Pioneering Inclusive Education for Girls with Disabilities in the Lakes Region, Kenya: Research Brief

Introduction
This research forms part of a DFID-funded Girls’ Education Challenge (GEC) project which started in 2013 and has enrolled over 2,050 girls with disabilities in 50 mainstream schools across five sub-counties - Kisumu East, Siaya, Mbita, Migori and Kuria East. The overall aim of the project was to increase the numbers of girls with disabilities accessing primary education, retain the ones already in school and ensure that girls with disabilities are better able to transition to secondary school in order to improve their life chances by reducing early marriage and pregnancy, supporting them be productive members of their communities and to access health, economic, and social opportunities.

Despite the introduction of free primary education in Kenya, along with a range of policies designed to improve education outcomes, girls in the Lake region continue to experience significant challenges within the education system, including lower overall enrolment rates, sporadic attendance and higher dropout rates. Given the many disadvantages that girls with disabilities face, it was assumed that they would experience additional challenges in accessing education. The research therefore sought to collect evidence to better understand these challenges, and how they could be overcome through the project; as well as to measure impact and demonstrate effectiveness to provide evidence-based recommendations for policy and practice.

The research was undertaken over three years (2014 - 2017), in collaboration with a range of partners, including the Institute of Gender Studies, Maseno University; the School of Law, University of Nairobi and colleagues from various government institutions in the Lakes Region.

Research Findings

Scope
The research sought to better understand the complex range and interplay of issues around barriers and opportunities for girls with disabilities in the region that result in the exclusion of these girls from school, leading to reduced life chances. The research was undertaken in tandem with the project in both control and intervention areas. It included an in-depth analysis of baseline data to determine the relationship between enrolment, disability, poverty levels, and other experiences of the girls - both in and out of school - before the intervention.
Research was also undertaken with teachers, as well as families and care givers - in particular the male care givers. The results give a picture that confirms a number of assumptions, about interactions between poverty and disability, and the impact of poverty on girls with disabilities’ levels of access, retention and transition, all of which are underpinned by stigma and discrimination. The findings demonstrated clear links between levels of poverty and exclusion - with poverty being the predominant factor for exclusion from education. These were also mitigated by the gender composition of the household - for example, there were a higher number of out of school girls in households where female adults are the majority.

There is much debate about how to ensure equity across the education system and the results here indicate that the poorest households have the highest expectations but the least access to, confidence in, and satisfaction with, the education system; this may result in their expectations continuing not to be met, and therefore reducing their interest in the system.

Out of school girls with disabilities
While it is clear that poverty is one of the main reasons why girls from the most deprived households do not enrol in school, it is less clear why those from less deprived households drop out of school. In order to better understand, a study of girls identified as being out of school in the baseline was undertaken. A total of 418 out of school girls (either never enrolled or dropped out) were in the baseline.

Of these, a sample of 184 were identified and interviewed - 74 girls in the control areas and 110 in the treatment (intervention) areas. In the control areas, 46 girls with disabilities had never enrolled, while 28 had enrolled but subsequently dropped out; in the treatment area, 53 girls had never enrolled and 57 had dropped out. In line with other findings in Kenya, the majority of girls dropped around Grade 3 (with one dropping out at Grade 8, before taking the Kenya Certificate of Primary Education).

Notably, parents were taking their girls with disabilities to be enrolled in local primary schools - however, for a variety of reasons, the schools were unable to accommodate them. The most common reason given by parents and caregivers for not enrolling child in the first place was either the severity of the child’s impairment (especially if the child had multiple disabilities) - and likely linked to that, parental anxieties about how the school would support their child; the distance to school, particularly if the child had mobility difficulties, (but also linked to parents’ fears about the child’s safety on the journey to and from school); and refusal on the part of the school to enrol the child due to the lack of teachers trained to support the children.

