOs) globally have been central in the disability movement and have contributed greatly to expanding the participation of persons with disabilities, enhancing their visibility and promoting the protection of their rights. The study found that DPOs have been instrumental in creating awareness on disability issues generally. The Gambia Federation of Disabilities (GDF) and its membership have made positive contributions despite their limited capacities. GDF has at various times contributed disability articles in a local newspaper known as FOROYAA and this has served to improve people’s awareness of disability issues.

The study revealed that there are no DPOs targeting children with disabilities.

Recommendations

1) Support DPOs as vital partners to support children with disabilities and enhance their capacities since they have expertise and commitment on the key issues in disability.
2) Use the strength of DPOs in lobbying and advocacy to heighten awareness of the needs and challenges faced by children with disabilities.
3) Develop strategies of involving DPOs in designing interventions for children with disabilities and in establishing parents’ support groups at the community levels.
4) Explore ways and support DPPs to include children with disabilities in their programs and activities.

Legislative environment

The prevailing political climate has demonstrated some sensitivity to the needs of persons with disabilities as indicated in the various policies. However, children with disabilities are not well articulated. The government has demonstrated its commitment through the various legislations and policies and interventions to support the most vulnerable groups, who include the disabled. This is commendable but there needs to be a sharper focus on children with disabilities to ensure that they are not inadvertently left out of interventions in education, health and protection services.

Recommendations

1. Reorient national legislations and programmes to ensure that children with disabilities are included.
2. Regularly review and update policies and strategies to ensure they specifically target children with disabilities.
3. Train more officers in the public sector on disability issues to improve on service delivery.
4. Establish a monitoring and reporting mechanisms and use lessons learnt to improve future policies and legislations.
In conclusion, the study notes that the Government of The Gambia has ratified the relevant legislations on children with disabilities but it yet to develop national legislations and programs to incorporate children with disabilities.

In general, the situation of children with disabilities continues to lag behind that of non-disabled children in education, health and social protection. They are largely invisible in policies and service provision.

Although SNE has improved education services for children with mild disabilities there are still large gaps and many barriers to overcome before they can enjoy their right to education. There is little focus on children with other disabilities and multiple disabilities.

On health provision, children with disabilities are not usually targeted. Early identification and disability screening services are inadequate.

On social protection, the study finds that there is inadequate focus on children with disabilities as currently structured. However, there are opportunities currently to include the issues of children with disabilities. The country is working on streamlining the Social Protection sector and developing a Social Protection Policy therefore it is possible to include children with disabilities in the legislations, policies and programs.
1. Introduction

This report presents the findings of the National Disability Study, which was commissioned by UNICEF Country Office in collaboration with the Ministry of Basic and Secondary Education (MoBSE) in The Gambia. The report updates the information on the situation of children with disabilities in the light of the prevailing socio-cultural, legislative and national development contexts in The Gambia.

1.1. The Gambia

The Gambia is one of the smallest countries on the African continent. It is surrounded by Senegal on all sides except on the Western Coast, where it borders the Atlantic Ocean. The River Gambia cuts through the middle of the country on its way from the Fouta Djallon highlands to the Atlantic Ocean, forming the North and South Banks of the country. The administrative capital Banjul is located on an island at the mouth and on the southern bank of River Gambia. The country has six administrative regions: North Bank Region, Lower River Region, Central River Region, Upper River Region, West Coast Region, Banjul City Council, and Kanifing Municipal Council.

The Gambia Bureau of Statistics (GBoS) 2003 Population and Housing Census showed the population of The Gambia to be 1.2 million. The projected annual population growth rate was indicated as 2.74 percent nationally but this rate was reported to be much higher in the Kanifing and Banjul Municipalities due to increased rural to urban migration and migration from the neighbouring countries.

The World Bank\(^1\) in 2012 estimated the population of The Gambia to be 1.791 million with more than half of the population (approximately 63 percent) being under 25 years of age, while people aged 65 years and older constituted 2.8 percent of the total population. According to 2008 estimates, the structure of The Gambia population is as below:

- The 0-14 age bracket formed 43.9 percent of the population. Males account for 382,385, while females are 378,853.
- The 15-64 age bracket constituted 53.4 percent of the population with males and females accounting for 459,315 and 466,689 respectively.
- People aged 65 years and above represented 2.8 percent of the population with males and females accounting for 24,303 and 23,919 respectively.

1.2. Children with disabilities
The landmark UNICEF State of the World’s Children Report (2013 Edition), for the first time, focuses on Children with Disabilities to demonstrate the urgent need to address issues affecting them. The Executive Director of UNICEF, Mr Anthony Lake notes that:

‘Children with disabilities are among the last in line for resources, and services, especially where these are scarce to begin with. Far too regularly, they are the objects simply of pity, or worse, discrimination and abuse.’ (SoWCR, 2013, p. iii)

The World Health Organization indicates that almost one-fifth of the estimated global total number of persons living with disabilities (between 110-190 million people) encounter significant difficulties. UNICEF\(^2\) notes that there is little empirical evidence on the prevalence of disability among children. It adds that the often-quoted estimates that indicate that 93 million children (one in 20) of those aged between 14 years and younger have disabilities are ‘derived from data that is too varied and methods too inconsistent to be reliable.’ (SoWCR, 2013, p. 3). UNICEF points out that data on children with disabilities should be interpreted with caution because ‘definitions of disability differ by place and time, as do study design, methodology and analysis’ (SoWCR, 2013, p. 3). These concerns on the accuracy of data on disability have spurred new efforts to improve on data collection. Consequently, UNICEF and the Washington Group\(^3\) are working on developing reliable and standardized tools to collect data on disability prevalence.

The 2003 National Population and Housing Census\(^4\) indicated the population of disabled persons as 28 per 1000 compared to 16 per 1000 in the 1998 National disability survey. Rural areas were shown to have a prevalence rate of 30.3 per 1000 compared to urban areas which registered a prevalence rate of 25.7 per 1000. The three major disabilities identified were visual impairments, physical disabilities and hearing impairments. Visual disability had the highest prevalence rate at 37.5 percent, physical disabilities was 21.6 percent, while hearing disabilities had the lowest prevalence rate of 15.4 percent. Disability prevalence was lowest (0.8 percent) for children aged between 2-5 years and highest among children aged 15-19 years at 1.6 percent.

1.3. Background to the Study
As the UN agency for children UNICEF advocates for the rights of all children to education guided by the principles of Human Rights and inclusiveness. Thus children living with disabilities must be provided with equal opportunities as those that have no disabilities. Children living with disabilities live under especially difficult circumstances and are

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\(^2\) UNICEF (May 2013). Children and Young People with Disabilities Fact Sheet
\(^4\) Gambia Bureau of Statistics (GBOS, 2003)
particularly vulnerable because of prevalent negative attitudes and beliefs, stigma and discrimination. They have limited access to essential social services such as education and health, and their fundamental rights are often compromised. The current world-wide emphasis on inclusion, participation, and self-advocacy and on the rights-based approach to disability brings out the need for equitable strategies to address different aspects of disability in The Gambia.

The Government of The Gambia carried out a national disability survey in 1998, which revealed that the overall disability prevalence rate was 16 per 1000, with child disability rate shown to be 9.9 per 1000. Disability prevalence rate for boys and girls was 11.2 and 8.5 per 1000 respectively.

The study also provided information on the types of disability among children in mainstream schools. It identified the challenges that such children face in fitting into mainstream classrooms and the coping strategies they adopted. The study revealed that out of the sample surveyed, children with disabilities in the mainstream classrooms 25.7 percent were partially sighted, 12.3 percent had significant speech difficulties, 8.9 percent had mobility challenges, 5.4 percent were hard of hearing and 3.7 percent had significant manipulation and fits problems.

Some of the major constraints affecting the mainstreaming of children with disabilities in schools were deficits in technical aids, disability friendly games, financial resources and scholarships. Provision of orthopedic appliances, mobility and hearing aids, gait training, mechanical and psychosocial support were also major challenges. Other challenges were limited access to physical facilities such as toilets and classrooms and the few numbers of specialized trained teachers. As a result of the lack of trained and specialised teachers, most schools did not have the capacity to tailor the curriculum to suit the needs of children with disabilities.

The Ministry of Education considers the education of children a priority for which it has adopted a two-pronged approach. Firstly, three special needs schools exist which cater for children with severe forms of disabilities. These are GOVI School for the Deaf, St John’s School for the Blind and Methodist School for Learning Difficulties. Secondly, children with mild or moderate disabilities are integrated into mainstream classrooms. MoBSE trains itinerant teachers to provide support to teachers in managing children with mild disabilities in integrated settings. These teachers are trained on techniques of how to identify and refer cases to specialists.

It is against this background that MoBSE in partnership with UNICEF commissioned this study to assess and update data on the status of children with disabilities in The Gambia.

1.4. Rationale, Purpose and Objectives

**Rationale:** The study was intended to update the profile of disability in the country taking into consideration existing realities. The results will provide up-to-date information to support policy development and programme implementation. It will also identify the needs of this highly vulnerable group of children and contribute to overcoming any bottlenecks or barriers to them realising and enjoying their rights.
**Study Objectives:** The main objectives of the study were to update the information on the situation of children with disabilities in The Gambia so as to provide:

- A better understanding of the status of children with disabilities.
- A situational analysis of children with disabilities.
- Information to guide development of strategies, policies and programs to address the circumstances of children with disabilities.

1.5. Questions addressed by the study
In the first consultative meeting with the Steering Committee, clarifications were made after reviewing the TOR before the study commenced. The first question of the terms of reference was modified because the Statistics Act (2005) vests on The Gambia Bureau of Statistics the supervisory authority for the national statistical system and is the only body in the country entrusted with providing official statistics. GBOS carries out a national census every 10 years. The Steering Committee noted that the GBOS had conducted a national census in April 2013 in which disability issues were covered and the results are expected to be published as soon as they are ready.

The study refocused the first question and agreed on the following five (5) key questions outlined below:

i. What statistics are available on the types, degrees and prevalence of disabilities affecting children in The Gambia?

ii. What are the needs and challenges of children with disability as they relate to education, health and protection (social and general)?

iii. What organisation or institutional capacities exist at community and family levels to support children with disabilities to realise their full potentials?

iv. What are the services currently available in Education, Health and Protection to support children with disabilities?

v. What strategies and actions are in current policy documents (e.g. Education, Health, Children’s Act and the Program for Accelerated Growth and Employment – PAGE) that make references to children with disabilities, their challenges and potentials?

1.6. Organization of the report
While Chapter 1 focused on the introduction and provided background information to the study, section 2 discusses the study design and methodological framework used. Section 3 highlights the key human rights instruments on disability, to contextualize the current rights-based trends and approaches used to address disability. Sections 4, 5, 6, 7, and 8 present the findings of the study as per the questions addressed by the study, while Chapter 9 draws conclusions and makes recommendations on the way forward.
2. Study Design and Methodology

2.1. Study Design
The study adopted a qualitative research design in order to capture comprehensive information on the situation of children with disabilities and their families. The strength of qualitative inquiry is that it gives voice to respondents to express their views and experiences on disability and enables the researcher to probe the responses from the participants with a view to collecting rich information that capture nuances that would not be possible using quantitative methods.

2.2. Methodology
2.2.1. Methods used
The data was collected using desk review of relevant legislations and policies on education, health and social protection as well as international and regional human rights instruments. Legislations and Policy documents reviewed for this study included: i) The Gambia Constitution, ii) the Education Act, iii) Draft Disability Bill, iv) Mental Health Policy, v) Mental Health in The Gambia Report, vi) The Disability Policy, vii) the National Health Policy, viii) the Education Policy, ix) Children’s Act, x) SNE Inclusive Policy Framework, xi) Program for Accelerated Growth and Employment (PAGE).

Self-administered questionnaires and key informant interviews were conducted with respondents sampled for this study. Focus group discussions (FGDs) were done with the assistance of a local interpreter who was fluent in the local languages so that participants could discuss their perspectives easily and more naturally.

2.2.2. Study Sites
The study was carried out in all 7 administrative areas of The Gambia; Banjul, Kanifing Municipality, West Coast Region, North Bank Region, Lower River Region, Central River Region and Upper River Region. Field visits were conducted from 15th September – 21st September 2013.

2.2.3. Respondents and Institutions
Purposive sampling of respondents and institutions was used to ensure that the various socio-cultural and socio-economic dynamics of the country were represented. This meant taking into consideration urban and rural communities. Three levels of participants were identified as shown in Table 1.

Table 1: Participants’ Profiles

<table>
<thead>
<tr>
<th>Beneficiaries and community level respondents representing the indicated categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Children with disabilities</td>
</tr>
<tr>
<td>b) Village development committees</td>
</tr>
</tbody>
</table>
c) Village Health Workers  
d) School Management Committees  
e) Traditional and Religious Heads of communities  
f) Water Management Committees  
g) Parents/ caregivers/ guardians of children with disabilities

**Service Delivery Level respondents**

a) SNE schools: St. John’s School for the Deaf, GOVI School for the Blind and Methodist School for learning Difficulties.  
b) Psychiatric Hospital (Poly Clinic)  
c) NGOs (VSO, Sight Savers International and ActionAid)  
d) Disabled People’s Organizations (DPOs): GOVI, GADHOH, GOLD, GAPD, NUDY, and RSOD, Association of Gambia Albinos (AGA).  
e) Child Protection Alliance (CPA).

**Respondents at the Policy and Strategic level**

a) Disability Unit, Department of Health and Social Welfare  
b) SNE Unit, Ministry of Basic and Secondary Education  
c) Gambia Police – Child Protection Unit  

### 2.2.4. Data analysis and compilation of the report of the findings

At the end of data collection, all the data was organized and scrutinized carefully to confirm that all the data had been captured accurately to respond to the requirements of the TOR. Any gaps were filled through further clarifications especially of technical information with appropriate respondents in education, health and child protection sectors.

The data was analysed using the qualitative data collection methods espoused by Myles and Huberman (1994), Glaser and Strauss (1967), and Patton (2002).

The questions addressed by the study were used to determine the appropriate thematic associations emerging from the data. Codes were assigned to reflect the relevance of the data gathered and aggregated around the research questions in order to comply with the requirements...
of the TOR. A draft report of the findings was compiled using the questions addressed by the study as the headings.

2.2.5. Limitations of the study
There were several limitations including availability of data, access and availability of some respondents, and translation to and the local language which could have affected participants’ responses and the researcher’s understanding. Time and budgetary constraints were also limiting factors.

3. The Human Rights-based approach to disability
The definition of Children with Disabilities used in the Convention of the Rights of Persons with Disabilities (CRPD) is adopted for the study. CRPD defines children with disabilities to mean

Children up to the age of 18 who have 'long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.’ (CRPD, Article 1)

3.1. International Human Rights Instruments that impact on children
Over the years since its formation, the United Nations has been at the forefront in its efforts to equalize the rights of various vulnerable groups of persons including women, children, persons with disabilities, minority groups, children and people in emergency situations, refugees and displaced persons, and various categories of workers. The result has been the formulation of key Human Rights Conventions and Protocols that member states have used to inspire and model national legislations, policies and programmes. The fundamental Human Rights Instruments are summarized in Table 2.

Table 2: Key Human Rights Instruments

<table>
<thead>
<tr>
<th>Year</th>
<th>Description of Human Rights Instrument</th>
</tr>
</thead>
<tbody>
<tr>
<td>1948</td>
<td>UN Declaration of Human Rights.</td>
</tr>
<tr>
<td>1959</td>
<td>The Declaration of The Rights of the Child.</td>
</tr>
<tr>
<td>1960</td>
<td>UNESCO Convention against Discrimination in Education.</td>
</tr>
<tr>
<td>1975</td>
<td>Declaration on the Rights of Disabled Persons proclaims the equal civil and political rights of all.</td>
</tr>
<tr>
<td>1979</td>
<td>UN Convention on the Elimination of All Forms of Discrimination against Women.</td>
</tr>
<tr>
<td>1989</td>
<td>World Programme of Action concerning Disabled Persons</td>
</tr>
<tr>
<td>1989</td>
<td>UN Convention on the Rights of the Child (CRC). It has four principles of:</td>
</tr>
<tr>
<td></td>
<td>i) ‘Non-discrimination’ (Article 2),</td>
</tr>
<tr>
<td>Year</td>
<td>Event</td>
</tr>
<tr>
<td>------</td>
<td>-------</td>
</tr>
<tr>
<td>1990</td>
<td>World Declaration on Education for All (EFA) and Framework for Action to Meet Basic Learning Needs was adopted at the World Conference on Education for All in Jomtien, Thailand in March 1990. EFA promotes “equal access to education to every category of disabled persons as an integral part of the education system.”</td>
</tr>
<tr>
<td>1990</td>
<td>African Charter on the Rights and Welfare of the Child (African Charter) The Charter, which focuses on special issues prevailing in Africa such as unequal treatment of female children and female genital mutilation (FGM/C), was adopted in July 1990. The African Charter is intended to complement the CRC. It has included the right to education, an aspect that was missing in the CRC.</td>
</tr>
<tr>
<td>1983−1992</td>
<td>The United Nations International Decade of Disabled Persons</td>
</tr>
<tr>
<td>1994</td>
<td>Salamanca Statement and the Framework for Action on Special Needs Education. This was adopted by the UNESCO World Conference on Special Needs Education: Access and Quality, Salamanca, Spain, 7-10 June 1994. It puts the principle of inclusion on the educational agenda worldwide.</td>
</tr>
<tr>
<td>2006</td>
<td>UN Convention on the Rights of Persons with Disabilities (CRPD) affirms that disability ‘is a human rights issue’ that concerns governments, disabled peoples’ organizations (DPOs), non-governmental organizations (NGOs), civil society and the general public to create better conditions for persons with disabilities. Article 24 states that education is a right that should be enjoyed equally without discrimination through inclusiveness at all levels.</td>
</tr>
<tr>
<td>2001−2009</td>
<td>African Decade of Disabled Persons</td>
</tr>
<tr>
<td>2013</td>
<td>UNICEF’s Flagship ‘State of the World’s Children Report’ (2013): a) Focuses for the first time on children with disabilities, b) urges governments to ratify and implement conventions, fight discrimination, dismantle barriers to inclusion, end institutionalization, support families, move beyond minimum standards, coordinate services to support the child, involve children with disabilities in decision making and promote research as well as collect accurate data on disability to guide policy and action.</td>
</tr>
</tbody>
</table>
Presentation and discussion of the findings


4.1. Global estimates on the prevalence of disability
Since the 1970s, the World Health Organization has estimated the global disability prevalence to be 10 percent in any given population and there was no empirical evidence to corroborate this figure. However, WHO recently revised this figure upwards to 15 percent, noting that disabilities are higher in low-income compared to the high-income countries. The World Bank estimates The Gambia population to be approximately 1.2 million.

