



Education for All in Bombali District, Sierra Leone

Final research report

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Executive Summary

- Our research across all three phases of the Education for All project shows that it had a positive impact on understandings of disability and attitudes towards children with disabilities among participants at the five schools we studied. Work remains to be done, however, and long-term social change requires sustained commitment.
- While both girls and boys with disabilities reported discrimination and exclusionary treatment, sociocultural norms around gender mean that girls with disabilities suffer more discrimination and are more at risk than boys. While some research participants said that this had improved during the project, others disagreed and said that gender-based discrimination against girls persisted. The provision of information about menstruation and hygiene kits was welcomed by girls. As one mother pointed out, this intervention was also valued by mothers and non-disabled daughters. This suggests potential for an inclusive approach to tackling discrimination and violence against women and girls.
- Research participants suggested that the project had been a real success when it came to the inclusion and integration of children with disabilities at school. Children spoke of increased confidence and enjoyment at school thanks to the greater awareness and knowledge of teachers. This was confirmed by parents and teachers who spoke of the positive impact the project was having on the motivation, confidence, and academic achievements of children with disabilities. As the project progressed, more participants articulated an understanding of and commitment to the right to education of all children.
- The inclusive education training provided during the project had a positive impact on teacher's skills and confidence with children with disabilities in their classrooms. They used new techniques, particularly group and paired learning, and were becoming more responsive to children's needs. Children confirmed the benefit of these changes. In some cases, teachers felt more confident about identifying children with disabilities and responding appropriately. This was not the case for everyone, however. And while teachers appreciated the training, some expressed a need for greater depth than that provided during the project.
- Children, teachers and parents all appreciated the materials supplied during the project, which included bags, pens, books, hygiene products and adapted learning materials. By phase three of the project, children had also begun to benefit from improved infrastructure at the schools, including railings and ramps. At some schools, however, children with disabilities continued to struggle with inaccessible toilets. Despite broad improvements at the schools themselves, the biggest impediment to access for children with disabilities continued to be the cost of transportation. Many parents could not afford this expense on a regular basis, meaning that their children could not get to school, even as inclusive practices within classrooms improved.
- Relationships between parents and teachers were strengthened during the project thanks to initiatives that established regular meetings and interaction. Parents felt more involved with their child's education and teachers appreciated the engagement. Both groups spoke of the positive impact on children of having more continuity between their home and school lives. While parents appreciated this new support, as the project progressed they expressed increasingly anxiety about its impending conclusion and the threat that

posed to the sustainability of inclusive education for their children and others who had not been part of this particular project.

- Participants agreed that community engagement was a crucial part of the project to ensure more children with disabilities had access to inclusive education. Children and parents spoke of the stigma and discrimination they traditionally faced and described examples of positive change. These changes included material assistance and more supportive attitudes towards specific conditions such as epilepsy. Children spoke of feeling more motivated to go to school when they were encouraged by people in the community and the increased confidence they got from feeling their potential was being recognised. Everyone agreed that for these improvements to continue, however, sustained long-term community engagement work would be crucial.

Background

The Education for All project aimed to improve access to education for 350 children with disabilities across 45 schools in ten chiefdoms of Bombali and Karene district in Sierra Leone. The project was intended to ensure an increase in the capacity of locally-based structures to support children with disabilities to access quality education.

As more girls than boys are currently excluded from education, the project had a particular focus on meeting girls' needs. The ultimate goal was to increase the life chances of children with disabilities who were excluded from education, in line with the Sustainable Development Goals' (SDGs) central principle "to leave no one behind". The project contributed to the delivery of SDG 4: 'Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.'

The project identified and tackled barriers to disabled children's participation in education - from tracing individual children currently missing out, to training teachers, motivating parents, educating the community and physically adapting schools. Practical schemes included mentoring systems where older girls looked after younger girls, improvements to sanitation and better access to running water.

Policy makers in Sierra Leone were challenged to recognise the needs of children with disabilities, highlighting the country's international commitments and related progress. The project advocated for policy frameworks and budgets for training teachers to take into account the needs of children with disabilities.

The funding for the project was €1,000,000 (€750,000 funded by the European Union and €250,000 funded by Sightsavers). The project was delivered by Sightsavers and partners, including Community Empowerment for Rural Development (CEFORD), the University of Makeni (UNIMAK), the Ministry of Basic Senior Secondary Education (MBSSE) and the Bombali District Coalition on Disability.

Sightsavers required that the project research contribute to the existing knowledge base on disability inclusion in education and use that knowledge to refine a contextually appropriate and gender-responsive approach to supporting education for girls and boys with disabilities in Sierra Leone.

Research methodology

We conducted research at all three phases of the Education for All project. The research used a collaborative methodology called community-based participatory research (CBPR). This involves members of the community in planning, gathering evidence, analysing it and sharing what is discovered. The overall aim of CBPR is to increase knowledge and understanding of the situation being studied together, to construct meaning together and to integrate this with interventions and policy change to improve the quality of life for the community.

Phase one research took place at the outset of the Education for All project in 2017-18 and sought to address the following question:

How do children with disabilities, teachers and parents/carers experience or perceive disability in primary schools in the Bombali district of Sierra Leone; and what are the implications of these perceptions on the participation and quality of learning of boys and girls with disabilities?

Research in phases two and three took place in 2018 and 2019. These phases sought to understand if and how the project was addressing the challenges and needs identified in phase one and to explore any new themes that had arisen in the meantime. Participants were asked about their experiences of the Sightsavers project and what had changed as a result of the interventions. There were specific questions about gender, links between parents and teachers and community support for disability. Participants were also asked what they would like to see change in future. Participants were aware that this was a Sightsavers study, and as such it is possible that their responses were affected by a hope that the project could be extended in the area.