The most common reasons for the girls dropping out if they were successfully enrolled included a deterioration of the child’s condition (in particular around their ability to self-care above a certain age); the distance to school. Fear of repeating classes was also a significant factor in girls dropping out but in many cases - despite it being official Government policy
not to repeat any classes. In many cases, the decision to leave school appeared to be influenced by the teacher. School based challenges, such as poor identification of children with special needs, and weak monitoring and compliance systems also contribute to these factors. It is also worth pointing out at the time of interview, all respondents identified financial constraints as the primary reason why their daughters were not in any type school, be it regular or special school.

Underpinning many of these fears are the often discriminatory and exclusionary attitude of teachers, other children and others in the communities toward children (and adults) with disabilities. This resulted in many children who were enrolled feeling stigmatised and eventually dropping out.

Parent aspirations for their daughters varied - on the one hand, they see education as an opportunity for a better future for their children, even if they were not currently in school. When asked what would be the best course of action to enable their children to go back to school, most respondents spoke of the need for providing girls with disabilities with medical care and enrolment in special schools. This emphasis on special schools may reflect their experiences at mainstream primary schools, and also reflect parents’ fears for adolescent girls more broadly. But it is also worth noting that the parents’ aspirations for the girls’ futures were relatively limited, and included tailoring, hairdressing and being able to have their own families.

Another challenge - and perhaps reasons why parents and others consistently refer to the need for medical interventions for their children, even if medical interventions is likely to have minimal impact on the actual impairment (though may of course be necessary), is that all aspects of education for children with disabilities remains the responsibility of the Ministry of Gender and Social Services. It is therefore perhaps unsurprising that County Education Directors interviewed by the research team placed the responsibility for assessment of children with disabilities on the offices of social services - therefore only parents and caregivers who actively seek this out are likely to obtain it.

**Funding and Resources**

The lack of funds also affects schools. Currently any additional government funding to support children with disabilities is either paid directly from the Ministry of Education, Science and Technology (MOEST) to recognised special schools; or in the form of additional capitation grants (top up funds) to mainstream schools who have applied for status as schools with ‘special units’ when they have a number of students with disabilities.

This means that the funds are based on the total number of children in the school, rather than their specific needs. It also means that if the school has not applied to have special ‘unit’ status, then it does not get the additional funding to support children with disabilities enrolled. Either way, the outcome is that the individual children do not always get the support they
need in school, and this may result in them not getting equitable access to education, increasing the likelihood that they will drop out.

In a fully inclusive system, funds and resources are allocated to the child directly, but as noted above, this is not the situation in Kenya. This raises the question of how the decision is made about what resources (which include funds, but also include additional time, adapted teaching and learning materials etc.) are allocated to that child.

This in turn raises the question how children are identified and assessed in the first place. In Kenya, any child with any special education needs should be assessed by Education Assessment Resource Officers (EAROs), who are based in Education Assessment Resource Centres (EARC) in each county. Each child assessed by the EAROs should be given an individual education plan (IEP), which identifies the type and level of educational support and resources they need.

However, as the funds go to the school rather than the child, it is difficult to ensure each child gets the specific support they may need (including that required outside of school, such as transport to and from school), which raises the question as to whether the capitation grant is adequate to cater for their learning needs, or is able to lessen the burden on parents and caregivers.

It is also worth pointing out that the EARCs are under-resourced and rely on parents bringing the child to the Centre, which is an additional cost for parents. Finally, the tools and equipment the EARCs use are often outdated or not suited to the Kenyan context.

Girls with Disabilities transitioning from Primary to Secondary Schools
A number of girls with disabilities already in the intervention schools were also identified and supported by LCD, and in 2015, a total of 98 girls with disabilities took the Kenya Certificate of Primary Education (KCPE) in Grade 8 - the national grading exam for secondary school entry. Of these, 82 girls with disabilities were interviewed one year after taking the exam to determine what, if any, factors enabled them to transition onto secondary school; and if not, what were the key barriers. It is worth noting that the majority (65) reported that they were attending a secondary school at the time of the interview. It is also worth noting the age range, as many had started school later and 14 were over 18 years of age.

