

## Inclusive Education Project Final Report



Pupils with Hearing Impairment from Daniel Comboni Primary School performing drama in Sign Language at the school assembly. Larissa © Handicap International

Strengthening Basic Education of Children with Disability in Kenya.  
2009-2012

End of Project Report - October 2009 to September 2012

### **Contact in Canada :**

Christian Champigny, Programme Support Officier, Handicap International Canada  
1819, boul. René-Lévesque Ouest, bureau 401

Montréal (Québec) H3H 2P5

Tél. : (514) 908-2813 ext. 223

Fax : (514) 937-6685

Christian.champigny@handicap-international.ca

[www.handicap-international.ca](http://www.handicap-international.ca)

## **Table of Contents**

<b>Table of Contents .....</b>	<b>2</b>
<b>Acronyms .....</b>	<b>3</b>
<b>1. Executive Summary .....</b>	<b>4</b>
<b>1. Executive Summary .....</b>	<b>4</b>
2.1 Summary of main outputs and achievements over the duration of the project.....	6
2.2 Outcome Analysis.....	26
2.2.1 Description of project results and challenges.....	26
2.2.2 Variances in expected and actual outcomes.....	29
<b>3. Cross cutting issues.....</b>	<b>33</b>
3.1 Risks and risk management.....	33
3.2 Gender Issues .....	33
3.3 Environmental Results.....	34
3.4 Goods Purchased.....	34
3.5 Intellectual Property.....	35
<b>4. Lessons learned and sustainability.....</b>	<b>35</b>
4.1 Progress since project evaluation .....	35
4.2 Responsibility for results: partners .....	36
4.3 Sustainability of results .....	37
4.4 Lessons learned in project implementation.....	38
<b>5. Financial .....</b>	<b>39</b>
<b>6. Recommendations.....</b>	<b>41</b>

## Acronyms

<b>APDK</b>	Association for the Physically Disabled of Kenya
<b>ARI</b>	African Rehabilitation institute
<b>CAW</b>	Canadian Auto Workers
<b>CBOs</b>	Community based Organizations
<b>CIDA</b>	Canadian International Development Agency
<b>CRPD</b>	Convention on the Rights of Persons with Disability
<b>CSOs</b>	Civil Society Organizations
<b>CwD</b>	Children with Disability
<b>DEK</b>	Deaf Empowerment Kenya
<b>EARC</b>	Education Assessment Resource Center
<b>EENET</b>	Enabling education Network
<b>EFA</b>	Education for All
<b>GoK</b>	Government of Kenya
<b>HEART</b>	Health Education Africa Resource Team
<b>HI</b>	Handicap International
<b>IE</b>	Inclusive Education
<b>IEC</b>	Information Education and Communication
<b>KAPB</b>	Knowledge Attitude, Practices and Beliefs
<b>KIE</b>	Kenya Institute of Education
<b>KISE</b>	Kenya Institute of Special Education
<b>KNH</b>	Kenyatta National Hospital
<b>KSB</b>	Kenya Society for the Blind
<b>LCD</b>	Leonard Cheshire Disability
<b>MH</b>	Mentally Handicapped Unit
<b>MoE</b>	Ministry of Education
<b>MoU</b>	Memorandum of Understanding
<b>NFSS</b>	Nairobi Family Support Services
<b>QASO</b>	Quality assurance Officers
<b>RBM</b>	Results Based Management
<b>SNE</b>	Special Needs Education
<b>ToR</b>	Terms of Reference
<b>UDPK</b>	United Disabled Persons of Kenya

## 1. Executive Summary

This final report marks the end of the 3 year inclusive education project that was implemented by Handicap international in collaboration with two local partners: Nairobi Family Support Services (NFSS) and Deaf Empowerment Kenya (DEK).