4.2. Available statistics on the types, prevalence, and degrees of disability
The study found that there were several surveys and studies on the types, prevalence, and degrees of disability. These include the National Population and Housing Census (2003); the Disabled Children in Mainstream Schools Survey Report (1998); the National Disability Survey (1998), SNE Unit’s Report on Identification of Children with Special Needs from Regions 1-6; and Gambia Organization of Visually Impaired (GOVI) report on the Survey on Children with Visual Impairment in the Six (6) Regions of The Gambia’ (2011).

The Gambia in the 2003 population and housing census collected information on the following disabilities: visual, hearing, speech, physical disabilities, mental illness, epilepsy, and learning difficulties.

The three main types of disabilities reported in the 2003 census were visual, physical and hearing impairments which constituted 37.5 percent, 21.6 percent and 15.4 percent respectively. Mansakonko local government had the highest incidences of disabilities at 3.7 percent, while Basse had a rate of 1.7 percent. Brikama and Kuntaur had prevalence rates of 3.5 percent and 3.2 percent respectively. Of the three major disability categories, visual impairments were the highest (37.5 percent) while physical disabilities had 21.6 percent and hearing impairments had 5.4 percent.

The census found the prevalence rate of disability to be 2.8 percent compared to 1.6 percent in the 1998 National disability study. 53.5 percent of the disabled population were rural based while 46.5 percent were based in urban areas. The report found incidences of disability to be higher in rural areas compared to urban areas, with prevalence rates indicated as 3.03 percent and 2.57 percent respectively.

Considering the gender dynamics, the prevalence rate of disability for males aged 2-5 years in urban areas was 0.9 percent while females had a prevalence rate of 0.7 percent. The prevalence

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rate in the rural areas for the same age group was 1.0 percent for males and 0.7 percent for females.

The national prevalence rates by disability type are presented in Table 3.

Table 3: National Disability Prevalence rate by disability type

<table>
<thead>
<tr>
<th>Type of disability</th>
<th>Population</th>
<th>Proportion by type of Disability (Percent)</th>
<th>Prevalence rate (100)</th>
<th>Prevalence rate (1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seeing</td>
<td>13012</td>
<td>37.5</td>
<td>1.1</td>
<td>10.5</td>
</tr>
<tr>
<td>Hearing</td>
<td>5346</td>
<td>15.4</td>
<td>0.4</td>
<td>4.3</td>
</tr>
<tr>
<td>Speech</td>
<td>2681</td>
<td>7.7</td>
<td>0.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Physical</td>
<td>7501</td>
<td>21.6</td>
<td>0.6</td>
<td>6.1</td>
</tr>
<tr>
<td>Strange behaviour</td>
<td>1977</td>
<td>5.7</td>
<td>0.2</td>
<td>1.6</td>
</tr>
<tr>
<td>Fits</td>
<td>1211</td>
<td>3.5</td>
<td>0.1</td>
<td>1.0</td>
</tr>
<tr>
<td>Learning difficulty</td>
<td>651</td>
<td>1.9</td>
<td>0.1</td>
<td>0.5</td>
</tr>
<tr>
<td>Other</td>
<td>2280</td>
<td>6.6</td>
<td>0.2</td>
<td>1.8</td>
</tr>
<tr>
<td>Total Disability</td>
<td>34659</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The Gambia</td>
<td>1238569</td>
<td>2.8</td>
<td>28.0</td>
<td></td>
</tr>
</tbody>
</table>


Prevalence of disability types by local government area are shown in Table 4.

Table 4: Disability prevalence among children by age, and by local government area (2003)

<table>
<thead>
<tr>
<th>Age-group</th>
<th>Banjul</th>
<th>Kanifing</th>
<th>Brikama</th>
<th>Mansakonko</th>
<th>Kerewan</th>
<th>Kuntaur</th>
<th>Janjanbureh</th>
<th>Basse</th>
<th>The Gambia</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Gambia</td>
<td>2.3</td>
<td>2.3</td>
<td>3.5</td>
<td>3.7</td>
<td>2.9</td>
<td>3.2</td>
<td>2.8</td>
<td>1.7</td>
<td>2.8</td>
</tr>
<tr>
<td>2-5yr</td>
<td>0.5</td>
<td>0.7</td>
<td>1.0</td>
<td>0.8</td>
<td>0.9</td>
<td>1.1</td>
<td>0.9</td>
<td>0.4</td>
<td>0.1</td>
</tr>
<tr>
<td>7-9yr</td>
<td>1.2</td>
<td>1.0</td>
<td>1.7</td>
<td>1.5</td>
<td>1.3</td>
<td>1.5</td>
<td>1.3</td>
<td>0.7</td>
<td>0.1</td>
</tr>
<tr>
<td>10-14yr</td>
<td>1.0</td>
<td>1.2</td>
<td>1.7</td>
<td>1.6</td>
<td>1.5</td>
<td>1.5</td>
<td>1.3</td>
<td>0.8</td>
<td>0.2</td>
</tr>
<tr>
<td>15-19yr</td>
<td>1.1</td>
<td>1.4</td>
<td>2.0</td>
<td>1.8</td>
<td>1.7</td>
<td>1.9</td>
<td>1.8</td>
<td>0.9</td>
<td>0.2</td>
</tr>
</tbody>
</table>

Source: Gambia Bureau of Statistics (GBOS)
For children aged 15-19 years, disability prevalence for males and females in urban areas was 1.6 and 1.5 percent respectively while in the rural areas, disability prevalence for the same age group was shown as 1.8 percent and 1.7 respectively. Table 5 gives the population distribution of children in urban areas in The Gambia in 2003.

*Table 5: Urban Disability prevalence among children (2003)*

<table>
<thead>
<tr>
<th>Urban prevalence</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
<td>Count</td>
</tr>
<tr>
<td>Total</td>
<td>7871</td>
<td>100.0</td>
<td>8234</td>
</tr>
<tr>
<td>Urban</td>
<td></td>
<td>2.5</td>
<td></td>
</tr>
<tr>
<td>2-5yr</td>
<td>336</td>
<td>0.9</td>
<td>273</td>
</tr>
<tr>
<td>7-9yr</td>
<td>337</td>
<td>1.3</td>
<td>324</td>
</tr>
<tr>
<td>10-14yr</td>
<td>532</td>
<td>1.4</td>
<td>474</td>
</tr>
<tr>
<td>15-19yr</td>
<td>639</td>
<td>1.6</td>
<td>657</td>
</tr>
</tbody>
</table>

Source: Gambia Bureau of Statistics (GBOS)

Disability prevalence among children in rural areas in The Gambia for year 2003 is indicated in Table 6.

*Table 6: Rural Disability prevalence among children (2003)*

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Count</td>
<td>Percent</td>
</tr>
<tr>
<td>Rural</td>
<td>472</td>
<td>3.2</td>
</tr>
<tr>
<td>2-5yr</td>
<td>495</td>
<td>1.0</td>
</tr>
<tr>
<td>7-9yr</td>
<td>734</td>
<td>1.4</td>
</tr>
<tr>
<td>10-14yr</td>
<td>657</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Source: Gambia Bureau of Statistics (GBOS)

The results of the Census 2003 indicate that disability tends to rise as children grow older.

### 4.2.2. National Disability Survey (1998)

The survey was conducted in all the administrative areas and covered a wide range of topics including the causes, prevalence and degree of disability; children with disabilities; access to health and rehabilitation services; access to the physical environment; equal participation in family and community activities; education and training, employment and income; migration; assessment of educational and rehabilitation services for the disabled; and access to institutional and organizational support from the perspectives of disabled persons.
The key findings were:

- One in six (15.6 percent) of children was reported to have significant mobility problems.
- Speech disability was a significant in children, accounting for 18.4 percent compared to all disabled persons.
- Children had a higher prevalence of hearing impairments at 6.5 percent compared to all persons with disabilities.
- 9.2 percent of children reported manipulation difficulties and 4.3 percent and 3.4 percent reported severe and moderate learning difficulties.
- Epilepsy was a major disability found among children, with 1 in 9 (11.4 percent) having significant problem with fits.
- 30 percent of all disabled persons had multiple disabilities, and children accounted for 43.7 percent.
- Half of the population affected by fits/epilepsy were children.

However, the survey did not measure the severity of disability among children.


This survey was carried out with the objective of examining the ‘utilization of mainstream primary schools by parents for the education of their disabled children’. Among the things that the report assessed were ‘integration and normalization efforts within the primary school cycle’.

The target population was school-going children aged 5-19 years of age. The findings suggested that:

- 25.7 percent of children were partially sighted.
- 12.3 percent had significant speech difficulties.
- 11.1 percent of children had minor speech problems.
- 8.9 percent of children had significant physical mobility problems.
- 3.7 percent of children had significant fits problems.
- 2.8 percent had minor physical mobility difficulties.

The report noted that in the age groups of 5-9 years, 10-14 years and 15-19 years, the pattern and level of disability were similar nationally. Visual impairments, speech impairments and physical mobility difficulties were the most prevalent types of disability.

The Survey on Disabled Children in Mainstream Schools concludes that:

- There was a ‘total lack’ of special facilities and services to enhance the educational environment of disabled children in mainstream schools.
- There were inadequate numbers of trained specialized teachers.
- Schools had not constructed ramps to facilitate access for children with physical disabilities.
- Toilets had not been modified to accommodate the needs of children with disabilities.
4.2.4. Disability assessment by the Special Needs Unit in 163 schools with integrated learners (2009)

In 2009, the SNE Unit in collaboration with Department of Social Welfare, the Principal and a teacher from St. John’s School for the Deaf, the Principal and teacher from Methodist School for Learning Disabilities, a senior orthopedic technician and a rehabilitation practitioner carried out a disability assessment in 163 randomly selected schools in six regions to identify children with disabilities and establish the kind of support they needed.

Data from the report of SNE Unit are summarized in Table 7.

Table 7: Summary of SNE Unit assessment

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of schools</th>
<th>Number of children assessed</th>
<th>Types of disabilities identified</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>4</td>
<td>Visual impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physical disabilities</td>
</tr>
<tr>
<td>2</td>
<td>8</td>
<td>16</td>
<td>Learning disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physical disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visual impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>‘Bone deficit’</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Downs Syndrome</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
<td>17</td>
<td>Physical disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visual impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hearing impairments</td>
</tr>
<tr>
<td>4</td>
<td>50</td>
<td>157</td>
<td>Visual impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hearing impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Multiple disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Learning disabilities</td>
</tr>
<tr>
<td>5</td>
<td>10</td>
<td>13</td>
<td>Visual impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Physical disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Visual impairments and physical disabilities</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Speech impairments</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Cerebral palsy</td>
</tr>
</tbody>
</table>

Following identification and assessment, the team referred children for interventions that included fitting for hearing aids at St. John’s School for the Deaf, referral to the Department of Social Welfare for the provision of standing frames and wheelchairs; referrals for physiotherapy, referral for medical attention (removal of cataracts), provision of glasses to improve eyesight, and other management as the situation demanded.

The SNE Unit explained that the exercise was an endeavor to obtain up to date information on the number of children with disabilities in selected schools, identity the type and level of disabilities and the specific needs of children in those schools. The findings were intended to guide in the SNE Unit to distribute the itinerant teachers. This indeed was a good effort in the absence of recent data on children with disabilities.

The report presented data that was difficult to interpret due to scant information on the methodology used, the number of children in a class, and the age of the assessed children. However, from the data it was possible to detect that there appeared to be a higher prevalence of cerebral palsy in Region 4 that was not observed in the other regions.

The report made some relevant recommendations that needed to be followed up. The SNE Unit has already taken action on some of the recommendations and they are in the process of addressing the rest of them.

**SNE Unit Database:** Another commendable effort to the SNE Unit was that it has developed a database which will be used routinely to gather data on children with disabilities.

**Discussion**

On the overall, the SNE Unit is to be commended for the great effort and initiative and for taking the lead role to try to determine the presence of children with disabilities in schools and the type of interventions and support they might need to enable them to participate more effectively in learning. Hands-on knowledge of the target population enables the SNE Unit to make targeted interventions aimed at individual needs. The SNE Unit was able to marshal a team of relevant service providers to participate in the exercise and this approach should be encouraged.

It was remarkable that the SNE Unit was able to provide on-site support in a number of cases and some children were referred for orthopaedic support and medical attention. Although the information is useful to the SNE Unit to know the situation of particular children with disabilities in the schools visited, future data collection should aim at standardizing a data collection instrument and providing more comprehensive information on the schools, students and a more standardized description and severity of disabilities identified.
The SNE Unit needs to have their technical capacity built to be able to collect more comprehensive data that can be used for strategic planning, management, coordination and monitoring of the SNE Unit activities nationally.

4.2.5. Data from the Gambia Organization of the Visually Impaired (GOVI):
In 2011 GOVI carried out a ‘Survey on Children with Visual Impairment in six (6) Regions of The Gambia’. The objectives of the survey were to determine the number of children with visual impairments in the 6 regions of The Gambia, the number of children accessing education services and the number of children with visual impairments in mainstream schools.

The GOVI study reported that 3.9 percent of the children had some disability, with Mansakonko having the highest percentage at 8.4 percent, Janjanbureh 5.8 percent had the second highest proportions of people with disability whilst Kuntaur and Kanifing had the lowest proportions with 2.2 and 2.7 per cent respectively. The distribution of disability by LGA is indicated in Table 8.

Table 8: Percentage distribution of disability by LGA (GOVI survey)

<table>
<thead>
<tr>
<th>Local Government Area</th>
<th>Seeing</th>
<th>Hearing</th>
<th>Speech</th>
<th>Moving around</th>
<th>Difficultly Grasping</th>
<th>Loss of feelings in hands or feet</th>
<th>Strange behavior</th>
<th>Other disabiliti es</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banjul</td>
<td>33.3</td>
<td>27.8</td>
<td>22.2</td>
<td>5.6</td>
<td>0.0</td>
<td>0.0</td>
<td>11.1</td>
<td>0.0</td>
<td>100</td>
</tr>
<tr>
<td>Kanifing</td>
<td>48.6</td>
<td>18.2</td>
<td>12.7</td>
<td>3.9</td>
<td>1.7</td>
<td>0.6</td>
<td>6.1</td>
<td>8.3</td>
<td>100</td>
</tr>
<tr>
<td>Brikama</td>
<td>37.1</td>
<td>19.1</td>
<td>13.8</td>
<td>14.9</td>
<td>3.1</td>
<td>1.8</td>
<td>7.8</td>
<td>2.3</td>
<td>100</td>
</tr>
<tr>
<td>Mansakonko</td>
<td>52.0</td>
<td>22.8</td>
<td>14.2</td>
<td>5.5</td>
<td>0.8</td>
<td>2.4</td>
<td>2.4</td>
<td>0.0</td>
<td>100</td>
</tr>
<tr>
<td>Kerewan</td>
<td>22.5</td>
<td>22.5</td>
<td>7.5</td>
<td>20.0</td>
<td>6.3</td>
<td>6.3</td>
<td>11.3</td>
<td>3.8</td>
<td>100</td>
</tr>
<tr>
<td>Kuntaur</td>
<td>45.8</td>
<td>33.3</td>
<td>12.5</td>
<td>8.3</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
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<td>100</td>
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<td>Janjanbureh</td>
<td>44.0</td>
<td>28.9</td>
<td>8.4</td>
<td>3.6</td>
<td>3.6</td>
<td>6.0</td>
<td>5.4</td>
<td>0.0</td>
<td>100</td>
</tr>
<tr>
<td>Basse</td>
<td>36.4</td>
<td>22.2</td>
<td>14.1</td>
<td>9.1</td>
<td>4.0</td>
<td>4.0</td>
<td>8.1</td>
<td>2.0</td>
<td>100</td>
</tr>
<tr>
<td>Total</td>
<td>40.8</td>
<td>21.9</td>
<td>12.5</td>
<td>9.7</td>
<td>2.9</td>
<td>2.8</td>
<td>6.7</td>
<td>2.7</td>
<td>100</td>
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</table>

Source: GOVI Disability Survey Report (2011)

Compared to the National Census statistics of 2003, the GOVI report would suggest that the prevalence of visual impairments has increased to 40.8 percent from 37.5 percent; hearing impairments have increased from a prevalence rate of 15.4 percent to 21.9 percent; speech impairments have increased from 7.7 to 12.5 percent, and physical disabilities have reduced from 21.6 percent to 9.7 percent.

