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Special Education in Tunisia: A Case Study in Social Entrepreneurship

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Special Education in Tunisia: A Case Study in Social Entrepreneurship

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Abstract

Despite a series of modernist reforms and national programs, Tunisian early education is not yet suited to fully integrate children with special needs. The public education sector lacks the trained professionals and multidisciplinary coordination needed to meet the needs of handicapped students. This paper will analyze the impact of a private therapeutic preschool to determine the feasibility of social entrepreneurship in fulfilling unmet special education needs in Tunisia. A presentation of the limitations facing entrepreneurs in this sector is included, and special attention is given to financial and social restraints preventing the scholastic integration of these children.

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Introduction

This paper will present a case study of a therapeutic preschool to determine how social entrepreneurship might be able to address unmet education needs in Tunisia. Specifically, this case study will address services provided for children with disabilities in early education (pre- and primary school). After a series of modernizing reforms before the Jasmine Revolution, the Tunisian education system saw some of the highest participation rates in primary education. However, problems related to the generalization of quality across the country and the lack of monitoring and evaluation methods persist. These problems are compounded for students with a difficulty or disability because of the social stigma surrounding disability in Tunisian society, in addition to the insufficient training of teachers and a lack of consultation with families about their children's needs. Social entrepreneurship is increasingly seen as a means of providing services underserved by the public sector. This paper will analyze the feasibility of social entrepreneurship in providing special education needs through a case study of a therapeutic preschool social business.

This paper will continue as follows: Section 1 will focus on the current state of Tunisian pre- and primary school, the social treatment of disability in the country, and social entrepreneurship in Tunisia. Section 2 will describe the case study of a therapeutic preschool in a suburb of the capital Tunis and the methodologies used in this study. Sections 3 and 4 present the findings and analysis of the collected qualitative data, respectively. Finally, I will present conclusions and recommendations for extended research in this area.

Section 1: Existing Literature

While bodies of literature exist on both education and handicap in Tunisia, it should be noted that neither is extensive. This section will draw on the existing

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literatures to establish a picture of the general states of early childhood education and handicap in Tunisia, and also introduce the concept of social entrepreneurship.

1.1: Early childhood education in Tunisia

Public education in Tunisia is often seen as one of the most modernized education systems of the Arab countries. Three major education reforms have created the basis for this modern system. All of these reforms were undertaken in the name of modernization and development. In 1958, President Habib Bourguiba enacted a law that opened Tunisian schools to all Tunisian children regardless of race, sex, or religion. The two following reforms fell under President Ben Ali. In 1991, the first nine years of schooling (primary through middle school) became compulsory and free for all Tunisians in an effort to maximize the number of students continuing to secondary school. The final reform of 2002 combined a multitude of objectives, the core of which were to establish education as a national priority, generalize the quality of education across schools and regions, and to introduce a professionalization element into the curriculum.¹

Although this paper will focus on pre- and primary school, the general structure of the Tunisian education system includes preschool, primary and middle (the compulsory element), secondary school, and higher education. Preschools, called *jardins d'enfants*, consist of children 3-4 years old and a preparatory year for 5 year olds about to enter the public system. This is followed with 6 years of primary education at *écoles primaires* and 3 years of middle school at *collèges*, which prepare students to enter the secondary level. Secondary schooling takes place in *lycées*, and

¹*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 61.

operates on the French baccalaureate system. Students may then pursue higher education after taking the baccalaureate exam.²

This paper will focus on early education, here defined as preschool, the preparatory year, and primary school. From here onward in this paper, preschool will refer to kindergarten and the preparatory year (ages 3-5), primary school will refer to grades 1-5 (ages 6-10), and the primary school cycle will refer to grades 1-9 (ages 6-16).

1.1.1 Preschool and its challenges

Preschool includes kindergartens for kids ages 3-4 and those in the preparatory year at the age of 5, and Koranic preschools called *Kouttebs* that are offered by religious institutions.³ To clarify, this paper will not include *Kouttebs* in its scope. Preschool and the preparatory year are both non-compulsory. The preparatory year is offered at most public primary schools, but it, along with preschool, are typically provided by the private sector.⁴ According to the United Nations Children's Fund (UNICEF), the number of kindergartens more than tripled from 1995 to 2009 under the aegis of a Ministry of Women's Affairs initiative to increase their accessibility, rates of enrollment, and educational quality.⁵

The largest problem within the Tunisian preschool system is its lack of formal generalization across the country. Because preschool is not mandated by the government, the curriculum implementation can vary widely across schools and generate important differences in educational quality.⁶ The vague nature of the curriculum also causes a problem for implementation; often educational activities are

²*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 57.