It is estimated that 77 million children are currently excluded from education globally and of those, one third are children with disability (*Education for All, Global Monitoring Report 2010*). There are 1.7 million people in Kenya living with a disability. Of these people, only 39% have attended a mainstream primary school, and only 9% have attended high school (Kenya National Survey for Persons with Disabilities, 2008). Such exclusion from education further perpetuates the cycle of disability and poverty. In light of such statistics, the goal of this project was to enhance participation and achievement in the education of children with disability (CwD) to not only give CwD access to their right to education, but to contribute to the overarching goal of a more educated and inclusive society.

The project started in October 2009 and ran until October 2012 and while it had its challenges in the form of getting approval from City Education (thus a delay in the implementation of activities) and the project starting during the school examination period (thus difficulties engaging teachers and students at that time), positive outcomes were achieved, with some for the main achievements being: enhancing the skills of the teachers in the pilot schools around inclusive practices; conducting a comprehensive gender audit of the schools and communities; raising community awareness on gender, disability and inclusive education; modifying the school environments to improve accessibility; strengthening the referral system and auxiliary support around CwD; generating and strengthening parent support groups in both communities; and establishing 2 resource centers to be hubs for learning and inclusion for all children. The project also strengthened the collaborative relationship between the Ministry of Education (MoE) and the schools, teachers, teacher training institutions and other stakeholders.

As a result of the IE project: 395 CwD who may otherwise have remained at home, were enrolled in school; 2800 parents, teachers, students and school staff were sensitized on IE philosophy and practice; 352 community leaders and members attended trainings and information sessions on inclusive practices; 6 schools were modified to allow children with physical disability to better access the school environment; 102 assistive devices were purchased and disseminated to CwD and their families; 6 sub-committees were formed (one in each pilot school) with a direct focus on ensuring IE practices in the

schools; and 2 resource centers were established as hubs for resource materials, information and interaction in an inclusive environment.

As this was a pilot project, the lessons learnt and insights gained from the last three years are a sound platform to move to a more established 'second phase' of an IE project. There is still a significant amount of work to be done, (especially in the implementation of government policy and in broadening the outreach of IE awareness and understanding) in order for Kenyan society, and the education system in particular, to be fully inclusive. This project has provided a springboard for future projects to continue the sound initiatives that have already been established and to expand the reach so that more schools and communities can achieve greater inclusion of children with disability.

**2. Summary of achieved outputs and results** 2.1 Summary of main outputs and achievements over the duration of the project

<b>OUTPUT 1: The six selected schools have in place necessary and appropriate teaching skills and resource materials for implementation of effective inclusive education.</b>						
<b>Activities</b>	<b>Oct 2009 – Mar 2010</b>	<b>Apr 2010 - Sept 2010</b>	<b>Oct 2010 – Mar 2011</b>	<b>Apr 2011 – Sept 2011</b>	<b>Oct 2011 – Mar 2012</b>	<b>Apr 2012 – Sept 2012</b>
<b>Activity 1.1 Train 30 teachers and education officials on Planning/management of inclusive education</b>	Two meetings held with deputy chief advisor of education department to discuss partnership issues around the project; Meeting held with head of Department Inclusive Education (KISE)	Sept: 25 teachers, EARCs and school management committee members trained during a 3-day training	Agreed Terms of Reference (ToR) between HI & the city education department.	May 2011: 32 (25F/5M) city education officials attended a 3-day training on IE practices		
<p><i>Some initial delays occurred due to the referendum in August 2010. Key learning outcomes were demonstrated by an observed increase in understanding and support for IE from the teachers and education officials and their support for the establishment of IE sub-committees in their respective schools.</i></p>						

