Still left behind:
Pathways to inclusive education
for girls with disabilities

June 2017

Still left behind:
Pathways to inclusive education for girls with disabilities

Executive summary

Girls with disabilities are among the world's most marginalised groups of society, resulting from social norms and cultural bias around gender and disability. Those agencies committed to gender equity in education overlook the specific situation of and added barriers faced by girls and women with disabilities, and those who are committed to disability inclusion and equity fail to apply a gender perspective. As a result, girls with disabilities have limited educational opportunities.

The aim of this research was to provide a synthesis of the understanding of barriers to education for girls with disabilities and bring together evidence of effective or promising programme approaches that address these barriers.

Despite growing commitment to gender and disability inclusive education by governments, donors and (inter)national development organisations, there is still very little in the way of documentation and robust evidence on research and programmes that address the intersectional marginalisation of girls with disabilities in education.

The majority of the inclusive education programmes on which documentation was available were implemented by disability-focused organisations. This may account for the greater emphasis on disability inclusion, with gender as a secondary factor to exclusion. While there has been evidence of greater numbers of girls with disabilities enrolled and retained in school, there is also consistent reference to girls with disabilities dropping out, more than boys, and often due to gender-related challenges. There needs to be more in-depth analysis of the interaction between gender and disability, and more attention to power relations on which gender roles are based. Child protection issues are recognised and addressed but need more rigorous monitoring of how policies are developed and implemented.

Inclusive teaching methods are shifting to more child- and learner-centred approaches and classroom adaptations. However, girls with intellectual and profound disabilities continue to be marginalised due to a lack of policy clarity on how to provide education for children with more severe disabilities, and the gaps in resources and teacher capacities to support these children. There needs to be more in-depth impairment-specific and gendered analysis, with documentation and sharing of applied and effective inclusive education practices.

Collaboration among non-state actors is important in reviewing and submitting recommendations on adaptations to legislation and policies. It is especially critical to review policies on inclusive education with a gender lens and align policies on inclusive education and girls' education. The intersection between gender and disability and the gendered nature of marginalisation for children with disabilities needs to be analysed in depth to help formulate and monitor policies and programmes.

The key findings and recommendations from the report are:

- The development of gender- and disability-sensitive indicators will provide a more consistent picture of educational inclusion and allow for comparison across programmes.

- The application of an equity-focused gender and disability lens to budgeting and resource allocation will support (hidden) costs that disproportionately affect girls with disabilities.

- Greater efforts to embed gender equality principles in teacher training on inclusive education will promote more positive attitudes towards girls with disabilities.

- Donors and other development partners that invest in education programmes should ensure programmes are both disability inclusive and gender sensitive.

- Governments should develop national education policies to protect children from abuse, neglect, violence and exploitation both within and outside the school setting.

- The integration of research and documentation of good practice on education interventions for girls with disabilities into education plans and robust processes to monitor the impact of interventions on girls with disabilities will help build a much needed evidence base.

- Greater collaboration between mainstream and disability-specific organisations and Disabled People's organisations (DPOs) is indispensable in order to bring all relevant expertise together towards greater impact.

Contents

Introduction: the context

Girls with disabilities are among the world's most marginalised groups of society, resulting from social norms and cultural bias around both gender and disability. Yet their needs, and the double discrimination they face, have largely been neglected and overlooked in education dialogue and practice. This greatly limits their educational opportunities.[1] Those committed to gender equity overlook the specific situation of and added problems faced by girls and women with disabilities, and those who are committed to disability inclusion and equity fail to apply a gender perspective.[2] Both disability and gender are significant factors for exclusion and are often treated separately.

Sustainable Development Goal (SDG) 4 focuses on *ensuring inclusive and quality education for all and promoting lifelong learning.* Gender equality has been recognised as crucial for achieving the right to education for all. It is also a critical element of a broader perspective on equity and inclusion where gender inequality is heightened through additional factors of exclusion, for example in situations of conflict, in rural areas, among the poorest households and for children with disabilities and members of ethnic minorities.[3]

This report explores the challenges faced by girls with disabilities in relation to education, and what can be done to address them. Section I explains the purpose and methodology of the desk research, and clarifies the most important terminology. Section II starts from the gender perspective and explores the additional layer of barriers added by disability for girls. Section III gives a brief overview of relevant international frameworks that relate to gender and disability in education. It also looks at policies by government development departments, civil society networks and organisations that seek to address gender and disability in submissions to duty bearers, or in organisational strategies. Section IV describes selected programmes or projects that have addressed or are addressing the education of girls with disabilities, analysing their effectiveness and highlighting gaps and challenges in tackling barriers. Section V provides conclusions and recommendations based on the findings.
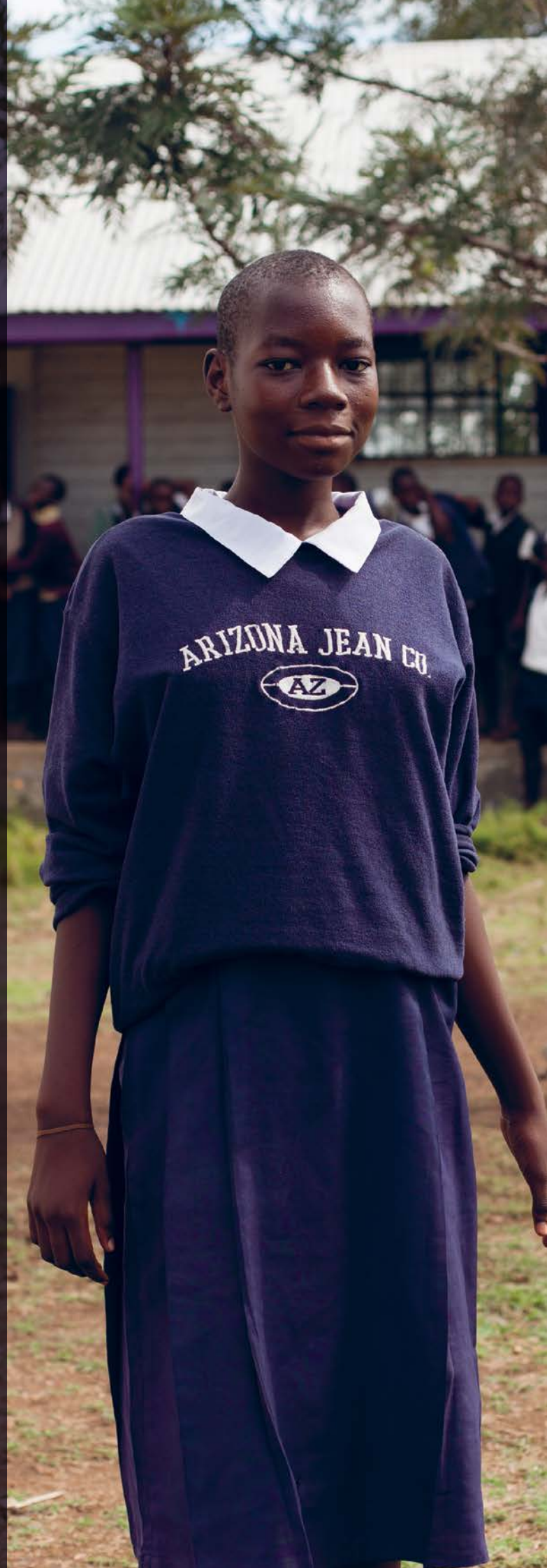
A. Purpose of the progress review

This progress review aims to contribute to and bring disability into discussions around SDG 4 by:

• providing a synthesis of the understanding of the additional barriers that girls with disabilities face in education

• highlighting effective or promising approaches and programmes addressing these barriers, including policies and legislation

• pointing to gaps in evidence

• providing recommendations on a way forward

B. Methodology

The research was broad in scope, aiming to provide a global perspective. An Internet search of relevant grey and academic literature on gender-responsive inclusive education was carried out. A search of websites of (inter) national non-governmental organisations, donors, and research institutions on the subject of gender-responsive inclusive education was conducted. In addition, requests for information on gender-responsive inclusive education interventions were submitted to platforms such as the Pelican Initiative and the Gender and Development Network UK. Subsequent referral to contact persons was followed up via email and phone with requests for sharing of studies, evaluations, progress reports, and other relevant documents of interventions that were implemented since the enactment of the UN Convention on the Rights of Persons with Disabilities (CRPD) in 2008. In the absence of, or in addition to available documents that could be shared, a number of interviews with relevant staff were held to clarify details and/or elaborate verbally on education interventions aimed at girls with disabilities.

Academic articles were included when they explicitly explored or referred to interventions for girls with disabilities. Grey literature consists of case studies, summary brochures of studies, and mid-line and end-line evaluations. Information on organisations' websites may be mentioned but is not considered evidence.

C. Clarification of terminology

Disability is defined by the CRPD as *'an evolving concept and that disability results from the interaction between persons with impairments and attitudinal and environmental barriers that hinders their full and effective participation in society on an equal basis with others.'* This definition is based on the social model of disability, which highlights the importance of interaction and the fact that society is the main contributory factor in disabling persons. This contrasts to the medical model of disability where the focus is on an individual's impairment.

Gender refers to the social attributes and opportunities, roles and responsibilities associated with being male and female, and the relationships between women and men and girls and boys. Gender determines what is expected, allowed and valued in a woman or a man in a given context.[4] However, these concepts are learned and can change over time and vary within and between cultures.

Gender sensitivity refers to the ability to recognise the impact of gender roles and expectations. A gender-sensitive programme takes these roles, norms and relationships into account.

Gender-responsive policy and programming goes beyond the identification of gender issues and working with the specific needs under a 'do no harm' principle. Instead, it helps address and overcome historical bias, actively seeks to reduce harmful effects of unequal gender roles and norms, and works towards gender equality.[5, 6]

Special education is when children with disabilities are educated separately from their non-disabled peers, usually in special schools or institutions.

Integrated education is when children with disabilities are educated in mainstream schools but either separately from other children in special classes or alongside non-disabled peers in mainstream classes that have not been adapted and/or modified to meet their needs.

Inclusive education refers not only to disability but also to the concept that education systems must include and serve all children effectively with the commitment to leave no one behind. All factors of exclusion must be tackled by *'addressing and responding to the diversity of needs of all learners through inclusive practices in learning, cultures and communities and reducing exclusion within and from education.'*[7] Inclusive education covers a variety of hard-to-reach and marginalised children e.g. street children, working children, children from ethnic, religious and linguistic minorities, nomadic and displaced children and those living in informal settings. This means that a variety of targeted interventions with attention to each child's specific context is necessary to ensure that the education system is inclusive, ideally providing choices for parents and children to find the educational environment most suited to each child's needs.

II Barriers to education for girls with disabilities

The *World Report on Disability* (WHO, World Bank, 2011) estimates that between 93 million and 150 million children up to the age of 14 are living with disabilities.

They are less likely to enrol in education, and have lower rates of attendance and completion, making disability one of the most prominent factors in educational marginalisation. This needs to be seen not only in the context of access but also with regards to the quality of education in an enabling environment that is conducive to learning.[8]

Adding a gender dimension, the analysis of 51 countries included in the World Bank/WHO report shows that *'50.6% of males with disabilities have completed primary school, compared with 61.3% of males without disabilities. Females with disabilities report 41.7% primary school completion compared to 52.9% of females without disabilities, a difference of 8.9% between males and females with disabilities.'* [9]

Comprehensive research conducted by Harilyn Rousso for UNESCO found that the literacy rate for adults with disabilities is 3%. For women with disabilities the literacy rate is even lower, at 1%.[10] However, overall there is a dearth of education statistics on women and girls with disabilities.

It is recognised that whilst the education of girls and women is of significant and far-reaching benefit for women, their families and communities, barriers to education for girls in developing countries remain. Interventions on girls' education have often concentrated on enrolment and attendance, and less on their meaningful participation and empowerment.[11]

Both disability and gender are significant factors for exclusion, yet the focus of attention (and this is reflected in the available literature) has mostly been on either one or the other. Internationally, little attention has been paid to exploring and addressing gender issues among children with disabilities in education sector plans. The lack of research and literature on education for girls with disabilities, especially compared to boys with disabilities, and girls without disabilities, reflects this. This makes it difficult to clearly identify the intersectional bias of gender and disability.[12, 13]

Barriers to girls' education and gender parity in education are deeply entrenched in social norms and reflected in institutional constraints and inadequate legislation and policies. Schools tend to mirror patriarchal structures and reinforce traditional gender roles and stereotypes. This perpetuates gender inequalities in each generation of school-going children.[14]

- **Inadequate legal frameworks** and lack of policy enforcement mean that girls are often not registered at birth. They are therefore not eligible for school enrolment or examinations.[15]
- Families often resist sending their daughters to school for fear of their **safety and protection** from sexual violence, or because they don't see the value of education for girls who are meant to marry and focus on care for home and families.[16]
- Other social norms around **traditional division of labour** expect girls to take on unpaid care (e.g. for siblings) and domestic work.
- **School-related gender-based violence** is a major reason for children dropping out of school, with girls experiencing predominantly sexual violence, and boys more often physical violence from teachers, staff and peers. School-related gender based violence can occur during travel to and from school and at school (empty classrooms, toilets, playgrounds).[17]
- The lack of **appropriate sanitation**, especially in the context of menstruation, accounts for girls dropping out or regularly interrupting their education.

