



Inclusive education Kenya, findings from peer-led research: phase two

April 2019



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Acknowledgements: We would like to thank the Ministry of Education of Kenya and the local education authority of Homa Bay County for their support and permission to conduct this study. We would like also to thank all participants – children, their families, school leaders and schoolteachers – who provided their time and very valuable insights to make this study possible.

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Executive summary

Background

This research sits within the Pamoja project, an inclusive education project supported by Sightsavers in Homa Bay County, Kenya, from 2016 to 2019. The project supports five pilot schools, where children with disabilities are educated alongside their peers without disabilities. The overall objective is to help achieve universal access to basic education for all children with disabilities in Homa Bay County.

This research has been designed to support the implementation of the project and has been delivered in three phases. Phase one explored the views of project stakeholders and beneficiaries before the project began. Full findings from the phase one study are presented in a separate report. This report presents findings from phase two, which took place during the project implementation. The purpose of this phase was to assess perceptions of the project's progress and to identify areas for project strengthening and improvement.

Method

The study design is based on the community-based participatory research (CBPR) methodology, which involves close collaboration between the intervention and the community it targets. All data was collected by ten community researchers from Homa Bay County (one teacher from each of the pilot schools and five community members linked to the schools). The community researchers were trained by and worked alongside a professional researcher employed by Sightsavers. The community researchers facilitated a range of participatory focus-group discussions with children with disabilities, their parents and their teachers. In total, 59 parents, 46 class teachers and 57 children with disabilities participated in this phase of the study.

Findings

The findings from the second phase fall into four broad themes:

- Changes in children's academic progress and wellbeing
- Changes in school environment
- Community-level changes
- Policy-level changes.

Changes in children's academic progress and wellbeing

Study participants shared many examples of improved academic performance and general wellbeing since the project started.

Both parents and teachers spoke about children's self-esteem, confidence and positive emotions of feeling included and cared for. Parents observed that their children had acquired a sense of belonging, and now demonstrated improved social and independence skills. In terms of educational progress, parents noted improved academic performance, better verbal and written communication skills, and increased progress in reading, singing and dancing activities.

Children reported positive emotional experiences through social interactions and integration, and generally had a positive view of schooling. There were however a few examples of continuing unkindness from peers, including negative comments and abuse.

Changes in school environment

A number of participants noted positive changes to the school environment, namely:

- Construction of accessible latrines
- Construction of ramps
- Improved cleanliness
- Improved accessibility of school grounds
- Renovation of the disability assessment centres
- Availability of medicines in school
- Availability of physiotherapy
- Improved availability of assistive devices

However, study participants identified a number of challenges that had not yet been fully addressed. These problems continued creating barriers to effective participation and learning by children with disabilities. These challenges included:

- Not enough accessible toilets and personal hygiene items
- The lack of permanent water sources at school
- Insufficient adjustments to school buildings, pathways and stairs
- Large class sizes and the lack of teaching assistants

- Inappropriate lighting and student positioning in the classroom
- Inconsistencies between the sign language used at home and in school
- Lack of educational resources, play materials and assistive devices
- Lack of systems for maintenance of assistive devices and equipment
- Congested curriculum and insufficiently adapted lesson plans

Community-level changes

As in the first phase of the study, participants reflected on a variety of attitudes towards disability in their communities. Some community members were helpful and supportive, while others opposed the idea of children with disabilities going to school. There was general agreement about the need for more community awareness to support children with disabilities. Suggestions included raising awareness of what children with disabilities can do, establishing links with other relevant organisations and increasing children's involvement in community events.

There was also a general acknowledgement of the importance of effective communications between parents and their children. A number of teachers noted that family communications, and parents' attitudes towards their children's education, had improved since the start of the project. They noted specifically the role of parents' meetings and sign language training. Suggestions for further communications improvements included more sign language training for parents, parental guidelines on children's specific impairments and related needs, and more regular feedback from school.

Policy-level changes

The findings of this phase were similar to those of phase one. Some parents continued feeling that they were insufficiently supported by the government. Many experienced significant financial difficulties in supporting their children's education, including the costs of school fees, food and the repair of assistive devices. The distance to school and lack of transport also remained a challenge.

Study participants requested more advocacy with the government for free or subsidized education for children with disabilities, and financial support to cover the costs of transport, food and assistive devices. Teachers wanted advocacy efforts to focus on the establishment of vocational training institutes for children with disabilities transitioning from primary schools, for more teachers and teaching assistants, and for better and more consistent financial incentives.