This has implications both in and out of school, not least for early marriage and pregnancy, but also for academic and employment opportunities. Over 60% of the respondents had repeated at least one school year at some point during primary school. Reasons for this included poor academic performance; being sick; having to care for ill family members; not paying exam fees; and their siblings’ progression being given preference- in particular if siblings were also about to graduate. The financial burden of education was one of the most commonly cited reasons for their not being
in school; the other most common reason for repeating classes was ill health.

It is also important to note that there is a disconnect between the health and education systems, so even those with chronic health needs do not always get the support they need within the education system. One way to improve this might be to make more connection between early childhood health records and early childhood education, or improve links between the current assessment process (which is through the MOEST) and the Ministry of Health.

The girls were on the whole notably disappointed with their initial experiences in secondary school; in particular due to not getting into their secondary school of choice; ‘lazy’ teachers; general lack of knowledge regarding disabilities by both teachers and fellow students; problems with payment of fees - which may result in them being sent home, and then struggling to catch up; and the distance of school from home (including boarding schools). One of the most important factors appears to be the relationship respondents had with their teachers. In contrast to primary school where the girls attested to teachers being understanding, caring and encouraging, teachers in secondary school were seen as apathetic, lazy and discouraging.

The girls themselves had varied ambitions about their futures - with the most popular choices being doctor; nurse; teacher; and journalist. Many of the respondents said that primary motivation for their desired career was the chance to help those who found themselves in similar difficult situations regarding disabilities and impairments. They wanted to set an example and be role models for both women and disabled people in the community. It is also interesting to note that the girls are very conscious of the value and importance of education - it is a priority, even over getting married - and seen as a source of independence and the chance to support themselves and their own family. It is also interesting to note the role teachers and parents - in particular fathers - play in the girls’ experiences of school.

Pre- and post -IE Intervention teacher survey
In order to evaluate the impact of the LCD programme on teachers understanding of inclusive education, a pre-intervention survey of 130 teachers on their Knowledge, Attitudes and Practice (KAP) was undertaken in 2014. Of these, the majority (N=123) were re-surveyed following the intervention in 2016 to examine the extent to which the LCD IE intervention had shifted their knowledge (i.e. beliefs about inclusive education); attitudes (i.e. negative emotions about educating students with a disability); practices (willingness to adopt inclusive education practices); as well as any concerns (both self and other-focused); and perceptions of barriers (including environmental, parental, teacher expertise) toward students with disabilities. The research also examined the processes of change underpinning the impact of the intervention on the teachers.
Overall, while the LCD inclusive education intervention was effective at positively shifting knowledge and attitudes about inclusive education, there was less evidence that the intervention could impact practices - and this may have more to do with the level of control teachers have over the classroom context.

The intervention was only able to mildly attenuate, not ameliorate, the extent that school-based factors, such as the environment, parental attitudes, and lack of teacher expertise were seen to be barriers toward a child with a disability attending school. This is unsurprising as many of these barriers refer to things that are outside of the participants’ control (i.e. environment, parental attitudes, expertise of other teachers).

In 2016, TOTs and teachers reported more ease of educating students with most impairment types, compared to 2014. However, more than half of teachers interviewed both times had no training about working with children with multiple disabilities. Teachers also reported increased awareness and familiarity about gendered issues, including discussions around sex and reproductive health with both boys and girls with disabilities - formerly a taboo subjects. They also report an increased awareness and sensitisation about issues of sexual and gender based violence.

Awareness and attitudinal change was also seen in key areas such as understanding what IE is, and how it could be even more effective, and in the use of assistants in the classroom - necessary, but often contended - to ensure the successful delivery of IE. Teachers were also more aware of power dynamics, such as the language used to talk about disability issues.

