

Every Girl's Right

Leonard Cheshire's holistic approach to ensuring every girl receives a quality education



Leonard
Cheshire



About Leonard Cheshire

Leonard Cheshire supports individuals to live, learn and work as independently as they choose, whatever their ability. Led by people with experience of disability, we are at the heart of local life – opening doors to opportunity, choice, and support across the globe.

With our partners in Africa and Asia, we provide inclusive education and livelihoods programmes that support people with disabilities in 15 countries. We also research disability and poverty, and work with the United Nations, World Bank, International Labour Organization, national governments, disability organisations and development actors to influence policy and make sure everyone can live as they choose.

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Executive summary

2021 signals a year of global commitments on education where countries come together to build a fairer and more resilient world post COVID. **Yet in 2021 girls with disabilities still make up the majority of out of school children and are denied their right to education.** Girls with disabilities are less likely to enrol in education and have lower rates of attendance and completion, making disability and gender two of the most prominent factors in educational marginalisation.¹ It is also estimated that a girl's disability status has a bigger impact on her likelihood of going to school than her location or ethnicity.² Overall, girls with disabilities face a harder struggle to access and succeed in education than both boys with disabilities and girls without disabilities.

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Yet, all children, regardless of gender, race, class, disability, and displacement status, have an equal right to receive an education. This is specifically included as one of the Sustainable Development Goals (SDGs), our shared global blueprint to achieving a better, inclusive, fairer, and more sustainable future for all. **And yet we have just 9 years left to deliver on SDG 4 on quality education for all children everywhere.** It is also a right as outlined in the UN Convention on the Rights of Persons with Disabilities (UNCRPD) and the UN Convention on the Rights of the Child (UNCRC).

This inequality has widened with COVID as many girls with disabilities who were previously enrolled in inclusive education programmes have been unable to access remote learning platforms and are now likely to drop out of education entirely. The future of millions of girls with disabilities is at stake. However, education policies are still failing at mainstreaming disability in their budgets and targets. **As countries define re-enrolment strategies and decide on the future of their education policies and finances post COVID, it is critical that girls with disabilities are not left behind and become front and centre of education reconstruction efforts.**

Gender equality (SDG 5) and inclusive quality education for all (SDG 4) cannot be achieved without putting girls with disabilities at the heart of education policy efforts.





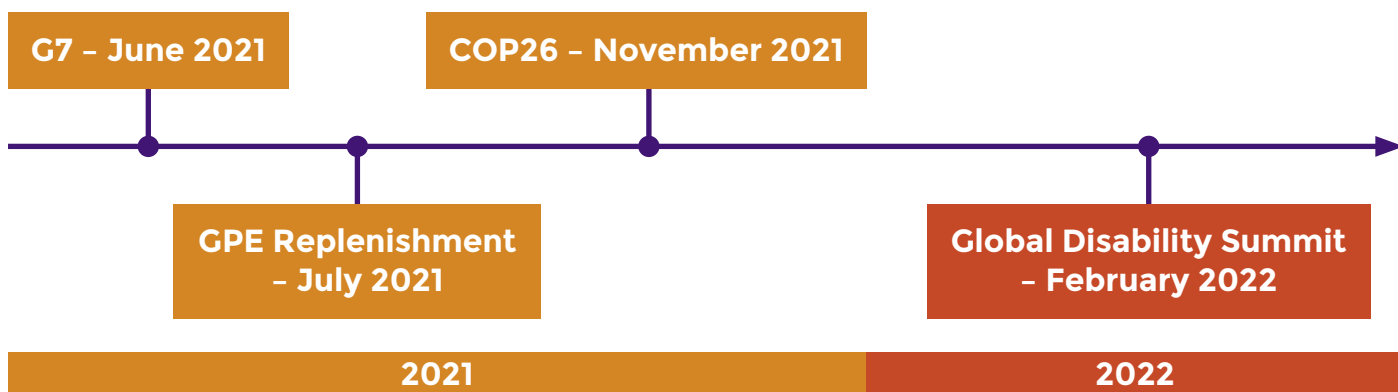
Gender equality (SDG 5) and inclusive quality education for all (SDG 4) cannot be achieved without putting girls with disabilities at the heart of education policy efforts. Decisions made this year will have a profound and long-lasting impact on the lives of millions of girls with disabilities. This year the world can lead the way in fulfilling every girl's right to 12 years of quality education and ensure girls with disabilities are not left behind in those plans.