Conclusion

Since the Pamoja project began, participants felt overall that there had been many improvements in the school environment, community support, academic progress and wellbeing of children with disabilities. There were examples of writing, reading and speaking improvements, and parents and pupils felt that the standard of inclusive teaching had improved.

Participants also identified some remaining systemic hindrances, including large class sizes, too few teachers and teaching assistants, insufficiently adjusted school and classroom infrastructure, a shortage of education materials and assistive devices, a lack of specialist support staff and the high costs of school fees and transport.

Findings from this report will be used to create recommendations for adjustments within the next phase of the Pamoja project.

Overview and objectives of the project

This research sits within the inclusive education project supported by Sightsavers in Homa Bay County, Kenya, from 2016 to 2019.

The overall objective of the Pamoja project is to help achieve universal access to basic education for all children with disabilities in Homa Bay County and more specifically to:

- strengthen existing education assessment and resources centres across the county and nationwide, to support children with disabilities and their parents.
- strengthen five pilot schools to provide a strong, nationally replicable model of quality education for children with disabilities.
- ensure local communities support the inclusion of children with disabilities in the five pilot schools.
- ensure the Ministry of Education implements policies which strengthen education provision for children with disabilities nationwide.

This research feeds into each of these objectives, but focuses specifically on objectives two and three. The study has been designed to be delivered in three phases. Phase one explored the views of project stakeholders and beneficiaries before the project began. It looked into children's and families' experiences of living with disabilities, with the focus on social barriers and opportunities for change. Findings of the phase one study are presented in a separate report. There is a brief summary below.

This report presents the findings from phase two, which took place during the project implementation period. The purpose of this phase was to assess perceptions of the project's progress and to identify areas for project strengthening and improvement.

Methodology

The study design is based on the community-based participatory research (CBPR) methodology, which involves close collaboration between the intervention and the community it targets. CBPR implies shared decision making and ownership, where members of the community are involved in planning, gathering evidence, analysing and sharing it. The overall aim of CBPR is to increase knowledge and understanding of the situation being studied, together with the local community.

The phase one study describes the CBPR methodology in detail, outlining how it was applied in the context of this research. In brief, all data was collected by ten community researchers from Homa Bay County (one teacher from each of the pilot schools and five community members linked to the schools). The researchers were trained by and worked alongside a professional researcher employed by Sightsavers.

Five teachers facilitated teacher focus groups and pupil focus groups, and five community members facilitated parent focus groups. The parent and pupil focus groups each lasted 30-45 minutes, and teacher focus groups lasted 45-60 minutes. All discussions were audio recorded and transcribed.

In total, 59 parents of children with disabilities, 46 class teachers and 57 children with disabilities participated in this phase of the study.

Summary of phase one findings and recommendations

Phase one of the study involved three groups of project stakeholders:

1. Children with disabilities
2. Their parents/caregivers
3. Teachers/managers from the pilot schools

The findings from the first (pre-intervention) phase of the study were presented under two broad themes:

1. Overview of current experiences across the five schools
2. Opportunities for strengthening inclusive education practices

Each theme was sub-divided into sub-themes. For more detail, please see the phase one report.

Based on their experiences, the key challenges identified by the three groups of stakeholders are summarised in box 1.

Box 1: Challenges reported by different participant groups

Challenges	Children	Parents	teachers
Long walking distances to school and the lack of transport	X	X	
Inaccessible infrastructure (rocky pathways, distant and inaccessible toilets, crossroads between the buildings and on the way home)	X	X	X
Unadjusted school environment (poor lighting, inappropriate seating arrangements, kitchen smoke, chalk dust)	X	X	X
Lack of education materials (large print books, exercise books for large print, teaching objects)	X		X
Lack of assistive devices (low vision devices, wheelchairs of appropriate size and quality)	X	X	X
Unadjusted examination papers and processes	X		X
Psychological and behavioural issues (anger, mood swings, hyperactivity, depression)	X		X
Managing health situations in the class (epileptic fits)			X
Boarding requirements		X	
Large class sizes and high student-to-staff ratios	X		X
Heavy workload for teachers			X
Heavy and rigid curriculum with a lot of content to be covered			X
Short class length			X
Time required to accompany children to school		X	
Fears for child's safety, particularly girls		X	
Late arrivals and school absenteeism due to parent's unavailability or medical appointment (and traditional healer visits)		X	X
Poor treatment of children by the parents and unwillingness to support (and pay for) the child's education			X

Challenges	Children	Parents	teachers
Little knowledge of how to communicate with or help the child		X	X
Financial burden (school fees, transportation, costs of textbooks, lunches)		X	X
Poor morale among teachers due to low pay, inconsistent policies on SEN allowances, poor infrastructure and lack of resources			X

Study participants also spoke about opportunities for improving inclusive education practices in the five project schools. The key areas for improvements identified by different stakeholder groups are summarised in box 2.