Of the 170 schools surveyed by GOVI, 130 reported having children with visual disabilities. The GOVI report further notes that more school going boys than girls had visual impairments, with...
the highest numbers found in Regions 1 and 2. The report also demonstrates that 84.7 percent of the schools surveyed reported not having any teacher trained teacher on special needs education. This was one of the reasons that schools did not enroll learners with special needs in their institutions.

**GOVI Recommendations**

The GOVI report recommends the following:

- More awareness creation and sensitization activities at all levels in society – child, family, community – to counteract fear, misunderstanding and negative attitudes towards disability.
- The participation of disabled people and children, policy makers, parents and community members is crucial and should be an integral part of awareness creation campaigns in order to build more positive attitudes towards disabled children.

**4.2.6. Data from other service providers**

Poly Clinic Psychiatric Unit Records: The Psychiatric Unit of the Poly Clinic maintains a daily register of clients, who include children with epilepsy and adolescents. The doctors at the Clinic reported that they were increasingly receiving large numbers of teenagers and youth with mental impairments, which they termed ‘drug-induced psychosis. However, Poly Clinic does not analyze the register to determine the number of children with mental disabilities seen at their clinic.

Records at the Child Welfare Office at the Police Headquarters: The Child Welfare Office also maintains a case register of children who seek their services, but they do not indicate whether or not a client has a disability.

Records at the Disability Unit of the Department of Welfare and Social Services

The Disability Unit indicated that their records were not comprehensive.

**Discussion**

These findings underline the need to build the capacity of the key actors in the disability sector to collect data on children with disabilities in their areas of operation. Reliable statistics can help to identify areas to be focused on and they can guide in programme development and in making appropriate budgetary allocations.

Collaborative efforts like the one initiated by the SNE Unit should be encouraged and adopted in the future. This would facilitate sharing of information and experiences and learning from best practices.
5. Needs and challenges of children with disability as they relate to education, health and social protection

5.1. Introduction

Attitudes to people with disabilities can be a key facilitator or a serious barrier to their inclusion and participation in society. Disability presents unique challenges that must be addressed in order for a child to participate more effectively at home, in society and in school. Disability can have profound impacts on the affected child and in the lives of family members, especially in how they relate with one another and others outside the family. The needs and challenges faced by children with disabilities are intertwined with those of their families and they cannot be discussed in isolation. The findings underscore the importance of recognizing the need to address the negative attitudes and discrimination in order to achieve real and meaningful inclusion of children with disabilities at home, in society and at school.

5.2. Socio-cultural context of disability: Stigma and discrimination

Numerous studies globally demonstrate that disability often generates stigma and discrimination. The situation in The Gambia is similar for families of children with disabilities. The main challenges identified in all the 11 community focus group discussions were negative cultural attitudes towards the family and especially the mother and the disabled child. These attitudes were more pronounced in the remote and rural communities. As a result of these negative attitudes, some people concealed their disabled children in the backyard or in an inner room in their homes for fear of being ridiculed, laughed at or even blamed for being the cause of the disability in their children.

Respondents reported that disability is usually believed to be ‘an evil, punishment for the mother’s sins and misbehavior such as having extramarital affairs, bad luck, the result of involvement with evil spirits and witchcraft’. (Dampa Kunda FGD) Another prevalent belief was that parents could sacrifice their child in order to get wealth. Asked about the genesis of this belief, a participant explained that ‘many wealthy families have a child with a disability that is why people believe that way’. (FGD participant in Dampha Kunda)

Some people believe that having a child with a disability can be ‘a punishment to parents from God for being wicked, cruel and unsympathetic to others’. A community member explained this common belief when he said ‘if you sow wickedness you can get a child with disabilities’ (FGD participant in Bansang).

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The study also revealed that women usually bore the brunt of disability in their children. One male respondent gave more insight into the impact of disability on a family when he observed that disability in the home can ‘cause serious problems in a marriage’. A woman who gives birth to a disabled child is viewed in the community as being ‘a very bad woman’ who is suspected to have had extramarital affairs or been involved with evil spirits and demonic activities. As one respondent in Bwiam explained, ‘women and children are not allowed to be out of the house between 7pm-8pm. If a pregnant woman goes out of the house at that time of the night, an evil bird will bring her ill will and cause disability in the unborn baby’.

Some women were afraid of being identified as ‘the mother of the disabled child’ and usually tried to conceal the child to avoid being labelled. In Basse a school head teacher cited the example of a mother of a child with a hearing impairment who ‘tried to sneak’ her child into school without informing the teacher that her child had a hearing impairment. According to the head teacher, ‘the mother hoped that her child would mingle with the rest of the children and no one would know that her child had a disability’. Respondents in other communities voiced similar sentiments.

Children with disabilities are also the subject of negative cultural beliefs as it emerged during the study. In some cases it was thought that God could inflict disability on a child to control future bad behavior. A participant explained that God can do this ‘because he knows the child will be very stubborn in future, when he/she grows up. So the disability will prevent him from being stubborn’. (FGD Karantaba)

**Epilepsy and learning disabilities**: Epilepsy is a source of great stigma, shame and fear for the family and in the community generally. In all the communities epilepsy was said to affect many children. The 1998 National Disability Survey identified epilepsy as quite prevalent among children, accounting for 11.4 percent prevalence among children compared to 7.8 percent prevalence among all persons with disabilities.

Epilepsy is believed to be highly contagious, especially when one comes into contact with the saliva, mucous, and body fluids from the affected person. One respondent captured this widespread belief when she said that it is commonly believed that, ‘even inhaling the air passed (farting) by the affected person can cause you to catch epilepsy’ (KII Region 6). Therefore when a child gets an epileptic fit people usually avoid the child and flee from him/her for fear of being infected.

In all the 11 communities visited, the general belief about children with learning and intellectual disabilities was that:
‘Such children are not real people. They believe and expect them to return them to where they came from. People consult the Marabout in the belief that he/she will pray for the child to return he/she they came from. They keep hoping that the disabled child will go away soon.’ (FGD in Kampassa).

These beliefs and the stigma and discrimination associated with them are some of the socio-cultural barriers that prevent children with disabilities from enjoying their human rights. Negative attitudes, stigma and discrimination are the major challenges that face children with disabilities in their homes and communities and which need to be eliminated or reduced in order for them to enjoy their equal rights to education, health and social protection like children without disabilities.

5.3. Educational needs and challenges for children with disabilities
Focus group discussions in the community revealed the challenges preventing children with disabilities from enjoying their right to education. These included parental ignorance about the potentials of their children, safety and security concerns, and school-based challenges such as limited numbers of appropriately qualified teachers of SNE, inaccessible school environments, inadequate instructional and learning materials and supportive equipment for disabled learners.

The main challenges in education for children with disabilities are indicated in Table 9.

Table 9: Challenges in education for children with disabilities

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>a)</td>
<td>Parents’ ignorance about their children’s potential to learn successfully with their no-disabled peers.</td>
</tr>
<tr>
<td>b)</td>
<td>Safety and security of their children with disabilities as they go to and from school and within the school.</td>
</tr>
<tr>
<td>c)</td>
<td>Inaccessible school environment including toilets.</td>
</tr>
<tr>
<td>d)</td>
<td>Unfriendly school community in which children with disabilities are teased and mistreated by their peers.</td>
</tr>
<tr>
<td>e)</td>
<td>Limited and inaccessible education opportunities, especially in the rural areas and areas outside the Greater Banjul, where all the SNE Schools and specialized services are located.</td>
</tr>
<tr>
<td>f)</td>
<td>Limited numbers of qualified teachers to adequately support learners with special needs.</td>
</tr>
<tr>
<td>g)</td>
<td>Inadequate learning and instructional materials and supportive devices and equipment.</td>
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</tbody>
</table>

8 Merriam-Webster Dictionary defines Marabout as ‘a dervish in Muslim Africa believed to have supernatural powers’
5.3.1. Parental ignorance about the potential of disabled children to learn

Educating children with disabilities is an investment with many potential benefits. As well as individual benefits, education can contribute to enhancing the labour force, promoting the independence of the disabled person, improving their quality of life and contributing positively to the economy and has the potential to reduce poverty\(^9\). Nevertheless, parental ignorance about the potential of their children with disabilities to learn successfully was repeatedly mentioned by respondents as a major impediment to their education. Itinerant teachers reported that it was ‘extremely difficult to convince some parents to take their children to school’. Some experiences with parents are presented in Table 10.

Table 10: Examples of experiences with and perceptions of parents of disabled children

| Case 1 | ‘It was tough bringing out that blind child in Keba Sala to school. The father insisted that the child could not learn. However, after persuading him to send the child to school the father is proud because the child is now qualified with a Higher Teachers’ Certificate’. (FGD with Itinerant teachers and Cluster Monitors). |
| Case 2 | ‘I traced this child who was severely disabled and drooling a lot. Parents did not believe that such a child could learn anything. I asked them to let me take their child with me and they agreed. At the school other children did not want to associate with him in the beginning. Now after one year he has changed dramatically. He has learned to care for himself, interact with others, and is more confident. Other children no longer have issues with him and his parents cannot believe the transformation in their child’ (Itinerant teacher in Basse). |
| Case 3 | ‘I have a deaf and dumb child and I did not want him to go to school because I believed that he could not learn. The child however, insisted on going to school every day without my consent. I had no intention of sending him to school. One day the teacher enrolled him and persuaded me to let him stay in school. That child is now grown and has finished school and is working at the School for the Deaf in Banjul. Even today there are many parents like me. They cannot believe that a child with disabilities can go to school and learn’. (Parent in an FGD at RSOD Offices). |

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There were also other examples of families with children with visual impairments who were in denial, insisting that ‘there is nothing wrong with my child’. One teacher reported the case of a parent who would not take or pay for his child to be taken for eye tests citing lack of money. While acknowledging that lack of money was a real problem for many parents, the teacher noted that some parents were unwilling to support their disabled children even when they had money.

5.3.2. Safety and security concerns on the way to and from school
Some parents pointed out that roads/paths to and from school became impassable during the rainy season making access difficult or even impossible particularly for students with wheelchairs, crutches, walking sticks or those having other mobility challenges. Parents worried that their children might slip and fall and break their limbs. One parent in an FGD in a school compound remarked that:

‘Even this school here has so many uneven areas and steps. How can a blind child be safe here? How can a child with a wheelchair go to school here? It is very difficult’.

In addition, some parents were worried about the safety and security of their children when going to and from school. A parent in Basse was scared that her deaf child might be hit by a car since no one would know that he was deaf and could not hear a car approaching. This prompted her and other parents to accompany their children to school each morning and collect them after school. Other parents would rather let their children stay at home ‘to protect them from possible harm’ (Teacher in FGD in Karantaba).

Safety of children with Epilepsy: Parents worried that their children with epilepsy might get hurt if they got an epileptic attack in school because people would abandon them and not help them for fear of contracting epilepsy. There were reports of parents in Karantaba who had withdrawn their children due to frequent epileptic attacks that made it impossible for them to remain in school.

5.3.3. Inaccessible school environment including toilets:
UNICEF Report of the Global Thematic Consultation on Education in the Post-2015 Development Agenda (2013) stresses the importance of an enabling school environment for children with disabilities. The report identifies core issues that need to be addressed to ensure quality education for children with disabilities. These include improving/modifying the school environment to make it safe, healthy and protective, ensuring accessibility to school buildings and classrooms, providing appropriate desks and toilets, and safe drinking water.10

Inaccessibility to the school environment was one major challenge for school-going children with disabilities. Although The Gambia is set to implement inclusive education, schools were not prepared for the inclusion of children with disabilities into the school community. Many school

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grounds including classrooms and toilets were generally inaccessible for learners with disabilities. They had many potholes and uneven surfaces, stairs/steps, and narrow doors.

Highlighting the difficulties facing children with disabilities in school, itinerant teachers and cluster monitors in an FGD pointed out that even toilet facilities presented serious difficulties for children with disabilities. Illustrating the difficulty, one itinerant teacher stated that: ‘a student with a physical disability would have to crawl on hands into dirty toilets and sit on the floor which is covered with urine and feces’. (Itinerant Teacher in an FGD) A similar finding was reported in the report on ‘Disabled Children in Mainstream Schools’ (1998).

This situation cannot support or promote learning for a child with disabilities. It can be very demeaning and affect a child’s dignity and self-esteem, place her/him at risk of infections, compromise school attendance and performance and in extreme cases, it can cause them to drop out. Girls especially are more affected because they have to manage menstrual hygiene.

5.3.4. Unfriendly schools
Participants in FGDs agreed that some children with disabilities encountered teasing and bullying by their peers. A teacher and some parents reported cases of blind students and students with mental impairments and learning difficulties being mistreated by other students in the school. She reported that other students teased a child with visual impairments asking him, ‘you are big and yet you say you cannot see. What is wrong with you?’ (FGD Jappineh). As a result of this teasing other children with similar problems became so fearful and too shy to let the teacher know that they were having trouble seeing the chalkboard. A student with intellectual disabilities in the same school was constantly harassed, beaten and had his food snatched from him until the parents withdrew him from school. The frequency and prevalence of peer harassment was not established in the study. However, the findings in the survey on Disabled Children in Mainstream Schools Report (1998) noted that cases of peer harassment were not widespread, with only 3.8 percent responding schools reporting its occurrence against 53.8 percent who reported that peer harassment was ‘never’ or ‘rarely’ witnessed (p. 7). Nonetheless, this is a problem that should be addressed to prevent it being entrenched in schools.

5.3.5. Inadequate learning/ instructional materials and facilities and unqualified teachers
Most of the schools visited had limited learning and instructional materials to cater for children with severe disabilities. Lack of sign language and Braille materials made it difficult for some children with hearing and visual impairments to remain and progress in school. A case was reported of a deaf child who had to drop out at Grade four because he found it difficult to follow the lessons. The teacher was not trained in sign language so the student was following lessons through reading the teacher’s lips. He became disheartened when he could not keep up with the other students and dropped out.

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The study found also that most teachers had little experience in disability and relied on the itinerant teacher to visit and support in teaching disabled children. Noting that this arrangement was inadequate, St. John’s School for the Deaf supported St. Joseph’s School in Basse to start a class for deaf children. Adopting the model at St. John’s School, St. Joseph’s School also started a sign language class for all teachers in the school every Friday for one hour.

The Disabled Children in Mainstream Schools Survey (1998) report notes that 39 percent of the teachers interviewed for that survey had little knowledge of how to operate children’s assistive equipment should the need arise. More than a decade later, the problem of inadequately trained SNE teachers persists, suggesting that progress in improving SNE teacher training has been slow. Recognizing this deficit, the SNE Unit has trained and posted more itinerant teachers into all regions at the start of the 2013/2014 school year to improve the situation.

5.3.6. Lack of accommodation or ‘a second home’ close to the SNE schools

Difficulties in finding accommodation to enable disabled children to attend SNE Schools was cited as a barrier especially for children who did not have relatives near the SNE schools. All the SNE schools are located in Greater Banjul and they do not have boarding facilities for students. Parents have to arrange with relatives or well-wishers to house their children so that they can attend school. Sometimes the schools try to help in this but when they fail a child cannot attend school.

Discussion

The findings highlight the need to provide a comprehensive network of support for children with disabilities that extends from the family, to the community and schools to enable them to access and participate more effectively in education. Parents and communities need to be active disability advocates to ensure that children with disabilities access quality education and other support services. Creating awareness about disability issues would help to improve the visibility of disabled children, dispel myths associated with disability, reduce stigma and discrimination, and promote a better understanding of the needs of disabled children.

Sensitizing community development and school management committees, school administrations, and teachers and students could ensure improved, friendlier and safer schools for children with disabilities.