<b>Activity 1.2</b> <b>Train 24 teachers on basic inclusive education techniques</b>	1 day workshop held to discuss IE experiences and create core IE group, attended by HI staff, partners, KISE staff and other NGO representatives.	2 Planning meetings held with KISE. Establishment of working group on IE composed of HI, KISE and LCD. A delegation of 13 participants went to Embu catholic Diocese and Oriang in Western Kenya where they had experience on IE practices	Review of training modules; Co-ordination meetings; Finalization of MOU with KISE	April: 18 teachers and 3 social workers attended part 1 of the KISE training course. In Aug 2011 a delegation of 11 participants visited HI Rwanda Inclusive Education program to learn about Rwanda’s approach to inclusive practices.	August, December: 12 (11F/1M) teachers attended and completed part 2 & 3 of the KISE course; 2 day induction training for 21 (13F/8M) KISE lecturers on methodologies and materials of Disability Mainstreaming module. Meetings held at the schools to disseminate information from the Rwanda exchange visit.	16 teachers who had not attended the KISE course were sensitized on Inclusive Education and child-to-child practices at a workshop attended by a City Education official.
<i>MOU established with KISE. Disability mainstreaming module developed. KISE trained teachers on IE using an adapted curriculum, with teachers who completed the course successfully gaining a certificate of recognition from a graduation held at KISE on 19<sup>th</sup> October,2012. Teachers capacity to identify learners with special needs was enhanced through practical lessons offered by fellow teachers whilst on the exchange visit.</i>						
<b>Activity 1.3</b> <b>Train 24 teachers on resource material development</b>				Aug: 5 day workshop conducted by KISE consultant supported by HI staff and attended by 24 teachers		

<b>Activity 1.4 Establish 2 resource rooms</b>	Meetings with the 6 pilot schools for introductory discussions about the rooms.	2 facilities identified	Accessibility audit conducted and draft report done.	Renovation work of 2 classrooms in Sept	Renovations and modifications completed; room management and sustainability committees set up	Resources purchased and distributed in Sept; Room committee meetings held in Kibera and Dandora. Handover meeting with City Education Development Office and contractors.
<i>NFSS and DEK continue to oversee the committee in its early stages to ensure the appropriate management of the rooms.</i>						
<b>OUTPUT 2: Auxiliary support services to facilitate access of children with disability to education are enhanced and better coordinated</b>						
<b>Activity 2.1 Conduct a baseline survey on disability issues</b>		Knowledge, Attitudes and Practices survey underway	KAP survey completed	<i>The results of the KAP survey helped to inform the second half of the project which saw high enrolment of CWDs</i>		
<b>Activity 2.2 Strengthen the referral system</b>	Meeting with Kenyatta National Hospital, Kenya Society for the blind (KSB), Association for the Physically Disabled of Kenya (APDK) Education Assessment and Resource Centers (EARCs) to strengthen rehabilitative service	Mapping of service providers in Kibera and Dandora done. 146 (70 boys and 76 girls) assessed and referred for appropriate services out of which 46 (21boys/25girls) were placed in the pilot schools	274 (163M/11F) CwD assessed and referred to appropriate services out of which 109 (59boys/50girls) were placed within the pilot schools. Quarterly report back meetings with service providers	403 CWDs were assessed and referred to appropriate services providers. The cumulative number of those placed in pilot schools reached 300 CWD (175boys/	677 CwD assessed and referred to service providers; CWDs placed in schools reached cumulatively 381 CWD (217 boys and 164 girls). Re-mapping of existing service providers by DEK.	812 CWDs (467M/345F) referred to service providers. CWDs placed in schools cumulatively reached 395CWD (220 boys and 175girls)