- The consequences of sexual violence and harmful practices such as early marriage and Female Genital Mutilation/Cutting (FGM/C) coupled with an **inflexible curriculum** prevent girls from returning to education, especially when they are pregnant or have small children.
- **Teachers' expectations** are often gendered and reinforce gender stereotypes and patriarchal structures. Curriculum material and learning and teaching processes reflect male-centred perspectives and power hierarchies.[18]
- **Learning outcome differences** (numeracy, literacy) between girls and boys are dependent on location, poverty/wealth level, type and severity of disability, and ethnicity. Disparities are often reinforced by gender stereotyping.
- In some countries **girls' education is deliberately targeted**, e.g. in Afghanistan, Nigeria, and Pakistan. This results in girls being physically harmed or removed from school for their safety.[19, 20] In regions of conflict and where people are displaced and separated from their homes and families, girls are at even higher risk of losing out on an education.

It is well accepted that gender interacts with other factors based on, for example, age, ethnicity, location (rural/urban), and disability. All of the above barriers apply to girls with disabilities. However, the disability bias adds another layer of obstacles and risks, thereby intensifying their exclusion. Furthermore, the community of girls with disabilities is not a homogenous group. Different types of impairments carry different levels of stigma and diverse needs, which require a variety of accommodations and modifications.

Research findings from Education for All (EFA) in 2003 into the educational opportunities and outcomes for girls with disabilities come to the conclusion that little is known about how girls with disabilities have fared. What can be extrapolated from the research points to rather disappointing results.[21] Unfortunately, it seems that almost 15 years on, there is still scarce research into girls with disabilities in education, and many barriers remain in place.

Enrolment
Cultural bias and rigid gender roles are the most frequently mentioned barriers to education for girls with disabilities. It is often assumed that girls with disabilities will not marry. This can contribute to further devaluation of a family in societies where girls are clearly of lesser value. As a result, girls with disabilities are often hidden to avoid the associated shame and ostracism.[22] A study in rural Iran, where farming is the primary activity, emphasises the intersection between gender, disability and rurality where educational opportunities are limited to begin with, and traditional patriarchal gender beliefs further reduce educational chances for girls with disabilities. Education is seen as having the purpose of getting a job. As girls in general, and girls with disabilities in particular, are not expected to work, there is no perceived need for education. Their role will be entirely focused on unpaid care and domestic work while being financially dependent on fathers and brothers.[23]

Economics are therefore connected to gender roles. In impoverished families, resources have to be carefully managed. The value of education (and subsequent investment) is most often reserved for boys as they are expected to return the investment at some point by supporting the family. Boys with disabilities may still be expected to marry and become breadwinners, and are therefore more likely to be sent to school than girls with disabilities (and sometimes girls without disabilities).[24]

A study in the Middle East found that with more resources available at family level, and precisely because they are not expected to marry and fulfil the traditional roles of mothers and wives, girls with disabilities are given greater freedom and have therefore greater access to education and vocational training. Because of the perceived lack of traditional value, there is no fear for her safety as it is assumed that the disability renders her invisible or undesirable.[25] However, there is not enough global research on how and in which contexts wealth influences the freedom of girls with disabilities to establish if the study is an isolated finding or representative of access to education for girls with disabilities from middle and upper class families.

In (post-) conflict areas, girls with disabilities often do not access education. In Northern Uganda, for example, women with physical disabilities said that during the conflict they were never sent to school by their parents. This was because of long distances from rural homes to schools without transport, inaccessible WASH facilities, and the constant threat of violence. Adolescent girls with disabilities who have remained in camps for internally displaced people – because they have been separated from families and have no means or further connections to return to their homes – are often forced to choose a relationship with a man for protection and financial support, thereby forfeiting opportunities to get an education.[26]

A study on education and disability in countries affected by conflict found that in Darfur, **non-formal education structures** and child-friendly spaces such as children's clubs function both to protect and educate children through play, learning and socialisation. In some cases clubs also provided extra food and information e.g. vaccination campaigns. Girls were more often enrolled than boys because the latter were expected to help with agricultural chores and minding cattle. However, few children with disabilities were reported to attend, most often because of parents' lack of understanding, shame over disability, ill health of children, lack of transport etc. These clubs were seen as a first step to school, and UNICEF and other INGOs were involved in lobbying the government of Sudan to formalise the clubs into official pre-school education structures. At the time of the study's publication (2011) it was of particular concern that no efforts were being made to make these clubs inclusive so that children with disabilities would not miss out on pre-school opportunities in preparation for formal education.[27]

Distance and transport

In rural areas, schools are more likely to be at a considerable distance from home, which would either require boarding, long walks or costly transport. Overprotection of girls with disabilities often means that they are kept at home because parents want to keep them close by.

In some countries, such as Tanzania and Uganda, girls with Albinism are at high risk of violence based on the myth that a body part from a person with Albinism can bring good fortune. Residential settings are often not trusted because of the high risk of abuse; or there may not be enough affordable boarding facilities that are available and accessible for girls with disabilities.

Even transport to schools close to home may be necessary for a girl with limited mobility or a visual impairment. Gender bias in access to rehabilitation and assistive devices such as wheelchairs, prosthetic and orthotic devices, means that women and girls with disabilities are referred and fitted out less often than men and boys. Girls are dependent on family members to carry them, or provide escort for safety and cultural reasons, which is prohibitive in regard to time investment and costs, especially when parents are poor, and need to pursue livelihoods.

Research from Latin America found that boys with disabilities are more likely to ask for help from friends e.g. being lifted into buses, or use more dangerous forms of transport such as adapted motorcycles. Girls with disabilities are seen as fragile and dependent and unable to rely on peers, or find creative solutions to problems of transport and support. This results in girls being kept safe but isolated.[28]

Inaccessible infrastructure, toilet facilities and assistance

The absence of accessible school buildings and classrooms is a barrier for all children with disabilities. Lack of accessible and/or separate toilets and washing facilities place a particular burden on girls with disabilities who may need assistance with toileting, and menstruation management. A girl's need for help with such personal tasks is of concern especially in societies where modesty is emphasised. Lack of provisions that may help girls with (and without) disabilities to manage their periods in a safe way may reinforce stereotypical and negative attitudes about girls' inability to function as students.[29]

Violence and harmful practices

Whilst sexual violence is a potential risk for all girls, and to some degree boys, girls with disabilities experience violence at much higher rates, and at more severe and chronic levels than their non-disabled peers within the family, institutions, and the community. Girls with disabilities are perceived as helpless, asexual and powerless and are therefore at particularly high risk, especially in residential school settings.[30] Girls with disabilities lack general education and sexual health education. They may not recognise risks or know how to respond to sexual harassment or violence. Girls with intellectual and hearing disabilities are the most at-risk groups of girls to experience sexual violence. Girls with disabilities are less likely to report abuse, and if they do they are often considered not credible, especially if they have a sensory, intellectual, or psycho-social impairment. The disability and gender bias exhibited by authorities, e.g. police and community leaders, does not afford the girls enough importance to take complaints of sexual violence and other forms of abuse seriously.[31, 32]

In addition, the myth (in many African countries) that having sex with a girl with a disability who is a virgin will cure AIDS puts them at an especially high risk of HIV infection, pregnancy and other consequences of sexual assault and rape – particularly in situations of conflict and displacement. Research conducted in the USA found that girls with disabilities had higher rates of adolescent parenting than non-disabled girls, and that sexual abuse was often the cause for the pregnancy.[33] Girls with disabilities are also at risk of being trafficked or sold into prostitution because their impairments are assumed to limit their chances of escape.[34]

A recent global study on **school-related gender-based violence** found that, especially in sub-Saharan Africa, violence against girls by (older) male peers and teachers is common, with sexual abuse by male teachers more often in regions that experience conflict and in refugee settings. Children with disabilities, those from ethnic minorities and orphans are at higher risk. School-related violence is often referred to in the context of, for example, bullying, and gang violence, without attributing violence to gender.[35] Similarly, there is increased recognition that students with disabilities face disability harassment. There is little attention to the combined sexual and disability harassment that girls and young women with disabilities face. However, pilot studies from the USA suggest that girls with disabilities face higher rates of abuse than boys who are disabled or girls without disabilities.[36] When violence is reported to management, institutional status and reputation take precedence over the rights of girls with (and without) disabilities.[37]

Early marriage

Early marriage is both a cultural expectation linked to gender roles, and a potential coping strategy for economic survival. Many poor families will try to marry their daughters with disabilities as soon as possible to transfer the burden of care and be assured that someone will take care of their daughter. This puts these girls at higher risk of ending up in abusive relationships and prevents them from accessing education.[38]

Lack of positive representation and role models

Educational materials used by students with disabilities show either a stereotypical or under-representation of women and girls with disabilities. The lack of role models, i.e. women (and men) with disabilities, in educational material, in the media, and as educators and mentors, underline their invisibility. Positive role models are needed to shift attitudes and encourage girls with disabilities (and their families) to pursue education.[39]

Teacher training and attitudes

Girls with disabilities can remain invisible in a competitive classroom climate when teachers have low expectations of children with disabilities in general, and girls with disabilities in particular. Even in special educational schools, teachers may be more trained in teaching life skills and vocational skills to children with disabilities (for example embroidery for girls or carpentry for boys) and don't focus enough on academic achievements.[40] Teachers often don't have the skills to adapt their lessons and material to specific impairments and different levels of severity of disability. In developing countries, the move to universal free primary education has meant that the number of enrolled children in classes has not been matched by teaching staff. In classrooms where the teacher- children ratio can be 1:100, and education assistants or other support are not usually available, there is little time and opportunity for teachers to support children with disabilities. Girls with disabilities are most likely to be overlooked. Experiences of bullying, being outnumbered by male peers and being discouraged to succeed all contribute to low self-esteem and a high drop-out rate.[41]

Assistive devices, rehabilitation and special education services

Girls with disabilities have less access to assistive technology and rehabilitation, and are less likely to receive additional educational support than boys.[42] In industrialised countries, where school personnel identify 'special educational needs', boys tend to be on teachers' radar with behavioural issues and are subsequently identified with perceived learning difficulties. Girls often don't act out at school due to cultural pressures. A study from Great Britain noted that particularly girls with emotional disabilities had limited access to education services. Girls with disabilities in the USA often only received services after they showed behaviours typical for boys who were already receiving special education and/or presented with more significant levels of disability than boys.[43, 44] Special education schools are most often located in urban areas and are less accessible to rural children with disabilities, specifically to girls with disabilities. In India, eight out of ten schools for blind students in New Delhi are boys-only schools, even though there is a much higher rate of blindness among girls than boys.[45]

Vocational training and careers advice

Vocational training and careers advice for adolescent girls with disabilities are often gender stereotyped, guiding them towards lower paying jobs with fewer career advancements, or are discouraging them to continue education beyond the most basic levels. The lack of adequate and more diverse vocational training contributes to the higher unemployment rate among young girls with disabilities after they have left school.[46]

Costing

A 2016 report *#Costing Equity – the Case for Disability-Responsive Education Financing*, coordinated by IDDC and Light for the World, calls for substantial additional investment in systemic reform to achieve inclusive education. This would mean governments taking into consideration the higher costs associated with the additional needs of some learners. However, investments in teacher training and child-friendly, safer, and accessible infrastructures would benefit all children. Adapted learning materials such as Braille, large print, audio and easy-read books, along with improved and accessible Information and Communication Technology, are often not available in developing countries. This would significantly increase educational opportunities and achievements of children and young people with various impairments. Assistive devices are often not affordable for families of children with disabilities, especially when they have to be regularly adjusted for growth. Inclusive budgeting with an equity-focused gender and disability lens is essential to ensure that funds are available and appropriately allocated.[47]

The report states that child-friendly inclusive education contributes to gender empowerment and that gender-responsive budgeting has been crucial in understanding the impact of budgets on girls and boys. However, there is no further emphasis on making budgets both disability- **and** gender-responsive.