³*Tunisia Early Childhood Care and Education (ECCE) Programmes*. Geneva: UNESCO International Bureau of Education, 2006.

⁴*Ibid.*

⁵*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 57.

⁶*Ibid.* 67.

not implemented.⁷ Additionally, instructors in kindergartens tend to be non-specialized, meaning that they have not received formal teaching training and are often unprepared to effectively teach early childhood education.⁸ Social and economic factors also determine a child's access to a quality preschool education. Early childhood education such as preschool is not yet a social priority in Tunisia because of the little media attention and information disseminated on its importance in child development.⁹ UNICEF statistics claim that from 2005-2012 the level of attendance in early childhood education was 44.3 percent. This situation worsens when considering economic status. Whereas the richest 20 percent of the population saw an early childhood education attendance rate of 80.9 percent from 2005-2012, the poorest 20 percent of the population only present an attendance rate of 13.1 percent.¹⁰ This drastic decrease can be explained by the level of social importance designated to early education in conjunction with the fact that often kindergartens are usually provided by the private sector and are therefore paid services.¹¹ While the government tends to offer financial incentives for the private sector to offer early education, the private sector is not incentivized in poor areas where profitability remains low. There is little coordination between the public and private sectors and civil society actors to generalize access across regions and schools effectively.¹² All of the aforementioned factors combine to create disparities in access to and quality of preschool within the Tunisian education system.

⁷*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 67.

⁸*Tunisia Early Childhood Care and Education (ECCE) Programmes*. Geneva: UNESCO International Bureau of Education, 2006.

⁹*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 67.

¹⁰"Tunisia: Statistics." UNICEF. Accessed 22 April 2016, 2016.

¹¹*Tunisia Early Childhood Care and Education (ECCE) Programmes*. Geneva: UNESCO International Bureau of Education, 2006.

¹²*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 67.

1.1.2 Primary school and its challenges

Primary schooling begins at 6 years of age and is free and compulsory through the ninth grade. The reforms undertaken in the last two decades have helped Tunisia reach impressively high primary participation rates. UNICEF reports the primary school net enrollment rate from 2008-2012 as 99.4 percent, with a one-to-one ratio for boys' and girls' enrollment. Parity can also be seen across subpopulations of region and socioeconomic status. The net attendance ratio for urban to rural students from 2008-2012 is 1, meaning that their attendance rates were equal across the time period. The 2008-2012 net attendance ratio for the richest 20 percent and the poorest 20 percent of the population is also 1.¹³

While these participation rates show substantial progress in the accessibility to primary education institutions, they do not address possible differences in quality or the internal efficiency of the system. The primary system suffers from two main problems: a lack of strong monitoring and evaluation methods, and a rigidly hierarchical organization structure. There is no comprehensive and singular national strategy for monitoring and evaluating the internal efficiency of the education system. Without consistent evaluation, teachers are not motivated to progress in their classrooms. Consistent monitoring is necessary to understand and adapt to the needs of students, as well as identify the existing inadequacies of the current system.¹⁴ In addition, education is administratively centralized and decision-making follows a top-down structure. As a result, a rigid conformity exists in the curriculum and its implementation that leave

¹³"Tunisia: Statistics." UNICEF. Accessed 22 April 2016, 2016.

¹⁴*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 78.

little room for innovation and creativity in the classroom.¹⁵ There is also little inclusion of outsiders to the system, notably families, to address any specific needs or problems of students.¹⁶ Given these conditions, the primary education system is not oriented towards the innovation or individualization that allows progress.

1.2 Handicap in Tunisia and access to educational services

1.2.1 Legislative inclusion and programming

Tunisia has several laws and programs targeted towards the inclusion and integration of handicapped children into the education system. In 1981, the Law for the Promotion of the Handicapped named the right of handicapped Tunisians to benefit from education. The 2002 orientation law stipulates that handicapped children also have a right to education under the aegis of education as a human right for all.¹⁷ Tunisia also ratified in 2008 the United Nations Convention on the Rights of Handicapped Persons (CDPH).¹⁸

In 2002, the government launched the National Program for the Scholastic Integration of Handicapped Children (ISEH), which oversaw the creation of integrative schools across the country.¹⁹ Part of this program was to increase teachers' capacities in special education and adapt the physical education environment to students' needs.²⁰ Individualized Educational Programs (PEIs) for student with disabilities also fell under ISEH. PEIs provided students with personalized educational programs to meet their special needs and incorporated a wide variety of public actors, including the Ministries

¹⁵Ibid. 76.

¹⁶Ibid. 76.

¹⁷*Tunisie: Rapport National Sur Les Enfants Non Scolarises*: UNICEF Bureau Regional, Moyen-Orient et Afrique du Nord, 2014. 65.