There is need also to inform parents of available services and support and where and how to access assistive devices and rehabilitation services. Efforts could also be made to encourage parents to start support groups such as ‘Mothers Disability Support Clubs’.
5.4. Health Needs and challenges of children with disabilities

Although disability is not a disease or ailment that requires treatment, it can have health implications that can prevent children from enjoying her/his human rights. Disability presents serious challenges due to the limitations of individuals’ capacities to do many things that non-disabled persons do without support. The effects of disabilities on health can be many and may include reduced robustness in health, susceptibility to sickness, and the need for constant or lifelong medication as is the case with epilepsy. The impacts of disability can be reduced especially through early identification, assessment, and referral for rehabilitation/corrective action/treatment.

The major health needs for children with disabilities are the availability and accessibility of early identification, assessment, referral and rehabilitation services and appropriate medical care. Such services were generally found to be inadequate at the community level. The health care personnel at the Village Health Posts had very limited training and knowledge of disability issues, and they could not attend to the health needs of children with disabilities sufficiently.

The health needs of children with disabilities as they emerged in the study are summarized in Table 11.

Table 11: Health needs of children with disabilities

<table>
<thead>
<tr>
<th>Children with disabilities’ health needs include the need for:</th>
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<tr>
<td>• Early identification and assessment of disabilities.</td>
</tr>
<tr>
<td>• <strong>Physiotherapy and rehabilitation services.</strong></td>
</tr>
<tr>
<td>• <strong>Speech and language therapy, mobility and orientation, and sign language instruction.</strong></td>
</tr>
<tr>
<td>• <strong>Medical intervention to control epileptic seizures and other ailments associated with disability.</strong></td>
</tr>
<tr>
<td>• <strong>Supply and maintenance of hearing aids and other assistive devices and equipment.</strong></td>
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According to the State of the World’s Children Report (2013), early identification of disability in children improves the prospects of achieving their full potential in life. The Report stresses that ‘the detection and treatment of impairments in not a separate medicine but an integral aspect of public health’ (p. 27). The study found that early identification and assessment services and physiotherapy, speech therapy and rehabilitation were not available except in communities next to the general or referral hospitals like in Farafenni and RVTH, now known as EFSRH.
UNICEF\textsuperscript{12} suggests that globally, ‘\textit{there is a lack of significant services for children with disabilities in fields such as speech therapy, physiotherapy and sign language instruction, as well as to basic medications, such as those for epilepsy. In many low income countries, only 5-15 percent of children and adults who require assistive devices and technologies have access to them}’ (p.13).\textsuperscript{13}

Challenges preventing access to appropriate health services

For poor parents health care costs could escalate especially if they needed repeat visits to attend clinics and therapy sessions or to get the regular medicines required to control epileptic seizures in their children. The next best option for them was to seek the services of traditional healers.

The major challenges identified included:

- a) Long distances and cost of transportation to and from the medical facility.
- b) Discouragement due to the need for multiple visits for services such as physiotherapy and rehabilitation, speech and language therapy and medicines for epilepsy. These can be costly and unaffordable to poor parents.
- c) Shortages of appropriate medication at the health facility pharmacy that required parents to buy medicine from privately owned pharmacies.

Discussion

The available health care services do not adequately meet the health needs of children with disabilities. There is need to improve on the training of health care personnel to include studies on disability in their training. Specifically, training should include recognition, identification, screening and assessment of disability in children, especially during birth and immunization campaigns. These should be infused into health services at all levels of the health care system as a means of preventing the onset of disabilities or arresting serious complications and impacts.

The house-to-house immunization campaigns conducted bi-annually countrywide targeting children aged 0-19 months also provide a great opportunity to screen children for disability.

Enhancing the type and quality of health service provision at the community and tertiary levels would cut the costs of transportation and improve the care of children needing sustained support such as those with epilepsy.

\textsuperscript{12} Children and Young People with Disabilities Fact Sheet(2013)
\textsuperscript{13} Ibid.
5.5. Needs and challenges of children with disabilities in child protection

5.5.1. Definition of Child Protection
Child protection is concerned with creating a protective environment for children that will help prevent and respond to all forms of violence, abuse and exploitation of children. Article 19 of the CRC makes provisions for the protection of children. CRC obligates member states to

‘Take all appropriate legislative, administrative, social and educational measures to protect the child from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parent(s), legal guardian(s) or any other person who has the care of the child.’

5.5.2. Child protection concerns
On the overall the study found that the protection needs of children with disabilities were not a priority in communities, especially rural communities like Dampa Kunda, perhaps largely due to ignorance and limited exposure. Communities around Basse (URR), Kampassa (WCR), Farafenni (NBR) and Soma (LRR) exhibited a higher level of awareness as a result of many sensitization campaigns that had been held in those areas.

Protection issues that have the potential to negatively affect children with disabilities were identified as, FGM/C, child labour, early/forced marriage, and neglect and abuse, as well as sexual exploitation. The major child protection issues identified in the study are summarized in Table 12.

Table 12: Child Protection Issues that can adversely affect children with disabilities

- Sexual abuse and exploitation
- FGM/C which is performed on babies as young as two weeks from birth.
- Child labour that interferes with children’s education. This involved children hawking things in the marketplace and parents withdrawing their children, including those with disabilities, to go and help out on the farm during the planting season.
- Limited access to social protection services.

5.5.3. Sexual abuse of children with disabilities
Asked about the prevalence of cases of sexual abuse of children with disabilities, many respondents in FGDs reported that they ‘were not aware’ of any cases. Although they did not
rule out the existence of cases of sexual abuse and exploitation of children with disabilities, participants argued that even if such cases existed, people were not likely to report them because they did not want to be seen as troublemakers in the community.

The Child Welfare Officers at the Soma Police Post reported that they had not received any cases on child neglect and abuse and no reports on children with disabilities. Whether such cases do not actually exist in regard to children with disabilities as communities insisted or whether they are not reported is a question that needs further investigation.

5.5.4. Child Labour
Aspects of child labour exist in which children especially in urban areas sometimes hawk/sell things in the local market to supplement the family income or to get money to buy food. The study noted that child labour existed even for children with disabilities as evidenced in one school where parents routinely withdrew their children from school to go and help in farming during the rainy season. Although hawking and selling things was said to be more evident in urban and semi-urban areas, this is an emerging problem that needs more attention to prevent it escalating in the future.

5.5.5. Access to social protection services
Although there were social protection programmes, it was unclear from the study if children with disabilities were benefitting from them. An examination of the available social protection services revealed that they did not specifically target children with disabilities although in general they targeted vulnerable people.

Discussion
The study found that there is still room for increased awareness creation and campaigns to sensitize communities on the education, health and child protection needs and challenges of children with disabilities. Lack of information on children with disabilities prevented the generalization of the findings to children with disabilities. Nevertheless, more education is required especially in rural communities to enlighten families on the effects of violent discipline of children. Sensitization campaigns on child protection in Soma had yielded positive results as indicated by an officer in the Department of Social Welfare. He reported that after repeated quarterly campaigns the communities’ understanding of child protection issues had improved and people were more likely to report cases of abuse and violation of children’s rights. However, he noted that awareness on disability issues was still low.

The child protection factors identified touch on the fundamentals of inclusion of children with disabilities who should enjoy the right of access the full range of available services. The State of the World’s Children Report14 (2013) argues that ‘the ultimate proof of all global and national efforts will be whether every child with a disability enjoys her or his rights – including access to services, support and opportunities- on a par with other children, even in the most remote

Article 9 of the CRPD stresses on the need to ensure accessibility in all aspects, while Article 18 of the CRPD focuses on the importance of disabled people being able to move freely without impediments. Article 23 of the CRC underlines the rights of children with disabilities to ‘live a full, decent life in conditions that promote dignity, independence and active role in the community’. Indeed, unless such barriers are removed, education, health and protection services for many children with disabilities will remain a distant dream.
6. Organization or institutional capacities that exist at community and family levels to support children with disabilities to realize their full potential

6.1. Introduction
The study found few services targeting children with disabilities at the community level. The major ones were schools that were integrating learners with mild disabilities, or having special classes for children with disabilities.

6.1.1. Schools that integrate learners with disabilities and special classes for children in communities
St. Joseph’s School in Basse: St. Joseph’s school in Basse, has a class for children with hearing impairments. The class was started in a collaborative effort between St. John’s School for the Deaf and the SNE Unit with the intention of giving opportunities to deaf children from the RSOD Nursery School to progress to higher classes. Through that initiative sign language was introduced and St. Joseph’s School currently conducts sign language classes for all teachers for one hour every Friday. St. Joseph’s School also reaches out into the community to encourage parents to bring their deaf children to school.

Rural Support Organization for the Disabled (RSOD) is a local DPO based in Basse which serves as a disability resource centre for adult persons with disabilities in and around Basse. RSOD runs a Nursery School with a class for children with hearing impairments. These children are absorbed into St. Joseph’s School nearby to continue their schooling since RSOD does not have classes beyond nursery school.

RSOD has limited institutional and financial capacities to expand educational services to deaf children and children with other disabilities like children with learning disabilities, and those with multiple disabilities.

6.1.2. Health Services at community level
The study established that the health care services in communities did not offer specific services for children with disabilities. Services offered at the village health centres were limited to the treatment of non-complicated malaria, diarrhoea, minor injuries, worm infestation and stomach pain. Describing his duties, one health care worker reported that his work was limited to ‘escorting patients and administering painkillers’.

While some people found the services at the community health centres to be satisfactory parents of children with epilepsy complained of inadequate services and frequent drug shortages that forced them to buy medicines from private pharmacies or do without them if they did not have money.

The Ministry of Health also conducts monthly outreach activities to bring immunization and mental health services closer to communities in order to cut travelling costs for patients.
However, some communities claimed that they were not aware of the monthly mental health services.

**Traditional Birth Attendants:** Traditional birth attendants (TBA) offer services to pregnant women in communities and assist in the delivery of babies. TBAs have the potential to improve on the early identification of children with disabilities due to their work. However, their training and knowledge of disability identification was found to be limited or non-existent.

**Discussion**

Ministry of Health and Social Welfare need to consider incorporating services targeting children with disabilities, especially the early identification of disability. Workers in the health sector could benefit from training in disability issues so that they can respond appropriately. Beneficiaries of such training would be VHWs who usually carry out health promotion and disease prevention activities and the treatment of minor ailments and Reproductive and Child Health (RCH) teams, which visit communities on a monthly basis to provide antenatal care, child immunization, growth monitoring, registration of births and limited treatment for sick children.

Training TBAs in basic disability detection would be a positive move that could contribute to early intervention and prevention/ limitation of complications of disabilities. TBAs provide care for pregnant women and conduct normal deliveries and refer complicated cases for management at higher levels.

**6.1.3. Child Protection services at community level**

In general, there were limited child protection services targeted at children with disabilities. Child Protection Alliance (CPA), carries out advocacy on child protection through media programs and training of community child protection committees (CCPC) and relevant authorities on matters of child protection and this covers children with disability. Currently they run two Radio programs and intend to start a TV programme in the near future, which will also incorporate issues of children with disabilities.

The study revealed that Community Child Protection Committees (CCPC) existed in some communities but they did not have disability in their agendas. The representation of the CCPCs also did not include persons or children with disabilities. A typical CCPC consisted of Alkalo, Imam, Community Elders, Women Community Elders, and two students. The key activities of CCPCs were regular sensitization campaigns in the community on child protection through public forms. As child protection watchdogs in the community, the CCPCs discuss issues of child rights, child abuse, child exploitation and child labour among other issues that concern the community. However, disability did not feature in CCPCs’ work.

The Police Child Welfare Office were available to deal with issues concerning the protection of children. However, the Child Welfare Officers’ level of awareness of disability issues was severely limited. Officers reported no cases involving children with disabilities in the course of
their work. The services are potentially open to children with disabilities but officers need sensitization and training in disability issues.

6.2. Services at family level that support children with disabilities
The study found some limited services at the family level directed at supporting children with disabilities. SNE schools such as GOVI, St. John’s School for the Deaf and Methodist School for Learning Difficulties support families and train them to be able to support their disabled children better.

St. John’s School for the Deaf also encouraged Gambia Association of the Deaf and Hearing Impaired (GADHOH) to start a class for toddlers with hearing impairments in Brikama. Although the class is established it was reported that it was not functional due to continuing discussions on administrative issues. GADHOH has also attempted to establish nursery schools in Farafenni and Soma but progress has been slow.

Gambia Organization for Learning Difficulties (GOLD) is a Parents Organization that operates as a parents’ teachers association for the Methodist School for Learning Difficulties. It is a support group for parents and it carries out informal training for parents on the problems affecting their children.

GOVI has advocacy and outreach activities to sensitize communities and parents on the causes and prevention of blindness. They support parents with blind and low vision children to provide early childhood education with specific attention to activities of daily living skills, orientation and mobility training and social skills to enable the children to function and interact with others and prepare them for school. Their services are however limited to Regions 1 and 2 due to lack of human and financial resources.

Gambia Association of Deaf and Hard of Hearing (GADHOH) conducts sign language training in Janjanbureh for persons who are deaf and hard of hearing, but they do not focus on children. It has also tried to start schools for disabled children in Farafenni, Soma and Brikama but with limited success.

Discussion

Communities need more sensitization to create awareness on disability issues in general and for them to be actively interested and involved in supporting children with disabilities and their families. Although these community based organizations are providing some services, their effectiveness could not be established. However, services could be enhanced by reorienting their focus to include children with disabilities and their families.

Development projects and programmes focusing on children with disabilities often neglect the family yet, the central role of the family in supporting, nurturing and meeting the needs of a child with disabilities cannot be denied. Schools, health, and protection services need to acknowledge the need to focus more closely on children with disabilities and their families. According to the
SWC Report, ‘To leave them and their families to fend for themselves would be to dangle the promise of inclusion just beyond their reach.’ (SWC Report, p. 81)
7. Services currently available in Education, Health and Social Protection to support children with disabilities

7.1. Introduction
This chapter highlights and discusses the services that are available nationally to support children with disabilities. They include services in education, health and social protection services.

7.2. Available Education Services
Education for children with disabilities is offered through the integrated programme approach for children with mild disabilities in schools close to their homes. St. John’s School for the Deaf, caters for children who are deaf and hard of hearing, GOVI resource centre for the blind addresses the needs of blind and low vision children while the Methodist School for Learning Disabilities supports children with learning disabilities. However, these services have limited national coverage since their catchment areas are the Greater Banjul and parents who have accommodation for their children to be able to attend SNE schools.

7.2.1. Services offered by the Special Needs Education (SNE) Unit
The SNE Unit coordinates and supports SNE education in the country. Regional education directorates, which also help in the identification and recruitment of itinerant teachers, monitor the implementation of the Integrated Education Programme (IEP). Through cluster monitors the regional directorates monitor the IEP to ensure that the programme’s objectives of meeting the learners’ educational expectations are realised.

The IEP programme started in 2003 in North Bank Division as a pilot project. It was sponsored by the Gambia Organization of the Visually Impaired (GOVI) at Campama School for the Blind in Banjul and with the support of Sight Savers International under its Community Based Rehabilitation (CBR) programme for adults. In the course of the project, it emerged that many blind children in the North Bank Region were not attending school. This was the genesis of SNE.

Table 13 summarizes the core functions of the SNE Unit.

Table 13: Functions of the SNE Unit

| a) | Providing strategic direction, coordination and overseeing of all SNE activities in the country. |
| b) | Identification, training, deployment and supervision of Special Needs Itinerant teachers. |
| c) | Identification, assessment and referral of children with special needs for rehabilitation and those with medical conditions for treatment. |
| d) | Acquisition and provision of assistive devices. |
| e) | The SNE Unit works closely and liaises with St. John’s School for the Deaf, GOVI and schools in |
Training and deployment of Itinerant Teachers: Since its inception in 1993, the SNE Unit has achieved notable successes in expanding SNE and improving the quality of instruction and learning outcomes for children with disabilities. Through UNICEF and Save the Children Sweden support, the SNE Unit has, in the last five years, facilitated the training of over 50 itinerant teachers in all regions. Over 1000 teachers received 2-5-day intensive SNE and inclusive education training to support blind and low vision children mainstreamed into the regular schools. Ten itinerant teachers have been trained on how to support children with visual impairment, 37 have benefitted from polyvalent itinerant teaching on supporting children with different special needs, and 67 Cluster monitors were retrained on monitoring of students with special needs. Additionally, the SNE Unit has developed a manual on SNE with the support of UNICEF. At the time of data collection, itinerant teachers had been issued with motor cycles to enable them to travel to schools to offer their professional support to teachers of children with disabilities in integrated settings.

Polyvalent itinerant teaching: Taking the cue from the itinerant teaching programme, the MoBSE has started a polyvalent itinerant teaching programme during school holidays to support students with diverse special needs in all schools throughout the country. This began with an eight month intensive training for identified teachers from clusters. These teachers are provided with motor cycles, fuel and an allowance to facilitate work within clusters.

Integrated Education Programme (IEP) for Blind and Low Vision students: Other partners such as Sight Savers International, Royal Society for the Deaf, Save the Children Sweden have supported the integration of blind and low vision children into regular schools. In its pilot phase 40 blind and low vision children were integrated into 20 regular schools. The IEP is operational in Regions 1, 2, and 3 and is being rolled out nationally starting September 2013/2014 academic year.