In 2021, the UK will be President of the G7, co-host the Global Partnership for Education (GPE) Replenishment, host the crucial COP26 climate summit, and host the Secretary General's visit marking the UN's 75th anniversary. The UK will also co-lead the new global Generation Equality Action Coalition on gender-based violence. **The UK Government, G7 countries, donor countries, UN agencies and developing countries all have a role to play in ensuring education policies reach the most marginalised, including girls with disabilities.**

In presenting the Leonard Cheshire Inclusive Education model, this report highlights the promising outcomes of this model among girls with disabilities from a resource-poor region of a Low-to-Middle-Income Country (LMIC). It also demonstrates the potential of the model to reach the most marginalised girls, and tackle additional barriers created by the intersection of gender, disability, and poverty. The report draws upon the lived experiences of people with disabilities, their family members, and teachers participating in Leonard Cheshire's Inclusive Education projects. These stories illustrate how inclusive education systems based on a Universal Design for Learning (UDL) model³ can ensure successful inclusive education opportunities for students, and greater teacher, family, and community participation.

World leaders, UN agencies, donor countries, as well as national and local governments have a duty to ensure every girl with disabilities gets an education by 2030, and to prioritise them in post COVID education and gender policies. As the world prepares for the second Global Disability Summit, to take place in February 2022, it is vital that policy-makers send a strong signal that they are committed to ensuring that every girl with disabilities will have her right to education fulfilled.

Timeline of key influencing opportunities



Recommendations

This report highlights current challenges preventing girls with disabilities from being in school, and solutions to ensure every girl can have access to a quality education. **In particular, this report outlines the benefits of an inclusive education model developed by Leonard Cheshire and implemented by our programme teams across Africa. The model comprises six interventions that support the inclusion of girls with disabilities within and outside school by addressing both physical and attitudinal barriers.** Based on the positive outcomes linked to the implementation of those interventions, we urge policy-makers to adopt the following measures:

International Development Partner and UN Agency level actions

- Girls with disabilities must be recognised as a priority group for targeted education funding, programming, research, and commitments in the context of the UN's Decade of Action (the ten years between 2020 and 2030), and post 2030.
- Future education financing pledges, including GPE and Education Cannot Wait (ECW) must prioritise girls with disabilities.
- Re-enrolment strategies must include specific provisions for girls with disabilities, in recognition of their heightened vulnerability to drop-out of school following COVID-19 related school closures and considering the limited access they had to learning materials during lockdowns. Data collected on the effectiveness and impact of re-enrolment strategies must be disaggregated by gender and disability.

National government level actions

- National education targets on attendance and learning must contain specific indicators disaggregated by gender and disability, with specific and time-sensitive sub-targets for girls with disabilities.

For instance, the global targets outlined in the 2021 Girl's Education Declaration to get 40 million more girls in primary and secondary school in developing countries by 2026 would need disability-centric sub-targets, such as ensuring that 10% of the 40 million girls reached in this commitment are girls with disabilities (as 10% of women worldwide have a disability).⁴

- Inclusive education policy must maximise learning and efficiency, create environments for all children including girls with disabilities, and ensure no child is left behind. These policies should be underpinned by strong accountability mechanisms involving Organisations of Persons with Disabilities (OPDs).
- Inclusive education policy must ensure girls with disabilities have access to quality Sexual and Reproductive Health and Rights (SRHR) education, have autonomy over their own bodies, and are able to manage menstruation with safety and dignity.⁵

Community and local government level actions

- Thorough school accessibility and inclusion assessments should be financed and conducted to identify physical, training, and attitudinal barriers preventing girls from disabilities from receiving a quality education.
- Child-to-child school activities should be developed to promote integration and socialisation between all children inside and outside of school.
- Schools should be equipped with in-service training for teachers on inclusive methods of teaching and disability rights so that they can respond to the widest range of diversity in classrooms and teach children with disabilities about their rights.
- Community-based inclusive education training should be implemented, which involves stakeholders inside and outside the school to become drivers of change towards social and educational inclusion.
- Children and young people with disabilities, particularly girls, must be safeguarded from all forms of abuse, exploitation, and harmful practice.

1. Introduction: Spotlight on girls with disabilities

State of play

Attendance

33 million children with disabilities are not in school, and girls with disabilities make up the majority of out of school children.⁶ Girls are also less likely to enrol in education, and have lower rates of attendance and completion, making disability one of the most prominent factors in educational marginalisation. While approximately 44% of 20-year-old women in LMICs have completed secondary school, only about one third of women with disabilities have graduated from secondary school.⁷

Gender disparity

Gender is a major barrier to attendance for girls with disabilities. There is a significant difference in enrolment between girls and boys with disabilities. For example, in our *Zambian Inclusive Education* project roughly 80% of enrolled children with disabilities were boys and only 20% were girls. Girls with disabilities are also more likely to drop out of school. For example, in our *Tanzania Inclusive Education* project, at baseline, 55% of girls with disabilities had dropped out of school compared to 30% for boys.

There are several reasons for this gender divide in enrolment and attendance. This includes the cultural belief in some communities that girls do not need to be sent to school and the increased fear of physical and sexual abuse for girls with disabilities.⁸

Learning

When in school, girls with disabilities are also less likely to learn. UNESCO research has found that the literacy rate for adults with disabilities is 3%, and yet for women with disabilities the literacy rate is even lower, at 1%.⁹ Inadequate targeting strategies, a focus on enrolment rather than participation, and a lack of teacher training means that girls with disabilities are being left behind. Poor learning outcomes also result in girls pushed to repeat classes beyond age appropriateness.