¹⁸*Le handicap dans les politiques publiques tunisiennes face au creusement des inégalités et à l'appauvrissement des familles avec des ayants droit en situation de handicap*: Handicap International - Programme Mahgreb, 2014. 46.

¹⁹*The Development of Education: National Report*: Republic of Tunisia Ministry of Education and Training, 2008. 4.

²⁰ Ibid. 5.

of Education, Social Affairs, Health, and others, and their regional and local subsidiaries.²¹ According to the Ministry of Education and Training, the number of integrative schools increased from 162 during the 2004-2005 school year to 265 during the 2007-2008 school year. The number of disabled students enrolled in integrative schools increased from 806 to 1,134 for the same time periods respectively.²²

In addition to integrative schools, there are specialized centers throughout Tunisia dedicated solely to the charge of the handicapped population. These centers fall under the tutelage of the Ministry for Social Affairs. UNICEF reports that in 2007 as many as 14,564 children frequented these centers.²³

1.2.2 Challenges in education

Although theoretically there are a wide range of initiatives focused on providing equally opportunity in education, in reality Tunisians living with a disability do not have the same ability to exercise their right to a quality education. In 1994 a national census declared 1.2 percent of the Tunisian population was living with a disability. By contrast, the 2002-2004 World Health Survey declared a prevalence rate of 16.3 percent.²⁴ Since then, the disabled population in Tunisia has been similarly overlooked in its access to a quality education.

Accessibility to an equal education of quality is problematic for handicapped children. A study published in 2014 by Handicap International and the Tunisian Organization of the Defense of Handicapped Rights (OTDDPH) found that the handicap populations in the regions of Tunis and Beja attained significantly lower

²¹*Tunisie: Rapport National Sur Les Enfants Non Scolarises*: UNICEF Bureau Regional, Moyen-Orient et Afrique du Nord, 2014. 66.

²²*The Development of Education: National Report*: Republic of Tunisia Ministry of Education and Training, 2008.4.

²³*Tunisie: Rapport National Sur Les Enfants Non Scolarises*: UNICEF Bureau Regional, Moyen-Orient et Afrique du Nord, 2014. 37.

²⁴*World Report on Disability 2011*. Geneva: World Health Organization, 2011. 158.

levels of education than their able counterparts.²⁵ In the study, only 38.3 percent of the handicapped population above 8 years of age could read and write, compared to 65.2 percent of the non-handicapped control population.²⁶ Lower levels of education can have serious consequences on future socioeconomic conditions. Using data across thirteen developing countries, Filmer found that youth disability is significantly associated with lower levels of education, which increases the likelihood of poverty in adulthood.²⁷ Additionally, the same study conducted by Handicap International and OTDDPH used a multidimensional approach to poverty that incorporated 17 indicators across the domains of health, education, employment, life conditions, material well-being, and physical security. Poverty levels were found to be significantly higher in the handicapped population for 12 of the 17 indicators.²⁸

The nature of the problems facing handicapped children are essentially the same as those facing all children entering preschool or primary school, except they are compounded given the child's disability. The first challenge is that teachers are often untrained and unqualified to meet handicapped students' needs. A study conducted by UNICEF found that 90 percent of teachers in integrative schools did not receive formal and specific training to teach special education.²⁹ This is especially a problem in preschools, where formal training is often lacking. In 2007 UNESCO reported only 859 instructors graduated from specialized institutes to teach in preschools, whereas 2,300

²⁵*Le handicap dans les politiques publiques tunisiennes face au creusement des inégalités et à l'appauvrissement des familles avec des ayants droit en situation de handicap*: Handicap International - Programme Mahgreb, 2014. 36.

²⁶*Ibid.* 46.

²⁷Filmer, Deon. "Disability, Poverty, and Schooling in Developing Countries: Results from 14 Household Surveys." *The World Bank Economic Review* 22, no. 1 (2008): 141-163. 142.

²⁸*Le handicap dans les politiques publiques tunisiennes face au creusement des inégalités et à l'appauvrissement des familles avec des ayants droit en situation de handicap*: Handicap International - Programme Mahgreb, 2014. 92.

²⁹*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 65.

preschool instructors were untrained.³⁰ Recognizing a student's disability is also problematic because there is no formal screening system for learning disabilities in schools. A study conducted in primary schools in the region of Sfax found that 8 percent of students had undiagnosed learning disabilities between the ages of 7-9.³¹ A similar study in Sfax found an undiagnosed prevalence rate of attention deficit hyperactivity disorder (ADHD) at almost 10 percent for students aged 6-12.³² Evidently schools lack the ability to identify and educate students who may suffer from disability.