The Hearing Assessment Research Centre: The project is co-funded by the Royal Society for the Deaf, the Ministry of State for Basic and Secondary Education and the Ministry of State for Health and Social Welfare. Its objective is to enhance the inclusion of children with hearing impairments through the provision of a mobile audiology vehicle, a fully calibrated room for ear mould production and diagnostics for early identification, proper diagnosis and placement. By

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15 Supportive materials and equipment and services needed by SNE children include: Braille printing machines and papers, handheld magnifiers, stand magnifiers, telescope, use of the white cane, wheel chairs, orientation and mobility training, physiotherapy use of splints, crutches, braces, corsets, and manipulation (fine and gross motor skills of hands) and number work for children with learning difficulties.
July 2008, over 1,000 patients, 20 percent of them being children between the ages of 5-14 years, had been issued hearing aids. A pilot itinerant programme has also been launched as part of this project in West Coast Region. Reports from the itinerant teacher indicate that over 100 students were discovered to have hearing related problems; 10 were eligible for support in the programme and five (5) were fitted with hearing aids.

The Gambia Education Project funded by Save the Children Sweden: This project supports girls and children with special needs in order to improve their retention and performance. A study conducted to diagnose the education system, and a Situation Analysis in November 2007 identified the following key issues as requiring a special focus: a) girls’ retention, performance and protection, b) access, support services, enrolment, development of SNE, inclusive education and protection policy frameworks, c) training for partners in the education consortium, d) training of 20 teachers in an inclusive pilot school on inclusion and differentiation, and sensitisation programmes.

Procurement of school buses, Braille printing press, Braille machines, and low vision devices: Through the Fast Track Initiative (FTI), two buses have been procured. A Braille printing press and Braille machines have been purchased to facilitate the production of learning materials for children with special needs. Tape recorders, typewriters, cassettes, white canes, magnifiers, hearing aids have been supplied to students to further support their learning.

Assessment of services offered by SNE Unit

Strengths:

i) It has collected statistics on disability prevalence in 163 selected schools in all regions of the country in 2009, and has established a database to improve on data collection.

ii) The SNE Unit has a sound understanding of and expertise in the issues facing children with disabilities.

iii) The SNE Unit has a dedicated core staff headed by the Principal Education Officer, which works hard to support the education of children with disabilities.

iv) Using itinerant teachers, the SNE Unit has made commendable achievements in expanding education services and opportunities for blind and low vision learners, and deaf children and those with hard of hearing.

v) The Unit has participated actively in the development of the SNE and Inclusive Education policy frameworks.

The SNE Unit has facilitated the posting of trained teachers to St John’s School for the Deaf, Methodist School for Learning Difficulties and GOVI Resource Centre for the Blind.

Gaps and opportunities for improvement:
However, it is noted that there has not been as much focus on children with other disabilities especially those with multiple disabilities. There are few statistics to determine the prevalence of disabilities and SNE Unit is small to cater adequately for all disabled children countrywide.

i) There are no standards for screening and assessment for disability and placement services.

ii) The focus has mainly been on blind and low vision students, and deaf and hard of hearing.

iii) The Unit has facilitated the identification, training and posting of itinerant teachers but the need for itinerant teachers is far greater. Progress in training itinerant teachers for the whole country has been slow. For 10 years the SNE Unit has concentrated its efforts in Regions 1, 2, and 3.

iv) The first batch of trained itinerant teachers have received their certificates, the second batch are due to receive their certificates in the near future.

v) There are no capacity building opportunities for SNE core staff, therefore there is low capacity, to support all children with diverse disabilities and differing degrees of disability.

vi) The Unit does not have a succession planning strategy nor were there efforts to build the Unit’s capacity to cover other disabilities.

7.2.2. Special Needs Education Schools
The only special needs education (SNE) schools in The Gambia are located in the capital (Region 1) as indicated in Table 14.

Table 14: SNE Schools in The Gambia

<table>
<thead>
<tr>
<th>Name of institution</th>
<th>Disability Focus</th>
<th>Level of education provided</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>GOVI Resource Centre</td>
<td>Blind and Visually Impaired</td>
<td>Pre-school and Lower Basic and Senior school</td>
<td>Region 1</td>
</tr>
</tbody>
</table>

Activities

- Introduces new learners to Braille reading and writing.
- Carries out orientation and mobility exercise to make them familiar with the school environment and their homes.
- Instructs students on activities of daily living skills (ADLS) such as cleaning, personal hygiene, dressing, and cooking, which are useful in their daily lives.
- Incorporates into the curriculum crafting skills in basketry, making rugs, music, and gardening.
- At Grade 4, learners who are conversant with Braille are handed over to the government-supported Integration Education Programme (IEP) for integration into the mainstream community schools.
- Supply integrated learners with white canes, batteries, tapes, cassettes as continued support to facilitate learning.
- Trains parents on disability and child protection issues.

**Achievements:**

a) GOVI has established a good reputation as a training and resource centre for the blind and those with low vision.

b) GOVI has carried out a survey on the prevalence of blindness in 170 schools.

c) GOVI has developed a cohort of blind and low vision role models for children with disabilities.

**Challenges:**

a) All the resource persons have learned their skills on-the-job.

b) There is need for training opportunities for staff at GOVI to improve their technical skills.

<table>
<thead>
<tr>
<th>St. John’s School for the Deaf</th>
<th>Deaf and Hard of Hearing</th>
<th>Pre-school and Basic</th>
<th>Region 1</th>
</tr>
</thead>
</table>

**Activities**

- Teach sign language and promote sign language learning outside Greater Banjul.
- Equip learners with skills in carpentry, tailoring.
- Production of ear moulds for hearing aids.
- Carrying out hearing tests.
- Academic learning for students.
- Support and train parents on disability issues to create awareness.
- Incorporate parents in the school’s development activities.

**Achievements:**

- Intense media campaigns have improved awareness of the education rights of deaf children.
- They have raised a cohort of role models on the potential of deaf children to have an improved quality of life.
- Eight (8) graduates of the school are in employment and able to control and manage their finances successfully.
• Deaf children have acquired life skills and vocational skills such as poultry-keeping, carpentry, and handcrafts to enable them lead independently.

• They have an audiology clinic that serves not only the students, but also civil servants.

• All the teaching staff are former students but they do not have formal SNE training, except the Principal.

**Challenges faced by St. John’s School for the Deaf**

• Costs of running and maintaining school buses are high.

• Parents are unable to pay the required fees for the purchase of stationery.

• Demand for education outstrips available facilities.

<table>
<thead>
<tr>
<th>Methodist School for Learning Disabilities</th>
<th>Learning Disabilities</th>
<th>Lower Basic Cycle</th>
<th>Region 1</th>
</tr>
</thead>
</table>

**Activities**

• Playgroup activities for learners.

• ADLS to encourage independence.

• Basic reading and numeracy skills.

• Basic skills in dressmaking and other skills for sheltered employment

**Achievements:** Reduced stigma of children with disabilities due to increased awareness through TV, newspapers, parental education and training and presence of SNE schools and integration of children with disabilities.

**Challenges:**

• The school needs more physical space to expand activities

• It also needs more teachers to be trained in disability. There is only one teacher with special needs education training at the moment.

• It needs more support to increase skills training for children’s individual needs since many children from the school are unable to transition to the inclusive or integrated school setting due to the severity of their disabilities. Many stay in the institution until the age of 30 years.
7.2.3. Mental health services for children with special needs
Psychiatric services focus generally on adults although health workers at the Poly Clinic noted that the mental health of teenagers and young adults ‘was increasingly alarming due to the increased use of cannabis, which causes drug-induced psychosis.’ Respondents in the community FGDs also expressed similar fears, stating that the use of cannabis among young people was widespread and that ‘something should be done urgently about this epidemic. It is very bad now’.

The Poly Clinic faces many challenges, which are summarized in Table 15.

Table 15: Challenges faced by the Poly Clinic

<table>
<thead>
<tr>
<th>Challenge Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Limited working space. There were seven (7) staff members all in one small room.</td>
</tr>
<tr>
<td>b) Shortage of doctors and medical personnel qualified in psychiatric treatment and care.</td>
</tr>
<tr>
<td>c) Limited knowledge and services focusing on children with disabilities (identification, assessment, treatment and management).</td>
</tr>
<tr>
<td>d) Inadequate/ lack of social workers.</td>
</tr>
<tr>
<td>e) Frequent shortage of medication in the pharmacy, which forces patients to buy from private pharmacies.</td>
</tr>
<tr>
<td>f) Limited transportation means for outreach programmes.</td>
</tr>
<tr>
<td>g) Increased cases of drug-induced psychosis due to the high consumption of cannabis by young adolescents aged 14-18 years.</td>
</tr>
<tr>
<td>h) Dearth of rehabilitation and follow up support for patients after they are released back into their communities. Doctors reported high cases of relapse as a result of this.</td>
</tr>
</tbody>
</table>

7.2.4. Sight Savers International
Sightsavers International partners with The Gambia government to diagnose and treat eye diseases and cataracts in urban locations, rural villages and up-river regions. It also carries out blindness prevention campaigns to improve eye care. The organization also supports the enrolment of visually impaired and blind children into mainstream schools by training teachers and providing resources to better support special needs pupils.

Sightsavers collaborates with its local partners to reaches out into communities to identify individuals including children with cataracts, carry out surgery and provide subsequent care. To prevent night blindness and measles the organization distributes vitamin A free of charge for children aged between 6 months to 5 years.

Since the 1980s Sightsavers has supported in improving the skills of staff at all levels to become eye care specialists as nurses, community volunteers, cataract surgeons and teachers. SightSavers has also trained community based eye care workers who are responsible for primary eye care and prevention through campaigns on the washing of hands and face, screening and referrals for about 250 people in their local area.
7.3. Protection Services currently available in to support children with disabilities

7.3.1. Introduction
The study found that there were positive efforts being made towards expanding social protection in The Gambia. However, there were limited social protection services targeting children with disabilities. The Government of The Gambia realizes that there are gaps and deficits in social protection services in the nation and is intending to develop a Social Protection Policy. It also intends to revamp the entire Social Protection services in the country to reach more people including children with disabilities. The Government has already signed a memorandum of understanding (MOU) in 2013 with development partners to strengthen the Social Protection Sector in the coming years.

7.3.2. Disability Unit in the Department of Social Welfare
The Disability Unit is staffed by two rehabilitation technicians one of whom is a physiotherapy assistant and the other is a mechanic trained to repair and maintain assistive devices and equipment. The main areas of focus in the Disability Unit are: Armed Conflict, Children with disabilities, Children working and living on the street, Education and Cultural Rights, Family and Alternative Care, Individual cases of violations, Justice, Refugee and unaccompanied children, Sexual Exploitation and Abuse.

The Disability Unit is responsible for overseeing DPO activities and is involved in the assessment, identification and referrals of all persons with disabilities including children. Although most of its activities target adults with disabilities, the Disability Unit offers counselling and referral services for medically-related disabilities. It also refers children to the SNE Unit and SNE schools for ear and visual assessment and placement. Children with intellectual disabilities are referred to the Psychiatric Unit at the Poly Clinic. The Disability Unit works closely with the SNE Unit of the Ministry of Education and they plan to incorporate itinerant teachers in the community outreach team when they go into the field.

The Disability Unit’s two main concerns with children with disabilities are the difficulties experienced by parents who would like to bring their children to SNE schools in Banjul but they have no one to stay with them and the negative parental attitude that views the education of children with disabilities as ‘a waste of time’.

The main challenges faced by the Disability Unit are limited financial and human resources to be able to serve every part of the country effectively. The Disability Unit has limited presence in the rural areas. It has two offices only – one in URR and another in LRR. Although the Unit intends to conduct outreach activities in the whole country every quarter, they are limited due to financial constraints. In 2012 they went to two regions twice, while in 2013 the Unit has been able to have one outreach activity.
7.3.3. The Police Child Welfare Office
The Child Welfare Office at the Police Headquarters is staffed a small core team of staff. All of the officers were trained in child protection issues but none in disability issues. Child Welfare Officers have been posted to some of the regions in the country, however, limited training in disability issues hampers their work. The posting of Child Welfare Officers to regions has increased the level of awareness in child protection issues in communities. Some child protection issues which are handled by the Child Welfare Unit are shown in Table 16.

<table>
<thead>
<tr>
<th>Table 16: Child Protection issues handled by the Child Welfare Unit in Banjul</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Child abandonment and neglect, domestic violence, violent discipline, child sexual abuse perpetrated by fellow children, uncles, male relatives, step brothers and cousins, and fathers.</td>
</tr>
<tr>
<td>• Marijuana abuse is rampant among young adolescents and young adults.</td>
</tr>
<tr>
<td>• Early and forced marriages are frequent.</td>
</tr>
<tr>
<td>• FGM/C is widespread in communities.</td>
</tr>
</tbody>
</table>

Although the Child Welfare Office has not encountered cases involving disabled children, all these issues potentially affect children with disabilities. It is therefore essential for Child Welfare Officers to be trained in disability issues so that they are able to spot cases involving children with disabilities and offer appropriate support.

7.3.4. Social protection for children with disabilities
The study found scant evidence of social protection services directed at children with disabilities and their families. Some services such as cash transfers to vulnerable persons exist but it was not clear if families of children with disabilities were beneficiaries of this scheme.

There are major challenges that need to be overcome before social protection services are rendered to children with disabilities and their families. The major challenges emerging from the study are summarized as shown in Table 17.

<table>
<thead>
<tr>
<th>Table 17: Social Protection challenges identified in community FGD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Weak coordination of social protection programs due to the absence of a central coordinating and monitoring body.</td>
</tr>
<tr>
<td>• Lack of quality data to enable adequate programming.</td>
</tr>
<tr>
<td>• The weak financial, material and human capacity and competing interests mean that all people needing protection are not always reached.</td>
</tr>
<tr>
<td>• The implementation of social protection programmes has been weak.</td>
</tr>
<tr>
<td>• The social protection policy environment is weak.</td>
</tr>
</tbody>
</table>
7.3.5. **Rehabilitation services**
Rehabilitation services were not available in most communities in remote areas. Communities living near urban centres and especially in the Greater Banjul area were likely to have rehabilitation and other services due to the proximity to higher level facilities and services such as hospitals. However, it is necessary for parents to be informed of the availability of such services.

**Discussion**

Services in education, health protection exist but do not target children with disabilities. Education services by SNE schools serve the Greater Banjul almost to the exclusion of other areas of the country.

Rehabilitation services need to be expanded and the capacities of the service providers enhanced to reach into all regions to make them more accessible to remote communities.

There is need to enhance on the visibility of children with disabilities in service provision at all levels.
8. Strategies and actions in current policy documents\textsuperscript{16} that make references to children with disabilities, their challenges and potentials

8.1. Introduction

The Gambia ratified the Convention on the Rights of Persons with Disabilities (CRPD) on July 1\textsuperscript{st} 2013. It has also ratified the UN Convention on the Rights of the Child (CRC), the two Optional Protocols to CRC, the Convention to Eliminate All Forms of Discrimination Against Women (CEDAW), and the African Charter on the Rights and Welfare of the Child (ACRWC). The Government has also developed local legislations and policies to equalize the rights of marginalized and disadvantaged groups.

The Gambia acknowledges that the situation of children with disabilities continues to be unsatisfactory due to numerous barriers that prevent them from realizing their full human rights. The Government has developed sector policies and legislations, which are meant to correct inadequacies in existing legislations and bring the issue of disability to the fore in national development efforts. Table 18 summarizes the documents reviewed for the study.

\textit{Table 18 Documents reviewed for the NDS}

<table>
<thead>
<tr>
<th>Documents reviewed for the study are as shown below:</th>
</tr>
</thead>
<tbody>
<tr>
<td>i. The Constitution,</td>
</tr>
<tr>
<td>ii. Children’s Act.</td>
</tr>
<tr>
<td>iii. Education Act</td>
</tr>
<tr>
<td>v. SNE and Inclusive Education Policy Framework.</td>
</tr>
<tr>
<td>vi. Disability Bill</td>
</tr>
<tr>
<td>vii. Disability Policy</td>
</tr>
<tr>
<td>viii. National Health Policy,</td>
</tr>
<tr>
<td>ix. Mental Health Report</td>
</tr>
<tr>
<td>x. Mental Health Policy</td>
</tr>
<tr>
<td>xi. Programme for Accelerated Growth and Employment (PAGE)</td>
</tr>
</tbody>
</table>

\textsuperscript{16} Such documents include (e.g. Education, Health, Children’s Act and the Programme for Accelerated Growth and Employment – PAGE)
8.2. The Constitution and the rights of children with disabilities

The Constitution of the Republic of The Gambia (1997) affirms its commitment to be guided by international human rights instruments to which it is signatory. The Constitution makes provisions for the protection of the rights of persons with disabilities in various sections. Chapter IV: Section 29 protects children under the age of 16 years from economic exploitation and prohibits work that is injurious to their health, interferes with their education and is detrimental to their physical, mental, spiritual, moral or social development. Section 30 protects the Right to Education for all citizens including the ‘rights of disabled and handicapped’. Section 31 of The Constitution affirms the Rights of the Disabled, while Section 33 provides for Protection from Discrimination and exploitation ‘especially in access to services in health, education and employment’, and Section 216(2) requires the State to pursue policies to protect the rights and freedoms of, among other groups, children.