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Barriers for girls with disabilities

Girls with disabilities face significant barriers preventing them from enrolling in school, attending school, learning in school, and transitioning, either through school or through other pathways which would bolster their life chances.¹⁰ To address these barriers, we need first to understand the challenges specific to girls with disabilities. These barriers can often include, but are not limited to:

- **Poverty** – Households which include girls with disabilities are often amongst the poorest in a community.¹¹ Transport accessibility and cost, inaccessible school buildings, and teachers untrained in inclusive education methods can significantly affect girls with disabilities living in poverty who are disproportionately affected by such barriers.
- **Stigma** – Discrimination and attitudes around disability from teachers and other students can result in girls not being able to go to school or dropping out due to bullying. This stigma can be deeply rooted at community level,¹² where girls with disabilities are deemed not as able to learn as capably as others.
- **Violence** – Girls with disabilities are the most likely people to be victims of violence, including sexual violence. Violence against girls with disabilities has been attributed to their exclusion from education, dependence on personal assistance, and communication barriers. For girls, these factors not only increase the risk of being subject to violence, but they also contribute to the violent act being repeated and going unreported.¹³

2. Leonard Cheshire's Inclusive Education model – Supporting girls with disabilities to receive a quality education

At Leonard Cheshire, we know that only when classrooms, schools, and education systems are designed to meet the needs of a diversity of learners, can we hope to realise the goal of 'inclusive and equitable quality education' for girls with disabilities.¹⁴

The following section presents research-based evidence on the key education interventions applied through the Leonard Cheshire Inclusive Education model. We will examine how the model has improved access, participation and learning achievements for girls with disabilities within many of our projects across Africa and Asia.

Aims of the Leonard Cheshire Inclusive Education model

Leonard Cheshire has developed, implemented, and assessed a holistic, community-based inclusive education model. It involves stakeholders inside and outside the school, who become drivers of change towards social and educational inclusion. **The model is based on a single holistic intervention, consisting of six clusters/components of interdependent activities within the classroom, and the wider community.** It is based on the Universal Design for Learning (UDL) model that requires many elements, including participation from teachers, students, and communities.

The model is shown to improve access, participation, and learning achievements for children with disabilities, including for girls with disabilities. The model also shows promising results in resource-poor regions of a LMIC. This success is encouraging as it shows the potential of the model to reach the most marginalised girls in a sustainable and long-term way, and tackle additional barriers created by the intersection of gender, disability, and poverty. The model is designed to be sustainable, scalable, and replicable to other geographies. By applying a holistic community-based model which involves all stakeholders involved in schools, we can create sustained change towards social and educational inclusion.



The six key components of the Leonard Cheshire model

The Leonard Cheshire Inclusive Education model is made up of six key components:





Creating an accessible learning environment

Leonard Cheshire's Inclusive Education model centres on the creation of an accessible learning environment. This includes physical adaptations such as building of ramps and handrails, widening of windows and fitting of translucent sheets to allow more light in classrooms – thus enabling those with low vision to see better – as well as providing assistive devices following assessment (e.g. wheelchairs and hearing aids), and creating accessible teaching and learning materials. After the introduction of the project to government and the selection of schools, carried out in partnership with government, teachers and schools need to be prepared to receive children with disabilities. As part of this process, the teams also must identify and assess children with disabilities. This often requires awareness raising in the community to ensure children come forward for assessment.

Community-wide awareness raising and training

Data shows that, globally, one of the greatest impediments for girls with disabilities is stigma, which can lead to social isolation and discrimination.¹⁵ **The Leonard Cheshire Inclusive Education model concentrates on training small groups of community members on disability rights, gender, and inclusive education.** By raising awareness of both disability and gender issues amongst caregivers and the wider community, deeply rooted stereotypes and practices around girls with disabilities, including the suggestion that they cannot learn as capably as others, can be effectively challenged.

Child-to-child activities

Development and running of child-to-child activities such as peer support and after-school clubs is a key facet of the Leonard Cheshire Inclusive Education model. This measure is designed to promote integration and socialisation between all children. Child-to-child activities increase knowledge on rights, self-confidence, voice, and agency, as well as reducing stigma and discrimination for all children, including girls with and without disabilities.

Teacher training

The Leonard Cheshire Inclusive Education model provides in-service training for teachers on inclusive education methods, practices, and disability rights so that they can respond to the widest range of diversity in classrooms. We work with government and teacher training institutions to try and influence the national curriculum.

Individual assessment and support mechanisms

Another key component of the Leonard Cheshire Inclusive Education model is to support the identification and assessment of children with disabilities and their needs. This helps teachers become better acquainted with the needs of children with disabilities, and plan and deliver different techniques for ensuring inclusive education. It also helps them gain knowledge on identification of children with unique learning needs and provide tailored and specific support – including providing more time to complete work during lessons and re-organising seating arrangements.