Results show that LCD in-service teacher training is effective in increasing teachers’ confidence and capabilities to teach children with disabilities; but as teachers become more aware about inclusion they also become more aware of the gaps and need for specific resources and other requirements. In sum, the LCD inclusive education intervention has had a positive impact on participating teachers in the Lakes Region in Kenya, and thus may have broader application in other similar national and international contexts - if additional resources are made available.

**Training male mentors - the role of fathers**

As noted above - girls with disabilities themselves highlighted the important role fathers (and other male care givers) tended to play as key decision makers in their education. From the outset of the project, this role was recognised to be a significant one, and the programme focused on addressing - and hopefully transforming - some of the deeply entrenched socio-cultural norms around girls, and girls with disabilities in particular.

In order to do this, the project team identified and trained 250 male mentors (50 in each district) - usually fathers or care givers of girls with disabilities - on a range of topics to encourage them to support the education of girls with disabilities socially, psychologically, and financially;
encouraging them to become more involved in their children’s lives and to become role models for other men.

The men were trained in a range of subjects including disability issues; parenting skills; stigma and discrimination; gender stereotyping, adolescence, community participation and education. A series of 10 (two in each district) focus group discussions (FGDs) with a total of 100 male mentors were undertaken in 2016 following the completion of the training. From these, it is possible to see that overall, the training positively impacted the men’s awareness and understanding about disability issues - in particular the specific challenges faced by girls.

This was enhanced by the participation of girls with disabilities themselves in the training which in turn increased the men’s awareness about equity and inclusion. Some of these impacts were on a very practical level, around adaptations to the school and other environments, as well as including girls in chores traditionally associated with men and boys and allowing them to participate in family decision making processes. However, some of the men said that their increased openness with the girls elicited comments and innuendos from other men in their communities - indicating how much more work needs to be done with regards to gender equity and inclusion.

It is also worth noting that overall, there is still more work to be undertaken to understand what needs to be done to really transform male - and indeed female - gendered attitudes towards girls (including careers, inheritance and ideas around loyalty and duty of girls to their parents in the future). This is perhaps best exemplified by one of the FGD participants, who asked: “LCD has done very good for the female…but how do we address the boy child?”. We also need to continue the research around the experiences of the women and girls related to the male mentors, to understand what - if any - changes were seen and felt by them following the programme.

Conclusion

The research has found that while the LCD inclusive education project has been successful on a number of levels, including the girls access, attendance, retention and transition through school, learning outcomes, teacher KAP, and male attitudes - many of which could be replicated at scale across the country, a number of systemic challenges remain.

Policy
Though the Government of Kenya has made concerted efforts to improve the rights of adults and children with disabilities, including signing the UN Convention on the Rights of Persons with Disabilities and ensuring persons with disabilities are specifically mentioned in the Constitution, there is a lack of enforcement mechanisms, if government policies are infringed - at all levels (home, school, county). This means there is little recourse from those affected, and few penalties for non-compliance.
Moreover, while there is a range of policies designed to increase inclusion and retention of girls in school and improve education outcomes, including the Return to School Policy (1996); Gender Policy in Education (2007); Alternative Provision of Basic Education and Training (2007); and the Kenya Gender and National Development Policy (2011), there is a lack of specific focus on children - specifically girls - with disabilities in these policies.

This means that they have not benefitted from these policies and programmes nor is there as yet an effective way to track progress towards the attainment of any targets, indicators or goals in these areas - which are central to the attainment of the Sustainable Development Goals (SDGs), particularly SDG4 ‘Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all’.

**Inclusive Education Policy**

In addition Kenya does not yet have an inclusive education policy, so the current focus - and budget - remains on special education and special schools. Whilst there is a draft IE policy in progress, research highlights the need to ensure there is an implementation plan for such a policy, a budget, a way to monitor implementation, and most importantly, mechanisms to intervene when the policy is not adhered to at whatever level of government.