The second problem facing handicapped students is that parents often lack information about their child's situation and needs. The rigid administrative system in schools prevents parents from being involved in the decision-making of their child's educational program, and parents are usually poorly informed of their child's condition.³³ A study carried out in a Sfax hospital found that parents often felt unsatisfied with the amount of information given to them by the medical team. The study also found that the amount of information parents received was a significant factor in their choice of coping strategy, and parents with more information used more proactive strategies to help their child.³⁴

The third problem is the poor coordination between the various groups involved in providing handicapped services in education. The programs in place for handicap students fall under the Ministries of Education, Social Affairs, Health, and others, as well as various regional entities and local actors including doctors, social workers,

³⁰*Tunisia Early Childhood Care and Education (ECCE) Programmes*. Geneva: UNESCO International Bureau of Education, 2006.

³¹Chérif, Leila, Héli Ayedi, Khawla Khemekhem, Imen Hadjkacem, Radhouan Mchirgui, Adel Walha, Foued Moalla, Yousr Moalla, Chahnez Triki, and Farhat Ghribi. "Prevalence of Learning Disorders in the Region of Sfax, Tunisia." *Klinik Psikofarmakoloji Bulteni* 23, (12/02, 2013): S201-S202.

³²Khemakhem, Khaoula, Hela Ayadi, Leila Cherif, Yousr Moalla, Imen Hadjkacem, Adel Walha, Sourour Yaich, Jamel Dammak, and Farhat Ghribi. "Attention Deficit Hyperactivity Disorder at Schools in Sfax, Tunisia." *Klinik Psikofarmakoloji Bulteni* 23, (12/02, 2013): S76-S76.

³³*Analyse de la situation des enfants en Tunisie 2012*: UNICEF, 2012. 65.

³⁴"Répercussions Psycho-Affectives Du Handicap De l'enfant Sur Les Parents." *Archives De Pédiatrie* 20, no. 1 (01, 2013): 9-16. 12.

teachers, school inspectors, and parents.³⁵ There is often little coordination between any of these actors. It is often unclear who is in charge of what, and there is little to no formal strategy created between these actors. The ad hoc nature of coordination is detrimental especially for parents who often do not know where to seek help.³⁶

1.3 Social entrepreneurship

Social entrepreneurship can be broadly defined as the innovative process that “creates new models for the provision of products and services that cater directly to basic human needs that remain unsatisfied by current economic or social institutions.”³⁷ Social entrepreneurship is increasingly seen as a way to provide underserved public services while bolstering local development. Governments are increasingly relying on social innovation projects and the private sector to help provide traditionally public services because of tight resources.³⁸ The concept of social entrepreneurship has existed for over two decades, but it gained renewed importance with the establishment of Muhammad Yunus’s micro-finance Grameen bank in Bangladesh. Yunus has also pioneered the concept of a social business, which is “a self-sustaining company that sells goods or services and repays its owners’ investments, but whose primary purpose is to serve society and improve the lot of the poor.”³⁹ The preschool presented in this case study is categorized as a social business because its primary function is social (the provision of special needs education and therapy) and it reinvests profits back into the project.⁴⁰

³⁵Tunisie: *Rapport National Sur Les Enfants Non Scolarises*: UNICEF Bureau Regional, Moyen-Orient et Afrique du Nord, 2014. 44.

³⁶Ibid. 44.

³⁷Seelos, Christian and Johanna Mair. "Social Entrepreneurship: Creating New Business Models to Serve the Poor." *Business Horizons* 48, no. 3 (2005): 241-246. 243.

³⁸"Social Innovation: Let's hear those ideas." *The Economist* (Aug 12, 2010).

³⁹Yunus, Muhammad, Bertrand Moingeon, and Laurence Lehmann-Ortega. "Building Social Business Models: Lessons from the Grameen Experience." *Long Range Planning* 43, (2010): 308-325. 309.

⁴⁰Subject 3. Interview with author.

Section 2: Methodology

2.1 Case study and social impact evaluation

This paper presents a case study of a private therapeutic preschool located in a suburb of the capital Tunis. A case study approach was chosen primarily to meet the time restraints of this project, and a single case is reasonable enough in size to conduct a thorough qualitative analysis. This preschool was chosen because it provides educational services to handicapped children and because it is a privately owned, socially-oriented project. This confluence of factors makes the preschool a suitable case in understanding how social enterprise addresses under-provided educational needs in Tunisia.