The Constitution upholds all children’s right to educational opportunities and has made arrangements to ensure the realization of this right as shown in Table 19.

*Table: Actions to ensure the protection of the right to education and other services*

- All basic education is compulsory, free and available to all
- The school system shall have adequate facilities at all levels and shall be actively supported.
- The rights of disabled and handicapped shall have their human dignity recognized and respected.
- Disabled persons shall be entitled to protection against exploitation, discrimination, especially in access to services in health, education and employment.
- In the judicial system, the conditions of persons with disabilities shall be taken into account.
- All shall be equal before the law.

Under Social Objectives (216) the constitution provides for the establishment of policies that protect the rights and freedoms of the disabled, the aged, children and other vulnerable members of society to ensure just and equitable social opportunities.

- Assessment of implementation status

The study notes that children with disabilities are yet to fully realize the rights protected by the constitution. According to the Multiple Cluster Indicator Survey (2010), The Gambia has made tremendous progress expanding access to education, with over 95.3 percent ‘reaching last grade of primary school’ However, MICS (2010) does not make mention of the situation for children with disabilities.

As matters stand currently, not all children with disabilities are accessing education, health and social protection services.
8.3. The Children’s Act (2005)
The Children’s Act 2005, clearly articulates the needs and rights of children, including children with disabilities. The Children’s Act is comprehensive and has brought together almost all formerly scattered laws dealing with children. The Act, which reflects the spirit and letter of the UN Convention on the Rights of the Child (CRC) emphasizes the children’s right to a nurturing environment that promotes the achievement of their full potential and enjoyment of full human rights. Under the interpretation section of the Act a ‘child with disability’ is defined as

‘a child who suffers from abnormalities or loss of physiological functions, anatomic structure or psychological state and has lost in part or wholly the ability to engage in activities in a normal way and is as a result hampered in his or her normal functions in certain areas of social life’.

The four principles, which are in line with the CRC undergird the Children’s Act. These are: i) Best interests of the Child, ii) Non-discrimination, iii) Right to Life, Survival and Development, and iv) Respect for the Views of the Child.

The general provisions on children as contained in the Children’s Act are summarized in Table 20.

Table 20: General Provisions of the Children’s Act (2005)

<table>
<thead>
<tr>
<th>Provision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 16(^{17}) years may only be engaged to do light work and is prohibited from working at night.</td>
</tr>
<tr>
<td>In accordance with the provision of the ACRWC, no child below the age of 18 years may be recruited into the armed forces.</td>
</tr>
<tr>
<td>The Children’s Act does not provide for the age for sexual consent but prohibits marriage to anyone less than 18 years and also prohibits the prostitution and seduction of children, as well as any act encouraging such.</td>
</tr>
<tr>
<td>The minimum age of criminal responsibility is 12 years (Section 209).</td>
</tr>
<tr>
<td>The right to a name and birth registration are contained in Section 7 of the Children’s Act.</td>
</tr>
<tr>
<td>The right to parental care, protection and maintenance and the right to lie with her/his parents are provided for in Section 11.</td>
</tr>
</tbody>
</table>

\(^{17}\)This is in line with the ILO Minimum Age Convention, 1973 (No.138) which sets the age below which children should not be in work at 15. The Convention further states that children can do ‘light work’ – non-hazardous work for no more than 14 hours a week, and work that does not interfere with schooling, otherwise working for more hours will be deemed to be Child Labour.
According to the Act, ‘children in need of special protection measures’ includes children with disabilities and street children. (p. 12 2. (1)). The fundamental rights addressed in the Children’s Act include the:

- a) Right to survival and development (Article6).
- b) Right to health and health services (Article 9).
- c) Right to parental care, protection and maintenance (Article 11).
- d) Right of a child in need of special protection measures (Article 12).
- e) Right to social activities (Article 16).
- f) Protection from harmful social and customary practices (Article19).
- g) Child’s right to stay with parents (Article 20) and the right of the child to be maintained (Article 21).

The Act also specifically articulates measures to promote child protection under Part VII Care and Protection of Children and mechanisms of achieving protection of children. It prohibits child marriage (Article 24), child betrothal (Article 25). It further protects children from exportation, seduction, procurement, and other illegal dealings that adversely affect children such as trafficking and slave dealing of children and child labour. The Children’s Act also establishes mechanisms of implementing and enforcing its provisions such as the Children’s Court. Table 21 gives an overview of the Children’s Act in relation to children with disabilities.

Table 21: Assessment of the Children's Act and children with disabilities

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1 | In the Children’s Act (2005) children with disabilities do not feature strongly. They are mentioned in only two paragraphs under Section 2 (1) when defining ‘child with disability’ and ‘children in need of special protection measures’.
| 2 | This deficiency reflects in practice, where children with disabilities are generally ‘invisible’ in the public schools, as it were.
| 3 | Initiatives targeting children such as protection do not equip implementers with knowledge and skills on disability issues. For example in the Police Child Welfare Officers were uninformed about the needs of children with disabilities and were not prepared to handle cases involving children with disabilities.
| 4 | There are inadequate finances, coordination, implementation and monitoring and reporting mechanisms to ensure the inclusion of children with disabilities.

8.4. The Education Act (1992)

The Education Act (1992) forms the basis for the education of all children in The Gambia. The Act vests all authority on education on the government, stating that,

‘the management and development of educational services in the Gambia, the registration of teachers and control of schools and to make provisions for matters connected therewith’ (pp.44).
The Ministry of Basic and Secondary Education (MoBSE) is responsible for all basic and secondary education in the country. Regarding access to education, the Education Sector Strategic Plan Strategic Plan (2006 – 2015) promises to focus on the ‘inclusion’ of all children residing in the country and expects that:

‘Measures will be taken to ensure that no individual or section of any community is ‘excluded’ from reaping the benefits of education provided in the country on condition that the prevailing circumstances so permit’.

- **Implementation status of the Education Act (1992)**
  Although there are initiatives to enable children with disabilities to access education, these efforts target mostly children with visual and hearing impairments.

Not all children with disabilities are accessing education as indicated in the Education Act.

Children with more severe disabilities do not have as many chances. This is contrary to the promise of ensuring ‘that no individual or section of any community is excluded’.


In the Education Policy 2004-2015 the government appreciates the important role of education in poverty reduction. It reflects the goals and aspirations of The Gambia people. The policy is geared to achieving the objectives of Education for All (EFA), the Millennium Development Goals (MDG) and the New Partnerships for African Development (NEPAD) goals on education.

A key strategy proposed by the Bill is the ‘adoption of complementary and mutually supportive approaches based on the principles of inclusiveness, integration and participation of children with disabilities in child-friendly environments’. Section 5 of the policy aims to promote Special Needs Education using ‘a whole system approach that touches the whole nation’ and advocates for efforts targeting change of attitude towards persons with disabilities. The Education Policy intends to have training programmes for SNE teachers and provide teaching materials and necessary facilities to support them to work more effectively.

- **Status of implementation**

The Government has made positive efforts to try and ensure that SNE services are spread throughout the country. The integration of learners with mild disabilities in schools near their homes is one such step. The training and deployment of itinerant teachers in all the regions is another initiative which extends support to SNE teachers to improve the quality of instruction for learners with disabilities. It is expected that as implementation continues to roll out, schools will improve access by constructing ramps, levelling school grounds and ensuring access to classrooms and toilets. This will ensure that more children with disabilities are able to access education.
The SNE and Inclusive Policy Framework ‘maps out an agenda for inclusion which is a top priority of the Education Policy’ (p. i). This policy document further observes that persons with disabilities in The Gambia are some of the poorest in their communities. They suffer stigma, discrimination and negative attitudes as a result of being disabled or having children with disabilities. Regarding services, the policy states that ‘the need for health, educational and rehabilitation services for the disabled persons have long been reflected in various social sector policies and programmes’ (p. 2). The policy identifies the main problems facing people with disabilities and they include access to buildings, structures, information, sports and recreational facilities, discriminations that required new conceptualization of disability issues.

The SNE and Inclusive Policy Framework focuses on specific areas of action, which include: advocacy, awareness creation, health care and social welfare, rehabilitation, accessibility, coordination of work, transportation, communication, data information and research, and education.

The Special Needs Education and Inclusive Education Policy Framework outline comprehensive strategies including:

a) Ensuring access to education.
b) The provision of specialized materials, support services, an adequate and disability-responsive curriculum.
c) Undertaking curriculum reform, improving teacher training and accessibility.
d) Enhancing advocacy and research.
e) Providing life and livelihood skills and care and support.
f) Developing SNE training programmes and instructional materials for teachers.
g) Refurbishing/constructing disability-friendly classrooms that are accessible.
h) Enhancing and expanding rehabilitation programmes to reach the rural areas.

The guiding principles for the implementation of the policy framework are inclusiveness, non-discrimination, individuality and participation. It encourages closer collaboration between health and educational personnel to ensure early identification, assessment and referrals of children with disabilities at all levels.

The SNE and Inclusive Education Policy Framework also defines the complementary roles of the Ministry of Basic and Secondary Education (MoBSE), the Ministry of Health, and the Department of Social Welfare, the Gambia Police Force, and the Civil Society. It also encourages collaboration with other stakeholders.

According to the policy, MoBSE will provide appropriate support to SNE schools to serve as resource centres for children with profound disabilities. The Ministry of Health and Social Welfare through its network will assess children for disability, issue certification, support in teacher training, adopt preventive measures for disability and illness, and maintain standards through the provision of vaccination and health education services. The Social Welfare
Department will be responsible for protecting children against violence and other forms of cruelty. It will also provide assistive devices, ensure protection of special needs children.

The policy further proposes that The Gambia Police will work to prevent road traffic accidents as another way of reducing accident-induced disabilities. It underlines the importance of the Civil Society and other stakeholders in supporting SNE service provision, teacher training, advocacy for the maintenance of standards, encouraging attitude change towards children with disabilities though various means, and monitoring and reporting on SNE programmes. These proposals call for concerted efforts to intervene in ways that could bring positive outcomes for children with disabilities. If implemented, they have the potential to improve access to education for children with disabilities.

- Implementation Status and Challenges of the Education Act, SNE and Inclusive Education Policy Framework

So far, there is some level of collaboration among the various government departments but there is limited coordination of activities. It is expected that concrete steps will be made to ensure effective and coordinated collaboration. To ensure successful implementation, it will be crucial to have relevant training and capacity building, adequate financial support, develop and implement monitoring framework and systems to be able to report on the progress being made towards achieving the stated objectives.

The successful implementation of the Education Act, Special Needs Education and Inclusive Policy Framework will depend on several factors as indicated in the Table 22.

*Table 22: Challenges in the implementation of the Education legislation and policies*

| • Developing an implementation plan with clearly defined roles and responsibilities, job descriptions, timelines and monitoring and reporting arrangements.  
| • Ensuring adequate funding being available for curriculum development and implementation, improving accessibility in schools, and provision of adequate and appropriate learning and instructional materials.  
| • Making it possible to carry out early identification, screening, assessment and referral of children for disabilities for appropriate intervention (treatment of medical conditions, rehabilitation, and provision of assistive devices).  
| • Enhancing SNE teacher education and training and providing attractive remuneration in order to recruit and retain high calibre of teachers.  
| • Ensuring adequate support for implementers including providing fuel for transport, maintenance of equipment and technical support. |
8.7. The Draft Disability Bill (2011)
The Draft Disability Bill developed by the Department of Social Welfare and Gambia Federation of the Disabled in 2011 proposes to create a legislative environment to support the implementation of the Draft Disability Policy. Part V of the Disability Bill recognizes the particular vulnerability of children with disabilities. The Basic Principles contained in the Draft Disability Bill are shown in Table 23.

Table 23: Basic principles of the Draft Disability Bill (2011)

<table>
<thead>
<tr>
<th>Basic Principles</th>
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<tbody>
<tr>
<td>• Respect for human dignity, individual freedoms to make individual choices and the independence of persons with disabilities.</td>
</tr>
<tr>
<td>• Non-discrimination. Full and effective participation and inclusion of persons with disabilities in all aspects in the society.</td>
</tr>
<tr>
<td>• Accessibility.</td>
</tr>
<tr>
<td>• Equal opportunity. Equality between men and women with disabilities and recognition of their rights and needs.</td>
</tr>
<tr>
<td>• Provision of basic standards of living and social protection.</td>
</tr>
</tbody>
</table>

The Draft Disability Bill makes proposals on children with disabilities that are intended to strengthen SNE education and rehabilitation support. The proposed Bill states that in all actions, ‘the best interests of the child shall be a primary consideration’. It further advocates for the rights of every person with a disability to ‘sustainable standard of health care services without discrimination and to receive the same level and standard of health and rehabilitation services in equality with others in all aspects’.

The Draft Disability Bill proposes disability training for health and rehabilitation personnel and the provision of essential health and rehabilitation facilities and services needed by persons with disabilities. It stipulates that children with disabilities shall have equal rights in all aspects of education including admission into all schools and that ‘children requiring special care will be placed in programmes/institutions/schools that can successfully provide the appropriate services according to their special needs’.

Under the Draft Disability Bill, teachers and itinerant teachers will receive targeted training in SNE to ensure specific and appropriate instructional support for children with special needs. Children with mild disabilities will be educated in integrated settings, while children with severe disabilities that prevent them from fitting into integrated settings will be admitted into SNE schools which, will also serve as resource centres.

- Progress on the Draft Disability Bill (2011)
a) The study established that the Disability Bill has not been ratified.
b) After the adoption of the Health Policy in 2011, there is no strategic plan has recently been finalized.
c) There are inadequate human and financial resources and high staff turnover undermine the coherent implementation of the Draft Disability Bill.
d) The proposed Bill is silent on the health and welfare of children with disabilities and the elderly.
e) The Draft Disability Bill, which was developed in 2011 needs to be reviewed and its contents updated to match current issues and trends on disability before it is presented for consideration and adoption as soon as it is practicable.


The Integrated National Disability Policy (2009-2018) upholds the rights of adults and children with disabilities. Its vision is ‘empowerment, equity, barrier-free society for all persons with disabilities’, while its mission is to ‘promote equal opportunities, rights and full participation of persons with disabilities in an enabling environment of the development processes. The Integrated National Disability Policy aims to improve the living conditions of persons with disabilities by empowering them in society. The policy also intends ‘to reduce issues of child labour among children with disabilities’ and to promote the human rights of persons with disabilities.

The Integrated National Disability Policy pinpoints the challenges faced by persons with disabilities, which include:

- Inadequate infrastructure and facilities.
- Limited opportunities to sports and recreation.
- Exclusion from most mainstream programmes and activities.
- High vulnerability due to
  - Superstition and widespread prevalence of negative attitudes in society.
  - Ignorance on disability issues.
  - Neglect.

The Integrated National Disability Policy also specifies actions to be taken to equalize the rights of persons with disabilities and they include:

- Advocacy and disability awareness creation.
- Strengthening health care and improving rehabilitation services and provision of affordable assistive devices.
- Development and implementation of regulations, enforcement of national building regulations and promoting Universal Design to improve physical accessibility.
- Improved and accessible transportation.
- Advocate for and the use of a national sign language.
- Promotion of research and studies on disability and related issues.
• Development of a disability management information system in the Department of Social Welfare.
• Sports and recreation and employment.
• Advocate for the expansion of Social Welfare Services to have national coverage.
• Advocate for the development of coordination mechanisms to encourage independent living for persons with disabilities.
• Strengthen capacities of families, communities and service providers to improve the care of persons with disabilities.

With regard to education and children with disabilities, the Integrated National Disability Policy advocates for the following:

i. Early assessment to be undertaken for all categories of SNE education to determine appropriate interventions in health and education.
ii. Provision of adequate resources to make schools more accessible for SNE children who can cope with mainstream settings.
iii. Children with severe disabilities to be placed in SNE exclusive settings with opportunity to go to regular schools.
iv. Tertiary institutions to provide equal opportunities for persons with disabilities.

• Progress in implementation

Progress in implementing the provisions of the Integrated National Disability Policy concerning children with disabilities is slow. Currently there are no coordinated efforts and mechanisms for early identification, screening and referral services for children with disabilities. SNE schools and SNE Unit carry out some identification exercises but they are uncoordinated, irregular and insufficient.

Many schools are still not accessible for learners with special needs, and training of SNE teachers is still inadequate.

SNE teachers and learning and instructional materials for SNE learners are still inadequate.