This approach may vary where further health/medical assessments are required to be carried out. For example, in Zambia there were instances where children with disabilities came forward for assessment in partnership with the Ministry of Health programme, or in Kenya, through an Education Assessment and Resource Centre. Once a child is identified as having a disability, they are enrolled in the project and referred as needed for further specialist assessment for rehabilitation or assistive devices.

We are continually improving this awareness raising approach and training teachers to screen for functional difficulties using the Washington Group Questions.¹⁶ This better enables them to identify children needing support, develop support plans and improve their participation and learning in the classroom. This method is not diagnostic. Therefore, the children are still required to go for further assessment and diagnosis through a health or medical professional and for further rehabilitation support and fitting of assistive devices if required.

The objective is to establish strong multi-stakeholder collaboration and pathways to ensure closer working between key ministries to support the early identification and assessment of children with disabilities.

Policy change

Leonard Cheshire has increased government awareness of inclusive education in several countries, and has worked at a global level to provide evidence, research, and advice on inclusive education systems, to support and guide policy implementation. Through our inclusive education projects, decision-makers have been made aware that implementing inclusive education is a legal and policy obligation upon them, as opposed to something they may choose or not choose to do. To ensure sustainability of the activities directly supported by Leonard Cheshire, the inclusive education model promotes advocacy for policy change at county, district, provincial, and national levels.

Communities, including parents, have also taken steps towards influencing policy-makers, for instance by pushing for a review of suitability, implementation, or financing of country-wide inclusive education policies. Positive outcomes for children have been observed when all those measures have been rolled out together, because all the different and overlapping barriers can be addressed together.



Rahel's story: gaining an education and new friends

18-year-old Rahel, from Kikombo in Tanzania, is now doing very well at secondary school and hopes to become a teacher. But her journey to becoming a happy student has not been straightforward.

Rahel was born with a physical disability. Since her father passed away, she was brought up by her mother who also has a disability. The community where Rahel lives was not very supportive towards children with disabilities. It is common for children with disabilities to be 'hidden away' and they discouraged Rahel's mother from taking her to school.

However, when Rahel was 10 she was given a wheelchair as a gift. A couple of years later Rahel was able to start school. The Inclusive Education team helped Rahel get her wheelchair adapted so it was easier to use in a classroom. They also trained teachers

in inclusive teaching practices to adapt classroom arrangements and teaching methodologies to accommodate children with disabilities. They funded the building of ramps and an accessible toilet at the school. They also started a parent support group which meant that parents of children with disabilities could share experiences and encourage one another.

The team created child-to-child clubs to educate Rahel's classmates about disability and reduce stigma. These clubs had a huge impact on Rahel's social life. Other children's attitudes to Rahel and her disability changed completely. They became very supportive, and Rahel now has a large group of friends. She has even become a prefect at the school.

Today, Rahel's life has changed and she is now bright and optimistic about the future.

Inclusive education and gender equality

Leonard Cheshire aims to design all our programmes to be gender sensitive and to move towards long-term changes in attitudes towards women and girls.

Girls with disabilities face more barriers to inclusive education than boys with disabilities. Many attitudes relating to girls' education may be deep-seated

within communities and need a nuanced approach to address them. Before designing an intervention, it is critical that programmes conduct a gender analysis to highlight what the key barriers are to girls' (and boys') education and work out a strategy to address them.

3. The Leonard Cheshire model in action

What has been achieved

With our partners in Africa, Leonard Cheshire provides inclusive education programmes that support children with disabilities to receive a quality education. **Last year we supported more than 5,000 children with disabilities into school in Africa through the programme.** The following section sets out the key achievements of the programme, and reflects on the interventions and observations emerging from the model for girls with disabilities.