Barriers to education have multiple and complex layers, all of which are interrelated in, at times, complex ways. These include social norms, attitudes and value systems, political will, institutional capacities and resources, technical knowledge and skills, and attitudes. The table on pages 18-20 summarises the barriers to education faced by girls with and without disabilities. The first column shows the shared obstacles that girls with and without disabilities both encounter. The second column describes the additional barriers for girls with disabilities. The last column encapsulates the root causes of the barriers.

Issue	Shared barriers for girls with and without disabilities	+	Additional barriers for girls with disabilities	Root causes
Enrolment, completion including costs	Boys prioritised when resources are scarce. Early marriage, harmful practices; unpaid care and domestic work over value of education.	+	Priority of non-disabled siblings, and boys with disabilities over girls with disabilities. Hidden away due to shame or fear for safety; forced marriages. Refusal of schools to enrol.	Social norms/attitudes that girls with disabilities have less value, based on both gender and disability; resource-poor families make choices based on perceived return on investment and gender roles. Misconceptions and stigma attached to disability isolate families and girls with disabilities; low status of girls with disabilities and male dominance don't afford girls with disabilities decision-making power. Attitudes and stigma extend to the school authority and confirm the bias at institutional level.
Distance of schools and transport	Safety concerns during travel to and from school related to safety of transport and protection from abuse, especially sexual violence.	+	No accessible transport – depending on availability of parents to provide transport; diminished access to mobility aids. Fewer secondary schools for girls with disabilities or accessible boarding schools, especially in remote areas. Higher risk of sexual violence in residential special schools and higher risk of sexual violence during school journeys.	Resource gap both at family and at institutional level – government subsidies often don't cover real costs; transport infrastructures are not designed with disability in mind. Lack of political will and resources to provide adequate school places for girls with disabilities. Gender inequality and power imbalances between men and women put girls at high risk of sexual violence. This is exacerbated by the even lower status of girls with disabilities, and the frequent lack of consequences for perpetrators. Institutional gaps in providing protection and redress are based on a combination of lack of capacity in understanding disability and negative attitudes towards girls (and women) with disabilities.

Issue	Shared barriers for girls with and without disabilities	+	Additional barriers for girls with disabilities	Root causes
Teaching/ learning methods and material	Girls overlooked in classrooms, gender stereotypes reinforced through curriculum and male-centred pedagogy. Girls not included in classroom discussions and pushed into non-professional courses, limited transition to secondary education or vocational training and to work.	+	Poor learning outcomes result in girls pushed to repeat classes beyond age-appropriateness. Limited availability of reasonable accommodations or learning materials. No encouragement to transition because of perceived lack of labour productivity, pushed into low-skill vocational training. Limited referral for assistive devices and rehabilitation. Lack of health/ sexual education and increased risk of HIV infection and pregnancy.	Social gender norms that place higher value on boys and lower expectations on girls reflected in male perspective in pedagogy and curricula. Social norms on gender appropriate behaviour in interaction with peers and teachers, and on perceived suitable professions for women, reflected in unequal resource allocation and limited diversity in professional offers for girls in higher education. Teachers not motivated/not trained to adapt teaching material and pedagogy, or don't believe in inclusive education. This is based on poor incentives by government and/ or limited resources, and attitudes that children have to adapt to the school and fit into the education system. Misconceptions over capacity of girls with disabilities (including their ability to learn), compounded by social norms that attribute low-paid jobs to women, especially women with disabilities. Resource gaps at government service level compounded by attitudes that prioritise boys over girls in the provision of services. Negative attitudes and misconceptions that girls with disabilities are asexual, should not have sex and are not capable of taking care of children compounded by lack of understanding of how to communicate health and reproductive information to girls with intellectual or hearing disabilities.

Issue	Shared barriers for girls with and without disabilities	+	Additional barriers for girls with disabilities	Root causes
Inflexible structures	Competing demands with household work/care. Girls who are pregnant or have small children are not allowed to return.	+	Health-related interruptions without opportunities given to catch up. No resources (budget plans) provided to support special needs.	Social norms that prioritise the reproductive role of girls over education reflected in lack of supportive policies. Institutional capacity and political will to understand and accurately cost and allocate the resources needed to support special needs.
Poor quality environment, including WASH facilities	Modesty related issues for sanitation, including menstruation management. Overcrowded classes favour more vocal and assertive boys. Girls called out of class for cleaning, or fetching water.	+	Health issues around lack of accessible WASH facilities, especially during menstruation; inaccessible buildings/ classrooms (incl. light, sound). Girls with disabilities ignored; higher risk of abuse by teachers, peers, volunteers.	Institutional capacity and prioritisation based on lack of understanding of accessibility needs, and lack of understanding or giving equal weight to gender-sensitive infrastructures. Capacity gaps in supporting girls with disabilities according to impairment and gender specific needs; negative attitudes based on disability bias (incapable of learning) and gender bias (no value). Social gender norms that emphasis reproductive roles for girls.

III International frameworks & policies/position papers

Governments and international agencies have recognised the importance of developing frameworks and policies to respond to the barriers experienced by girls with disabilities in accessing education. The following table gives an overview of international frameworks and initiatives that provide pathways towards education for girls with disabilities, with key statements related to inclusion.

Table A: International frameworks and initiatives supporting inclusive education and girls' education

Framework	Article(s) on education	Consideration of gender and disability
UN Convention on the Elimination of Discrimination Against Women (CEDAW) 1981	**Art 10** refers to the elimination of discrimination against women, and to ensuring equal rights and opportunities with men in the field of education throughout the entire education cycle.	The original treaty text does not refer to or mention girls and women with disabilities. However General Recommendation No 18 by the Committee on the Elimination of Discrimination Against Women calls for measures to ensure girls and women with disabilities have equal access to education and employment among other services.[48]
UN Convention on the Rights of the Child (CRC) 1989	**Art 23** refers to the rights of mentally or physically disabled children to access (among other services) education in order to achieve the fullest possible social integration and individual development. **Art 28** recognises the right to education for all children on the basis of equal opportunity.	Within the definition of children with disabilities, the gender-neutral lens provides no perspectives on the specific situations of girls (and boys) with disabilities.
Salamanca Framework for Action 1994	The framework encourages governments to stop segregating educational provision for children with special educational needs (including children with disabilities) and to ensure schools '...accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other condition.'	In this framework, special educational needs are not just related to children with disabilities. The framework makes it clear that a range of vulnerabilities, such as poverty, ethnicity or language, could affect any child's ability to learn. Inclusive education is therefore conceived as a way to ensure that the needs of all children are being properly accommodated. The framework calls for education to become child-focused and to acknowledge the heterogeneity of children, even within their 'assigned' vulnerable groups, e.g. gender, disability, ethnicity.[49]

Framework	Article(s) on education	Consideration of gender and disability
Education for All (EFA): Dakar Framework for Action 2000	**Goal 1:** Expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. **Goal 2:** Ensuring that by 2015 all children, particularly girls, in difficult circumstances and those belonging to ethnic minorities, have access to and complete free and compulsory primary education of good quality. The 2001 EFA Flagship on the Right to Education for Persons with Disabilities states that 'the goal of Dakar will only be achieved when all nations recognise that the universal right to education extends to individuals with disabilities, and when all nations act upon their obligation to establish or reform public education systems that are accessible to, and meet the needs of, individuals with disabilities.'[50]	Throughout the framework, the emphasis lies on gender-sensitive/responsive measures to ensure quality education for all with a focus on primary education, including out-of-school and the most disadvantaged/vulnerable children. There is no direct mention of disability in the framework, only reference to special needs in the context of the first two goals.
UN Convention on the Rights of Persons with Disabilities (CRPD) 2006	**Art 6** recognises the multiple discriminations that girls and women with disabilities face and calls for measures to ensure full and equal enjoyment of all rights, and the full development and empowerment of women. **Art 9** sets out obligations to identify and eliminate barriers to accessibility, including education systems, so that persons with disabilities can live independently and participate fully. **Art 24** calls for measures to ensure an inclusive education system at all levels directed to: • The full development of human potential and sense of dignity and self-worth. • The development of their personality, talents and creativity, as well as their mental and physical abilities to their fullest potential. • Enabling persons with disabilities to participate effectively in a free society.	The general principles explicitly refer to gender equality. This applies to all articles of the CRPD and therefore provides a framework with a consistently gender-sensitive approach to disability inclusion.

Framework	Article(s) on education	Consideration of gender and disability
Sustainable Development Goals (SDGs) 2015	**Goal 4:** Ensure inclusive and quality education for all and promote lifelong learning. Two targets specifically mention disability and gender together: **Target 4.5:** By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations. **Target 4.8:** Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all.	SDG4 reflects a strong commitment to education that goes beyond academic basics and skills but also looks at cultural diversity and values associated with global citizenship. This concept draws attention to the need to tackle social inequalities in and through education by aligning school education with other policy areas (early childhood care, vocational training, adult learning, etc), economic measures (e.g. scholarships, cash transfer schemes) and recognising particular needs and situations of children due to gender parities, disability, ethnicity and other at-risk groups.[51] All of these aspects and the emphasis of learning along life cycles are reflected in the targets.

A recent systematic literature review of education systems in low and middle income countries makes the point that the Salamanca Framework for Action, and Education for All (EFA) developed two education agendas from different starting points and with a lack of alignment.

One is the conceptualisation of inclusive education emerging from Salamanca, on:

1. How to move away from assumptions that the needs of children with disabilities were entirely impairment-based and that children needed to be placed into special education based largely on medical reasoning; and
2. How to transform mainstream education systems so that they become aware of the learning needs of all children. This should help to establish education systems that are barrier-free.

The other is the EFA approach, in which inclusive education was not part of the original agenda but rather emerged from debates within the special education sector. The study argues that despite the many benefits that EFA brought, there has been a slow uptake on the inclusion of children with disabilities, alongside the promotion of a broad concept of inclusive education for children from a wide range of circumstances. This has led to an inconsistent implementation of educational provisions for children with disabilities, with a gap in quality assurance and/or monitoring over academic outcomes.[52]

The different interpretations of special needs and inclusive education are reflected by an overall lack of clarity in literature and programme documentation, which is particularly absent of clear references to girls with disabilities. The SDGs, therefore, with clear mentions of disability and gender in targets and with specific indicators, represent a real opportunity to move towards programmatic approaches in which gender and disability inclusion are evidenced.

Policies and position papers on gender and disability in education

Based on government ratification of and commitment to international frameworks, a number of policies and position papers have been developed to adhere to the principles of inclusion.

I) Multilateral/bilateral agencies/donors

A review in 2010 of recent policies of major multilateral and bilateral agencies regarding disability inclusion indicates that disability has become a part of international cooperation and development aid. International cooperation policies have often linked disability to the Millennium Development Goals (MDGs) (which preceded the SDGs) – even though the MDGs did not mention disability. The interest in disability seems to have a strong focus on the link between disability and poverty, and more specifically, the link between disability and poor education, low employment rate, loss of income and Disability-Adjusted Life Years (DALY). However, out of the 31 agencies and organisations reviewed, only the Council of Europe, AusAid, Austrian Development Agency (ADA), and NORAD specifically referred to the interaction of gender and disability in either their priorities or guiding principles.[53] AusAid's 2015-2020 Development for All Strategy continues to include the gender and disability intersectionality in its guiding principles.

Following the signing of the CRPD by the USA in 2009, USAID published a guide on how to integrate disability in gender assessments, recognising additional issues based on disability that impact on the equitable access to development programmes.[54] The USA government's *Let Girls Learn* initiative, launched in 2015, recognises compounding barriers for hard-to-reach girls including those with disabilities. In its *Global Strategy to Empower Adolescent Girls* (2016) USAID states its intention to focus on extending interventions and programmes to these girls. The publication of USAID's *Guide for Strengthening Gender Equality and Inclusiveness in Teaching and Learning Materials* in 2015 gives practical advice on representation, illustration, language and roles to promote gender equality and inclusion of various marginalised groups such as children with disabilities. Resulting projects that are available on the website as examples still seem to focus on either disability or gender. This raises the question to what extent guides are taken on board and are seen as binding in the development of projects.

The UK Department for International Development's (DFID) revised Disability Framework (2015) commits to addressing gender and disability disparities, especially in the context of gender-based violence, and more work in the fields of education and livelihoods. Guidance notes that accompany the grant application processes include definitions of marginalised population, what is meant by gender and how to measure disability. On a practical level, it means, for example, all new schools built with DFID funding have to be fully accessible - although on its own physical accessibility is insufficient, and should be but one of many interventions to address the educational needs of boys and girls with disabilities. Since July 2016 a new funding initiative within DFID's Girls' Education Challenge, Leave No Girl Behind, calls for organisations to deliver quality education interventions for highly marginalised girls including girls with disabilities. These should improve literacy, numerical and life skills and tackle harmful social and gender norms that contribute to girls being out of school.