**Data Collection**

Such mechanisms will benefit from improved data collection methods. The LCD project instigated a number of tracking methods, including an online data entry and management system helps in increasing data quality, retrieval and access for relevant staff; as well as supported the Ministry of Education, Science and technology (MOEST) and UNICEF to improve indicators for monitoring the inclusion of children with disabilities in the national Educational Management Information (EMIS) to enhance information gathering. Whilst these systems have improved the capture of disability-related data, they are still in their infancy and indicators to monitor progress remain limited.

**Child Protection**

Another area is that of child protection. Girls are legally children in Kenya up to 18 years old, though as yet, child protection systems - in particular around enforcement of policies - remain weak, as evidenced by the numbers of early marriages and teenage pregnancies. This is a key research - and programme - component of the next phase of this project, and it will also be important to monitor the success of the Child Protection Information Management Systems (CPIMS) - currently being piloted in several counties in Kenya.

**Poverty, Social Protection and Barriers to Education**

The most significant barrier to education for almost all respondents in the overall study is financial. Poverty is the biggest factor inhibiting all children accessing an equitable and quality education. The Government of Kenya has made significant strides in developing a social protection system for those
deemed most in need. However, as has been demonstrated in this research, it clearly is not reaching all those who need it.

In order for such a system to be truly effective, it needs to join up with other sectors, including education, to ensure those eligible do not slip through the cracks. This includes children staying home to care for younger siblings, or dropping out in order that another sibling can continue their education, or so they can contribute financially to the household.

It is also important to note that gender implications go beyond the girls themselves to the gender composition of the household - for example, there were a higher number of out of school girls in households where female adults are the majority.

**Risk Factors to Education**

Linking the research to a ‘live’ programme not only entailed stronger monitoring and evaluation of effectiveness, but also allowed the possibility of identifying ‘risk factors’ for girls with disabilities either not enrolling in school in the first place, or dropping out. These included:

1. Girls education goes beyond the girls themselves, so projects and programmes need to be aware of a range of differentials - including household composition - to identify girls who may be at risk of either not starting school, or dropping out, and targeting these households for specific support;
2. Schools could instigate more specific support for children with disabilities before they enter into Grade 3, as this is when the likelihood of dropping out increases;
3. Teacher training on IE should be harmonised and standardised (taking into account local context) and include a strong practical element, particularly around teaching children with multiple and severe disabilities;
4. There needs to be better coordination across sectors, such as education and health; early childhood education and social protection etc., to ensure earlier identification and assessment, as well as inclusion in social protection and other mechanisms in place to support inclusion;
5. Inclusion in the Kenyan context needs to be properly costed and resourced;
6. Education Assessment Resource Centres are a valuable link the chain, but need to be better resourced and able to work across communities, schools, and health centres to ensure better continuity and provision for children with disabilities;
7. Men need to be more engaged in girls’ education - for example, training around male mentorship could be expanded to include a wider group of men and boys.
8. Gendered and other discriminatory attitudes are reflected in some of the low expectations and aspirations held by both mothers and fathers. Managing expectations is necessary, but parents also need to
believe that education can open up possibilities for their children with disabilities so their expectations can be met.

9. Schools need to be able to better track and follow up girls identified as at risk of dropping out - for example, those who are known to have a younger sibling about to take an exam; those who are carers; those from female headed households, or other reasons for non-attendance

10. Initiatives already in place - such as the policy to support young mothers back to school after they have given birth - need to ensure they specifically target and include girls with disabilities.

11. All aspects to do with education for children with disabilities should be the responsibility of the Ministry of Education - however, cross ministry links are essential to support children with disabilities.

12. Parents and caregivers of children with disabilities need to be aware and informed of their rights and entitlements, for example to social protection funds. This could be done through disabled peoples organisations, as well as Huduma' centres, schools, churches or other public forum

\[1\] Government funded ‘one stop shop’ advice centres
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