	delivery mechanisms.			125girls)		
<p><i>A framework in identification, assessment and school placement for children with disability was established to strengthen the referral systems within the project areas. The impact of this was seen in the increase of CWD being identified and referred or placed in schools over the duration of the project.</i></p>						
<b>Activity 2.3</b> <b>Support existing partners to provide rehabilitative/therapeutic services and adaptive and assistive devices</b>		Through several meetings 2 physiotherapists from Mbagathi Hospital and one from Kayole district Hospital were seconded to provide therapy services to NFSS center and DEK at Light and HOPE		80 CWD offered physical therapy sessions in Kibera and Dandora;	204 children with physical impairment in kibera and in Dandora received physical therapy sessions.	
<p><i>NFSS supported the physical therapy sessions for CWD which brought the children and their parents to the center. As well as the physical therapy and rehabilitation programs offered, parents could get counseling support from NFSS staff at the same time as well as social support from other parents.</i></p>						
<b>Activity 2.4</b> <b>Build capacity of existing partners in the provision of psychosocial support / mentoring to children with disability</b>	Partners supported to develop annual action plans for the project, including a focus on psychosocial training for partners.		A five-day training was conducted for NFSS and DEK community mobilizers on identification of CWD, links with counseling and assessment centers and the placement of children in schools	A six-day training on Sign Language for DEK & NFSS staff was held to improve staff's ability to communicate with children with hearing impairment and thus provide		
<p><i>The various forms of trainings provided to the partners contributed in capacity development among the staff and to the organizations. This helped them in taking lead in the overall implementation of the project.</i></p>						

				psychosocial support and mentoring.		
<b>OUTPUT 3: Local communities of the six targeted schools in Kibera and Dandora have increased understanding of inclusive education and increased capacity to promote it</b>						
<b>Activity 3.1 Establish inclusive education sub committees</b>		6 sub-committees established to support CWD in each pilot school.	144 participants from the 6 sub-committees sensitized on inclusive practices in schools.	Review meetings held for the sub-committees attended by 25 participants from Kibera and 27 from Dandora.	2 quarterly meetings of sub-committees held to discuss and review IE practices. 26 participants per meeting.	2 quarterly meetings of sub-committees held to discuss and review IE practices. 27 participants per meeting per region.
<b>Activity 3.2 Conduct sensitization of parents and families of children with disability</b>			28 parents and guardians of CWD attended sensitization workshop in Kibera; sensitization of 1500 parents in Dandora during parents meetings.	124 parents / guardians attended 1-day sensitization workshops in Kibera on inclusion in schools; 180 parents sensitized in Dandora; 68 parents across 4 support groups meeting regularly.	Monthly 1-day workshops by NFSS held between Oct-Mar for parents on disability and inclusive issues. Total of 180 parents attending; Parent support groups continued monthly meetings; DEK spoke at AGM of Thawabu PS attended by 1600 parents.	NFSS conducted 2 full-day lobbying and advocacy workshops. 51 parents reached; DEK conducted training to 86 parents on voluntary savings and loans scheme.
<p><i>In addition to the structured events, parent and community sensitization was an ongoing objective throughout the project, with community sensitization being a key priority in most of the partner's activities. The community mobilisers were integral in this sensitization process, building strong relationships and trust with the community, which in turn led to children being better identified and supported.</i></p>						

<b>Activity 3.3</b> <b>Support sensitization on inclusion for children</b>	<p><i>Increased awareness, acceptance and support among children with and without disability as demonstrated by inclusion of CwD in co-curricular activities such as sports, debates drama etc. Over 300 children participated in the sporting event which received a positive response from other stakeholders including those in the private sector e.g. Coca-cola, Safaricom, Nakumatt and Uchumi supermarkets, who showed willingness to support future events.</i></p>	<p>1-day Inclusive sporting event held for Kibera pilot schools with 210 .</p>	<p>30 pupils from Kibera primary participated in an inclusive field trip;  DEK organised debates and published a magazine around inclusive topics.  HI organized a 5-day training on Child-to-Child practices. 20 teachers, 6 head teachers and 2 EARCS trained from Kibera and Dandora.</p>	<p>After training, teachers supported to facilitate child-to-child practices in the schools.  Child-to-child clubs started with 207 students participating;  Inclusive sporting activities organized in Kibera.</p>	
<b>Activity 3.4</b> <b>Conduct sensitization of teachers and education officials</b>	<p>Sensitization meetings held with teachers on IE concepts and the project.</p>	<p>1-day launch of project with key stakeholders</p>	<p>2-day sensitization workshops on IE were held and attended by 96 members of school management committees in Dandora and 48 in Kibera;  Sensitization of IE sub-committees.</p>	<p>1-day sensitization meetings held in each school, attended by 150 teachers.</p>	<p>Follow-up meetings on IE practices for teachers conducted in the pilot schools.</p>