To determine the ability of a social enterprise in addressing these educational needs, a rudimentary evaluation of the preschool's social impact was carried out. The criteria for the social impact are based loosely on the criteria used by the Yunus Social Business Tunisia organization, which introduced me to the project. The project evaluated social impact on the basis of: 1) the nature of the impact; 2) the number of people directly affected; 3) the scalability of the project; and 4) the replicability of the project. The nature of the impact encompasses how the effects are transferred through services and interactions. I chose to evaluate this criterion against the problems proposed in the literature review: what services are offered, what is the extent of parent consultation, what is the extent of multidisciplinary coordination, and what have been the explicit effects on the students. The number of people directly affected is the number of students currently enrolled. The scalability of the project is the ability of the project to grow, and the replicability of the project is the ability to recreate the project. It should be noted that the last two criteria deal more with the impact potential of the project rather than its immediate impact. They are nonetheless included here because

scalability and replicability give insight into the goal of this research: how social enterprise generally may meet educational needs.

Data were collected through personal interviews, and interview questions were targeted towards the above criteria, as well as broader experience related to disability or education in Tunisia. Interview subjects signed a waiver notifying them of their rights to anonymity (if preferred by the subject), and to decline to answer questions or leave the interview at any time. The waiver also included a brief explanation on the nature of the project for which they were being interviewed. Six of the seven interview subjects chose to remain anonymous. The anonymous subjects will be referred to by their generic professional title. To further protect their anonymity, the name of the preschool treated by this study is left out. A list of interviews can be found at the end of this paper.

2.2 Limitations and sources of error

The first and most important source of error in these data is the highly sensitive nature of the topic of disability in children and how they are treated by social institutions (educational institutions in this case). The qualitative methods used in this study relied on personal interviews that inherently carry the personal biases of the subjects. The sensitive nature of the topic compounds the issue of subjectivity with the often emotional experiences related to disability, to childcare, and to social inclusion or marginalization. The following two limitations in this section also stem from this problem of emotional sensitivity.

The second limitation of the research is the highly sensitive nature of the impact evaluation. Understanding social impact is often an elusive goal even when using hard, quantitative data because of the interconnected nature of social, economic, and political variables that determine welfare. It should be emphasized that all data collected were

qualitative in nature and inherently affected by each subject's personal experiences and biases. The impact evaluation conducted in this research is based on qualitative interviews and is extremely sensitive to the subjective views of the interviewees. Numerical data were also difficult to access in cases in which subjects did not know exact numbers or were not comfortable sharing them. The qualitative nature of the methods used also made it difficult to fully "operationalize" the variables of the impact evaluation. The number of people directly affected is defined as the number of students at the school. The nature of the impact describes the ways in which people are affected by this project and is highly dependent on personal experiences. This variable is the core of the social aspect of the impact evaluation and determines if the project has an overall positive social impact. Scalability and replicability entail the entrepreneurial or business aspect of the evaluation as related to the capacity to expand the potential of the impact. For these categories, questions targeted access to funding, procedural experiences, and social acceptance or support by the surrounding community. These two categories are again dependent on the personal experience of the subject.

The third limitation of the case study is the small size and representation of the sample interviews. Of the interviews conducted, key actors were not represented due to problems of accessibility and the sensitive nature of disability. One major population that is not included in this dataset includes parents. Students at the school were inaccessible without parental consent, and parents themselves were often inaccessible because of the sensitive nature of the topic and the reliance of an outside party to reach them. Parents are the gatekeepers in understanding the condition, difficulties, and the progress of children with or without access to educational services. It should be noted that the impact evaluation is conducted without parental insight on the effects on the children themselves.

Section 3: Research findings

The impact evaluation focused on four main criteria: the number of people directly affected, the nature of the impact, the scalability of the project, and the replicability of the project. The findings presented in this section focus on these four categories, but I have included another category on social stigma that was relevant during my research.

3.1 Number of people affected

The number of people directly affected by this project implies the number of students at the preschool. During the 2014-2015 school year, 50 children were enrolled at the preschool, and “much less” for the 2015-2016 school year.⁴¹ Although I did not receive a quantitative answer for the current school year, during my tour of the preschool in April I estimated less than 30 students in the building. This number is foremost an estimation, given that enrolled children may have been absent that day and I did not take an exact measure. If using a maximum of 30 as the estimated current enrollment, there is a decrease of 20 students over the course of one school year, or a decrease in enrollment of 40 percent. Furthermore, the decrease has been most evident in a specific population within the school. According to the administrator, the school had an even ratio of handicapped children to non-handicapped children at its outset. As years have passed, non-disabled children have diminished at a higher rate than disabled children.⁴² Because I did not have access to exact enrollment numbers, there is no estimation for the rate of enrollment for each individual population.

⁴¹Subject 1. Interview with author.

⁴²Subject 3. Interview with author.