Data was collected via focus groups in two primary schools and three junior schools in five chiefdoms of Bombali district of Sierra Leone: Karamanka, Kamabai, Binkolo, Wuror, and Kalangba. Before the project, one school had a ramp but there was no other provision for children with disabilities in the schools. The first data collection phase was 29th – 31st March 2017, the second phase was 18th – 21st June 2018 and the third was 2nd – 4th October 2019. The specific schools are all anonymised in this report. In phase 1, 44 parents of children with disabilities, 41 class teachers and 49 children with disabilities spoke to us about their experiences of inclusive education across the five schools. In phase 2, 43 parents, 45 teachers and 50 children with disabilities participated in the focus groups. In phase 3, 44 parents, 36 teachers and 46 children participated. Many of these were the same participants for each phase, with some variation. For more detail about the research methodology, please contact Sightsavers.

Limitations of the study

- Small number of study sites.
- Large number of themes prevents in-depth analysis in short timeframe; this limits the utility of the evidence.
- Disability disaggregation: we did not record data about children's specific impairments. This risks giving the misleading impression that children with disabilities all have the same experiences and needs, regardless of their impairment type.
- Further research into gender is needed in order to support an evidence-informed approach to inclusive education for girls.

Report structure

This report offers a chronological reflection on the progress of the project and is organised according to the following themes:

1. Perceptions and experiences of disability
2. Gender and disability experience
3. Integration and equality at school

4. Teachers: experience and capacity
5. Infrastructure, access and materials
6. Parents: support and involvement
7. Communities: awareness and engagement

Research Findings

Perceptions and experiences of disability

Phase One

Research at the outset of the project found that misconceptions of disability fuelled mistrust both in school and in the community. Misconceptions and mistrust both had a negative impact on children's experiences of school and on their learning.

Parents expressed concern about their children being "provoked", both in and outside of school. They reported that other pupils did not want to sit near their children, regardless of gender.

Mother: "The other children always mock her, sometimes seriously. They ask her to not sit by them, because they believe that they will also be afflicted by the same problem. When she gets home, she cries and doesn't want to go back."

Father: "My son is always being laughed at by his own peers. He does not even attend school regularly because of it."

Some older girls and boys with disabilities described having formed close friendships, which gave them support.

Girl: "My friends take notes for me when I'm absent from school. If the teachers don't see me at school, they send some of my friends to my home to encourage me to go to school as they know that I am feeling discouraged."

Phase Two

In phase two, we learned more about perceptions and experiences of disability from children, parents and teachers. Teachers suggested that some disabilities were more 'accepted' or considered more 'acceptable' than others, although they didn't describe any associations between specific disabilities and a student's ability to progress at school.

We found that intellectual disabilities and chronic conditions such as epilepsy entailed particular stigma. A number of parents explained how epilepsy was understood in communities as linked to evil spirits and demons. Some teachers said that prior to the implementation of the Education for All programme, children with certain illnesses or conditions were 'isolated' in their classrooms. A teacher in Rokulan explained that they used to "run away from" students suffering from elephantiasis. Another teacher in Rokulan said

that it was more difficult to identify children with non-visible disabilities and described some students as ‘dumb’, saying they were more time consuming to teach than other children.

Although students highlighted challenges they faced in school on account of their disabilities, we found in phase two that they agreed that the inclusive model was a positive learning environment for with children with of all abilities.

Phase Three

Our research during phase three yielded the richest insight into perceptions and experiences of disability, particularly through narratives of how these had changed since the project began. Perceptions and understanding of disability had improved at all the study locations since the introduction of the project.

Participants explained that prior to the project disability had been considered a ‘curse’ on the parent, but that this was changing.

A parent in Kamabai: ‘Back then children with a disability were regarded as demons or witches, but now that they have seen those with disability in the school that Sightsavers is taking care of they are no longer seen as demons or witches. They are now learning; they are sending them to school and parents are no longer afraid but are happy for their children to be in school, so they have the same opportunity as people without disability.’

A teacher in Kamabai: ‘At first, disabled children were seen as a lost cause and were discouraged, but through the intervention of this organisation the parents have got hope and have realized that their children can be successful. Disability does not mean the children cannot be successful.’

There were also changes to what was termed ‘sickness transferring’. Previously, some communities believed that disability was contagious and could be transmitted by touch. This perception was changing, and communities involved with the project were learning that disability is not contagious.

Participants in all sites reported changes in children’s self-perceptions and understandings of their own disabilities. Participants described the ways that community understanding and treatment of disability had previously fostered internalised stigma in children. One parent from Wuror explained that his child used to feel ‘fear and panic’ about his epilepsy because it was understood as ‘devilish behaviour’. This was beginning to change.

A parent from Wuror: ‘The coming of this project has made our children feel like they belong and [they] have seen themselves as humans. In previous years they have not been treated as if they are humans, so [that] alone is a development.’

There had also been improvements in community perceptions of the future potential of children with disabilities.

A teacher from Wuror: ‘Before this project we saw parents who have these physically impaired children say “go to the blacksmith, go and make cutlasses, make hoes or whatever. School is not meant for you. What would you go to school for?”’

Teachers and parents expressed commitment to maintaining these new perceptions and spreading awareness and understanding about the potential of children with disabilities.

While the majority expressed hope for the future of children with disabilities, some negative attitudes persisted. Some participants spoke of how children with disabilities would 'never marry,' and would find 'life difficult' because they 'cannot farm' or would not find anywhere willing to 'make accommodations' for them.