Box 2: Opportunities for improvements identified by different participant groups

Areas for improvements	Children	Parents	Teachers
More accessible school infrastructure (better quality ramps, toilets, chalk-free boards, break-out space for children with multiple needs)	X	X	X
More accessible classroom environment (better lighting, contrasting colours, more appropriate seating arrangements, regular food breaks)	X	X	X
More education materials and teaching equipment (storybooks, stationery, large print books – including large print diagrams, large lined exercise books, projectors, computers, equipment for vocational classes (eg sewing machines), magnifying glasses, hearing aids)	X	X	X
Access to assistive devices (wheelchairs of correct size, crutches, low vision devices, glasses)	X	X	X
Adaptation to teaching and learning processes (more flexible curriculum, curriculum guidelines, more options for sports classes, vocational training, hands-on learning, adaptations to examinations)	X	X	X
Improved teaching and learning support (smaller classes, regular home visits, more	X	X	X

Areas for improvements	Children	Parents	Teachers
teachers and teaching assistants, physiotherapy support)			
Improved knowledge and skills for teachers (regular in-service training, skills for managing epilepsy, psychological and behavioural issues, skills for teaching creative subjects and sports, sign language training, preparing for secondary education)			X
Reducing or removing school fees, and financial assistance – particularly to children from poor households	X	X	X
Access to health services (eye check-ups) and improved collaboration with health professionals	X	X	X
Regular and more effective communication with parents (phone calls and text messages to discuss the child’s progress, open conversations about the child’s difficulties, regular parent visits and early notification of parent meetings)			X
Sensitization of teachers, other pupils, employers, community and spiritual leaders (awareness raising on disability, information on children’s progress and opportunities for secondary education, improved collaboration with disabled people’s organisations, mobilisation through eye camps)		X	X
Empowerment of children (involve children in community and local business, use successful role models)		X	X
Empower parents through training (on disability, sign language, communication and support) and parent support groups		X	X
Opportunities for boarding	X		
More respectful and caring relationships in school	X		

Phase two research findings

The findings of the second phase of the study are presented in four broad themes:

- Changes in children's academic progress and wellbeing
- Changes in school environment
- Community-level changes
- Policy-level changes

Changes in academic progress and wellbeing

Study participants shared many examples of improved academic performance and general wellbeing among children with disabilities, since the project started. Both parents and teachers spoke about children's self-esteem, confidence, positive emotions and feelings of inclusion and being cared for. Parents noted that their children had acquired a sense of belonging, and now demonstrated improved social skills.

In terms of educational progress, parents noted children's improved academic performance, better verbal and written communication skills, and increased progress in reading, singing and dancing activities. Parents reported that their children felt comfortable in class and noticed progress in their development through learning new things. Some said that their children had previously had little to no language skills, but could now speak both in English and Kiswahili. Others identified progress in written communication, such as writing letters. Parents noted that these improvements had positive effects on children's communication at home, on their ability to complete specific household tasks and to participate in events, such as the UN day of people with disabilities. They also reported that children became more independent, being able to walk short distances (some using a walker and some without any support).

Participants also felt that children with disabilities were now better included in classroom and extracurricular activities, including social activities, and that this led to children feeling more comfortable at school. Children reported positive emotional experiences through social interactions and integration. They felt they were helped by those around them. They enjoyed socialising with children from a variety of backgrounds, including those with and without special needs.

Teachers also witnessed positive social interactions through various activities, such as children pushing children who use wheelchairs around the school grounds. Teachers also said that Sightsavers were seen as 'a source of support'. For example, the sponsored trip to Home Bay for the UN day of people with disabilities helped students with disabilities to better understand their rights and the services available to them.

Children themselves reported a generally positive view on schooling. They tried not to miss classes or be late, they felt good about education and saw it as a way to improve their opportunities in future life, including in employment. The disability forum in Homa Bay enabled children to engage with positive role models, through interacting with people with disabilities who were successful and had jobs.