In order to properly implement the provisions of the Integrated National Disability Policy (2009-2018), it is important to:

a) Develop an implementation plan and put in place appropriate systems and procedures.
b) Specify implementation timelines.
c) Develop monitoring and progress reporting mechanisms.
d) Make appropriate budgetary allocations.
According to the Health Policy (2012-2020)

‘The revised policy is expected to reform the health system by addressing the major traditional problems of health, the new challenges and the double burden of communicable and non-communicable diseases, curbing the HIV/AIDS pandemic and overcoming a weak health system. This reform is in line with the Local Government decentralization and planning based upon the Local Government ACT of (2002), Vision 2020 and the anti-poverty Programme for Accelerated Growth and Employment (PAGE), attainment of MDG: 4 Reduce Child Mortality; MDG: 5 Improve Maternal Health; and MDG: 6 Combat HIV/AIDS, Malaria and Other Diseases’.

In the Health Policy, The Gambia government commits itself to uphold and protect the rights of vulnerable persons including children, the elderly, and persons with disabilities. It also aims to strengthen service delivery in all regions in the country. It identifies one of its targets as to


It is notable that the policy is silent on children with disabilities, early identification of disabilities and screening children for disability.

• Progress in implementation

On the overall the study finds that there has been a significant expansion of primary and secondary healthcare services to the extent that ‘rural and poor communities have witnessed the construction of health centres, thus leading to 85 percent physical access to basic health services’. (World Bank18) However, proper planning is hampered by:

a. Weak legislative and implementation frameworks.
b. Limited statistics.
c. Inadequate focus on children with disabilities and

The National Plan of Action for the prevention of disability and rehabilitation of persons with disabilities that was planned to be set up by 2013 has yet to be realized.

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8.10. Mental Health policy (2007) (Final Draft)
The Mental Health Policy (2007) reforms and modernizes the Lunatics Detention Act of 1917 to bring it in line with the human rights based approach in mental health care provision. It upholds the principles of ‘equitableness to quality mental health care to children, women, the aged, migrants, and refugees’. It promises to promote and improve the quality of mental health service provision, data collection on disability, awareness creation at all levels and research on disability.

The Mental Health Gambia Report (2013)\textsuperscript{19} discusses the available services, the challenges in service delivery, and the reasons for admissions for treatment, policy and legislation. The report points out that cultural attitudes affect mental health management in The Gambia. It estimates that mental health issues are prevalent in almost 20 percent of the population estimated at 1.8 million people. Out of the 20 percent people affected by mental health illness only 8.5 percent are receiving appropriate treatment.

Violations of the rights of people with mental health are believed to be widespread in The Gambia and children are particularly vulnerable. The report notes that as a result of mental impairments, children are physically and sexually abused, denied education, and some, especially male adolescents are also involved in drug (cannabis) abuse.

Medical services in mental health management continued to be inadequate and the demand for mental health services outstrips the available resources. There is only one Psychiatric hospital established in Banjul as an asylum camp after World War II in 1945, which until 2009 was overcrowded and in an unacceptable state.

The major limitations experienced in mental health care provision include insufficient human resources and limited capacity, shortage of medications, infrequent outreach services and low budgets that cannot adequately support activities.

Several recommendations have been made to address the challenges in mental health sector and they include the:

a) Adoption of the National Mental Health Policy by the national assembly, drafted in 2007 by WHO Gambia and the Ministry of Health and Social Welfare.
b) Development and ratification of Mental Health legislation that outlines the rights of people with mental health issues.
c) Adoption of legislative changes the Lunatic Act enacted in 1917 and revised in 1964 that provided for detention and custody of “lunatics”.
d) Integration of mental health at primary health care level and capacity building for health care providers.
e) Use of the media to enhance advocacy and awareness campaigns to discourage use of derogatory language when referring to people with mental illness.

\textsuperscript{19} Report by Dawda Samba, Country Facilitator Mental Health Leadership and Advocacy Programme at the WHO Gambia Office
• Progress in implementation of the Mental Health Policy

a) The Mental Health Policy was enacted in 2007 and it has yet to be fully implemented.
b) There is no Mental Health Act and no strategic plan to support the policy.
c) The main challenge is the country’s capacity to implement the provisions in the policy.
d) The Human resource and Finances to support implementation are limited.
e) The Mental Health Policy is silent on children with psychosocial issues.


Education: PAGE addresses the education of children with disabilities and other disadvantaged groups of children, especially in regions of the country where services are few. It prioritizes the development of appropriate training programmes and instructional materials for special needs education (SNE) teachers and learners. Under PAGE, the Government will extend /construct disability-friendly classrooms and facilities for SNE learners into the rural areas and scale up the mainstreaming of pupils with mild disabilities.

Protection: Through PAGE, The Gambia plans to strengthen child protection to respond effectively to prevent violence, exploitation and child abuse, commercial sexual exploitation, trafficking, child labour, corporal punishment, harmful traditional practices (FGM/FGC), child marriage, and children living without parental care. Also targeted will be orphans and vulnerable children (OVC), children in conflict with the law, out-of-school children, children with disability and those who are not registered. PAGE addresses issues pertinent to this study as below.

Healthcare: Under PAGE, the services at primary healthcare centres will be improved to ensure accessibility and affordability of quality services. The government intends to have basic and minimum healthcare packages for each level of care delivery as a way of enhancing standards and efficiency and for disease control and prevention.

Social protection, child protection and disability: The Gambia government believes that investing in social protection for children, women, the poor and people with disabilities is essential for poverty eradication and will lead to improvements. Towards this end, the Government has developed several sector policies to improve social protection for its citizens.
PAGE identifies difficulties in providing social protection, social welfare and child protection services to all citizens as indicated in Table 24.

Table 24: Challenges in providing child and social protection services

- The weak financial, material and human capacity of institutions providing social protection and child protection services.
- The inability to fully expand and strengthen social welfare and child protection services at the regional level.
- A weak policy environment and the absence of a central child and social protection coordination body.
- Weak administrative and technical capacities to design and implement social protection and child protection programmes.
- Inadequate public awareness of social protection and child protection issues.

In order to mitigate the challenges in child protection, the government plans are summarized in Table 25.

Table 25: Government plans to address challenges in child protection

- Develop a national child protection strategy and coordinating body, plan of action, and monitoring and evaluation framework.
- Strengthen and build the capacity of social welfare institutions and decentralize rehabilitation and social welfare services.
- Conduct research on social protection, child protection and disability issues.
- Strengthen the social and child protection policy, and the coordination and institutional environment.
- Raise awareness on social protection, child protection, and disability issues, and build the capacity of communities to reintegrate delinquent youth.
- Develop and implement social insurance and safety net programmes to cushion against risks associated with unemployment, ill health, disability, work-related injury and old age.
- Develop and implement social assistance and welfare service programs for the most vulnerable groups with no other means of adequate support, including single mothers, the homeless, or physically or mentally challenged people.
- Develop and implement micro and area-based schemes to address vulnerability at the community level, including micro-insurance, agricultural insurance, social funds and programmes to manage...
Assessment

The social protection strategy outlined in PAGE holds the promise of a better future for vulnerable children. However, the focus on children with disabilities needs to be sharpened to ensure that they are not left out inadvertently due to limited resources.

In order to achieve the objectives, there will be need for concerted government effort, enhanced capacity, development/strengthening of coordination, development of appropriate systems and processes, and monitoring, evaluation, and reporting mechanisms. All these will require sufficient budgetary allocations.
9. Conclusions and Recommendations

The study suggests that the Government of The Gambia has taken steps to improve the lives of children with disabilities in education but provision of health and protection services for children with disabilities is indeterminate and generally tenuous. The major focus appears to be on children with mild impairments generally. Legislations and policies are in place but there is limited focus on children with disabilities and implementation is generally weak. The main challenges hampering effective implementation include limited human and technical capacities and finances, ineffective or absence of appropriate coordination and management systems and processes to facilitate implementation, and demand that outstrips the available services.

9.1. Statistics

The National Population and Housing Census of 2014 will provide comprehensive statistics on the situation of children with disabilities in The Gambia. This will assist policy makers and implementers of interventions targeting children with disabilities in designing interventions and in budgetary allocations.

However, statistics were generally not available and what was available was limited and not comprehensive. The SNE Unit had collected statistics to help them in planning and deployment of itinerant teachers. However, these were limited and focused only on 163 schools. The establishment of a database at the SNE Unit should go a long way in ensuring the availability of up-to-date data on children with disabilities in schools. The Disability Unit in the Department of Social Welfare had scanty statistics.

Recommendations on disability statistics


5. Support and build the capacities of the SNE Unit, the Disability Unit in the Department of Social Welfare, the Disabled Peoples’ Organizations (DPOs) and other service providers to strengthen their data collection.

6. Provide training on the use of statistics for strategic planning, monitoring and reporting on progress and dissemination.

9.1.1. Education of children with disabilities

Although access to education has improved for children with mild visual and hearing impairments, children with mental, learning and multiple disabilities and those afflicted with epilepsy still face numerous barriers. These include socio-cultural beliefs and practices that result in stigma and discrimination on children with disabilities and their families. Other barriers
included limited accessibility to education facilities and inadequate learning and instructional materials, unfriendly school environments, and inadequate numbers of qualified instructors.

Basic services such as early identification, assessment, and referral for early intervention were inadequate or lacking. The key to successful prevention and reduction of disabilities is early identification, screening for disability and management of health issues that could escalate into disability and referral of disabled children to appropriate facilities. Children with mental impairments, profound and multiple disabilities were catered for only in the Methodist School for Learning Disabilities. This is inadequate support for this segment of children with disabilities.

There was limited awareness of disability issues among some of the Regional Education Officers.

**Recommendations**

**Early identification and screening services for disability among children**

- c) Establish assessment and resource centres in regions using schools such as St. Joseph’s in Basse as a nucleus.
- d) Establish and mainstream early identification, screening for disability and management in SNE and health services to prevent complications. Use existing structures such as the immunization teams to beef them up to create multi-professional teams to do this.

**Awareness creation on disability**

- d) Develop programmes and strategies to create awareness in communities about children with disabilities, their needs and challenges. Use the available and inexpensive community radios (FM stations) to create awareness and educate communities to support disability issues and children with disabilities in particular.
- e) Develop programmes to create awareness in schools to eliminate/reduce cases of peer harassment of children with disabilities.
- f) Support schools to create disability support groups within schools for students to support children with disabilities.

**Focusing on Parents of children with disabilities**

- c) Train families of children with disabilities on how to support their children and be advocates for other children with disabilities in their communities.
- d) Encourage and facilitate parents, especially mothers to establish support groups in their communities to fight stigma, dispel feelings of loneliness and low self-esteem and provide skills-development for economic empowerment.
Accessibility of the environment

3. Intensify efforts to modify schools to make them more accessible while paying specific attention to toilets and water points.

4. Use community development committees and school management committees to support the modification of school facilities to improve access for children with disabilities.

Accessibility and available learning and instructional materials

Provide appropriate instructional materials for learners in accessible formats.

SNE training and monitoring and reporting

4. Expand SNE training and mainstream it into the curriculum.

5. Train and post more teachers in disability issues in schools where integration is currently implemented. This will provide on-site support for children with disabilities. Itinerant teachers will then be able to visit to provide supplementary support and monitor the quality of instruction in schools with SNE learners.

6. Strengthen the monitoring and reporting system at the SNE Unit to track progress and use the feedback to inform future activities.

7. Train Regional Education officers in disability issues to enable them to monitor SNE more effectively in their regions.

9.2. Health provision for children with disabilities

The study concludes that health training does not feature disability and many health workers are not well informed about disability issues generally. There were no services targeting children with disabilities. There was no evidence of screening children for disabilities during immunizations or clinic visits.

Recommendations

1. Include disability in health care training.

2. Incorporate screening of babies for disability during immunization visits into communities and during the periodic post-natal well-baby clinics.

3. Establish services to support children with disabilities in the second level tier of health care to bring services such as rehabilitation, physiotherapy, and mobility and orientation for blind children closer to communities. The added benefit will be the early identification of disability in order to prevent complications that could lead to disability and increase the burden on the health system.

4. Establish a monitoring and reporting framework and create a database that will track progress and use lessons learnt to improve implementation.
9.3. Child protection for Children with Disabilities

Child protection services in the country are still evolving. At the moment, protection issues are uncoordinated and contained in various different legislations. Services also are fragmented, falling under different arms of Government in different ministries. There are commendable and ongoing efforts to develop policies and a coherent country strategy that is more responsive to the Social Protection needs of The Gambia people. It would be an opportune time to introduce and mainstream disability issues into child protection at this early stage of developing the Social Protection sector.

**Recommendations**

5. Establish a coordinating body for social protection in the nation.
6. Define services that will target children with disabilities and mention them in the policy that is being developed.
7. Harmonise the different legislations and policies to create a holistic, cohesive and coherent social protection policy.
8. Build the capacity of social protection implementers to be sensitive and responsive to the needs of children with disabilities and their families.

9.4. Role of disability peoples’ organizations (DPOS)

Disabled peoples’ organizations (DPOs) globally have been central in the disability movement and have contributed greatly to expanding the participation of persons with disabilities, enhancing their visibility and promoting the protection of their rights. The study found that DPOs have been instrumental in creating awareness on disability issues generally. The Gambia Federation of Disabilities (GDF) and its membership have made positive contributions despite their limited capacities. GDF has at various times contributed disability articles in a local newspaper known as FOROYAA and this has served to improve people’s awareness of disability issues.

The study revealed that there are no DPOs targeting children with disabilities.

**Recommendations**

5) Support DPOs as vital partners to support children with disabilities and enhance their capacities since they have expertise and commitment on the key issues in disability.
6) Use the strength of DPOs in lobbying and advocacy to heighten awareness of the needs and challenges faced by children with disabilities.
7) Develop strategies of involving DPOs in designing interventions for children with disabilities and in establishing parents’ support groups at the community levels.
8) Explore ways and support DPPs to include children with disabilities in their programmes and activities.
9.5. Legislative environment
The prevailing political climate has demonstrated some sensitivity to the needs of persons with disabilities as indicated in the various policies. However, children with disabilities are not well articulated. The government has demonstrated its commitment through the various legislations and policies and interventions to support the most vulnerable groups, who include the disabled. This is commendable but there needs to be a sharper focus on children with disabilities to ensure that they are not inadvertently left out of interventions in education, health and protection services.

Recommendations

5. Ensure children with disabilities are mentioned in the various legislations and programmes including Social Protection that is currently being developed.
6. Regularly review and update policies and strategies to ensure they specifically target children with disabilities.
7. Train more officers in the public sector on disability issues to improve on service delivery.
8. Establish a monitoring and reporting mechanisms and use lessons learnt to improve future policies and legislations.

9.6. In conclusion
The various legislations target important issues to equalize the rights of the population in various areas. The Government of The Gambia has ratified the relevant legislations on children with disabilities but it yet to develop national legislations and programmes to incorporate children with disabilities.

The study concludes that in general, the situation of children with disabilities continues to lag behind that of non-disabled children in education, health and social protection. They are largely invisible in policies and service provision. Although SNE has improved education services for children with mild disabilities there are still large gaps and many barriers to overcome before they can enjoy their right to education. There is little focus on children with other disabilities and multiple disabilities.

On health provision, children with disabilities are not usually targeted. Early identification and disability screening services are inadequate. Regarding social protection, the study finds that there is inadequate focus on children with disabilities as currently structured. However, there are opportunities currently to include the issues of children with disabilities. The country is working on streamlining the Social Protection sector and developing a Social Protection Policy therefore it is possible to include children with disabilities in the legislations, policies and programmes.