In Kalangba, teachers and parents had requested that a separate toilet be made for students with disabilities. This request was underpinned by a persistent perception that certain disabilities were contagious and that children without disabilities should use separate facilities 'to avoid contracting disease.'

Summary

Our research shows that the project had a positive impact on understandings of disability and attitudes towards disabled children among our participants at the five schools we studied. Work remains to be done, however, and long-term social change requires sustained commitment.

Gender and disability experience

Phase one

Our initial research found that girls and boys with disabilities were both suffering from intentional and unintentional discrimination in the five schools we studied, and that this affected their learning, but that specific experiences differed according to gender.

Girls tended to describe being mocked for their handwriting, facial expressions in the classroom or equipment they had to wear or use. Boys described being mocked more often for being slow in their work or how they moved or spoke. These experiences were not exclusively experienced by specific genders, however.

Interviewer on behalf of a boy: "Because he is unable to talk well, he is unable to pronounce well, so his companions laugh at him."

Girl: "I cannot walk well, and people laugh at me because of my physical problem."

Girl: "My companions - and even some teachers - laugh at me in class saying I am mentally disturbed. I'm finding it very difficult."

Boy: "They laugh at me because my problem is that whenever I am walking, I always bow my head and don't look at people when I'm walking by."

When asked what would improve their experience at school, both boys and girls expressed a need to be encouraged, a need for appropriate materials, to be able to move around the school, for transport to and from school, and for specific devices or adaptations relating to their disability. There were specific examples from girls that were not raised by boys, for example: "a hearing aid would make me less shy" and "I would like a toilet for girls that I can use."

Both girls and boys with disabilities had a more positive experience of school when close friendships were formed, which in turn affected their achievements. These close friendships seemed to happen more often for girls than boys.

Phase Two

In phase two we learned more about the influence of gender on children with disabilities and their experience of education.

Some teachers suggested that girls and boys with disabilities faced the same problems in school, whilst others felt that they experienced different challenges. Girls were described as more in need of care and assistance at school than their male peers although only one teacher believed that girls were less able to cope with their disability than boys.

Menstruation was considered the primary reason for girls needing greater care and attention from teachers. Teachers across field sites believed that girls struggled to cope and understand their menstrual cycle and that they were shy and slow to discuss their needs or questions they had relating to menstruation. These issues were found to be exacerbated in situations where there were limited number of female teachers available to provide support and information to girl students. Through the Education for All project, girls with disabilities were provided with hygiene and sanitation products for use during their menstruation cycle as well as sensitisation and information.

Teachers consistently said that girls were more vulnerable than boys and there were concerns that girls with disabilities were at greater risk of being sexually exploited. One teacher in Kalangba suggested that boys may use their physical strength to exert power over girls, including girls with disabilities:

‘The challenges that the girls have with the boys is that the boys are stronger physically than the girls in class, and they cause problems in class [more] than the girls... If they are mature, the boys will take the girls to the bush and have sex with them so that the girl child would not be able to continue her education’.

A father in Kamabai suggested that prior to the project, girls with disabilities were ‘looked down on’ by community members more than boys. He said that people in the community preferred girls with disabilities to stay at home and work, rather than going to school. This likely reflects entrenched norms around gender roles in the community. Girls were more frequently described by teachers as being ‘shy’ or ‘afraid to talk’, whilst boys were perceived to be ‘stubborn’, ‘bold’ and ‘physically stronger’, but it is not clear if these perceptions were general to all children or specifically about those with disabilities.

In their discussions, girls with disabilities described having congenital conditions, how they had been ‘born with it’ or how they had developed conditions as a result of an accident. Amongst male students, more frequent references were made to disabilities being ‘given by God’. A boy in Kalangba said, ‘God made me like this. This is how I was born by my mum’. We would need to do more research into this specific aspect of children’s disability experience, however, before being able to reach any conclusions about gendered differences.

Phase Three

Our research during phase three found that, according to teachers and parents, a combination of legislative developments (the Child Rights Act, and the Disability Act of 2011) and the Sightsavers project had improved understandings and practices around equal rights and access to education for girls in Kamabai, Kalangba and Binkolo. In Wuror, however, parents said that girls with disabilities continued to face greater stigma and discrimination than boys. Some parents of girls with disabilities were said to believe that their daughter was of 'no use' and that sending her to school would be a 'waste of money'.

When asked about parental involvement with the school, a teacher noted that parents of girls were more involved than those of boys.

'Sure, the parents of disabled girls are coming more often to the school than the parents of disabled boys, of course. They are always afraid of their daughters being harassed, so they are checking more often than the parents of disabled boys.'

Teachers and parents across sites noted the additional stigma and shame associated with menstruation for girls. They had found the hygiene kits and instructions supplied by the project helped to mitigate this. A mother in Wuror said that the new information was not only of benefit to her disabled daughter, but also to herself and her elder daughter.

Within the project, a gender action plan was developed and implemented by the champions, female teachers and some members of the mothers' club. This included home visits on Saturdays by the female teachers and members of the mothers' club, to meet with girls with disabilities and their parents about the importance of them having an education. In schools where there were no female teachers members of the mothers' club had sessions for the girls on how to take care of themselves in areas such as personal hygiene.

The implementation of the gender action plan was mentioned by teachers in Binkolo, Kalangba, and Wuror. They explained that it worked to actively integrate girls into the education system and structure, with specific efforts for inclusion of girls with disabilities.