Box 3: Observed positive outcomes in children with disabilities

- Improved academic performance: verbal and oral communication skills, reading, singing and dancing skills, overall development through learning
- Improved wellbeing: self-esteem, confidence, feelings of being included and being cared for
- Improved independence: walking, self-care, socialising, participation in household chores

There were, however, a few examples of continuing unkindness from peers. Some children did not fully accept children with disabilities in their classes. As a result, some students with disabilities continued to experience negative, unkind or insulting comments, as well as labelling and abuse.

Changes in school environment

A number of participants noted positive changes to the school environment, such as the construction of accessible latrines and ramps. Accessible and easy-to-use toilets were noted as a major change and asset, significantly improving children's experiences of schooling.

However, some teachers expressed a need for more toilets, given the high number of students in school. Another major challenge identified was the lack of a permanent water source. Due to this, pupils were sent out to fetch water, which for children with visual impairments was a significant safety risk. Study participants made suggestions of a permanent water source on school premises, for example, via a borehole.

It was also reported that although the overall school cleanliness had improved, there was insufficient provision of personal hygiene items, such as soap, toothpaste, pads and nappies. Parents did not provide the required quantities and some children had to miss lessons, or teachers had to purchase these items themselves. This continuing problem affected children's attendance

and undermined their self-esteem. Participants suggested that parents should be informed of any shortages in personal items in plenty of time to arrange the necessary supplies.

Box 4: Positive changes to the school environment

- Construction of accessible latrines
- Construction of ramps
- Improved cleanliness
- Improved accessibility of school grounds
- Renovation, increased capacity and quality of the disability assessment centres
- Availability of medicines in school (eg epilepsy medication, general sickness treatment)
- Availability of physiotherapy in school
- Improved availability of assistive devices

It was further noted that general accessibility around the schools had improved, but there were a number of structural issues regarding buildings and pathways that needed further work. For example, study participants suggested flatter terrain and marram grass to promote higher mobility and prevent injuries. It was also noted that at present children had to use unmarked stairs, which was unsafe for children with visual impairments.

Study participants identified a number of other problems that undermined effective learning, namely large class sizes, inappropriate lighting in the classrooms, and lesson plans which were not yet fully inclusive. Students with disabilities said that they often experienced difficulties seeing the board and hearing the teacher, while teachers talked specifically about large classes (up to 60 students) and the lack of assistants to help children with disabilities. Teachers expressed concerns that the learning of children with disabilities was compromised due to the high student-to-teacher ratio, and felt that the schools needed more staff. Pupils also felt that their school experience would improve further if they had a teacher mentor and, for residential students, a member of onsite staff providing them with continuous support.

Teachers also pointed out that learners with hearing impairments experienced difficulties adapting to the sign language taught in school because they were used to the local signs used at their home.

Furthermore, teachers felt that the curriculum was too congested. They recommended establishing a more flexible curriculum, which could be more easily adapted to the needs of children with

disabilities. Parents wanted Sightsavers to help them to identify the strengths and talents of their children and focus on developing them.

Another major challenge identified by study participants was the lack of educational resources, such as enlarged letters, individual textbooks and picture books. Schools also wanted to have more play materials, including a variety of movable and immovable objects for students with disabilities, enabling them to participate in outdoor play.

Provision of assistive devices, equipment and other medical supplies was appreciated. Schools reported having the necessary medicines to help children who were ill, and to administer treatment during epileptic attacks. Resources such as hearing aids also assisted in children's socialising within their family. Physiotherapy support improved children's mobility and prostheses enabled children to participate and assist in household chores. However, the number of assistive devices available was insufficient to meet the demand, with particular shortages of wheelchairs, hearing aids and low vision devices. Schools also pointed out that they required a sustainable system for equipment maintenance, which was not in place.

Renovations to the disability assessment centres made a clear difference to assessment experiences. The improvements allowed for more students to be assessed and for more advice and counselling services for parents. However, a number of parents and children with disabilities expressed confusion over the identification of certain disabilities. Specifically, parents wanted more information about their child's condition and whether it changed (improved or deteriorated) over time. They wanted, for example, to know the reason why their child switched from using walkers to using wheelchairs. Teachers wanted more guidance from the assessment centres regarding multiple disabilities, as well as a clearer categorization of learners.