<p><b>Activity 3.5</b> <b>Conduct sensitization of key community members</b></p>		<p><i>Key community members (such as area leaders) play an important role in the influence they have over their communities and the schools within them. Therefore much effort was spent on these sensitization sessions with many people reached in the process.</i></p>	<p>1-day community stakeholder workshop on inclusion organised by NFSS.</p>	<p>1-day stakeholders meeting organized by NFSS and DEK with key representatives from various community agencies attending. Over 300 participants attended.</p>	<p>NFSS held follow-up meetings of key stakeholders in community on IE practices.</p>	<p>Monthly sensitization sessions for area leaders, key community members and stakeholders on disability issues attended by 100 (48 M and 52) F)</p>
<p><b>Activity 3.6</b> <b>Documentation of Best Practices</b></p>		<p>Terms of reference for developing IE newsletter completed</p>	<p>1st edition of IE newsletter underway. Success stories collected.</p>	<p>IE newsletter at printers</p>		<p>IE newsletter disseminated. 372 copies to the 6 pilot schools, partners (DEK &amp; NFSS), HI stations. IE stakeholders and through the Education Enablement Network of East Africa)</p>
<p><i>The Inclusive Education newsletter, which discussed best practice in inclusive education as well as the project's achievements and success stories received positive feedback from many people, both internal to HI, from the key stakeholders and those in the education system.</i></p>						

OUTPUT 4: School communities have increased understanding and appreciation of “Gender and Disability” related issues						
<b>Activity 4.1</b> <b>Carry out a gender audit in schools</b>			ToR for gender audit developed and validated.		Gender Audit conducted in the 6 pilot schools.	Gender Audit findings disseminated to the six schools and action plans put in place with supervision from City education officials
<i>The gender audit provided a comprehensive understanding of the key issues relating to gender in the target schools and communities. While it was conducted later than initially anticipated, it highlighted the areas that need more focus, especially around girls and the vulnerability of girls with disability to sexual abuse. This report provides vital information to inform future projects in the area of</i>						
<b>Activity 4.2</b> <b>Conduct Community awareness sessions on Gender and Disability</b>		Community sensitization on gender and disability issues conducted by the trained community mobilizers in both Kibera and Dandora	Gender and disability dimensions integrated into all community awareness activities implemented by NFSS & DEK	Gender and disability dimensions integrated into all community awareness activities implemented by NFSS & DEK	Monthly awareness sessions on gender and disability held in the community with DEK using puppets and NFSS using open forums and organized meetings. Formation of male parents support group.	
<b>Activity 4.3</b> <b>Conduct awareness in schools on gender related issues</b>		Sensitization of teachers and other school administrators on how to work with	Ongoing sensitization of teachers and school staff on needs of girls with disability in	Ongoing sensitization of teachers and school staff on needs of girls	Sanitary towels distributed to the 6 pilot schools	100 students from Mbagathi road primary school were sensitized on