Selecting girls for responsible roles at school was regularly cited by teachers as a strategy for improving their status and integration. As a teacher in Binkolo said: 'Whenever we want to select prefects in the school, we give preference to the girls. It is not only boys who should lead but girls can also lead.' It is worth noting that this was a pre-existing practice, as 'well-behaved girls' were generally chosen for prefect positions before the project started.

Summary

While both girls and boys with disabilities reported discrimination and exclusionary treatment, sociocultural norms around gender mean that girls with disabilities suffer more discrimination and are more at risk than boys. While some research participants said that this had improved during the project, others disagreed and said that gender-based discrimination against girls persisted. The provision of information about menstruation and hygiene kits was welcomed by girls. As one mother pointed out, this intervention was also valued by mothers and non-disabled daughters, illustrating the fact that while girls with disabilities are more vulnerable due to their impairments, the norms that drive this discrimination also undermine the life

chances of non-disabled women and girls. This suggests potential for an inclusive approach to work to combat discrimination and violence against women and girls.

Integration and equality at school

Phase one

Our research in phase one made clear that all the children at the project schools were committed to and enthusiastic about education. One boy told us, 'I want to be somebody. With education I have a brighter future.' Such comments were common and underlined the demand for and importance of focusing on inclusive education through the Education for All project.

Some parents spoke of discriminatory attitudes towards their children at school:

Mother: "Some people believe that these children have nothing to offer. They think they should be excluded from all schooling activities because at the end of the day they can't achieve anything. But this is the wrong perception."

Some teachers were also concerned about how children with disabilities were perceived:

Male teacher: "Sometimes disabled children feel isolated when their colleagues run away from them, due to their physical appearance or their situation. Some children reject their colleagues. We try to educate them that these are your brothers and sisters, so we can be one."

Phase Two

Our research in phase two further highlighted the importance of inclusive education to children with disabilities and their parents.

Several parents emphasised that quality education was critical for giving children a 'new start' and the skills needed to participate fully and independently in society.

Students valued their education and considered it important both for their own futures and for changing perceptions around disability, as one girl in Binkolo explained: 'I come to school to be educated and to learn, and to let people know that disabled people can also be educated'.

Parents and teachers said that all children had the right to education. They agreed that disability should not prevent children from learning or from attending school. Participants in both groups acknowledged that they had not always considered this to be the case, demonstrating the positive impact of the project. For example, one teacher in Kalangba explained that in the past teachers had found excuses for why they were unable to teach children with disabilities: 'We normally said that children who are abnormal or disabled should not attend schools of the able children and we created excuses like 'the child is troublesome' and 'they will fight the others'.

Another teacher in the same group confirmed: 'We did not see them to be important in the class, but now that they are more involved, they perform well and become important in society'.

It was agreed that it was the duty of teachers to create awareness about disabilities and the rights of children with disabilities to education. Participants stressed that children with disabilities should not be limited to domestic work, but that more information sharing and sensitisation was needed in the community if general perceptions were to change.

Although a number of challenges with accessibility and mobility were noted, all students reported having positive experiences of the inclusive education programme. The provision of materials to assist learning, combined with the improved skills of teachers, had ensured that children with disabilities were not just accepted in inclusive education but were actively integrating, participating and learning in class.

All participants said that one of the most positive outcomes of inclusive education was that children were increasingly being treated with kindness, understanding and respect. This was seen to encourage children to attend school and to motivate them in their studies.

A mother from Kalangba: 'We have seen massive changes in our children. Before this time they were reluctant to go to school, but the inception of the project has made them willing, and for me that is a very big change. Because they were facing a lot of provocation in school they dodged classes or deliberately refused to go to school, but the coming of the project has brought them together and I can see them playing happily in school as one family'.

Children said that they were enjoying seeing positive change and had started to be treated well by teachers and other pupils. They appreciated the chance to engage, learn and play with their peers who did not have disabilities and this appeared to facilitate greater levels of integration.

A child in Kamabai: 'Now our classmates mingle with us. They will play with us and we are glad because of that. If we are not present in school, they will copy the notes for us and they will explain to us what we don't understand so it's a bit easier for me now in school'.

Most parents and teachers reported that children had made significant progress during the course of the project and confirmed that they had noticed positive changes in motivation, attitude and behaviour. Teachers reported seeing 'vast changes' in their students and said that the inclusive programme had fostered greater and more meaningful participation from children with disabilities. Amongst teachers, no correlation was drawn between disability and a student's ability to progress. Instead, teachers discussed the progress that was made at an individual level, rather than comparing across disabilities types.

The children themselves also observed changes and progress in their own behaviours, as one student in Kamabai explained: 'Now I will talk to people and they will listen to me, they are no longer laughing me they will now encourage me and now I can talk where there is a crowd and they will listen to what I say.'

Children also noted that teachers who had received specialised training had a greater understanding of their needs and sought to improve their learning experience. A student with visual impairment in Rokulan reported: 'I have a vision problem and when I was in class I was hardly allowed to sit in the front row. Now since the programme began my teacher started encouraging me to sit in front of the classroom'.

Phase Three

In phase three, research participants continued to stress the right to education for all children, regardless of gender or disability. Parents and teachers in Binkolo, Wuror and Kamabai discussed community expectations relating to enforcement of the right to education. A teacher in Binkolo explained: 'The Mothers' Club members support disabled children to be admitted in schools. By-laws have been made for any individual who refuses to send their disabled children to school, one of them being a fine which is levied on that parent.'

A teacher in Kalangba explained that their school had become inclusive thanks to the project: 'The help of Sightsavers has made the school inclusive. Before this time, we were only admitting children in school who were not disabled, but now we also have an interest in children with disability.'