3.2 Nature of the impact

The nature of the impact deals with the services provided for both child and parent, and can be determined against the problems presented in the literature review. This criterion was evaluated by the specific services rendered, the level of training of the staff, the involvement and consultation of parents, and the coordination between actors. Also included in this criterion are the reported effects on the children themselves. Because the children are all minors, access to their school evaluation reports was not available and effects were taken from subjects' interviews.

The school provides a variety of services in addition to the traditional preschool activities of art, music, theater, etc. Included are occupational therapy, speech therapy, and specialized education, as well as normal educational services. Students are given an assessment upon entry at the school to determine their conditions, and a specialized program is determined to best fit their therapeutic and educational needs.⁴³ The school employs occupational therapists, speech therapists, and special educators as well as non-specialized educators. According to the administrator, the therapeutic staff are "the best on the market" and have all graduated from specialized institutions within their domains.⁴⁴ During my tour of the preschool, I encountered seven educators. Two were introduced as an occupational therapist and a speech therapist, and the others were not introduced specifically. The total number of educators within each domain was not determined.

The school updates each student's assessment every three months, and students are required to have a follow-up with an outside child psychiatrist. The school prepares a written progress assessment of the last trimester for the psychiatrist "so that he has

⁴³ Ibid.

⁴⁴ Ibid.

better visibility of the child's condition" than allowed by the singular trimester sessions in which he interacts with the child.⁴⁵ The written assessment is given and explained to parents during a meeting every three months. Parents are also part of the initial assessment to determine their child's needs and to detect any familial issues the child may be experiencing.⁴⁶

According to the school administrator, "the principle of the project is to integrate these children into society."⁴⁷ The same administrator reported four times during our interview that the school has "the best results available," including students who had reintegrated into the public school system.⁴⁸ She also cited cases in which students who arrived unwilling or incapable of speaking were now speaking and participating actively in class activities. The number of students re-integrated into the public school system was not available.

3.3 Scalability and replicability

Scalability and replicability are included in one section because of the predominantly financial factor which links them in this study.

Scalability implies the ability to aggrandize the project. As mentioned earlier, the preschool has reported diminishing enrollment. Despite the decrease, the founder began a similar project with an integrative, private primary school for the most recent school year (2015-2016).⁴⁹ There are currently 35 children, ranging in ability, enrolled at the primary school. However, the project's founder confided that she has chosen to close the preschool in June of 2016 due to a lack of financial resources, and the primary school will no longer be integrative. The preschool administrator and the co-founder of

⁴⁵Subject 3. Interview with author.

⁴⁶ Ibid.

⁴⁷ Ibid.

⁴⁸ Ibid.

⁴⁹Subject 1. Interview with author.

the project both confirmed the forthcoming closure. The preschool administrator explained that “there is not an equilibrium between the service given and the revenue” because of the school’s willingness to accept children without the means of paying out of priority for the child’s health.⁵⁰ According to her, this disequilibrium in costs and revenue is a large factor in the closure of the school. She also explained that financial aid is necessary “to help us aggrandize the project, buy sophisticated materials that are expensive, and establish an adequate environment for [the students].”⁵¹

Replicability is the ability to recreate the project. Again, it is worthwhile to note that the founder is closing the original project. When asked about the existence of similar projects, both the founder and the preschool administrator emphasized that there are no other therapeutic preschools in Tunisia nor North Africa that serve the entire spectrum of disability. The co-founder explained that “it’s an enormous cost for private actors” to undertake a project like the preschool, and money is often a deterrent factor.⁵²

Financial struggle was found to be a determining factor in the closure of the preschool and affects both scalability and replicability. The founder, co-founder, and administrator all reported receiving no financial help from the state, private donors, or organizations either international or domestic. The founder and administrator both reported that there were negotiations with an international organization for funding, but the conditions required by the organization were too difficult to meet. The founder explained that all costs were incurred personally, and that despite contacting the Ministries of Education, Social Affairs, and Health they received no aid from the state.

⁵⁰Subject 3. Interview with author.

⁵¹ Ibid.

⁵²Subject 2. Interview with author.

3.4 Social stigma surrounding disability in Tunisia

Every subject interviewed in the course of this study reported a prevalent and negative social perception of disability in Tunisia regarding disability. This section will focus on the data collected from the founder, co-founder, and preschool administrator and a more thorough treatment of the topic will be presented in the discussion section.