The Committee on Women's Rights and Gender Equality at the European Parliament in 2013 presented a report on women with disabilities with the motion for a resolution. This included stressing the importance of adopting a gender-sensitive approach to disability in the post-2015 agenda and addressing the intersectional discrimination of women and girls with disabilities in all spheres of life including education, vocational training and employment.[55]

II) UN agencies

The East Asia Pacific UN Girls' Education Initiative released an e-publication reviewing issues around education for girls with disabilities. This found that in the majority of reviewed countries in the EAP region special education schools are more widely in use. However, even where there are efforts to include children with disabilities in mainstream schools, there is rarely a gender perspective applied. Traditional teaching methods of whole-class and rote learning and/or lack of allocated resources to support specific academic and social needs of boys and girls with disabilities pose major obstacles to quality inclusive education.[56]

UNGEI, together with UNAIDS and EFA Flagship on the Right to Education for Persons with Disabilities, piloted and published a manual on tools for education sector planning in 2010. This manual aims to support governments, development partners and other stakeholders to address equity and inclusion in education sector planning.[57]

III) NGOs and networks

In preparation for the Oslo Summit on Education in Development in 2015, an international expert group (consisting of specialists from DFID, World Bank, UNICEF, Global Partnership for Education and INGOs) prepared a paper on mainstreaming disability in education. They provided recommendations to address the specific situation of girls with disabilities with regard to costs, data collection and analysis, sensitisation and safe school routes.[58]

The Girls' Education Working Group of the Gender and Development Network (GADN) UK published a paper in response to the UN's High Level Panel report on the post-2015 agenda. They suggested post-2015 gender-sensitive and responsive education goals, explicitly including children with disabilities.[59]

At the NGO level, there is a mixed picture of explicitly linking gender and disability related barriers to education in policy briefs and position papers:

- ActionAid published a model national policy for the prevention, management and elimination of violence against girls at school. This included a section dedicated to girls with special needs, including girls with disabilities, outlining responsibilities of schools and governments to prevent violence and assist survivors.[60]
- Plan International conducted research on the inclusion of children with disabilities in child protection. This confirmed high levels of violence experienced by boys and girls with disabilities and made recommendations to organisations and government, and for research.
- CBM presented a submission to the expert committee on CEDAW on Art 10. This highlighted the specific barriers of girls with disabilities. It called on state parties to CEDAW to consider Art 24 and Art 9 of the CRPD when implementing and monitoring Art 10, and to include disability disaggregated data when reporting on the implementation of Art 10.

In their policy papers, a number of international development organisations refer to issues around education for children with disabilities without adding a gender perspective. For example, a call for Education For All initiatives to consider and monitor the implementation of various CRPD articles left out reference to Art 6. This therefore failed to acknowledge girls with disabilities as a particularly marginalised group of children. Others, despite naming gender as an important principle in their strategy, don't go much beyond a quantitative dimension of gender inclusion in projects. Other mainstream organisations that specifically address marginalised and most vulnerable girls don't seem to include disability in important issues around girls' education, despite the very distinct barriers that girls with and without disabilities share and additional barriers that girls with disabilities face.

Considering these examples, it is clear that there are efforts to pay greater attention to girls with disabilities in education. However, there is little evidence of the uptake of guidelines, position papers, and toolkits that would translate into implementation of interventions targeting girls with disabilities. In the next section we look at the few organisations that have implemented practical initiatives using the above frameworks and policies to support girls with disabilities into education.

IV Programmes and practices addressing barriers to education for girls with disabilities

The findings show that not much has changed since the 2003 research with regards to the quantity of available research and evidence on the effective inclusion of girls with disabilities in education.

This is in spite of the introduction of the CRPD and the post-2015 discussions on disability and gender inclusive education. This is not to say that programmes do not exist. However, there is little documentation and robust evidence, especially in terms of educational outcomes comparing disabled and non-disabled peers.

This chapter describes selected project interventions addressing barriers to education for girls with disabilities.[61] The selection was based on records and/or oral accounts of interventions explicitly aimed at girls with disabilities. Given the incomplete availability of records (because there was no permission to share documents, or projects are ongoing and documents were not yet available) this section provides an overview of the input of programmes to: achieve access to schools; provide child-centred, inclusive and gender-sensitive teaching and learning; and to contribute to the protection of girls with disabilities from violence and harmful practices that affect retention and learning outcomes.

Some projects were designed to explicitly include or focus entirely on girls with disabilities. Others were designed for children with disabilities with a limited gender lens, i.e. certain aspects of the project addressed the situation of girls with disabilities but did not systematically analyse and respond to the specific intersectional barriers for girls with disabilities. Published research on interventions that tackle specific barriers was also included when it directly related to girls with disabilities or distinguished between experiences of boy and girls with disabilities.

Projects that did not distinguish between girls and boys with disabilities in their records were not included.

Description of interventions addressing barriers to education

Identification and enrolment
All reviewed interventions employed extensive sensitisation campaigns involving families of children with disabilities, communities, school staff and local government officials. These campaigns raised awareness of the rights of all children to education, including girls with disabilities, and made the case for inclusive education in mainstream local schools to address social justice and equality.

Plan International in Sierra Leone and Leonard Cheshire Disability in Bangladesh used radio advertising, billboards and promotional videos depicting girls with disabilities, which helped raise awareness around their rights and their ability to be at school and learn.[62]

AbleChild Africa employed a child-to-child (CtC) approach in which primary school children identified children with disabilities, including some who were kept hidden at home. The success of identifying and enrolling children (including girls with disabilities) through this approach was attributed to the assumption that children do not have the gendered perspective that girls should not go to school. Allowing them to take the lead on identification with support of programme staff helped persuade parents of girls with disabilities to enrol them.[63]

Sightsavers' project on youth employment for young people with disabilities in Uganda made a radio appeal to adolescent and young women with disabilities to enrol for vocational training. Recognising their disadvantaged educational situation, a point quota system was applied to enable them to pass the enrolment criteria in Vocational Training Institutes.[64]

A review of inclusive education interventions in Uganda found that a multi-agency approach involving medical staff, specialised school staff, and community leaders was considered an important and effective element in identifying children with disabilities[65] – an approach which is also used extensively by Leonard Cheshire Disability.

Leonard Cheshire Disability's projects 'Promoting rights through community action: Improved access to inclusive education for children with disabilities' in Bangladesh and 'Pioneering inclusive education strategies for girls with disabilities' in Kenya used community resource workers (CRW) as focal points. CRWs worked closely with families, communities, and schools to support the attitudinal and practical side of the enrolment of children, especially girls with disabilities. CRWs came from the project communities, were well known and familiar with the social context. This meant they were able to build good relationships with families to assuage their fears concerning the safety of their daughters. They succeeded in providing information and arguments for the right to and potential of education for children, especially girls with disabilities, in regard to health, well-being and future livelihoods.

Source: Endline report (2017) GEC Pioneering inclusive education strategies for girls with disabilities, Kenya; LCD, UNGEI (2014) Case study: Leave No Girl Behind: Lessons from promoting inclusive primary education for girls with disabilities in Bangladesh

The Child-to-Child (CtC) project in Uganda, and the Girls' Education Challenge (GEC) projects in Sierra Leone, Uganda, Bangladesh and Kenya variably provided individual support such as uniforms, books, and bursaries, bedding and mosquito nets, and arranged for children to be medically assessed and referred for rehabilitation and/or assistive devices.

In Kenya, Leonard Cheshire Disability worked closely with government-led Education Assessment and Resource Centres (EARC). Community resource workers trained by the project referred girls with disabilities to EARCs for further assessment and recommendation of assistive devices such as wheelchairs, crutches, orthopaedic shoes, callipers, white canes, glasses, and hearing aids. In Bangladesh, Leonard Cheshire Disability set up Inclusive Education Resource Centres (IERC) to provide assessment, training and therapeutic services locally. They recruited predominantly female specialists and volunteers to manage the IERCs as they were expected to closely interact with girls with disabilities.

Source: Endline report (2017) GEC: Pioneering inclusive education strategies for girls with disabilities, Kenya

The costs for assistive devices were mostly covered by the projects, subsidising the limited resources provided by the government.

Comparisons from baselines to midline to endline and/or comparisons between intervention groups and control groups based on household surveys show increased enrolment of girls with disabilities. For example, the midterm review of the GEC project by Cheshire Services Uganda found an increase from baseline 48% to midline 82%; the endline survey of the GEC project in Kenya found 94% of intervention girls enrolled compared to 64% in the control group. The case study of the project in Bangladesh reported that 70% of enrolled boys and girls would not have been in school without the intervention.

The success of enrolment has been attributed to the intense sensitisation campaigns by CRWs, children and parents, and the assistance with costs and assistive devices.

The sensitisation campaigns address the gender and disability bias at community and

family level through a peer approach. This gives messages a certain authenticity based on the combination of information and experience. Combined with practical support in the form of assistive devices, assessments and rehabilitation, and contributions to costs, some of immediate barriers are reduced if not entirely removed. When projects take over the costs for assistive devices it is not always guaranteed that maintenance costs for repair and replacements due to the child's growth are covered. Shifts in attitude can happen fairly quickly but may not immediately translate into changes in behavioural practices and social norm changes, especially when traditions and cultural practices (including early marriage, initiation practices such as FGM/C) take an important place in society. Working with the community through community members representing various segments of the population is good practice. However, it needs continuous input over a longer time to embed new attitudes and behaviour.

Distance and transport

One goal of inclusive education is to provide quality education close to where children live. The reviewed projects have all selected local mainstream government schools so that children, and especially girls, will not be separated from their families and communities, and will not incur higher costs. Despite selecting local schools, there may still be distances to cover that some children with disabilities cannot manage on a daily basis. Leonard Cheshire Disability's GEC project in Kenya considered finding host families closer to school. This appeared to be a good solution in rural areas, but needed close and rigorous monitoring with child protection mechanisms in place.[66]

Transport has been addressed through the provision of wheelchairs, crutches, white canes, etc., with mobility training to increase the children's independence in going to school. The Leonard Cheshire Disability project in Bangladesh provided transport on the basis of need. The GEC project in Uganda purchased a bus, with parent groups committing to covering the costs of maintenance, petrol and drivers'

salaries through income generating schemes. However, there were questions around the sustainable capacity of parent groups to finance it. The CtC project encouraged school children to find creative solutions to help children with disabilities come to school.

Research into transport and access to inclusive education in Zimbabwe found that the issue of transport is crucial for access to education but also quite complex. There are questions around road safety, independent mobility using public transport, influences of rainy seasons, maintenance costs for purchased vehicles (bus or tricycles) and hired drivers, training of drivers to assist children with disabilities and keep them safe during the journey, and trusting them, especially with regards to girls with disabilities.[67]

Despite the selection of local mainstream schools and transport support in the form of wheelchairs, tricycles, hired motorcycle taxis etc., projects acknowledge that a significant number of children with disabilities, including girls, do not get to school consistently due to transport problems. Given this, there needs to be more rigorous analysis at the design phase in consultation, for example, with Disabled People's Organisations (DPOs) to better anticipate the specific challenges and find creative solutions.

Quality environment

Physical adjustments to schools were part of all reviewed programmes. These included ramps, widening doors, roofing with translucent materials, enlarging windows for better lighting, providing latrines with raised seats and handrails featuring prominently. Separate toilets for girls were usually added based on an earmarked fund and requested by the NGO,[68] prioritised by teachers after an accessibility audit of the schools,[69] or part of the initial project design.[70]

Provision of sanitary towels or raw material to make re-usable sanitary pads available to girls with and without disabilities is becoming a consistent part of education projects,[71] which significantly reduces the likelihood that girls

miss a number of school days every month. However, one project evaluation noted that some girls with disabilities were still not able to manage their menstruation and would have required assistance.[72] Another GEC project referred to difficulties with access to water despite having fitted accessible toilets.[73]

Peer relationship

Research into peer acceptance among adolescent girls in Australia found evidence of positive changes in knowledge, attitudes and behaviour of adolescent girls (years 7-9) towards girls with high-functioning autism (HFA) following eight weekly 50-minute information and discussion sessions. These sessions were structured around interactive exercises, on-line activities including homework on perceptions, facts, and reflective experiences on and around Autism and specifically girls with HFA.[74] The study shows that providing information and opportunities for reflection on attitudes and assumptions towards people with disabilities have a positive impact on improved peer attitudes.

However, the study was limited to female peers and did not include boys. Considering gender-specific attitudes and the prevalence of sexual harassment, it would be important to explore how boys and girls might respond differently or at different paces to the perceptions and facts about disability, and interactive exercises and activities.