Improved integration, acceptance and equal treatment in classrooms continued to contribute to positive learning experiences, increased motivation and attendance by children with disabilities.

A mother in Kamarakan: 'My son is always playing with his colleagues happily. In the morning he said, "Mommy, I want to go to school!" My son is now bold enough.'

A teacher from Binkolo: 'There is now a great sense of motivation among the disabled children. They believe that disability is not inability.'

A boy from Kamabai explained how his motivation to go to school had increased during the project: 'I like coming to school and making friends. The encouragement I receive from teachers and fellow students is why I like coming to school. I feel depressed when alone at home. I gain knowledge from friends and teachers at school.'

A child in Binkolo spoke of a larger sense of purpose attached to education: 'I like to be in school because every day I learn more things and it will help me in the future and it will help the country as a whole.'

Importantly, in phase three the project appeared to be having a wider impact on the enrolment of more children with disabilities in the schools included in the project.

A parent in Kamabai: 'Parents with disabled children are sending their children to school because they see the positive changes of those already enrolled at school.'

Parents and teachers in Kalabanga and Kamarank noted that the inclusion of children with disabilities in leadership roles, clubs and sports had been important for improving their integration at school.

As well as confidence and self-reliance, many parents, teachers and children with disabilities said they had also noticed improvements in academic achievement since the start of the project.

Some parents explained that their children could not read or write before being included in school, and did not have other children to mingle with, so they were slow to express

themselves. Now they were able to read, write, express themselves and experience greater well-being in school.

A parent from Kamaranka: 'My child was unable to do anything but now he can read and write and he can recall plenty of things.'

Another parent from Kamaranka: '... my own child was not clearly talking but now he can talk clearly and play with his colleagues. I call him and ask him a question and he can answer well with a proper explanation through the help of these people.'

Children across the sites explained how 'happy' they were to be able to understand what was being taught and to 'acquire knowledge'.

A child in Kamabai: 'With the start of the project we are happy because we are now learning, answering questions the teachers ask.'

Another child from Kamaranka agreed: 'I like the learning that's why I stay in school, to gain experience.'

Teachers also noted that they were seeing some disabled students excel at school beyond their non-disabled peers.

Summary

Research participants suggested that the project had been a real success when it came to the inclusion and integration of children with disabilities at school. Children spoke of increased confidence and enjoyment at school thanks to the greater awareness and knowledge of teachers. This was confirmed by parents and teachers who spoke of the positive impact the project was having on the motivation, confidence, and academic achievements of children with disabilities. As the project progressed, more participants articulated an understanding of and commitment to the right to education of all children.

Teachers: experience and capacity

Phase One

Our research in phase one explored the experiences and needs of teachers working with children with disabilities.

Teachers in each of the project schools had similar needs. Many said they needed more training for teaching children with disabilities/special educational needs.

Male teacher: "We have certificates, but we are not taught how to teach these kids. We need intensive training. We also need school materials."

Teachers spoke of the challenge of managing interactions between children in the classroom with and without disabilities. They described difficulties calming situations and managing children with disabilities who were provoked to the point of anger by their non-disabled peers. They said that sometimes children with disabilities could seem stubborn or withdrawn, which influenced others' inclination to interact and assist them. In phase one, teachers also expressed a need for more adaptable teaching and learning materials.

Phase Two

In phase two, teachers involved in all focus groups spoke positively of the training they had received since the project began and the skills they had gained. In addition to skills development, many teachers suggested that they had become more accepting of children with disabilities and more receptive to their needs following the training.

A female teacher in Karamanka: 'We were afraid of these students, the disabled. Now we come closer with them, we encourage them, and we counsel them.'

Emphasising group learning for students was an important element of the inclusive education training. Teachers appreciated having gained knowledge about different methodologies for teaching children with disabilities and recognised that group or paired learning was a fundamental inclusive strategy for helping children with disabilities to excel.

Teachers who directly worked with children with disabilities explained that they spent time outside of paid school hours ensuring that children with disabilities were understanding lessons correctly. They discussed using lunch breaks and time after and between classes to follow-up with students, and visiting children in their homes to check their progress.

Students confirmed that teachers who had received specialised training had a greater understanding of their needs and sought to improve their learning experience.

Despite feeling 'empowered' by the training, however, teachers noted that their skills were still insufficient and that they needed more 'examples and demonstrations'.

Phase Three

In phase three, teachers and children spoke of the positive impact of new teaching methods on creating a more inclusive learning environment. Children described being placed in the front of the class so they could see and hear the lessons better, teachers writing in larger letters on the blackboard, taking the time to check and correct their work, and explaining lessons in different ways if children didn't understand.

Teachers also spoke about the importance of being able to identify children with disabilities in order to successfully establish inclusive education.

A teacher in Kamabai: 'The intervention of Sightsavers has made differences in our lesson delivery methods. We can now identify disabled children and we can now deliver lessons with them in mind.'

A few teachers said that identifying some disabilities still proved challenging, however. Despite being qualified in inclusive education methods, teachers' efforts were hindered if they were not aware of students' disabilities or were unable to identify them.

At some sites, training issues were identified that affected the school's capacity to provide inclusive education. In Kamaranka, teachers expressed a need for training in greater depth than that provided during the project. In Wuror, some parents explained that the number of trained teachers was insufficient: 'We have [asked] the organisation to train more teachers... the ones that are here are very few and can't teach all the children.'