Box 5: School challenges that have not been fully addressed

- Not enough accessible toilets to meet the demand
- Lack of a permanent water source in school
- Insufficient and delayed provision of personal hygiene items (soap, toothpaste, pads and nappies)
- Insufficient adjustments to school buildings and pathways, with problems such as uneven outside surfaces and unmarked stairs
- Large class sizes and high student-to-teacher ratio
- Lack of assistants to help teachers in the classroom
- Inappropriate lighting in the classroom
- Placing students inappropriately in the classroom – for example, seating children with vision or hearing impairments too far from the teacher

- Inconsistencies between the sign language taught in school and at home
- Lack of educational resources, such as enlarged letters, individual textbooks and picture books
- Not enough assistive devices, especially wheelchairs, hearing aids and low vision devices
- Lack of systems for maintaining assistive devices and equipment
- Lack of play materials for outside
- Congested curriculum and insufficiently adapted lesson plans
- Unkind attitudes, labelling and abuse from some peer students

Teachers wanted to receive more continuing professional development and training in special educational needs, covering both the identification and support of children with disabilities. Specifically, they wanted help in recognising signs of specific conditions and in developing skills to handle certain conditions, such as epilepsy and autism. They also wanted help with the implementation of individual education plans (IEPs) and further training in sign language. Teachers also highlighted the need for a better system of incentives and motivation for staff.

Both parents and teachers expressed a need for pathways for transition to secondary education and more vocational training options for children with disabilities as they progress from primary school. Suggestions were made for Sightsavers to sponsor a project to create vocational training opportunities and to establish a vocational training centre for young people with disabilities.

Another request from both parents and teachers was for more diverse specialist staff, such as nutritionists, physiotherapists and occupational therapists, and a need for a well-equipped rehabilitation centre to assist the physiotherapists.

Box 6: Recommendations for further improvements in schools and classrooms

- More accessible toilets
- A permanent water source in school
- Mechanisms for timely communication to parents about providing hygiene items
- Further accessibility work on school grounds, with improvements to outside pathways, unmarked stairs and building structures
- A well-equipped rehabilitation centre
- More teachers and classroom assistants
- More specialist staff: nutritionists, occupation therapists and physiotherapists
- Mentor teachers and onsite staff for residential students

- Guidelines for lighting and student positioning in the classroom
- Help with making the curriculum and lesson plans more flexible for adaptations
- Further teacher training on the identification and support of children with disabilities, and on sign language
- Help with the implementation of IEPs and the development of individual students' talents
- Guidelines on support for children with multiple disabilities, and on differential teaching and learning
- Better incentives and motivation of staff
- Information and guidance for parents on specific impairments and related needs
- A sufficient number of educational and play materials, including for outside activities
- A sufficient number of assistive devices and equipment
- A system for maintenance of assistive devices and equipment
- Clearer pathways for transition to secondary education and more opportunities for vocational training

Community-level changes

As in the first phase of the study, participants reflected on a variety of attitudes towards disability in their communities. Some community members were helpful and supportive, while others opposed the idea of children with disabilities going to school.

Positive experiences described by study participants included support with food, engaging children with disabilities in sports, helping them get to school and improving school security by hiring a school watchman. There were examples of including children with disabilities in church prayers and hiring sign-language interpreters for children with hearing impairments. Some participants reported donations such as clothing, especially from hospital staff, while the constituency development fund made contributions to school renovations. Some parents said that the awareness and community mobilization initiatives organised by the project helped them to speak more openly about disability and that Sightsavers were viewed positively, as facilitators of their children's inclusion. The positive experiences of families whose children were enrolled in education encouraged other parents to send their children to school too.

Negative experiences reported by study participants included the lack of proactive assistance, and stigma. These experiences made children feel uncomfortable and made some parents worry about the safety of their children, particularly girls. Some people did not want to help children with disabilities because they did not see any value in their education, while others believed that the children were already getting the necessary help from non-governmental organisations (NGOs).

There was general agreement that more awareness at the community level was needed to support children with disabilities. Suggestions made by study participants included raising awareness of what children with disabilities can do, establishing links with other relevant organisations, for example the Association for the Physically Disabled of Kenya (APDK), and increasing children's involvement in community events, such as church activities and weddings.

There was general acknowledgement of the importance of effective communications between parents and their children. A number of teachers noted that family communications and parents' attitudes towards their children's education had improved since the start of the project. They noted specifically the role of parents' meetings and the training for parents in sign language offered by Sightsavers. Sign language training was highly valued and many parents wanted to enroll on the course. However, a number of children continued facing difficulties in communication, particularly when their parents communicated in signs different from those taught in school. This lack of a common language often contributed to children's isolation and loneliness in their home environment.

Suggestion for improvements in home communications included raising awareness and gaining more support from parents, more sign language training seminars for parents and families developing a deeper understanding of children's impairments and related needs. Parents also requested stronger security systems, especially for girls, and more regular feedback from the school through letters sent with their child.