The intervention included only one session where a girl with HFA met the participants, which seems little in the way of interaction and being exposed to the lived experience of girls with HFA.

CtC clubs for girls and boys with and without disabilities aim to provide just such exposure and seem to be a consistent element of inclusive education programmes in developing countries. The clubs are supposed to give children a safe space to raise concerns and socialise with peers. They also learn about and discuss gender and disability, and receive (reproductive) health information and training

Child-to-child (CtC) clubs in the Leonard Cheshire Disability GEC project in Kenya comprise of children with and without disabilities. They have played an important part in the socialisation of girls with disabilities. They received training on life skills, including hygiene and self-care, and sexual and reproductive health rights information. Some girls with disabilities took part in drama competitions advocating for disability rights. The CtC clubs have also been considered instrumental in promoting gender equity and reducing stigma and discrimination against girls with disabilities. All the children are trained on the rights of girls with disabilities. Since then some of the boys have become champions for their rights. The boys have participated along with girls with disabilities on marked days such as the International Day of Persons with Disabilities and Inclusive Education days. On the Day of the African Child they presented a memorandum on issues affecting the education of girls with disabilities to government stakeholders.

Source: LCD Endline Report GEC (2017) Pioneering Inclusive education Strategies for Girls with Disabilities

on advocacy in the community. In some projects leadership training and positions were reserved for girls with disabilities to increase self-esteem and confidence and develop role models. Evidence from project evaluations in Sierra Leone, Bangladesh, Uganda, and Kenya confirm that clubs have a positive effect on attitudes of boys and girls without disabilities towards disability and gender, and on the confidence of girls with disabilities. There is no reference to the influence of the clubs over non-members. It may be interesting to follow-up on how these new dynamics within clubs transfer to outside the clubs, i.e. to what extent they influence the attitudes and behaviour of boys and girls (with and without disabilities) at school who are not members.

School-related gender-based violence

To counter bullying and school-related gender-based violence, project documentation and anecdotal accounts refer to capacity development of teachers, volunteers and staff on how to interact with children with disabilities and the provision of guidelines and manuals on child protection.[75] The GEC project in Uganda set up a Child Helpline that children and families of children with disabilities could call. The appointed female child protection officers were the first point of contact and then linked with the government National Council for Children for further follow up.

In Sierra Leone, community-based feedback mechanisms in the form of complaint boxes were put in place. These were reportedly made accessible to children with disabilities so that they could anonymously raise issues and concerns, which were reviewed and addressed by staff management teams.[76] There were no examples available as to what kind of issues and concerns boys and girls with and without disabilities raised through these boxes and to what extent they were addressed. It is therefore difficult to determine the effectiveness of the practice.

The GEC project in Kenya partnered with Plan International to strengthen child protection measures and trained Volunteer Child Officers at the community level. These officers were at the forefront of identifying and reporting cases of child abuse. Counselling departments at school were also set up, led by female teachers. These provided opportunities for girls with disabilities to discuss concerns and issues.

Across and within projects there are mixed results regarding reports of abuse. There is reference to higher self-reporting, attesting to the increased confidence of girls with disabilities to come forward. There is also mention of reduced cases of abuse, which would indicate a change in attitudes and behaviour. There needs to be a more rigorous analysis to understand if reporting is indicative of positive or negative changes.

From the documentation, it is not always clear to what depth school-related gender-based violence is addressed and how robust child protection mechanisms are. Based on project evaluations there are indications that the handling of reported cases was not always effective, e.g. that schools did not always follow up on reports.[77] While training on child protection issues was delivered, in many schools corresponding school safeguarding policies were not observed to be in place, nor did they know what to do if a child was to report any case of violence.[78]

While there is overall very little in-depth reference or evidence of change in available evaluations, internal reporting systems of Leonard Cheshire Disability's GEC project in Kenya highlight on-going activities and concern over protection issues for girls with disabilities.

Community Resource Workers (CRWs) receive training on child protection issues, which includes recognising signs of abuse, what to do and where to report. When a case of abuse has been presumed or identified, CRWs check-up on the families, work with the schools and provide psycho-social support to the girls and families.

FGM/C and early marriage are recognised as serious challenges to continued education for girls. Even though the project does not directly address FGM/C it collaborates with other CSOs and NGOs who do, for example with Plan International, and include the subject in sensitisation campaigns, for example during public meetings, church gatherings and other events.

In addition, male members of the School Management Committee (including fathers of girls with disabilities) have been trained to become mentors to other fathers for greater involvement in and protection of their daughters with disabilities.

County Working Groups address cases of abuse and early and forced marriage by lobbying for better training of police, child protection officers and judicial officers, and by reporting and referring to the police and/or other organisations with more expertise like Plan International.

Source: Internal M&E systems, Leonard Cheshire Disability

Teacher training and pedagogy

Teacher training includes issues around attitudes towards and knowledge of disability, and methodologies to improve learning for children with disabilities.

The review of inclusive education in Uganda emphasises the transition to a child-centred teaching methodology in which children are not only recipients but actively participate in lessons through, for example, peer-to-peer learning, group work, and balance between play and study time (in primary education) to the benefit of children with and without disabilities.[79]

The CtC project in Uganda focuses on seeing children holistically and as individual personalities, and assumes that when teachers focus on individual needs and talents instead of gender and disability as defining factors of who the pupils are and what they can or cannot do, it will remove bias and discrimination and focus on the learning.[80] While this approach may draw attention to the child as an individual personality, there is a risk that this perspective becomes gender-neutral, i.e. the gender dimension in the classroom may be overlooked. GEC projects in Sierra Leone (Plan International), Uganda (Cheshire Services Uganda), Kenya (Leonard Cheshire Disability), and the EU-funded project in Bangladesh emphasise strengthening teacher capacity as a vital component of inclusive education interventions. They collaborated with universities and specialised INGOs in providing training and supporting the development of teaching and learning materials.[81] Overall, there has been positive feedback by teachers, children and parents about teachers being able to support children, especially girls with disabilities, and to adapt to needs, e.g. seating arrangements, giving children material to take home, and developing individualised learning plans.

The GEC project in Uganda provided additional individual support to some girls with disabilities during lunch, or at the start or end of the school day to catch up. The teachers were paid extra, based on the progress the child made. However, there is

not much detail about the extent and depth of inclusive teaching methodology in the classroom, especially towards the various types and levels of impairments, and in regard to gender. Anecdotal feedback and reference in evaluations points to some persistent barriers such as the focus on exams without accommodating the needs of children with diverse types and levels of disabilities; teachers being paid by result; and the relatively short time of training that many teachers feel provides them with inadequate practical skills to cater to all impairment groups.

Much effort is put into recruiting female teachers, volunteers and counsellors to support girls with disabilities to stay in school and transition. A participatory research project on monitoring educational rights for girls with disabilities in Vietnam found that opportunities for girls with disabilities to meet with women with disabilities at school, CtC clubs or outside schools were helpful to girls with disabilities as this provided mentoring between generations based on lived experiences.[82]

Female role models are commonly seen as an important factor in retention and transition of girls with and without disabilities. However, women are not automatically more progressive. They may in fact hold strong beliefs about traditional gender roles and teaching methods. Male teachers who champion gender equality and inclusive teaching are equally important to be role models for boys with and without disabilities in addressing gender and disability bias. It is therefore important to have a balance and ensure vetting and training to both male and female teachers and volunteers.

Teaching and learning materials and the curriculum

While the provision and/or development of teaching and learning materials and changes to curricula is an integral part of many education projects for children with disabilities, there is limited information on the type and extent of materials and few examples of successful changes to curricula.

Leonard Cheshire Disability's GEC project in Kenya provides training on learner-centred practices with small groups and peer-learning, and guides teachers into planning lessons with the specific needs of children with disabilities in mind. Examples include developing visual material to provide children with hearing and learning disabilities with additional and alternative means of information; or understanding how to break down information and tasks for children with learning disabilities. Teachers are also encouraged to make use of cheap and easily available material, e.g. using bottle caps to introduce Braille, producing a simplified abacus, or using bags of sugar or flour as additional paper resources.

Source: Interview with LCD Programme staff

USAID published a *Guide for strengthening gender equality and inclusiveness in teaching and learning materials (2015)*, which provides practical examples on the use of gender equitable and inclusive language, illustrations, and roles. Leonard Cheshire Disability in Kenya is providing input to the revision of teaching and learning materials along those lines.[83]

The project in Bangladesh on inclusive education advocated for a revision of the curricula (to also include a gender perspective). The project recommended making accessible textbooks available in schools and accommodating alternate modes of communication and learning in the curriculum. Similarly, the Inclusive Education Module of the Department of Primary Education for teachers was revised to consider the requirements of children with autism, Down's Syndrome, deafness, blindness, cerebral palsy, and mental illness to cater to a broader representation of impairment groups.[84]

At the time of the publication of the Bangladesh case study, the government had taken recommendations under advice but there was no evidence of uptake.

Flexibility of structures

Based on the available documentation, there is no evidence of attempts to address or lobby for more flexible and adaptive structures such as accommodating pregnant girls and young mothers to enable them to return to school, or adapting class schedules to consider the demands of domestic work. Similarly, there is little or no information on adaptations to exam procedures, which may mean that no accommodations or modifications have been put in place, or that it has not been addressed. This is, however, an important factor which affects learning outcomes for some impairment groups such as children with hearing, visual, learning, and intellectual disabilities. Leonard Cheshire Disability in Kenya contributed to negotiations with the National Examination Council's decision that whenever student candidates are transitioning from primary to secondary to tertiary levels, registration needs to include questions on disability and data on impairment so that exams can be customised, e.g. availability of examination papers in Braille, large print or in simple language for children with intellectual disabilities, or providing an assistant to transcribe answers for the student.[85]

Learning outcomes

There was nothing to be found in the literature on appropriate ways of measuring learning outcomes for girls with disabilities. Available project evaluations assess literacy and numeracy comparing girls with disabilities benefitting from interventions against control groups of girls with disabilities outside the project. While there is confirmation of better performance of the intervention groups against control groups, this is no evidence of how girls with disabilities do against boys (with disabilities) or against their peers without disabilities in the same class.

A Camfed programme in Tanzania and Zimbabwe, funded under DFID's GEC since 2013, tackles multiple dimensions of disadvantaged adolescent girls including girls with disabilities. The programme tracked a sample of just over 11,000 male and female students over two years in 151 intervention schools and 111 comparison schools. The available summary of results published online presented statistically significant evidence of improved learning outcomes across all groups (but without further detail on disaggregated results). Improvements in literacy and numeracy among marginalised girls were more than double (in Maths five times) the rate of learning than among girls in control schools. In Zimbabwe the results were lower (attributed to a drought that impacted the intervention districts) but still significant. Tools for assessing the learning were designed by National Examination Councils in both countries to be age and curriculum appropriate. However, there is not much further publicly available information on details of interventions, other than financial support with school costs, and teacher mentors who help with accessing assistive devices or the assessment tools.[86]

In contrast, the GEC project in Uganda pointed to the limited improvement in learning outcomes and slow change in mean scores from baseline to midline to endline. The restricted impact is attributed to the high teacher–pupil ratio (up to 1:100), the quality of learning material and time teachers need to develop skills.

Attendance and retention

Across education projects for or including girls with disabilities, interventions seemed to have a positive effect on attendance and retention. GEC projects in Kenya and Uganda used various methods to monitor attendance including unannounced spot checks at school, school registers, feedback from parents, and roll call on school buses.

Project documentation links interventions to improved attendance and retention. Where transport is secured, assistive devices, accessible classrooms and sanitation (including sanitary towels) are provided, and parents, teachers and peers are supportive then girls with disabilities are more likely to stay in school and attest to a positive experience. What has particularly been pointed out as a supportive factor for attendance and retention is the close follow-up by parents, the board of management (which often includes at least a small number of parents of children with disabilities), and community resource workers.

However, drop-out still occurs. The reasons mentioned refer to any of the barriers explored earlier, from transport, lack of (maintained or age-adjusted) assistive devices and lack of water for sanitation, to abuse, domestic responsibilities, early marriage and pregnancy, to poor learning outcomes that keep girls in the same class way beyond what would be appropriate or conducive for their age.

The community resource workers (CRWs) are community volunteers trained on disability issues, child protection and psycho-social support for parents. They are the main contact between the project and girls with disabilities, their families and the community. They regularly follow up on the progress of girls with disabilities and help parents and schools to develop various strategies to overcome barriers at school and at home. Likewise, Parent Support Groups and Board of Management members keep an eye on the attendance and retention and try to find additional support such as school feeding programmes and links to national cash transfer schemes to ensure the girls with disabilities stay at school.