Summary

The inclusive education training provided during the project had a positive impact on teacher's skills and confidence with children with disabilities in their classrooms. They used new techniques, particularly group and paired learning, and were becoming more responsive to children's needs – for example, seating children with visual impairments closer to the blackboard and writing in larger letters. Children confirmed the benefit of these changes. In some cases, teachers felt more confident about identifying children with disabilities and responding appropriately. This was not the case for everyone, however. And while teachers appreciated the training, some expressed a need for greater depth than that provided during the project. Some parents also said that the number of trained teachers was insufficient.

Infrastructure, access and materials

Phase One

In our phase one research, participants told us about the need for improved infrastructure, access and materials to enable more inclusive education. Transport to and from school, accessible schools and toilets, and adaptable materials were all priorities.

Physical accessibility was raised at length. Transport was a big issue, as all children walked to school if they were able to. For many children with disabilities the difficulty in physically getting to school was a major impediment to attendance.

Mother: "Distance is a big problem, especially when my child has a problem with his feet."

Accessible toilets were also needed as part of the effort to make schools more inclusive:

Father: "They need accessible toilets. The children find it hard to use the toilets the [non-disabled] children are using."

Phase Two

Research in phase two found that accessibility continued to be a key challenge for supporting school attendance, particularly for children with mobility impairments. Getting to school on time was described as "a struggle". For the poorest families, the cost of private transportation caused unsustainable financial pressure. The lack of accessible toilets continued to be an issue too.

For children, accessibility was a dominant issue. They highlighted the need for greater assistance because it was 'hard to move around' which consequently made it 'difficult to join in'. Without adequate mobility aids, it was noted that children were isolated and their participation in activities was limited. Participants pointed to the lack of adequate seating, ramps, access ways and mobility canes.

A teacher in Kalabanaga appealed for improved accessibility: 'Our structures are favourable for non-disabled pupils, now they say we should invite [disabled children] in. Let them make our building with ramps so that the disabled children would be able to move. We know that they [Sightsavers] have done a great job but we are pleading for more help'.

Lack of appropriate equipment for children with disabilities was another barrier to providing inclusive education that participants discussed in our phase two research. Children expressed an appreciation for the material resources they had received through the project, which included bags, pens, books and hygiene and sanitation products. Teachers agreed that the availability of adapted materials was critical for ensuring that students with disabilities could learn and participate alongside as their peers.

While participants acknowledged the provision of 'core learning materials', they also reported a lack of funds to provide hearing aids, visual aids, wheelchairs and crutches. Many teachers confirmed that they were dissatisfied with existing resources and concluded that the lack of disability-specific resources held students back and prevented teachers from teaching them to the best of their abilities. This was particularly true for children with visual impairments.

A teacher in Binkolo: 'The materials you use like the braille, the papers [visually impaired children] use to write their notes is very difficult to get, so this is a very difficult challenge that we are going through'.

Participants agreed that improved infrastructure supported by both the government and non-governmental organisations would be needed to ensure that inclusive education was sustainable in the long-term.

Phase Three

Our research in phase three took place following investment into improving the physical accessibility of the project schools.

The introduction of ramps and railings allowed more children with disabilities to gain access to the classrooms and facilities, as well as preventing injuries from falls.

A parent from Wuror: 'My child had polio and was afraid to come to school because there was no railing in the school; now that the NGO has put a railing to protect himself and enter into the class, he will not fall down again.'

A child from Wuror told us that not only did he have better access to education but he also had more freedom to interact with his peers. A parent in Kamabai described another positive impact of the improved infrastructure: 'The children are also proud that it's because of them that the school is now attractive.'

Participants described new materials as contributing to their 'happiness'. These included bags, books, pens, chairs, bicycles, and medicines. Sanitation and hygiene kits were particularly well-received. Parents and teachers said they had a positive impact on self-care and confidence among children.

A parent in Kamaranka: 'Our children are now going to school happily with the material they receive. Those things help them and motivate them to go to school.'

A child in Kamabai: 'Before the programme I was not happy to come to school, because there was no one to assist me, but now after the implementation of the programme, they provide me with school-going stuff that my parents cannot afford. This is why I am happy.'

There were, however, still limitations at some sites. An insufficient supply of materials and aids prevented some children from being able to fully benefit from their time at school. In Wuror, the toilet was still inaccessible to some children with physical impairments. A child told us, 'I am unable to go to the toilet because they are not properly made.' This was his biggest challenge at school, he said.

Also in Wuror, parents noted the difficulties posed by large class sizes and overcrowding of classrooms. One parent asked for more buildings to be added to the school to reduce congestion.

Travelling to school continued to be a challenge for many children with disabilities. Some comments suggested that the journey to school could also be difficult for children without disabilities in poor communities.

A child in Binkolo: '[from] my house to the school is too far and I walk to school every day, without enough food. This is what disturbs me.'

Ensuring their children could get to school put pressure on parents to pay for private transport. A teacher in Kamabai said, 'disabled children were not regular and punctual at school. Now parents are going the extra mile to pay commercial motorcycle riders to take disabled children to school [so they can] benefit from education.' This solution was not always feasible for parents without enough money, however.

A parent in Wuror: 'She is late to school unless I pay for transport for her ... but I can't pay.'

Summary

Children, teachers and parents all appreciated the materials supplied during the project, which included bags, pens, books, hygiene products and adapted learning materials, and spoke of their necessity for ensuring more inclusive education. By phase three of the project, children had also begun to benefit from improved infrastructure at the schools, including railings and ramps. At some schools, however, children with disabilities continued to struggle with inaccessible toilets. Despite broad improvements at the schools themselves, the biggest impediment to children with disabilities accessing inclusive education continued to be the cost of transportation. Many parents could not afford this expense on a regular basis, meaning that their children could not get to school, even as provision for inclusive education in classrooms improved.