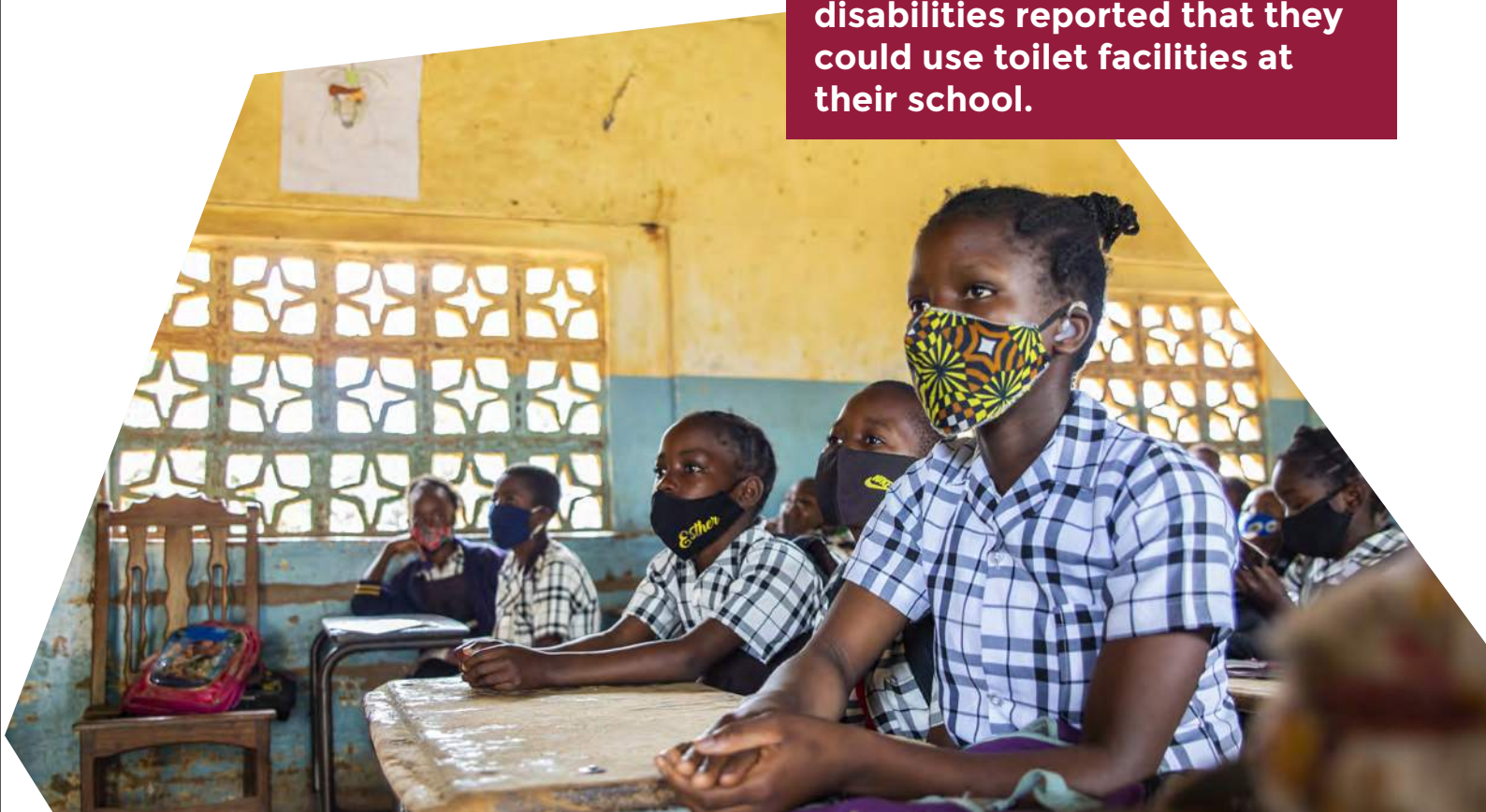
Enrolment

Last year, our inclusive education projects in Kenya, Tanzania, Uganda, and Zambia successfully increased enrolment of girls with disabilities in school. In Kenya for example, our Girls' Education Challenge Transition (GECT) project has reached 2,778 children with disabilities, most of them girls with disabilities. The project is running from 2017 to 2022 and seeks to improve learning outcomes and transition to secondary education and vocational institutes.

Water, Sanitation, and Hygiene (WASH)

As part of our GECT project, we have conducted school accessibility audits to help identify infrastructure improvements through which schools can be more accessible for girls with disabilities. In Kenya, 83 school accessibility audits were conducted. At the start of the project, girls with disabilities were more likely to report not using toilets at their school than girls without disabilities. This was no longer the case once the model had been implemented. At the end of the project, 100% of girls with disabilities reported that they could use toilet facilities at their school. Not being able to use the toilet is a barrier that can be easily overlooked, and yet makes a big difference in whether girls with disabilities can be included.

At the end of our GECT project in Kenya, 100% of girls with disabilities reported that they could use toilet facilities at their school.



Sexual and Reproductive Health and Rights (SRHR)

Menstruation remains a barrier for both girls with and without disabilities. Our GECT programme in Kenya identified a need for differentiated support for children with disabilities to access comprehensive SRHR education. Some girls only have access to sanitary towels when they are in school. When COVID hit, our team in Kenya developed dignity kits (including items like sanitary towels, soap and underwear), as the pandemic has had a substantial economic impact on low-income households. This relieved the additional stress of having to source these items for themselves.

Girls with disabilities are also more likely to have poor knowledge around HIV/AIDS prevention and stigma and of where they could access testing, and are more likely not to believe the result of a test would be accurate. They are also more likely not to have access to enough information about SRHR, and to believe that a man shouldn't have to worry about condoms. It is therefore critical this aspect is fully considered, and girls with disabilities are not left out of sexual and reproductive health care.