Source: Endline report (2017) GEC Pioneering inclusive education strategies for girls with disabilities, Kenya

Advocacy and influencing for policy change

In addition to contribution to service provisions, projects have advocacy components to influence at school, local and national government and policy level:

At school governance level, projects such as the GEC project in Uganda implemented by Cheshire Services Uganda work on planning and budgeting to include an inclusive education component involving school management committees and head teachers in leadership on inclusive education. Other issues include water access for sanitation.[87] Similarly, the GEC project in Kenya worked with a multi-sectoral team including CRWs to meet with head teachers on rights to education and national legislation to ensure identified girls with disabilities are enrolled and accepted. These activities are ongoing and there is no evidence of the extent to which results have been achieved.

At local/government level, projects lobby for participation in local authority budget planning. The Leonard Cheshire Disability GEC project in Kenya formed County Working Groups (CWGs) consisting of representatives from the Ministries of Education, Health, Gender, Children and Social Development, Labour, Social Security and Services, as well as CSO and DPO members, including women with disabilities. These Working Groups are established with the goal of advancing policy agendas conducive to inclusive education. Key successes were the development of disability policies (e.g. the Early Childhood Development Act) that will guarantee funding for children with disabilities to attend early childhood education and youth polytechnics. CWGs met with members of the County Assembly and County Executives to deliberate on legislation relating to disability and for inclusive education resources. They also contribute to public consultations on policies to ensure disability is on the agenda. The key strength of the CWGs is that they consist of diverse stakeholders who bring a range of perspectives. Their collaboration allows them to work more strategically with the government.

Other advocacy efforts relate to lobbying for Sign Language Interpreters at court and police stations, at hospitals and health centres, and for better availability of, for example, epilepsy medication to ensure children with epilepsy are appropriately and consistently treated and don't miss classes.

At national ministry level, policy level change is sought through collaborative action. In Kenya, Leonard Cheshire Disability collaborated with the national coalition Action for Children with Disabilities (ACD) in developing a position paper with recommendations that was presented to the permanent secretary of the Ministry of Education, Science and Technology (MoEST). This advised fusing an inclusive education component within the teacher education curriculum. In addition, in 2013, Leonard Cheshire Disability was one of 13 NGOs that assessed the draft Basic Education Bill and presented amendments to the MoEST.

The Education Management Information System agreed to add five disability-level indicators and provide training to sub-county data officers on the new system. This paved the way to increasing the availability of statistical data on children with disabilities in education.[88]

The National Examination Board abolished the mean score as a way of comparing schools' performance. Performance was measured by mean scores of the children's exam results – some head teachers were reluctant and sometimes refused to enroll children with disabilities. This was because they feared this would reduce their overall mean score and the school would be judged as underachieving. Some teachers would make underachieving children with disabilities repeat the class so their results would not be added to the mean score.

The Kenya Institute of Curriculum Development secured the support of the Head of Special Needs to include inclusive education in the teacher training curriculum. This provides a valuable opportunity to work with the Institute towards the development of pre-service and in-service teacher training that ensures disability is included and adequately addressed.

In Bangladesh, Leonard Cheshire Disability and its implementing partner carried out a review of the national curriculum, teacher training curriculum and textbooks. A policy brief was presented to the Ministry of Primary and Mass Education which formulates a number of recommendations based on the reviews.[89]

In Uganda, the Cheshire Services Uganda project lobbied for a Special Needs directorate with a SEN desk to increase the visibility of and mandate for inclusive education.

Many of the advocacy activities are long-term approaches and are ongoing. Available documentation was not consistently able to report on the final results where recommendations are still with the government departments.

V Conclusions

Overall there is increased awareness around inclusive education at government level, more emphasis on inclusive education by many international development organisations, and clear donor interest in both gender and disability. However, there is woefully little evidence of good practice that is publicly available and shared across sectors.

In the context of inclusive education the children that are the main recipients/participants of interventions are invariably called marginalised, most vulnerable, hard-to-reach, or most disadvantaged children and young people. Who exactly is included in these categories varies. The list of examples is rarely complete. Depending on the main interest of organisations and institutions, girls with disabilities are explicitly mentioned, or may appear under 'etcetera'. Because there is often no distinction between marginalised girls or children with disabilities, it is then difficult to understand to what extent and how root causes of barriers are addressed. Examples of good practice would be based on an analysis of root causes and link interventions to the various barriers and their foundations.

The majority of projects for which documentation was available were implemented by disability-focused organisations. The projects were designed based on an in-depth understanding of disability and how perceptions, prejudice and stigma and corresponding attitudes and practices lead to girls with disabilities being denied education.

What seems evident from documentation and discussions with organisations is that intense sensitisation of communities, schools, and families on the rights of children with disabilities are the foundation for their identification, assessment and enrolment. Medical assessments and explaining the disability of their child to families is an entry point to approaching misconceptions and tackling stigma. The combination of **broad public campaigns** to draw attention to disability and education, with **one-on-one engagement** with and **support to families** by people from the community, has a positive effect on enrolment. When children receive assistive devices and rehabilitation, which

make mobility and communication easier, and demonstrate new skills that were previously not believed possible, there is often a quick shift in attitudes. These observable changes are supported by information and engagement about rights of children and responsibilities of duty bearers, including parents, schools, community members and government authorities.

The gender dimension seems to have been addressed similarly, i.e. with information about the rights of girls (with disabilities) to go to school and be educated to contribute to the health, income and well-being of families now and for the next generation. However, the social norms around gender roles and expectations are based on a different power imbalance. So while a girl with a disability may still surprise with new skills such as being able to hear with a hearing aid, or be mobile with a wheelchair, there may still be perceptions that a girl should be at home and help with domestic work, and get married.

As project documentation shows, there is an overall increase of girls with disabilities enrolled in school, attending and sitting exams with improved learning outcomes. However, there is also consistent reference to girls with disabilities dropping out, more than boys, and often due to gender-related challenges. There needs to be more in-depth analysis of the interaction between gender and disability, and more attention to power relations on which gender roles are based. The example of the GEC project in Kenya is promising in that it involves men acting as mentors to other men to promote greater involvement of fathers in the education and protection of girls with disabilities. Ideally, the mentoring would not only relate to education rights but also lend an opportunity to explore gender inequality in a broader context.

Child protection issues are a consistent part of interventions. Projects often include quantitative indicators on the number of abuse cases reported to authorities. However, there is not enough analysis and evidence around the reliability of mechanisms in place, i.e. what it means when numbers go up or down, or analysis of the extent to which disability and

gender are the cause of violence. There is inconsistent documentation on how girls with disabilities are supported after they experience violence, or how potential consequences (pregnancy, injuries, STDs, further stigmatisation) are addressed to ensure the continuation of their education.

In the description of interventions there were a number of activities at community level including child helplines, complaint boxes, awareness and confidence building of girls through CtC clubs, training to be able to recognise abuse and counselling for community workers, parents and teachers. These are important measures, but more rigorous documentation is needed about the extent to which these measures have an impact on the safety and protection of girls at different ages, with different impairments, in the context of various forms of abuse, and varying individual circumstances. There needs to be thorough monitoring of how child protection policies at schools are implemented and relate to national policies and legislation. There is a question of scope and how much individual organisations can tackle. Collaboration between organisations with specific expertise is important so that essential issues such as child protection are fully addressed.

From the perspective of socialisation, there is some evidence that **CtC approaches and child clubs** are successful in providing a more positive experience at school. In a safe and supported environment, girls with disabilities increase their self-confidence and self-assertion based on interaction with other boys and girls with and without disabilities, and opportunities to discuss issues. The focus seems to be on individual competencies in which children without disabilities learn alternatives to behaviour based on gender and disability bias.

There is no consistent evidence of the impact of clubs on retention and learning outcomes. This may be due to a lack of thorough analysis and/or documentation. As one evaluation in Ghana pointed out, girls' clubs and Science, Technology, Math, Innovations and Education camps were effective for retention and transition of girls. However, they were less effective and/

or relevant for promoting retention of children with disabilities. Unfortunately, it was neither clear which group the girls with disabilities were assigned to in the evaluation, nor was there an explanation as to why these activities were not so effective/relevant for children with disabilities.

Teacher training and gender- and disability-responsive pedagogy seem essential in providing quality inclusive education. There is evidence that training has an impact on attitudes and supportive behaviour, but less on the actual changes in teaching. With regards to disability, in some cases, seating boys and girls with visual/hearing impairments at the front of the class is often cited as evidence of systemic change and a good example of inclusive education. While these arrangements are indeed very helpful to the children, it is doubtful that this would amount to more than integrative rather than inclusive education. In documentation, there are no other examples given for either disability or gender inclusive teaching practices.

This raises the question to what extent there is an agreed best practice, not only at international expert level but on the ground, and when it would involve adapting pedagogical approaches. There has been reference to more child-friendly/learner-focused teaching approaches in the form of peer-to-peer learning, small group work, and individual after-school tutoring. There needs to be more in-depth gendered and impairment-specific analysis, with documentation and sharing of applied and effective inclusive education practices.

Feedback by teachers acknowledges the tremendous help training provides in understanding disability, including their responsibility to make sure that children, especially girls with disabilities, learn in education. Examples include adjusting the classroom, pairing children with and without disabilities for peer support, and using gender equitable examples. But the feedback consistently highlights the insufficient length of training, which limits practical know-how, especially with regards to children with profound disabilities. It is not clear if the teacher training makes the choice to focus on mild and

modest levels of impairment because there is no available expertise, or because there are resource constraints. The mapping of inclusive education in Uganda specifically mentioned the need for **good leadership**. Head teachers should have a vision of what an inclusive school would look like. The focus should be on training leaders how to develop an inclusive school rather than being dependent on NGOs saying what was needed next.

In terms of **learning outcomes**, it seems common to compare assessments between intervention groups of girls with disabilities against control groups of girls with disabilities. Learning outcomes are but one indicator of change. Nonetheless, there was no available literature on research comparing learning outcomes within the same class, e.g. against children/girls without disabilities. This is regrettable because it would potentially provide evidence of how and to what extent inclusive education is beneficial to all children, and offer insight into how the gap between learning of boys and girls with and without disabilities (and other factors) is closing, or not.

A number of evaluations listed the different **impairment groups** that were included in the given project but rarely the severity of the impairment, and even less so the disaggregated **outcome** of intervention activities by level of impairment. Therefore, important information is missing which could have given more robust evidence on the effectiveness of interventions for the most marginalised girls with disabilities.

At a global level, (disability-focused and/ or education focused) organisations and government policy statements express commitment to wanting to work with the **most marginalised and vulnerable children**, including girls with disabilities. However, a significant percentage of girls with profound disabilities are in fact not included. At policy level, many countries distinguish in their language between children with mild to moderate and profound disabilities, suggesting that the latter may not be able benefit and therefore need not be accommodated under inclusive education (e.g. Bangladesh). In some countries, the identification

of children with disabilities for the purpose of enrolment in mainstream schools is done by the government. Some children, especially girls with profound disabilities across impairment groups, are therefore not included, especially when the girls are kept (or even hidden) at home and do not appear on any government lists. In project documentation it is not always clear what the children's level of impairment is and who may be excluded from the interventions based on the severity of disability. There needs to be more rigorous disaggregation in analysis, and a higher commitment to find solutions for children, boys and girls, with profound disabilities.

Overall, there seems to be a greater **focus on primary education** over other levels of education. This is possibly because of the MDGs that focused on universal free primary education. However, as SDG4 and the CRPD emphasise, life-long learning, secondary and tertiary education and transition periods in between need to receive more attention, not only in programming but also in research and building an evidence base. With adolescence, the barriers to education increase based on gender bias and exacerbated by disability bias, e.g. higher risks of sexual violence, domestic prioritisation over female education. At the same time, higher education would mean a potentially greater likelihood of employment or business opportunities with a better social and economic positioning in the family and community. Primary education should not therefore be the only ambition for girls with disabilities, and programmes and research need to be forward-looking.

Early childhood and pre-school interventions for girls (and boys) with disabilities are important too. For example, for deaf children, language development before sign language is fully introduced can be most effective. Early childhood interventions are critical as a preparation for formal learning, and for the prevention of social prejudices and bias towards disability and gender taking hold – and yet are quite absent in literature and programme interventions.

Policy level advocacy is important to achieve systemic change and needs to be a fundamental

element of programmes. Policy change enables appropriate budget allocation and education sector planning that takes into account disability and gender. Even with increased awareness of and commitment to inclusive education by teachers, large classrooms, inflexible curricula, lack of resources and specialised support and results-based focus of education pose significant challenges to the implementation of policies, which – if in place – are often short on direct statements around plans and resources. Collaboration among non-state actors is important in reviewing and submitting recommendations on adaptations to legislation and policies.