Parents: support and communication

Phase One

In phase one of our research, the challenges faced by poor parents of children with disabilities were made clear.

A male teacher told us: "Check into the homes of some of these children. Some don't even have a proper place to sleep, shelter, food and so on. Some days they don't eat in their houses, so they come to school very hungry. They are hungry."

Our research participants included single mothers, who faced additional challenges given entrenched gender norms. One mother told us that her son refused to go to school unless she carried him on her back. 'I need help,' she said. Financial constraints were also exacerbated in single parent households.

Parents told us that they would benefit from more regular updates from the schools about how their child was getting on.

Phase Two

It was clear during our phase two research that parents were grateful for the progress they had witnessed in their children since the start of the inclusive education project. There was, however, some discussion about the limited on-going support that was available for parents of children enrolled in the programme. One parent in Binkoko concluded: 'Now we need help'.

Participants agreed that since the inception of the project, links between parents and teachers had been strengthened. As part of the programme, parents of children with disabilities were sensitised to the educational needs of their child. Teachers across the field sites recognised that as a result, parents had become more involved in their child's schooling. Examples included: calling to the school to check on their children (Kamabai, Karamanka, Rokulan and Binkolo); telephoning teachers to check a child's progress (Kamabai); and visiting school to show appreciation to teachers (Binkolo and Rokulan). In the field site at Karamanka, teachers indicated that there was a gender disparity in the involvement of parents and suggested that it was primarily mothers of children with disabilities who were engaged at the school level.

While acknowledging the benefits of regular parent teacher meetings, some parents said that improvements were still needed. In Binkolo, parents suggested the sessions they had with teachers should involve more sensitisation and information for parents, more involved planning for the child, and should be inclusive of the children themselves so that 'they can also be asked about how they feel. Because at times they feel differently and we parents do not understand'.

Several parents expressed their fears about what would happen to their children if the project ended. A number of parents referred to the family's financial strain and poverty they experienced as a result of caring for a child with disabilities. In discussing what would happen if the programme was to finish, these parents suggested that many children would return to their 'usual status' (i.e. staying at home) as parents would be unable to afford their schooling. Although Sightsavers did not pay school fees for project participants, refreshments and transportation allowances were covered.

A father said: 'What will be the situation or status of our children who are disabled? For now, they are enjoying enormous benefits from the project and that has been the main reason why most of them are attending school. If the projects folds now, I believe many parents could not afford to pay for their children in the community, meaning they have to stay out of school and that could be the regression in their lives.'

While participants agreed that strengthened links between parents and teachers had improved the connection between home and school, it was agreed that the long-term

sustainability of the programme would also depend on sensitisation and strengthened relationships with local communities.

Phase Three

In phase three of the project, teachers and parents continued to feel supported and encouraged by ongoing efforts towards cooperation and coordination. These strengthened relationships contributed to a sense of continuity of support for children with disabilities across their school and home lives. Participants discussed the benefits this improved communication had for children:

A teacher in Kalangba: 'The parents give us information about the improvement of their children in their homes and strategies for handling the children. We too, the teacher, give information to the parent about strategies and the improvement of their children in the school; the relationship between the teacher and parent has helped the children to improve more and more.'

A teacher from Wuror described the tools used for collaborating with parents: 'We have two major links between us teachers and the parents. One is the Individual Education Plan (IEP) and the other is the Parent Teachers Association (PTA) meeting we hold in our school here. Each time parents come for the PTA meetings we tell them when we have filled in the IEP form. There is a column under the evaluation wherein we need the parent to give their input on how they are seeing the progress of their children before the intervention of the project and during the intervention of the project. When we meet, sometimes we meet them at their houses and sometimes they come here to school, I think that is great. They are giving us positive responses, and some are proudly telling us that they don't even need to tell their children to come to school anymore, the children will opt to come to school by themselves.'

Children themselves spoke of the benefits they derived from the parent-teacher meetings, describing instances where teachers counselled parents to care of them 'properly' and instances in which parents asked teachers to 'talk to the children nicely' and 'encourage' them and not 'despise' them. Most children stated that it made them happy when their parents came to meet with their teachers. Only one respondent expressed a negative perception, in saying he was 'ashamed' of some of his teachers and was not happy for his parents to meet with them, though it is not clear what led him to feel this way.

Anxieties about the end of the project persisted among parents in phase three.

A parent from Kamabai: 'We are pleading that the help that the programme has brought to the community continues. If the programme stops all the gains will be lost. We want our children to have better living conditions than us.'

These hopes went beyond their own children and current pupils. A parent in Kamabai said: 'My own idea is that because this project has gone so far so, we want them to continue in order that other children who are suffering like our children would also have the opportunity to benefit from this project.'

Summary

Relationships between parents and teachers were strengthened during the project thanks to initiatives that established regular meetings and interaction. Parents felt more involved with their child's education and teachers appreciated the engagement. Both groups spoke of the positive impact on children of having more continuity between their home and school lives. While parents appreciated this new support, as the project progressed they expressed increasingly anxiety about its impending conclusion and the threat that posed to the sustainability of inclusive education for children enrolled in the project and others who had not had the opportunity to benefit from it.

Communities: awareness and engagement

Phase One

In the initial phase of our research, participants were clear that sensitisation work within schools **and** communities was very important and that one without the other would not be helpful.

A female teacher told us that community members 'think these people are finished, that they are not important in the community.' Some parents felt that the lack of community support for school attendance by children with disabilities stemmed from fears about the transmission of disability as a form of sickness.