		girls with disability in the six pilot schools of Kibera and Dandora	schools.	with disability in schools; Sanitary towels distributed to the 6 schools for girls to improve attendance.		reproductive health facilitated by NFSS and teachers from the school.
	<i>According to teachers, the distribution of sanitary towels increased attendance and improved class performance for girls.</i>					
<b>Activity 4.4 Engage zonal education officers to promote sexuality education</b>		Sensitization meeting held with education Officials based in the two districts in Kibera on disability, gender and SGBV issues and action plans drawn.	Sensitization meeting held with the education officials from the three districts in Dandora on disability, gender and SGBV issues and action plans drawn	Quarterly follow up meetings held with the officials from Kibera and Dandora to review successes, challenges and actions surrounding SGBV issues.	NFSS conducted 2 trainings on reproductive health and life-skills to the school communities.  TSC appointed focal teachers to monitor and take action on cases of SGBV in the schools.	
<b>OUTPUT 5: School physical facilities are accessible to children with disabilities</b>						
<b>Activity 5.1 Modify school facilities for accessibility to children with disability</b>	Visit to all the six pilot schools to assess accessibility needs that require modification	<i>All 6 schools are now accessible to children with physical disability through the construction of ramps and rails, and accessible bathrooms. Donors have been recognized with their logos on wall murals painted on the school grounds.</i>		Accessibility Audit carried out mid 2011, modification and renovation work done in Sept.	Completion of renovations and modifications	Handover meeting with City Education Development Office and contractors.

**OUTPUT 1: The six selected schools have in place necessary and appropriate teaching skills and resource materials for implementation of effective inclusive education.**

**Activity 1.1 Train 30 teachers and education officials on planning/management of Inclusive Education**

Through planning meetings held with City Education, a 3-day training for 32 head teachers, EARCs and members from the school management committee was conducted in May 2011 using personnel from MOE and KISE. The training focused on how to best manage the inclusive education project in their respective areas/schools. This helped to raise the awareness and understanding of the inclusive education concept and lead to a change of attitude among heads of schools, SMC and education officials. Being administrators and managers respectively, the head teachers and SMC have played a key role in supporting the implementation of the IE activities in their schools which has been seen in the support given to CWDs after identification, assessment and placement. The school heads admitted that previously, they had negative attitudes towards CWDs, but since the training they have been allocating resources from the MOE to support the CWDs, for example the additional 2000 KSHS per child that is given to CWDS by MOE is being utilized in meeting some of the specific needs of CWDS in the schools - a practice that was previously absent in the six schools. It is also important to note that heads of schools have closely monitored and supervised the support given to CWDs in the school. For example, the head teachers followed up on the funds to support CwD in schools from City Education.

In the second phase of the training 32 education officials were inducted over a period of 3 days. As the six schools are located in two different districts (each with allocated education officials who monitor MOE standards in the schools), the training aimed to enhance the knowledge of the officials on their approach and strategies towards coordination, monitoring and providing feedback on the inclusive education project activities. The training helped to strengthen the working relationship between the program and City Education. This has been noted in the support provided by City Education during the implementation of different IE activities in the two areas.

This activity, though split into two trainings, has achieved impact that is evident in the commitment, attitude and practice shown by the education officials, school management committee and school head teachers. When HI staff met with education officials and teachers who had participated in the trainings, they noticed significant shifts in their attitudes towards inclusion and disability. Anecdotal evidence from the project officers and staff from the partner organizations suggests that the people who attended these trainings retained the information they had learnt and were enthusiastic about using it in their work, as well as passing the information on to others.

The Chief adviser of schools was seen to follow up with HI on a quarterly basis to get reports on the progress in the six schools. Such reports were then submitted to the Director for discussion at the City Education office.

It is important to note that education officials from other regions also benefited from this training and are currently practicing IE concepts in their respective areas. In July 2012 16

teachers who had not attended the KISE course were sensitized on Inclusive Education and child-to-child practices at a workshop attended by a City Education official.

### **Activity 1.2: Train 24 teachers on IE at KISE**

The teacher training on inclusive education was done at KISE. This involved a lot of planning between KISE and Handicap International which culminated in the establishment of the Memorandum of Understanding (MOU). The training was conducted during school holidays and covered the three holiday periods of April, August and December 2011 (equivalent to three months of training). 18 teachers were enrolled in the KISE training on basic inclusive Education techniques held in April 2011. However, six teachers dropped out of the course after realizing that the training would not give them any financial gain. Only twelve teachers completed part two and three of the course (in August and December 2011). The impact of the training has led to positive change seen in the support received by CWDs in the classrooms. Such changes include:

- A change in seating arrangements adopted in a number of classrooms from traditional vertical columns to inclusive seating arrangements (children with disability sitting in groups with the other students)
- The development of locally made teaching and learning materials that utilize a variety of senses including visual and tactile senses
- The adoption of the Individualized Education programmes (IEP) for CwD. An IEP is an individualized program (usually written up by a teacher) that identifies a child's strengths and weaknesses, capitalizing on the strengths and aiming to improve weaknesses. This strategy ensures that CWDs are afforded the opportunity to work at his/her pace and at a level that is achievable.