Learning skills

Leonard Cheshire's model supports girls with disabilities to improve their learning skills, and progress well, including moving to the next grade. This includes increased attendance in primary and secondary mainstream schools, and vocational institutions.

For instance, in our GECT project, 63.2% of girls with disabilities improved their English literacy between baseline and midline, and 66.2% of girls with disabilities improved their numeracy between baseline and midline. In general, girls with disabilities improved their learning between the two periods.

While there are still statistically significant gaps in average English literacy levels, in some grades, girls with disabilities have improved their literacy levels at higher rates than girls without disabilities, indicating that the project has started to play a role in narrowing gaps in literacy performance over time.

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Interventions that support the model: How we have achieved change

Working with teachers

Teachers play an essential role in making sure all their students can succeed. They have the responsibility to remove barriers to learning and participation. **The teaching and learning environment must be flexible and needs to be able to complement every students' strengths and needs.**

In Kenya, 83.3% of girls with disabilities said they felt supported by their teachers.

The Leonard Cheshire Inclusive Education model supports teachers to bring inclusive education practices into the classroom. This helps to build supportive relationships between children with disabilities and teachers. For example, in Kenya, 83.3% of girls with disabilities said they felt supported by their teachers, and Leonard Cheshire teams are now establishing school inclusion teams so that teachers can meet regularly. In Tanzania, thanks to Leonard Cheshire's inclusive education project, 100% of teachers in project schools were trained and acquired knowledge and skills to support and accommodate children with disabilities.



Anne's story – the importance of teacher training

Anne is eight years old and lives in the Eastern Province of Zambia. She enrolled in school after a health assessment session that was conducted at her local school in January 2019. Anne is unable to walk, sit or do most things without support. She will need to undergo physiotherapy and acquire a wheelchair. Both needs are currently being facilitated with support from Leonard Cheshire.

Anne's father cycles 6km every morning to drop his daughter at school. Her classroom participation has been made easier because her teacher is trained in inclusive education approaches through the Leonard Cheshire project. Sitting in groups has helped her make friends faster, and this has encouraged her to be more independent, learn new social skills and play. Her teacher also says that she enjoys school. The interactive learning, as well as the use of learning aids, has helped her grasp new concepts without difficulty. Being in school has also

helped her learn some skills that she had not been learning at home such as toilet training.

Before receiving support from Leonard Cheshire, there was little hope that Anne would ever go to school. This is because of the level of support that she would need to stay in school. Her parents are subsistence farmers whose income is decreasing every year because of the low rainfall that is being experienced, mainly due to climate change. However, when the inclusive education project started, it created a lot of possibilities for them and their daughter. "Without your project, I don't think a child like mine would be in school", says Anne's father.

Leonard Cheshire is implementing the inclusive education project in five districts in the Eastern Province of Zambia. The project aims to enrol 750 children with disabilities in school between 2018 and 2021.

Some teachers also started creative projects to integrate all the senses in their teaching. For instance, in Uganda, one teacher started a sign language club where they taught simple sign language to about 30 children with disabilities and their peers. Their objective was to further expand the training to include parents. Another notable tactic used by teachers in Tanzania was singing learning activities, which is useful to help children remember the lessons.

In Kenya we are currently piloting the concept of Universal Design for Learning (UDL) in our GECT project. We made sure the curriculum is accessible for varying needs and introduced assistive technology for children with visual and intellectual disabilities. Teachers are also trained to apply the UDL model in their day-to-day teaching. This means all students will be able to take part in the same lessons. They will just be at different levels and use adapted and differentiated materials. Students with visual impairments can be supported by technology, such as the Orbit reader (pictured top right), to type and read braille. This means they have access to a broader range of books. Teachers can also benefit from this technology. When connected to computers, they can easily read and mark work written in braille. This incredible and relatively inexpensive tool is so useful in making any learning environment inclusive.

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COVID-19 meant we had to adapt the way we work to continue training teachers. When schools closed during the national lockdown in Kenya, we spoke to teachers and parents to see what was already available and how we could help. We were then able to develop short training modules to be delivered over the phone or on WhatsApp. We used this time to train teachers and students on inclusive materials like braille.

Child-to-child clubs

Child-to-child clubs help reinforce links between children with disabilities and their peers without disabilities, identify issues children with disabilities face, and build support networks. For instance, in Tanzania, the child-to-child club realised how difficult it was for one of the learners who is a wheelchair user to get to school as her village is more than three kilometres from the school, and the road is bad. It was decided, as part of a child-to-child club, that children would take turns in arranging transport for her so that she can be in school with them every day.

COVID-19 has been a time to make progress towards building more inclusive physical environments. For instance, during the lockdown in Zambia, the project has been consulting schools and communities. Together, they have been carrying out vital school adaptations. Toilets, water sources and classrooms have now been made accessible for students.

The physical environment

Removing physical barriers is a key component of the inclusive education model. Often school buildings and even public roads make it impossible for some children with disabilities to get into the school in the first place.