Policy-level changes

The findings of this phase of the study were similar to the findings of phase one. Some parents continued feeling that they were insufficiently supported by the government. Many experienced significant financial difficulties in supporting their children's education. Parents struggled to find money to cover the costs of school fees, food and the repair of assistive devices. School fees were highlighted as a major challenge. Some parents who applied for a bursary did not get one. Some reported that there was misinformation circulated in the community suggesting that the parents of children with disabilities are exempt from school fees, which is not the case. Many parents also said that the distance to school and the lack of transport remained a challenge for both children with disabilities and their families.

Parents asked the government to make adjustments to school fees for children with disabilities. Some asked whether Sightsavers could offer assistance with the payment of school fees or whether they could advocate to the government the provision of free primary education for all.

Teachers said that they would like the government to open vocational training institutes. Further, teachers requested that Sightsavers advocate the employment of more teachers and teaching assistants, and for them to be paid the special needs allowances.

Box 7: Recommendations for further improvements in policies and community support

- Raising awareness about disability and the value of educating children with disabilities
- Involvement of children with disabilities in community activities
- Information for parents on specific impairments and related needs
- Mechanisms for regular communication between schools and parents, such as letters
- More sign language training for parents and alignments between the language spoken at home and in school
- Building close links with relevant organisations working at community level
- Advocacy of free primary education or subsidized fees for children with disabilities
- Advocacy for allowances to support the costs of school transport, food and maintenance of assistive devices
- Advocacy for a higher number of teachers and teaching assistants and for the payment of special needs teacher allowances

Conclusion

Since the Pamoja project began, participants felt overall that learning had improved. There were examples of writing, reading and speaking improvements, and parents and pupils felt that the standard of inclusive teaching had improved. Participants identified some remaining learning hindrances, such as class sizes, incorrect lighting levels in classrooms, and lesson plans not yet being adequately inclusive. Participants felt that extracurricular activities had been strengthened, for example through participation in social activities, inclusion in sports, and children feeling more comfortable at school. There were many examples of increased wellbeing since the project started. Self-esteem, confidence, children's sense of belonging and various forms of care were identified as having improved. However, there were a few examples of continuing unkindness from peers towards children with disabilities.

It was further reported that there was some improved cleanliness at school. However, there was often insufficient provision of personal hygiene items and some lessons were missed when children were addressing personal needs. Accessible toilets have improved the school experience. However, the distance to school and lack of transport remains a challenge for children with disabilities and their families. Peer support from children without disabilities living near the school was helpful, as they volunteered to go with their classmates with disabilities to and from their home. Children with disabilities shared examples of being supported by their classmates and being supervised and helped by their teachers.

All participants felt that general accessibility around the schools had improved, although there are still key areas that need further work. A lack of inclusive resources remains a key issue, including play materials and wheelchairs. Hearing aids and calendars have been particularly appreciated but there is a need for higher quantities in order to meet demand.

Renovations to assessment centres have made a clear difference to the assessment experience. However, parents and children still expressed some confusion over the identification of certain disabilities. Teachers recognise that it would be beneficial for them to receive further and continued training in special educational needs, in both the identification and support of children with disabilities.

Participants expressed a desire for more specialised staff who could be readily available if there was a problem. Teachers expressed that they were overstretched and needed additional staff. Both parents and teachers expressed a need for transition to secondary education and more vocational options for the children as they progress past primary age.

Participants reflected that community attitudes and support varies with some community members being cooperative and supportive, while others are against children with disabilities going to school. There was general agreement that increasing community awareness could better enable children with disabilities to thrive and enjoy education.

There was general acknowledgement of the importance of good communication between home and school. Some teachers noted a marked positive change in overall parental attitudes. Many parents expressed a keen desire to learn sign language. However, there were calls to further strengthen communication between the families and the schools.

Finding the money for school fees, food and wheelchair repairs remains a significant barrier to education. Study participants called for advocacy for free or subsidised education for children with disabilities, financial support for food, transport and other expenses, and higher numbers of teachers, with better incentives.

Findings from this report will be used to create recommendations for adjustments within the next phase of the Pamoja project.



Contact us

If you require any further information about Sightsavers' inclusive education work in Kenya, please do get in touch with Elizabeth Owuor-Oyugi, Sarah Maiywa or Charles Odol.

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Incorporated under Royal Charter Registered Charity Nos. 207544 & SCO38110 Royal Commonwealth Society for the Blind.