It is especially critical to review policies on inclusive education with a gender lens and assess to what extent policies are gender-neutral or gender-responsive. The policy level advocacy as documented by the projects seemed to focus on the review of learning and teaching material, curricula for teacher training and accommodation in the context of exams. Gender-sensitive curricula and material was mentioned; for the latter there are examples of depicting or describing girls and boys (with and without disabilities) equitably and without gender stereotypical activities. There needs to be an alignment of policies on inclusive education and girls' education to ensure the intersectionality of gender and disability is acknowledged and its resulting marginalisation is addressed.

Publications on research, learning papers, case studies, guidelines, and toolkits are extremely limited when it comes to girls with disabilities. When inclusive education for children with disabilities or girls' education is discussed and advised on, the barriers for girls with disabilities must receive better attention to ensure they are not overlooked. The intersection between gender and disability and the gendered nature of marginalisation for children with disability must be analysed in depth to help formulate and monitor policies and programmes.

There is also little reference to which guides, toolkits or research have been used to develop and implement programmes for girls with disabilities, which could contribute to identifying the most effective approaches.

VI
Recommendations

Equity-focused approaches to education monitoring planning and financing

Commitments to international frameworks such as the CRPD, CEDAW, EFA, and the SDGs need to be translated into national frameworks and policies that ensure the removal of barriers to education based on gender and disability related prejudice and discrimination at all levels. A vital component of developing gender and disability responsive education policies is the availability of research and data, which in turn will inform the planning, financing and monitoring of policy implementation.

Data and indicators

Governments need to develop and implement indicators for quality and equality in education so that programmes are designed with appropriate indicators in mind. In addition, they need to invest in robust monitoring and evaluation systems, including data collection that is consistently disaggregated by gender, impairment, age, locality, ethnicity and other factors to establish a complete knowledge base.

For disaggregation by impairment, the Washington Group child functioning question sets for children (one set for ages 5-17 and one for ages 2-4)[90] to identify children by impairment are important in getting a more consistent picture of their inclusion, in conjunction with other factors, that can be compared across studies and programmes. Based on accurate data, governments need to monitor for and identify potential inequities and devise strategies to tackle disadvantages.

Costing

Governments should take the lead in financing strategies that lead to free education. They should also take the lead on research into different costing models that apply an equity-focused gender and disability lens to budgeting and resource allocation, to ensure all girls and boys receive quality education. Abolition of fees and charges, provision of accessible transport, cash transfers, stipends, free school meals etc. can significantly help girls with disabilities living in poverty who are disproportionally affected by such hidden costs.

Investment in creating inclusive environments

Donors and other development partners investing in education programmes need to invest more in disability/gender sensitive approaches and similarly should set criteria for their grantees to include both disability inclusive and gender sensitive approaches.

There is also a need for policies, frameworks and curricula/assessments to focus on other areas of the education spectrum and support inclusive education within early childhood development and the transition of girls with disabilities into secondary, tertiary and vocational training.

Collaboration and partnerships

Collaboration and working in consortia is crucial to bring all the needed expertise together to make real impact.

Government ministries need to adopt a strong collaborative multi-sectoral approach with clear in-built coordination mechanisms such as collaborative work plans (including effective M&E) and assignment of responsibilities to ensure that such policies are translated into practice.

It is essential this collaborative approach includes the full and meaningful participation of Disabled Peoples' Organisations in the design, implementation and monitoring of inclusive education interventions. It should also include the development of partnerships with NGOs, consultation with communities, families and schools, including boys and girls with disabilities and the promotion of participatory approaches to education planning, management and resourcing.

Mainstream organisations should actively seek out Disabled Peoples' Organisations and disability-focused organisations that can provide experience and expertise, especially with regards to the most marginalised girls and boys with profound and/or multiple disabilities. Similarly, disability-focused organisations and Disabled Peoples' Organisations should use all available opportunities to influence and support mainstream organisations to include girls with disabilities.

Capacity development

Governments should invest more in male and female teachers' professional capacity. There needs to be more investment in teacher training, with attention to pre-service and in-service training. There should be continuous professional capacity development with male and female teachers with disabilities to act as role models. Inclusive education and gender equality principles should be embedded into all teacher training courses and activities, including the capacity to include children with profound and/or multiple disabilities.

There also needs to be more adequate support for children with disabilities, for example access to specialised learning materials, and teachers with specialised skills such as Braille and sign language who can support deaf children to teach sign language to their peers.

Curricula and flexible structures

Curricula development and review processes need to take responsibility for preventing stereotyping of marginalised groups on the basis of gender, disability, language, ethnicity and other factors. This should be carried out by conducting consultations and understanding the impact of their decisions. Sex education and sexual health rights need to be part of the curriculum. Governments and schools need to put in place policies on flexible structures that allow girls with (and without) disabilities to re-enrol and continue their education when all preventative measures have failed and the girls have dropped out due to pregnancy, marriage and other traditional practices. Accommodations and modifications need to be made to the curriculum for some children with disabilities.

Child protection

Governments need to develop national education policies to protect children from abuse, neglect, violence and exploitation both within and outside the school setting. Child protection services and the education sector need to collaborate and improve national laws, and staff recruitment and monitoring processes to limit school related gender-based violence. To this end, government agencies and organisations and other structures that have a role in responding to violence against women and girls need to be strengthened in their understanding of and response to violence based on the intersectionality of gender and disability. Knowledge and feedback from survivors, NGOs and others working directly with survivors and perpetrators need to be incorporated to ensure a participatory and inclusive approach to policymaking and legislation.

All forms of violence against girls with and without disabilities need to be addressed with tailored responses to specific forms of violence. Methods and practices to guarantee child protection at schools are closely linked with effective teacher training (including codes of conduct for teachers and non-violent teaching) and curricula material that promote gender equality. This helps to prevent violence and ensure a safe and supportive learning environment. Beyond teacher training for inclusive education, comprehensive training for educators on violence against children and school related gender-based violence is critical to address educational inequality and contribute to system change. When gender-based violence occurs, schools need to have in place clear, safe and accessible procedures and mechanisms for reporting incidents and providing assistance and support to victims. The assistance includes psychological support and healthcare, and referring cases to appropriate authorities. Schools need to regularly offer training and refresher courses with a gender lens to staff ensuring that procedures are known and followed.

Research, data, and documentation

Organisations, governments and institutions should provide research, data, and documentation of good practice on education interventions for girls with disabilities that is then integrated into education plans.

That means that organisations also need to commit to gender and disability responsive data collection and analysis. All marginalised, vulnerable, at-risk, disadvantaged children and youth must be specified, so that data on each one is collected and disaggregated accordingly (including for example gender, age, impairment, location, class, race).

Greater attention must be given to robust monitoring processes including baseline studies, and impact of interventions on each of these groups – with the understanding of intersectionality. Evaluations, learning papers, reviews and research need to be made more widely available to build a much larger and more robust evidence base. This should lead to a better understanding, not only of what works and what does not work, but also why.

Bibliography

Aikman, S., Unterhalter, E. (ed.) (2007), *Practising Gender Equality in Education*, Oxfam

American Association of University Women, (2009). *Educating girls with disabilities.* Available from: http://www.aauw.org/files/2013/02/position-on-disability-education-111.pdf

Camfed (2016), *An unprecendented uplift in learning outcomes – Results from a major evaluation of Camfed's program in Tanzania and Zimbabwe*

Childhope, (2016) End of project evaluation *Education and Protection of Children and Young People, Northern Uganda*

Clarke, D.; Sawyer, J, (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

Don, Z., Salami, A., Ghajarieh, A., (2015), *Voices of girls with disabilities in rural Iran*, Disability and Society, 30:6

Enable-ed: (2017) *Mapping Inclusive Education – Uganda: Key Findings Summary*

FAWE (2013), *Strengthening gender research to improve girls' and women's education in Africa, Research Series Vol 3*

GPE, UNGEI (2017), *Guidance for Developing Gender-responsive Education Sector Plans*
Groce, N.; Kett, M. (2014): Youth with Disabilities: Working Paper 23, LCD, UCL London

HRW (2010), *As If We Weren't Human – Discrimination and Violence Against Women with Disabilities in Northern Uganda*

Kett, M., Deluca, M. (2016) *Transport and Access to Inclusive Education in Mashonaland, West Province, Zimbabwe*, Social Inclusion, Vol 4, Ussye 3, p61-71

LCD, UNGEI (2014) Case Study: *Leave No Girl Behind: Lessons from Promoting Inclusive Primary Education for Girls with Disabilities in Bangladesh*

LCD Endline report (2017) GEC *Pioneering inclusive education strategies for girls with disabilities*, Kenya

Leach, F., Dunne, M. Salvi, F (2014) *A global review of current issues and approaches in policy, programming and implementation responses to School-Related Gender-Based Violence (SRGBV) for the Education Sector*, Background research paper prepared for UNESCO

Myers, J., Pinnock, H., Suresh, S. (2016), *#Costing Equity – the Case for Disability-Responsive Education Financing*, IDDC, Light for the World

Ortoleva, S., Lewis, H. (2012), *Forgotten Sisters – A report on violence against women with disabilities*, Women Enabled, NUSL

Ortoleva, S. (2015)*Yes, Girls and Women with Disabilities Do Math – an intersectional analysis* in: *Disability, Gender and the Trajectories of Power,* ed. Asha Hans, Sage

Plan International, (2013), *A Girl's right to learn without fear – Working to end gender-based violence at school*

Rambla, X, Langthaler, M (2016) *The SDGs and inclusive education for all – from special education to addressing social inequalities*, OFSE Vienna

Ranson, N.J., Byrne, M.K. (2014), *Promoting Peer Acceptance of Females with Higher-functioning Autism in a Mainstream Education Setting: A Replication and Extension of the Effects of an Autism Anti-Stigma Program*, J Autism Dev Disord 44:2778-2796, published online, Springer Science+ Business Media New York

Redearth education (2012): Achievement Awards Criteria, Uganda, provided by Enable-ed

Report on women with disabilities (2013/2065(INI)), Plenary Sitting, 10.10.2013, European Parliament

Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

Sæbønes, A.-M. et al (2015), *Towards Inclusive education* – Background Paper for the Oslo Summit on Education for Development

Sightsavers, (2013) Mid-term review: *Connecting the dots: investing in youth with disabilities for enhanced access to employment*, Uganda

SSHRCC (2016), *Monitoring Educational Rights for Girls with Disabilities project, Final report*, Mount Saint Vincent University, Halifax

Trani, J.-F, Kett.M, Bakshi, P & Bailey, N. (2011), *Disability, vulnerability and citizenship: to what extent is education a protective mechanism for children with disabilities in countries affected by conflict?*, International Journal of Inclusive Education, 15:10, 1187-1203

UNESCO (2010), *Reaching the Marginalized, EFA Global Monitoring Report*

UNGEI, GPE (2016), *Guidance for Developing Gender Responsive Education Sector Plans*

UNICEF, (undated) *Barriers to Girls' Education, Strategies and Interventions*

UNICEF, (2016),*The State of the World's Children: A fair chance for every child*

UNICEF, Equity and Inclusion Guide https://www.unicef.org/education/files/Equity_and_Inclusion_ Guide.pdf

USAID, (2010), *Guide on how to integrate disability into gender assessments and analyses*

Annex 1: Organisations contacted

- AbleChild Africa
- ActionAid
- ALLFIE UK
- BRAC
- British Council
- Camfed
- CBM
- Cheshire Homes Uganda
- Childhope
- Chance for Childhood
- Enable-Ed (consultancy firm)
- Handicap International
- IRC
- Light for the World
- MyRights
- Pelican Initiatives (web portal/network)
- Plan International
- Save the Children
- SDDirect
- Sightsavers
- VSO
- War Child

Out of 21 contacted organisations 16 replied, but only nine were able to provide any information that related to some extent to girls with disabilities. Only five of those could share end-line or mid-line evaluation reports.

Two of the evaluation reports did not distinguish school experiences and learning outcomes between girls and boys with disabilities and only referred to gender parity in enrolment. In two cases the project evaluations distinguished between 'girls' and 'children with disabilities' in the same sentence as separate entities, which made it impossible to know, which group girls with disabilities were assumed to belong to.

While it is very possible that additional programmes do address specific barriers for girls with disabilities in education, this is not always clear in available documentations because of the use of very general terms of children with disabilities, or marginalised/most disadvantaged/vulnerable girls, who may or may not include girls with disabilities.