The founder, co-founder, and administrator of the preschool all expressed the existence of a prejudice against handicap in Tunisian society. This prejudice is manifested in this project most notably in the mentality of parents. According to the co-founder, who is also an occupational therapist, “parents don’t accept when we tell them their child has a handicap or a difficulty, and when they do it’s already too late.”⁵³ The administrator attributed the drop in enrollment of non-disabled students to “the fact that [parents] don’t accept that their child is sick, and they don’t want their child to mix with sick children.”⁵⁴ The administrator and founder also expressed that parents who witness a positive change in their child demand that they are no longer integrated with the other therapeutic children at the school. Both the administrator and the founder expressed the impossibility of the task of changing society’s mentality towards the disabled. The founder expressed that the educational system does not accept children with a difficulty, and that it has become impossible to integrate children with a special need and children without. Both the founder and the administrator also relayed that the handicapped children “have no future” because they are abandoned by society.⁵⁵

⁵³Subject 2. Interview with author.

⁵⁴Subject 3. Interview with author.

⁵⁵Subject 1. Interview with author.

Section 4: Discussion/Analysis

4.1 Analysis of social impact

Considering the four criteria of the impact evaluation, the project has had a net positive impact in providing educational services to handicapped children. During the 2014-2015 school year, the preschool was able to support 50 students. Although the enrollment rate for the 2015-2016 school year is significantly lower than the previous year, the drop appears to be a function of parental stigma and not of institutional capacity. The children at this preschool receive a personalized program with access to trained professionals in occupational and speech therapy. Parents are consulted on a regular trimester basis with an update on their child's progress, and there is evidence of coordination between the school and the child's independent psychiatrist via the regularly reviewed written assessment. Additionally, some students are able to effectively integrate into public schools. Access to services and trained professionals, personalized programs, and consultation with outside sources are some of the dominant problems that plague special education. This preschool appears to provide an above average level of service compared to the public system.

The ability of the founder to open an integrative primary school may be positively indicative of the scalability of this project. However, the closing of the project due to lack of financial means effectively ends its potential impact (scalability and replicability), and is indicative of the social and financial constraints entrepreneurship faces in special education. The two predominant challenges faced by the preschool were financing and social discrimination. The three interview subjects directly related to the preschool (founder, co-founder, and administrator) all reported a lack of financial support from both the state and private organizations, and cited financial struggle as the primary reason for closing the project. Additionally, one of the

reasons costs could not be covered was the continuously diminishing rate of enrollment due to social prejudice against those with handicaps.

This case study leads to the conclusions that social entrepreneurship has the ability to provide comprehensive special education services, but is hampered primarily by a lack of financial support and secondarily by the social stigma surrounding handicap. The topics of financing and social stigma are further discussed below with the incorporation of a wider range of interviews.

4.2 Situating the case study in the broader socio-environmental context

This preschool appears to be the exception in providing special education services in Tunisia. The data collected across all interview subjects present a picture of Tunisian special education that is generally consistent with the literature. Despite each subject's various relationship to special education, three common themes emerged across interviews: 1) the lack of qualified professionals in public institutions; 2) the lack of financial support for special education; and 3) the negative social perception of handicap in Tunisian society.

The first phenomenon that arose was a lack of qualified professionals for special needs in the education system. According to an instructor at a local association for motor disabilities, "instructors are not trained to help [students]," and it is because of their lack of training that students cannot be integrated and usually end up at associations like hers.⁵⁶ The co-founder of the preschool expressed the same causality, and included that even "the people in charge of the institutions that are charged with handicapped children don't understand the domain."⁵⁷ An interview with a teacher at a local private school provided similar results. She relayed that students entering the

⁵⁶Subject 6. Interview with author.

⁵⁷Subject 2. Interview with author.

second grade are accepted on the basis of examination, and those who present a problem are not accepted because the school lacks the resources to provide special service for them. The lack of specific training can have grave consequences for a child in the public system, who are described as often “neglected” because there is not a specialized staff.⁵⁸ Students who do not receive the services they need risk dropping out, which can negatively affect their future economic prospects. According to Hiba Ben Haj Khelifa, an occupational therapist who currently works for Handicap International in Tunisia, UNICEF recognizes the importance of the deficit in trained professionals and is working on a project to increase teaching capacities in Tunisia. However, she also mentioned that professional competencies across disciplines, including occupational therapy, are also often insufficient and need to be upgraded to achieve an effective multidisciplinary approach to special education.

The second problem that emerged is a lack of financial aid available to private actors. Funding is especially important in special education because specialists are more expensive to employ and special materials are also necessary. Both the founder and the administrator of the preschool reported that there was no aid available for their project despite contacting multiple government ministries and international organizations. According to the administrator, the state does not encourage private actors, and benefits, such as tax deductions, are not available. The lack of a clear strategy of coordination between state actors, such as the various ministries, could be a potential factor blocking access to financial resources.