COVID-19 has also been a time to make progress towards building more inclusive physical environments. For instance, during the lockdown in Zambia, the project has been consulting schools and communities. Together, they have been carrying out vital school adaptations. Toilets, water sources and classrooms have now been made accessible for students.

Wider community interventions

Parent support groups and other community projects help create support networks and raise awareness of disability and disability rights in the wider community.

Parent support groups, which have been set up in our projects in Tanzania, Kenya, Uganda, and Zambia, aim to increase sensitization, provide skills, and help parents discuss and share challenges on disability inclusion. The groups are also provided with livelihood support activities, such as business skills and start up grants, which aim to reduce economic barriers to attendance and enrolment of children with disabilities. Throughout the reviews, parent support groups are mentioned in a positive light wherever they are included. **Realising the impact they had made, parents in Kenya called for the government to support them so that the groups can become a more integral part of the government system.**

Male mentors

In the our GECT project in Kenya, fathers were trained as peer mentors who then would sensitize other men on the rights and needs of girls with disabilities to address gender-based patriarchal norms and reduce stigma in the community. This works within the cultural norms and attempts to change the role of the father in education.

The male mentor project started after the team observed that almost all of those caring for children with disabilities were women, and most of the people attending meetings and training for the project were also women. This was due to a common belief that disability always came from a mother's genes. This meant that disabled children were always seen as the mother's responsibility, not the father's.

The male mentor project started after the team observed that almost all of those caring for children with disabilities were women, and most of the people attending meetings and training for the project were also women. This was due to a common belief that disability always came from a mother's genes. This meant that disabled children were always seen as the mother's responsibility, not the father's.

Moi's story – male mentors changing the community

Moi is changing the lives of community members in Kuria East Sub-County. Moi comes from a community with serious gender inequality and high rates of Female Genital Mutilation (FGM). But he has been able to start changing attitudes. Leonard Cheshire trained Moi to be a male mentor – and he is now changing his community, one household at a time.

How the programme changed Jane and Samuel's life

Jane and Samuel are a young couple from Moi's community. Moi took it upon himself to train them on the benefits of gender inclusivity, girls' education and sharing of responsibilities at home.

As the couple learned from Moi, Jane, in particular, found her marriage changed forever. "I am now a modern wife with a modern family," Jane said.

Samuel took on far more household chores, and now seeks Jane's thoughts

on all household decisions. Jane now has far more say in family affairs. Samuel is careful not to limit himself to 'male duties'. He takes a much larger role in raising the children and went with Jane to the maternity clinic.

All of this was almost unheard of in their village before the male mentoring programme. Jane and Samuel now teach their 14-year-old daughter to be confident and independent. They stress the dangers of Female Genital Mutilation and want her to follow her own path.

How the future looks

Using his unique position and support from Leonard Cheshire, Moi pushes for equality. Households are abandoning outdated attitudes and harmful practices. The result is a new future for local women and girls and a healthier role for men and fathers. His success has shown the power of male mentoring.

Community sensitization

Community sensitization programmes aim to educate and sensitize communities so that they become more inclusive of children with disabilities, including girls with disabilities.

In Uganda, 91.8% of parents of children with disabilities reported a positive change in attitudes from the wider community towards their family and their children with disabilities after community sensitization programmes. The sensitization achieved by the project resulted in a positive impact on the attitudes of the community and schools to accept and include children with disabilities.

During lockdown, Leonard Cheshire broadcasted targeted radio programmes in Kisumu county, Kenya, to mobilise communities to participate in the project so that they become advocates for community support for girl's empowerment and inclusive education. The communities were also sent text messages with information about COVID-19 prevention and sharing advice on maintaining the general wellbeing of the girls. This included information about where to report safeguarding cases.

Policy impact

Leonard Cheshire informs decision-making processes by sharing learning outcomes from our Inclusive Education model, and showing a way for governments to build inclusive education environments for all children, including girls with disabilities.

The table below shows some key examples of our Inclusive Education model's policy impact to date:

Tanzania	Uganda	Zambia
<p>In Tanzania, Leonard Cheshire worked in collaboration with SHIVYAWATA and various other organisations such as AFNET, Miyuji Cheshire Homes and Buigiri Centre for the Blind to provide the government with learnings and evidence for inclusive education to support and guide policy implementation.</p> <p>The All in All learning partnership established through the Tanzania Comic Relief programme linked all Inclusive Education partners funded by Comic Relief together to do regular exchange visits.</p> <p>They were also key in lobbying government on issues of inclusive education, especially with respect to accommodations for examinations.</p>	<p>In Uganda, the implementation of our inclusive education model led to engagement with several government departments (community development, health, engineering, and education). This is one of the reasons why the programme was so successful.</p> <p>The relationships with the district government and local disability councils were integral in this project. The district supported the teacher training component and committed to roll-out the training in non-project schools. Uganda, as well as Tanzania, trained Quality Assurance Officers on our Teacher Observation Monitoring, Evaluation and Learning (MEL) tools to perform disability inclusive teacher observations and feedback.</p> <p>We also established an education resource centre for teachers, which was taken over by the district when the project was completed.</p>	<p>In Zambia, the programme helped challenge the predominantly 'special needs' orientated approach to Zambian policy development.</p> <p>The programme transformed the discourse to a rights-based approach in line with the prescripts of General Comment 4 on Article 24 of the UNCRPD.</p>

4. Conclusion and recommendations

Significant steps must be taken to fulfil every girl's right to 12 years of quality education, meet the SDGs, and ensure girls with disabilities are not left behind.