However, we also heard positive reports of community support for inclusive education. Among children, these examples tended to be reported by boys more than girls. Boys reported receiving help in the community with homework, the provision of lunch and buying medicine.

Phase Two

In phase two, several children told us that there had been considerable positive change in how they were treated in their communities as a result of the project and that they were experiencing less discrimination. Community understandings of disability had improved, and increased levels of acceptance were being observed across all field sites. Some parents and teachers identified specific positive changes around understandings of epilepsy which was often described in communities as linked to 'demons', 'evil spirits' and 'the devil'.

Parents and teachers said emphasis had been placed on increasing community awareness that all children have the right to education.

It appeared that increased integration at school had also contributed to improved social cohesion, respect and acceptance in the wider community. One parent said that, 'The project has taught us a lesson that we should assist anybody who is disabled in the community without discrimination. By extending such benevolence, we can develop the culture of assisting any disabled [child] either within or outside the community.'

Community engagement was found to be integral to the initial success and acceptance of the programme and it was agreed that in order to generate continued support for the programme ongoing community mobilisation would be needed.

A mother in Kalangba: 'The project has changed the lives of our children in diverse ways and I am still pleading that they continue to render help in the community for disabled children. Now, because of the project, these children that were once condemned in the community are getting attention and respect in the community and as a parent I am very much touched by this development.'

Phase Three

In phase three, research participants said that the encouragement now being offered by the wider community to children with disabilities and their caregivers was critical to children being able to access school education. Children described how people in their communities encouraged them to go to school and talked with them about their future. Parents and teachers said that community members also encouraged parents to send their children to school and even held them accountable for doing so. This wider community involvement directly contributed to children's motivation to go to school.

A child in Binkolo: 'I am encouraged to come to school by people in my community. They even tell me that one day I will become somebody great.'

Parents of children enrolled in the project described how they had assumed the role of sensitising others in their communities. Through the project they had gained knowledge and seen progress in their children and they used this to encourage other parents to send their children to school. In Kamabai, the 'Mother's Club' (supported by the project) had also helped to spread awareness. Members of this club, a parent explained, went 'from village to village, sensitising parents about the project, explaining to them and encouraging them to send their children to school. They have also supported the school with any activity the school has.'

Research participants described some community members who offered assistance to children with disabilities ranging from material resources like school supplies, money and food, to transportation to and from school, to protection from discrimination.

A child from Kamabai explained: 'When I am walking to school the commercial motorcycle riders usually give me a free ride to school. The community people usually give me lunch and help me with my laundry. The community people intervene on my behalf if someone wants to bully me.'

Parents found that awareness of the positive impact of the project on their children was spreading to other communities. This was positive in terms of the way that children with disabilities were perceived but it also created an awareness that not all areas were covered by inclusive education projects, which risked a feeling of exclusion. Even within the communities that were covered by the project, some parents noted that not all children with disabilities were included. However, this was not understood to cause tension in the community as parents who chose not to send their child to school felt it was the right decision.

A parent from Kamaranka said: 'We have given ideas to other parents, telling them about how our children are benefiting from this project. Those who have children in other schools regret that their children are not in this school with this privilege.'

Summary

Participants agreed that community engagement was a crucial part of the project to ensure more children with disabilities had access to inclusive education. Children and parents spoke of the stigma and discrimination they traditionally faced and described examples of positive change during the course of the project. These changes included material assistance and more supportive attitudes towards specific conditions such as epilepsy. Children spoke of feeling more motivated to go to school when they were encouraged by people in the community and the increased confidence they got from feeling their potential was being recognised. Everyone agreed that for these improvements to continue, however, sustained long-term community engagement work would be crucial.

Conclusions

Our research during the Education for All project showed that inclusive education for children with disabilities is achievable in Sierra Leone, but it will take long-term work and investment both within and without the classroom to establish and sustain it.

Our research participants included children with disabilities, their parents and teachers, from five of the 45 schools in Bombali district where the project was implemented. They told us of significant progress made during the project towards greater understanding of disability in communities and schools, support for the right to education of children with disabilities, improved integration and treatment of these children in the classroom, and better engagement between teachers and parents. Children spoke of feeling more confident in themselves, of enjoying school more and feeling more encouraged and motivated to attend.

Project participants appreciated the provision of materials, including books, bags, pens and some adaptive educational materials. Hygiene products and information about menstruation was well received by girls with disabilities, as well as by their mothers and non-disabled sisters. This was an important dimension of how experiences of disability differed for girls and boys. While this study touched on these different experiences, more in-depth research is needed on this specific theme to generate evidence about how we can ensure that inclusive education puts the promotion of gender equity at its heart.

Infrastructural improvements to school environments, including ramps and railings, made a notable difference to accessibility and to the security of children with disabilities. Work remained to be done, however, particularly to ensure that toilets were made accessible, and to counter some lingering attitudes among parents that children with disabilities should use separate facilities to avoid the “transmission” of impairments. Participants also expressed a consistent need for assistive devices such as hearing aids and mobility aids to ensure that children could really benefit from being in the classroom.

Increased engagement between parents and teachers, and greater sensitisation in communities was crucial to ensuring the sustained inclusion of children with disabilities in education. Structural issues beyond the classroom endured, however, with consequences for children’s access to school. The challenge most frequently mentioned by the parents in our study was being unable to afford the private transport necessary for many children with disabilities to reach school. Disabled children and their families are already at greater risk of

poverty – without transportation to school, these children remain at risk of being left behind, even as provision for inclusive education in the classroom improves.

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