Despite the lack of incentives offered, the private sector is still expected to provide special education services. Often the private sector is more advanced in the research and development aspects of special education than the public sector and is

⁵⁸Subject 3. Interview with author.

more capable of providing comprehensive services.⁵⁹ Although the interviews connected directly to the preschool reported no support, the instructor at the local association for handicapped Tunisians expressed that the state provides enough money to pay the salaried employees at the association, which make up about half of their costs. Even when money is provided, it is clearly not equally accessible to all groups. The disconnect between the expectation of the private sector to undertake expensive projects and the amount of aid provided by the state can prevent entrepreneurs from realizing their projects, much like the preschool in this study. It is worth noting, however, that entrepreneurship has found low-cost methods of providing educational tools. The co-founder of the preschool, working with a medical engineer, created a tablet-based application that provides a range of therapeutic and educational programs for autistic, dyslexic, and non-disabled children. The project is low-cost and can be used by anyone with a tablet or smart-phone, which are common and accessible.⁶⁰ However, while these programs can be highly useful in a child's development, they cannot replace formal education.

Finally, the data presented social stigma as a major explanation of the problems facing handicapped children in education. According to the association instructor, handicap is "a taboo in the family."⁶¹ This stigma discourages both the integration of handicapped and non-handicapped children and the parental acceptance of a child's handicap. This stigma manifests in decreasing enrollment of non-handicapped students in integrative institutions due to the shame of association with disability. Parents do not want their child to be surrounded by children with a handicap because a handicap is

⁵⁹Subject 2. Interview with author.

⁶⁰ Subject 4. Interview with author.

⁶¹ Subject 6. Interview with author.

often associated with shame and pity in Tunisian society.⁶²It also manifests in the denial of a child's disability by his parent, which prevents the child from getting adequate help. Many parents of disabled children prefer to keep their child in the public system, which is detrimental because the public schools often lack the special services the child needs to progress as discussed above.⁶³

A large part of this stigma comes from the general lack of information about and understanding of disability. Parents do not have easy access to information regarding disability, and finding a qualified professional to diagnose a condition can be laborious and expensive.⁶⁴Sometimes the combination of a lack of information and acceptance can place a child in a dangerous situation. For example, occupational therapist Hiba Ben Haj Khelifa recounted her accompaniment of a young boy who was terrorized by his doctor at a special center for handicapped children in order to achieve results. When notified of the abuse, the boy's mother said it was the only way to make him progress in his therapy. The mother's lack of understanding and the want to purge the shame of the disability put her child in an abusive situation. While the prevalence of scenarios like this is unknown, the anecdote is indicative of parents' lack of understanding and acceptance of handicapped children.

Furthermore, this social stigma seemed to have an emotional effect on the entrepreneur (the preschool founder) and the administrator. Both expressed the impossibility of changing Tunisia's mentality towards handicapped children, and that the mentality made it impossible to effectively integrate these children into society and educational structures. Both also cited the social mentality as a reason for the discontinuing of the preschool. It appears that the social stigma surrounding disability

⁶² Subject 1. Interview with author.

⁶³Subject 3. Interview with author.

⁶⁴Subject 2. Interview with author.

prevents children from integrating into society by discouraging integrative activities and institutions.

Conclusion

Disabled children in Tunisia face various obstacles to equal opportunity in education. The Tunisian education system lacks the trained specialists, parent consultation, and multidisciplinary coordination necessary in meeting the special needs of handicapped children in the classroom. Without educational opportunities, handicapped children are less likely to gain the skills they need to integrate effectively into society, and as such are more likely to be marginalized and poor in adulthood.

The case study presented here shows that social entrepreneurship has the ability to provide these educational services to handicapped children in Tunisia, but entrepreneurs face financial and social challenges that hamper these projects. Financial aid, especially from the state, is not readily accessible, and the social stigma surrounding disability generally discourages acceptance and integration of handicapped or disabled children. In order to address these issues, public and private actors need to develop a strategy of coordination and shared responsibility that gives entrepreneurs access to funding to provide vital services. Additionally, a strategy for educating the general public and disseminating information about handicap is necessary to combat the negative social perceptions of disability.

This study would benefit from future research in the two key areas that I found affect entrepreneurs: social perceptions of disability and the relationship between the public and private sectors in Tunisian education. Research addressing the development of social perceptions of disability could give insight on how to combat social stigma and how to choose the best strategy for educating the public. Additionally, research

tailored to the interactions between the public and private sectors in education can help develop a strategy for sharing responsibility of vital services such as education.

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*These subjects were given anonymity and are referred to as the qualitative position listed after their subject numbers.

†These subjects were party to interviews conducted in French. All citations from these subjects in this paper have been translated by the author from the original French.