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<th>Activity</th>
<th>Venue</th>
<th>Coordination of mobilization</th>
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<td>22nd August 2013</td>
<td>Arrival of Consultant</td>
<td>Cape Point</td>
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<td>Wk. 1</td>
<td>26th-30th August 2013 Initial meeting with the NDS Steering Committee</td>
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<td></td>
<td>Review of the Terms of Reference Administrative matters</td>
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<td>2nd – 6th September 2013 • Presentation of Inception Report to the Steering committee • Finalization of Tools • Setting up appointments</td>
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<td>16th – 20th September 2013 Data Collection</td>
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<td>23rd – 27th September 2013 Data collection</td>
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<td>Wk. 7</td>
<td>7th – 11th October 2013 7th – 12th Oct. Data analysis continues 9th Oct – Draft report to SC. 10th – 12th SC reviews Draft report</td>
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<td>Wk. 8</td>
<td>14th – 18th October 2013 14th Oct. SC submits comments 15th Oct. Validation Meeting 16th Oct. Revision and finalization of Report of findings</td>
<td>Cape Point</td>
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<tr>
<td>Wk. 9</td>
<td>21st to 22nd October 2013 Production of Final Report in soft copy and five (5) hard copies</td>
<td>Cape Point</td>
<td>Consultant</td>
</tr>
<tr>
<td></td>
<td>23rd October 2013 Consultant leaves Banjul</td>
<td>Cape Point</td>
<td>Consultant</td>
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# Annex 2: Community FGD Discussion guide

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<th>HEALTH MATTERS</th>
<th>CHILD PROTECTION ISSUES</th>
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<tr>
<td>• Family and Community perceptions and response to disability.</td>
<td>• Availability and access to education for children with disabilities (Mild, severe).</td>
<td>• Availability and access to health services</td>
<td>• Community’s understanding of child protection concepts</td>
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<tr>
<td>• Availability of Identification and referral systems</td>
<td>• Identification of main barriers preventing children with disabilities from accessing education.</td>
<td>• Perceptions on the quality of service delivery</td>
<td>• Child protection concerns in regard to children with disabilities in the community</td>
</tr>
<tr>
<td>• Basic support systems (physiotherapy, mobility, orientation, ADL, etc.)</td>
<td>• Community views and concerns on the education of children with disabilities</td>
<td>• Identification of barriers to health care</td>
<td>• Prevalence of child marriages, FGM/C, child neglect and abandonment, child labour, sexual violence/cruel discipline of children/violence against in the home and in the community, children and the law</td>
</tr>
<tr>
<td></td>
<td>• Questions for the itinerant teachers</td>
<td>• Suggestions on improvement of health care services</td>
<td>• Community response to child protection issues above</td>
</tr>
<tr>
<td></td>
<td>• Suggestions on how to reduce barriers</td>
<td>• Specific questions to the Health care worker</td>
<td>• Awareness, availability, experience with and adequacy of child protection systems (e.g. Child Welfare Police officers, social services, reporting mechanisms)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Suggestions on how to reduce barriers</td>
<td>• Suggestions for improvement</td>
</tr>
</tbody>
</table>

## Details of FGD respondents

<table>
<thead>
<tr>
<th>Location</th>
<th>Male</th>
<th>Females</th>
<th>Children with disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basse</td>
<td>9</td>
<td>2</td>
<td>1 male child</td>
</tr>
<tr>
<td>Dampha Kunda</td>
<td>8</td>
<td>1</td>
<td>1 male child</td>
</tr>
<tr>
<td>RSOD</td>
<td>6</td>
<td>1</td>
<td>1 female child</td>
</tr>
<tr>
<td>Bansang</td>
<td>8</td>
<td>2</td>
<td>1 male child, 1 female child</td>
</tr>
<tr>
<td>Karantaba</td>
<td>6</td>
<td>1</td>
<td>1 female child</td>
</tr>
<tr>
<td>Darslameh</td>
<td>10</td>
<td>1</td>
<td>1 male child</td>
</tr>
<tr>
<td>Location</td>
<td>Age</td>
<td>Sex</td>
<td>Description</td>
</tr>
<tr>
<td>-----------</td>
<td>-----</td>
<td>------</td>
<td>-----------------</td>
</tr>
<tr>
<td>Farafenni</td>
<td>7</td>
<td>1</td>
<td>1 male child</td>
</tr>
<tr>
<td>Jappineh</td>
<td>12</td>
<td>1</td>
<td>1 female child</td>
</tr>
<tr>
<td>Soma</td>
<td>9</td>
<td>2</td>
<td>1 male child</td>
</tr>
<tr>
<td>Kampassa</td>
<td>9</td>
<td>2</td>
<td>1 male child</td>
</tr>
<tr>
<td>Bwiam</td>
<td>10</td>
<td>3</td>
<td>1 male child</td>
</tr>
</tbody>
</table>

Education Officers Interviewed included the Regional Officer, Region 6, Regional Officer, Region 5 and three senior officers, and Principal Education Officer Region 4. Interviews were held with the Child Welfare Officers at the Soma Police Post, a social welfare officer, health care workers in Soma and Kwinnella.
Annex 3: Terms of Reference

TERMS OF REFERENCE

Study Title: A Consultancy for a National Disability Study

1. Programme Information: Basic Education Program

<table>
<thead>
<tr>
<th>Programme (PCR No. &amp; Name):</th>
<th>PCR 3: Improved quality of Education in 40 percent of Lower basic schools in the most vulnerable areas nationwide especially CRRS, CCN and URR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Project: (IR No. &amp; Name):</td>
<td>IR8: Implementation of national education strategic plans and policies informed by equity focused research including inclusive education for children with disability</td>
</tr>
<tr>
<td>RWP Activity: 8.3</td>
<td>Conduct a national study on disabilities and support mainstreaming of children with mild disabilities in schools.</td>
</tr>
</tbody>
</table>

The United Nations Children’s Fund (UNICEF) is mandated by the United Nations General Assembly to advocate for the protection of children’s rights, to help meet their basic needs and to expand their opportunities to reach their full potential. The UNICEF staff and experts/consultants should act in accordance with the UN Code of Conduct and UNICEF Mission.

2. Background

As the UN agency for children UNICEF advocates for the rights of all children to education guided by the principles of Human Rights and inclusiveness. Thus children living with disabilities must be provided with equal opportunities as those that have no disabilities. Children living with disabilities live under especially difficult circumstances and are particularly vulnerable because they face negative attitudes, beliefs, labels and stigma that mitigate against them. They have limited access to essential social services such as education and health, and their fundamental rights are often compromised. Children with disabilities (CHILDREN WITH DISABILITIES) and those with severe disabilities constitute a particularly vulnerable group whose needs are often overlooked. The current world-wide emphasis on inclusion, participation, and self-advocacy and on the rights-based approach to disability brings out the need for equitable strategies to address different aspects of disability in the Gambia.

The Government of The Gambia in collaboration with UNICEF carried out a national disability study in 1998. The study revealed that the overall disability prevalence rate was 16 per 1000, with the child disability rate at 9.9 per 1000, with 11.2 and 8.5 per 1000 for boys and girls respectively. The study identified physical morbidity, low vision or partial-sightedness, speech impediments and epilepsy as the commonest forms of disabilities for children.

The study also provided information on the types of disability among children in mainstream schools. It also identified the issues such children face in fitting in mainstream classrooms and the coping strategies they adopted. The study revealed that out of the sample of children with disabilities in the
mainstream classrooms 25.7 percent were partially sighted; 12.3 percent had significant speech difficulties; 8.9 percent had mobility challenges, 5.4 percent were hard of hearing and 3.7 percent had significant manipulation and fits problems.

Some of the major constraints affecting the mainstreaming of children with disabilities in schools were a lack of technical aids, disability friendly games, financial resources and scholarships. Provision of orthopedic appliances, mobility and hearing aids, gait training, mechanical and psychosocial support was also a major challenge. In some instances access to physical facilities such as toilets/classrooms and the availability of specialized trained teachers were also challenges. As a result of the lack of untrained and specialized teachers, most schools do not have the capacity to tailor the curriculum to suit the needs of CHILDREN WITH DISABILITIES.

The availability of up to date statistics on disability prevalence in The Gambia is limited. However, applying the WHO global estimate that 10 percent of the population in any country are people with disabilities (Persons with disabilities) at any given, it could be inferred that an estimated 170,000 Persons with disabilities (10 percent of 1.7m) live in The Gambia. However, according to the 2003 National Population Census the disability prevalence rate was 28/1000 as opposed to 16/1000 in the 1998 National Disability Survey.

The education of children with disability is a priority for the MoBSE and a two-prong approach has been adopted accordingly. Firstly, three special needs schools exist which cater for children with severe forms of disabilities. These are the School for the Deaf, the School for the Blind and the School for Learning Difficulties. Secondly, for children who have mild or moderate disabilities, the approach is to integrate them into mainstream classrooms. Itinerant teachers were trained and they in turn provide support to the teachers in managing cases of mild disabilities. These teachers are trained on techniques of how to identify and refer cases to specialists.

It is against this background that MoBSE in partnership with UNICEF is undertaking this study to assess the status of children with disabilities in The Gambia.

3. Rationale, Purpose and Objectives:

Rationale: The rationale for this current study is to update the profile of disability within the country taking into consideration existing realities. The results will provide up-to-date data that will inform policy development and programme implementation. In terms of equity it will identify the location and the needs of this highly vulnerable group of children and assist in overcoming any bottlenecks or barriers to them realising and enjoying their rights.

Purpose: The study will focus on the following key questions outlined below:

- What are the types, degrees and prevalence of disabilities affecting children in The Gambia? Disaggregated by gender, region
- What are the needs and challenges of children with disability as they relate to education, health and protection (social and general)?
- What organisation or institutional capacities exist at community and family levels to support children with disabilities to realise their full potentials?
- What are the services currently available in Education, Health and Protection to support
children with disabilities?

- What strategies and actions are in current policies documents (e.g. Education, Health, Children’s Act and the Programme for Accelerated Growth and Employment – PAGE) that made references to children with disabilities, their challenges and potentials?

An analytical report will be produced determining the status of children with disability in The Gambia. This report will be used to inform policies and programmes aimed at promoting equity and overcoming barriers that limit children with disabilities participation in education and other services. It will also be used to support evidence-based advocacy on rights of children with disabilities.

**Objectives:** The study will be conducted in all 7 administrative areas of The Gambia; Banjul, Kanifing Municipality, West Coast Region, North Bank Region, Lower River Region, Central River Region and Upper River Region. The main objectives of the study are:

- Provide a situational analysis of children with disabilities in the Gambia.
- Provide information/data that would guide development of strategies, policies and programmes to address the circumstances of children with disabilities.

4. **Owners of the research and use of the findings:**

A study steering committee will be formed to include key partners such as the Ministry of Basic & Secondary Education, the Ministry of Health and Social Welfare (MoHSW), the Department of Social Welfare, the Gambia Federation of the Disabled (GFD) and UNICEF. This is intended to promote collective ownership of the study result. The study result will be used for policy and programme development, and evidence-based advocacy on issues relating to the rights of children with disabilities.

5. **Scope of work/consulting services.**

The study will be carried out by an individual consultant and will be expected to collect data from all the 7 administrative areas of The Gambia. The consultant will be responsible for addressing the key questions outlined below by undertaking the following tasks:

- **Presentation of detailed study plan.** The study will begin with the preparation of a detailed research plan, which will be presented by the consultant to the steering committee for discussion. The research plan or technical proposal will provide detailed information on the issues to be addressed, the methodology to be used, the sources of information, the timeline for conduct of the research, and the proposed structure of the report.

- **Inception report (finalized study plan/technical proposal).** The research plan finalized after the initial discussion with the steering committee will constitute the inception report.

- **First Draft:** This will be presented to the steering committee after the field data collection and analysis are completed.

- **Second Draft:** A synthesis report will be prepared, presenting the main findings and conclusions of the study as a whole, as well as, key recommendations. Prior to this there will be a validation meeting in which the consultant will make a power point presentation on the
findings and secure comments to finalize the report. This meeting is expected to bring together the steering committee and other stakeholders to review the draft report and provide comments for inclusion in the final report.

- **Final report and presentation.** After incorporating all the feedbacks and observations the consultant will produce a final version of the report which will be presented in both hard and electronic copies.

The consultant will be expected to use a variety of study methodologies and tools that would include desk review, key informant interviews, focus group discussions at field level and questionnaires in order to address the key questions highlighted earlier.

### 6. Methodology/Methods

The consultant will be expected to propose an appropriate study methodology that will be capable of providing quantitative and qualitative data disaggregated and analysed by gender, region and income level. The methodology will be included in the technical proposal and will form part of the criteria for evaluating the bid.

### 7. Schedule of Tasks, Deliverables, Duty-Station & Timeline

<table>
<thead>
<tr>
<th>No.</th>
<th>Main Task</th>
<th>Deliverables</th>
<th>Location</th>
<th>Timeline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Completion of draft studyplan</td>
<td></td>
<td>Banjul</td>
<td>5 working days</td>
</tr>
<tr>
<td>2.</td>
<td>Review of draft studyplan by the Steering Committee</td>
<td></td>
<td>Banjul</td>
<td>2 working days</td>
</tr>
<tr>
<td>3.</td>
<td>Inception Report (finalized study plan/technical proposal)</td>
<td>Inception Report which will include detailed studyplan with work plan</td>
<td>Banjul</td>
<td>2 working days</td>
</tr>
<tr>
<td>4.</td>
<td>Desk review of all relevant documents and preparation of the data collection tools</td>
<td></td>
<td>Banjul</td>
<td>5 working days</td>
</tr>
<tr>
<td>5.</td>
<td>Field work – data collection using agreed methodologies</td>
<td></td>
<td>Country-wide</td>
<td>23 working days</td>
</tr>
<tr>
<td>6.</td>
<td>Data analysis and First draft report writing</td>
<td>First and second draft of the report in electronic form</td>
<td>Banjul</td>
<td>10 working days</td>
</tr>
<tr>
<td>7.</td>
<td>Submission of Second draft to the Steering Committee through the Principal Education Officer (PEO) Special Needs Unit for review</td>
<td>First and second draft of the report in electronic form</td>
<td>Banjul</td>
<td>5 working days</td>
</tr>
</tbody>
</table>
8. Estimated duration of contract; Remuneration; Other Terms and Conditions

The consultant will be engaged under short-term individual consultancy for a period not exceeding 60 days as indicated in section 7 above starting from Friday 1st March to Thursday 23rd May 2013 (60 working days).

A detailed budget breakdown (financial proposal) shall be submitted together with the technical project proposal to UNICEF. However, the consultancy fees will be based on a negotiated rate as per the UN rates for Consultants. The negotiated rate will take into account the qualification of the consultant and the financial proposal submitted. The overall fee will include consultancy fees and all other related costs and up to the delivery of the final report in soft and 5 hard copies.

Advanced payments will not be allowed; the payment is against deliverables and the following scheme will be applied:

- 20 per cent will be paid upon submission and approval of a detailed study plan which will be considered as the inception report.
- 25 per cent upon the timely submission of the first draft report acceptable by the steering committee.
- 25 per cent upon the timely submission and approval of the second draft by the steering committee.
- 30 per cent final payment upon the timely submission of the final draft report approved by the steering committee.

NB: UNICEF reserves the right to withhold all or a portion of payment if performance is unsatisfactory, if work/outputs is incomplete, does not meet the quality standards of both UNICEF and the Government of The Gambia, not delivered or has failed to meet deadlines (fees reduced due to late submission: 5 days – 10 percent, 15 days – 20 percent; 1 month – 50 percent; more than 1 month – payment withheld).

UNICEF does not provide or arrange health insurance coverage for the consultant.

9. Supervision and Reporting Arrangements

The consultant will be supervised by a multi-sectoral steering committee. The consultant will provide briefing to the steering committee through the Principal Education Officer (PEO), Special Education Unit, and UNICEF. The consultant will work on a daily basis with the UNICEF Deputy Representative and Education Specialist and the PEO as the facilitator of the steering committee who
will keep regular contact with the consultant and provide necessary support and guidance.

10. Qualifications & Experience required

- The consultant must have a Master’s degree in a social science with at least 5 years of professional experience working in Disability issues, Special Needs Education, Health or Social welfare sectors. S/he must have previous experience of conducting similar consultancies. The consultant must also be familiar with the context of the regions where the study will be conducted.

- He/she must have good command of the English language, good writing skills and computer applications- MS word, excel or statistical software for quantitative data analysis.

11. Intellectual property rights

The steering committee (UNICEF, MoBSE, Ministry of Health and Social Welfare, the Department of Social Welfare and the Gambia Federation of the Disabled) retains the right to patent and intellectual rights, as well as copyright and other similar intellectual property rights for any discoveries, inventions, production or works arising from the implementation of the project under this Agreement with UNICEF. Neither the contractor nor its personnel shall communicate to any other person or entity any confidential information made known to it by MoBSE, UNICEF, Ministry of Health & Social Welfare, Department of Social Welfare or the Gambia Federation of the Disabled in the course of the performance of its obligations under the terms of this Agreement nor shall it use this information to private or company advantage. This provision shall survive the expiration or termination of this Agreement. The right to reproduce or use materials shall be transferred with a written approval of UNICEF based on the consideration of each separate case.

The core reports will be issued by UNICEF and/or the steering committee for the study noting in the acknowledgements sections institutions and persons who have made major contributions to their authorship. Consultants will provide UNICEF and/or the steering committee members with raw data, corrected/verified data once cleaned and programming files that permit replication of results from core research/survey/evaluation reports.

In case of this study data collected is the property of the UNICEF Country Programme and Government of The Gambia. Master versions of the data, coding protocols and programming code permitting replication of results of core survey/evaluation reports will be kept by the programme. Copies of the data will be distributed to researchers with the permission of the survey steering committee with a view to helping to disseminate learning derived from the data sets.

12. How to apply

UNICEF accepts applications from interested individuals or institutions who meet the criteria set forth. The Selection Committee, will review applications and make a final decision of a successful application.

All applications should contain the following documents:
I. Technical Project Proposal, which would include at least:

- Statement of the research problem
- Conceptual framework and research methodology
- Consultants’ CV
- Proposed timeframes (hour or days)
- Names and contact details of reference persons.
- List of publications or analytical reports (if applicable)
- Any other additional information to support the application (optional).

II. Financial Proposal:

- Detailed budget breakdown (in US Dollars).

Please send your application in a sealed envelope (technical and financial project proposals should be submitted separately, but in one envelope) to the following address with electronic copy to banjul@unicef.org

Attn.: Ms. Adam Wadda, HR Senior Assistant, Operations Section

United Nations Children’s Fund (UNICEF) Gambia
5 Kofi Anna Street, Cape Point
Private Mail Box 85
Banjul, The Gambia

**Deadline for applications: Friday February 15th 2013.**
9.7.

References