Annex 2: Guidelines and toolkits

Aikman, S., Unterhalter, E. (ed.) (2007), *Practising Gender Equality in Education*, Oxfam
Available at http://www.ungei.org/resources/files/ProgIns_wholebook.pdf

UN Women/UNESCO (2016) Global Guidance: School-related gender-based violence,
available at http://unesdoc.unesco.org/images/0024/002466/246651E.pdf

INEE *Education in Emergencies: Including Everyone; INEE pocket guide to inclusive education*,
available at http://toolkit.ineesite.org/pocket_guide_to_inclusive_education

Toolkit for teachers, Developing gender responsive learning environments, IREX, undated,
available at https://www.irex-europe.fr/IMG/pdf/Gender_and_EducationToolkit.pdf

UNGEI, GPE (2016) *Guidance for developing gender responsive education sector plans*
Available at http://www.ungei.org/GPE_Guidance_for_Gender-Responsive_ESPs_Final.pdf

UNICEF, Equity and Inclusion Guide available at https://www.unicef.org/education/files/Equity_
and_Inclusion_Guide.pdf

USAID, (2010), *Guide on how to integrate disability into gender assessments and analyses*,
available at https://www.usaid.gov/sites/default/files/Guide_How_Integrate_Disability_Gender_
Assessments_2010.pdf

USAID (2015), *Guide for strengthening gender equality and inclusiveness in teaching and learning
materials*, available at
http://eccnetwork.net/wp-content/uploads/8460-3_DERP_Gender_Guide_V3_102715_r9_FNL.pdf

World University Service of Canada, Handicap International (2016) *Guidelines and Standard
Operating Procedures on Enhancing Education for Girls with Disabilities in Dadaab and Kakuma
Refugee Camps and Host Communities* available at Handicap International

Endnotes

1 Clarke, D., Sawyer, J. (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

2 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disabilities Unlimited

3 GPE, UNGEI (2017), *Guidance for Developing Gender-responsive Education Sector Plans*

4 http://www.un.org/womenwatch/osagi/conceptsandefinitions.htm

5 GPE, UNGEI (2017), *Guidance for Developing Gender-responsive Education Sector Plans*

6 IUCN (2015), *Stop being so sensitive! The shift from gender-sensitive to gender-responsive action*, available at http://genderandenvironment.org/2015/08/stop-being-so-sensitive-the-shift-from-gender-sensitive-to-gender-responsive-action/

7 UNESCO (2006), quoted in Inclusion International (2009) *Better education for all – When we're included too*, Global report

8 Clarke, D., Sawyer, J. (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

9 WHO, World Bank (2011), *World Report on Disability*

10 Ortoleva, S. (undated), *International Day of the Girl Child: Focus on Education – Missing Stories in the Blogs*, Women Enabled, Inc

11 Clarke, D., Sawyer, J. (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

12 ibid

13 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

14 Clarke, D., Sawyer, J., (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

15 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

16 UNICEF (undated) *Barriers to Girls' Education, Strategies and Interventions*

17 Plan International (2013), *A girl's right to learn without fear – Working to end gender-based violence at school*

18 Clarke, D., Sawyer, J. (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

19 FAWE (2013), *Strengthening gender research to improve girls' and women's education in Africa*, Research Series Vol 3

20 UNICEF (2016), *The State of the World's Children: A fair chance for every child*

21 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

22 ibid

23 Don, Z., Salami, A., Ghajarieh, A. (2015), *Voices of girls with disabilities in rural Iran*, Disability and Society, 30:6

24 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

25 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

26 HRW (2010), *As If We Weren't Human – Discrimination and Violence Against Women with Disabilities in Northern Uganda*

27 Trani, J.-F., Kett, M. Bakshi, P. & Bailey, N. (2011), *Disability, vulnerability and citizenship: to what extent is education a protective mechanism for children with disabilities in countries affected by conflict?* International Journal of Inclusive Education, 15:10, 1187-1203

28 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

29 ibid

30 Leach, F., Dunne, M., Salvi, F. (2014) *A global review of current issues and approaches in policy, programming and implementation responses to school-related gender-based violence (SRGBV) for the education sector*, Background research paper prepared for UNESCO

31 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

32 Ortoleva, S., Lewis, H. (2012), *Forgotten Sisters – A report on violence against women with disabilities*, Women Enabled, NUSL

33 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

34 Ortoleva, S. (2015), *Yes, Girls and Women with Disabilities Do Math – An intersectional analysis* in: Disability, Gender and the Trajectories of Power, ed. Asha Hans, Sage

35 Leach, F., Dunne, M., Salvi, F. (2014) *A global review of current issues and approaches in policy, programming and implementation responses to school-related gender-based violence (SRGBV) for the education sector*, Background research paper prepared for UNESCO

36 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

37 Leach, F., Dunne, M., Salvi, F. (2014), *A global review of current issues and approaches in policy, programming and implementation responses to school-related gender-based violence (SRGBV) for the education sector*, Background research paper prepared for UNESCO

38 Ortoleva, S., Lewis, H. (2012), *Forgotten Sisters – A report on violence against women with disabilities*, Women Enabled, NUSL

39 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

40 Hammad, T., Singal, N. (2015), *Education of women with disabilities in Pakistan: enhanced agency, unfulfilled aspirations* University of Cambridge

41 Ortoleva, S. (2015) *Yes, Girls and Women with Disabilities Do Math – An intersectional analysis* in: Disability, Gender and the Trajectories of Power, ed. Asha Hans, Sage

42 Groce, N., Kett, M. (2014): *Youth with Disabilities: Working Paper 23*, LCD, UCL London

43 Groce, N., Kett, M. (2014): *Youth with Disabilities: Working Paper 23*, LCD, UCL London

44 AAUW (2009), *Educating Girls with Disabilities*, Breaking Through Barriers for Women and Girls, USA

45 Rousso, H. (2003), *Education for All: A Gender and Disability Perspective*, CSW, Disability Unlimited

46 ibid

47 Myers, J., Pinnock, H., Suresh, S. (2016), *#Costing Equity – the Case for Disability-Responsive Education Financin*g, IDDC, Light for the World

48 CBM (2014), *CBM's Submission to the Expert Committee on CEDAW on Article 10: Right to Education*

49 Wapling, L. (2016), *Inclusive Education and Children with Disabilities: Quality Education for All in Low and Middle income Countries*, CBM

50 Quoted in DFID, (undated), *Education for children with disabilities*, Guidance Note – A DFID practice paper

51 Rambla, X., Langthaler, M. (2016), *The SDGs and inclusive education for all - From special education to addressing social inequalities. Briefing Paper 14*. ÖFSE, ESP

52 Wapling, L. (2016), *Inclusive Education and Children with Disabilities: Quality Education for All in Low and Middle income Countries*, CBM

53 Lord, J. et al (2010), *Disability and International Cooperation and Development: A Review of Policies and Practices*

54 USAID (2010), *Guide on how to integrate disability into gender assessments and analyses*

55 Report on women with disabilities (2013/2065(INI)), Plenary Sitting, 10.10.2013, European Parliament

56 Clarke, D., Sawyer, J. (2014), *Girls, Disabilities and School Education in the South East Pacific Region*, UNGEI Draft Working Discussion Paper

57 https://www.unicef.org/education/files/Equity_and_Inclusion_Guide.pdf

58 Sæbønes, A. M. et al (2015), *Towards Inclusive education* – Background Paper for the Oslo Summit on Education for Development

59 GADN, (undated), *Girls' education in international development working group: post-2015 position paper*, London

60 ActionAid (2007), *Making the Grade* - a model national policy for the prevention, management and elimination of violence against girls at school

61 Projects reviewed: Plan International, GEC *Supporting Marginalised Girls in Sierra Leone to Complete Basic Education with Improved Learning Outcomes*; AbleChild Africa, *Child-to-Child Inclusive Education Project*, Uganda; Sightsavers, (2016) *Connecting the dots: investing in youth with disabilities for enhanced access to employment*, Uganda; Cheshire Services Uganda, GEC Innovation window, mid-line; Leonard Cheshire Disability (2016) GEC *Pioneering inclusive education strategies for girls with disabilities*, Kenya; Enable-ed: (2017) *Mapping Inclusive Education - Uganda: Key Findings Summary*; Childhope, (2016) End of project evaluation *Education and Protection of Children and Young People*, Northern Uganda; SSHRCC (2016), *Monitoring Educational Rights for Girls with Disabilities project, Final report*, Mount Saint Vincent University, Halifax; Camfed (2016), *An unprecedented uplift in learning outcomes – Results from a major evaluation of Camfed's program in Tanzania and Zimbabwe*; Leonard Cheshire Disability EU-funded project *Promoting rights through community action: improved access to inclusive education for children with disabilities in Bangladesh*.

62 Interview with M&E specialist, Plan International, GEC I project for Junior Secondary School: *Supporting Marginalised Girls in Sierra Leone to Complete Basic Education with Improved Learning Outcomes*, via Skype on 7.3.2017

63 Interview with programme and partnership manager, AbleChild Africa, Child-to-Child Inclusive Education Project, Uganda, via Skype on 23.2.2017

64 Sightsavers (2016), Final evaluation of *Connecting the dots: investing in youth with disabilities for enhanced access to employment*, Uganda

65 Interviews with Head of Programmes, Cheshire Services Uganda, via Skype on 24.3.2017 and lead evaluator, Enable-ed via Skype on 23.2.2017

66 Midline report: LCD (2016), GEC *Pioneering inclusive education strategies for girls with disabilities*, Kenya

67 Kett, M., Deluca, M. (2016), *Transport and Access to Inclusive Education in Mashonaland, West Province, Zimbabwe*, Social Inclusion, Vol 4, Issue 3, p61-71

68 Interview with Enable-ed: (2017), *Mapping Inclusive Education - Uganda: Key Findings Summary*

69 Interview with programme and partnership manager, AbleChild Africa, Child-to-Child Inclusive Education Project, Uganda

70 GEC projects in Uganda, Sierra Leone, Bangladesh, Kenya

71 Childhope (2016), End of project evaluation *Education and Protection of Children and Young People*, Northern Uganda

72 Endline report (2017), *GEC Pioneering inclusive education strategies for girls with disabilities*, Kenya

73 Interviews with Head of Programmes, Cheshire Services Uganda

74 Ranson, N.J., Byrne, M.K. (2014), *Promoting Peer Acceptance of Females with Higher-functioning Autism in a Mainstream Education Setting: A Replication and Extension of the Effects of an Autism Anti-Stigma Program*, J Autism Dev Disord 44:2778-2796, published online, Springer Science+ Business Media New York

75 Interview with M&E specialist, Plan International, GEC I project for Junior Secondary School: *Supporting Marginalised Girls in Sierra Leone to Complete Basic Education with Improved Learning Outcomes*

76 ibid

77 Endline report (2017), GEC *Pioneering inclusive education strategies for girls with disabilities*, Kenya

78 Interview with Enable-ed (2017), Mapping Inclusive Education - Uganda: Key Findings Summary

79 Enable-ed: (2017), *Mapping Inclusive Education - Uganda: Key Findings Summary*

80 Interview with programme and partnership manager, AbleChild Africa, Child-to-Child Inclusive Education Project, Uganda

81 Interview with M&E specialist, Plan International, GEC I project for Junior Secondary School: *Supporting Marginalised Girls in Sierra Leone to Complete Basic Education with Improved Learning Outcome*s; Interview with Head of Programmes, Cheshire Services Uganda

82 SSHRCC (2016), *Monitoring Educational Rights for Girls with Disabilities project, Final report*, Mount Saint Vincent University, Halifax

83 Interview with LCD Kenya programme staff, via skype on 19.4.2017

84 LCD, UNGEI (2014), Case Study: *Leave No Girl Behind: Lessons from Promoting Inclusive Primary Education for Girls with Disabilities in Bangladesh*

85 Interview with LCD Kenya programme staff, via skype

86 Camfed (2016), *An unprecedented uplift in learning outcomes – Results from a major evaluation of Camfed's program in Tanzania and Zimbabwe*

87 Interviews with Head of Programmes, Cheshire Services Uganda, via Skype

88 ibid

89 Final evaluation (2015), EU-funded Project *Promoting rights through community action: improved access to inclusive education for children with disabilities in Bangladesh*, LCD, GUK (2014), *Inclusive Education in Bangladesh: a policy brief*

90 The Washington Group's short set of six questions is recommended by the United Nations for use in all national censuses and household surveys to provide internationally comparable disability data. In partnership with UNIECF, the Washington Group developed a set of questions particularly for children between 5 -17: http://www.washingtongroup-disability.com/wp-content/uploads/2016/01/Child_Functioning_for_Children_Age_5_to-17_-Oct-2016_FINAL.pdf