Leonard Cheshire has pioneered an inclusive education model, but we are still a long way from achieving true equality of access and ensuring every girl with a disability can realise their full potential. This model is encouraging as it shows the potential to reach the most marginalised girls, and tackle additional barriers created by the intersection of gender, disability, and poverty.

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But only when classrooms, schools, and education systems are designed to meet the needs of a diversity of learners, can we hope to realise the goal of 'inclusive and equitable quality education' for girls with disabilities. Realising the rights of every person with a disability will take many more years of joint effort. In fact, our work needs to accelerate if we are to reach the SDGs – one of which is sustainable education for all – by 2030.

In 2021, the UK will be President of the G7, co-host the Global Partnership for Education (GPE), host the crucial COP26 climate summit and the Secretary General's visit marking the UN's 75th anniversary. The UK will also co-lead the new global Generation Equality Action Coalition on gender-based violence.

To remove disability-related stigma and discrimination throughout education systems and society, it is critical to prioritise awareness-raising, training and education among communities and educators. Only by doing this will it be possible to end negative stigma, stereotypes, and discrimination against girls with disabilities.



Recommendations

The following section proposes actions that must now be taken at international, government, and community level to ensure inclusive education systems are designed to give girls with disabilities the opportunity to complete a quality education, in line with their rights, enshrined in the UNCRC and the UNCRPD.

International Development Partner and UN Agency level actions

- Girls with disabilities must be recognised as a priority group for targeted education funding, programming, research, and commitments in the context of the UN's Decade of Action (the ten years between 2020 and 2030), and post 2030.
- Future education financing pledges, including GPE and Education Cannot Wait (ECW) must prioritise girls with disabilities.
- Re-enrolment strategies must include specific provisions for girls with disabilities, in recognition of their heightened vulnerability to drop-out of school following COVID-19 related school closures and considering the limited access they had to learning materials during lockdowns. Data collected on the effectiveness and impact of re-enrolment strategies must be disaggregated by gender and disability.

National government level actions

- National education targets on attendance and learning must contain specific indicators disaggregated by gender and disability, with specific and time-sensitive sub-targets for girls with disabilities.

For instance, the global targets outlined in the 2021 Girl's Education Declaration to get 40 million more girls in primary and secondary school in developing countries by 2026 would need disability-centric sub-targets, such as ensuring that 10% of the 40 million girls reached in this commitment are girls with disabilities (as 10% of women worldwide have a disability).¹⁷

- Inclusive education policy must maximise learning and efficiency, create environments for all children including girls with disabilities, and ensure no child is left behind. These policies should be underpinned by strong accountability mechanisms involving Organisations of Persons with Disabilities (OPDs).
- Inclusive education policy must ensure girls with disabilities have access to quality Sexual and Reproductive Health and Rights (SRHR) education, have autonomy over their own bodies, and are able to manage menstruation with safety and dignity.



Community and local government level actions

- Thorough school accessibility and inclusion assessments should be financed and conducted to identify physical, training, and attitudinal barriers preventing girls from disabilities from receiving a quality education.
- Child-to-child school activities should be developed to promote integration and socialisation between all children inside and outside of school.
- Schools should be equipped with in-service training for teachers on inclusive methods of teaching and disability rights so that they can respond to the widest range of diversity in classrooms and teach children with disabilities about their rights.
- Community-based inclusive education training should be implemented, which involves stakeholders inside and outside the school to become drivers of change towards social and educational inclusion.
- Children and young people with disabilities, particularly girls, must be safeguarded from all forms of abuse, exploitation, and harmful practice.

Contact

Pauline Castres, Policy Manager

E: Pauline.Castres@leonardcheshire.org

Marcus Loney-Evans, Policy Advisor

E: Marcus.loney-evans@leonardcheshire.org

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5. Sexual and reproductive health rights (SRHR) are fundamental human rights that allow a state of complete physical, mental and social well-being in all matters relating to the reproductive system. SRHR implies that people are able to have a satisfying and safe sex life, the capability to reproduce, and the freedom to decide if, when, and how often to do so.
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17. **Human Rights Watch – Women and Girls with Disabilities.**



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Leonard Cheshire

66 South Lambeth Road

London SW8 1RL

020 3242 0200

international@leonardcheshire.org

www.leonardcheshire.org/international