The improvement in the attitude and practices of the teachers within the schools towards IE has not only encouraged an increase in the enrolment of CWDS but also a higher level of attendance. For the first time in Kenya, at Mbagathi Primary school, a girl with intellectual impairment was registered and sat for the Kenya National Examinations. While it was a challenge for the Kenya National Examination council (KNEC) to adapt the examination, they nevertheless acknowledged that this case marked the starting point for the replication of the same throughout the entire country. Moreover, through the support provided by the teachers who had participated in HI trainings, Celestine (a girl with visual Impairment) and Asha (a girl with hearing Impairment) successfully sat for the National Examinations in November 2011 and passed. HI also provided assistive devices such as magnification glasses to assist Celestine in her study.

Though not planned, the adaptation of the curriculum for training the 12 teachers resulted in HI developing a Disability Mainstreaming Module for the KISE curriculum, validated by KISE. As this was new for KISE, a 2 day induction training for the lecturers was necessary. The induction training intended to enhance lecturer's knowledge, skills and experience on the

content of the module (which had a slightly different orientation to other KISE modules). The training helped the lecturers in understanding the current best practices in IE in Kenya. Lecturers acknowledged the challenges PWDs go through when accessing various environments, particularly physical, social and communication environments. The impact of this module and training has led to an improvement in knowledge and practice as evident in the teachers' interaction with CWDs both within and outside the classroom.

### **Activity 1.3: Train 24 teachers on resource material development**

A 5- day workshop was conducted by a KISE consultant (with the support of HI project team) with the aim of training teachers on the development, utilization and management of learning materials for students, using locally available materials. The twenty-four teachers who were trained came to the new realization that they did not require special education training to manage an inclusive classroom. The knowledge and skills from the training were shared with all the remaining teachers in respective schools through arranged staff meetings. Monitoring visits revealed that the teachers were putting their training in to practice as many had developed inclusive learning materials and were using these materials during the learning process. HI support the development of materials by procuring things like Manilla papers and drawing materials to enable them develop more materials.

### **Activity 1.4: Establish 2 resource rooms (one in Kibera, one in Dandora) for access to resource materials**

A key activity of this project was to establish 2 resource rooms – places where children with and without disability and their teachers could access inclusive learning materials. After several meetings involving HI, NFSS, DEK, head teachers and the school management committees, two facilities were identified as appropriate sites for the resource rooms. An accessibility audit was conducted and the recommendations were used for the renovation and modification of facilities. Two teachers from each school formed a panel that came up with a list of resource materials that would benefit all learners. The resource materials purchased were put in the 2 centers and two teachers who had previously attended training on the development of resource materials were put in charge. Through several meetings with different stakeholders, in particular the Kilimani resource center, Kenya Society for the Blind, EARC coordinators, City education, NFSS, DEK, HI, SMCs, teachers and head teachers from the six schools, a resource room committee for each center was formed with the greater responsibility of overseeing the operation and management of the 2 centers. The committee meets on a monthly basis to review the progress of the rooms. The establishment of the 2 centers gives opportunity to all learners to access materials that are not usually found in their schools.

One challenge during implementation of this activity was the limited budget which could not support the purchase of all the materials and equipment required for the center. To

circumvent this challenge, the Australian Embassy has funded a small amount to the two centers to procure more materials and support the monthly meetings. The resource room committees have also been sensitized on resource mobilization by the Association of the Physically Disabled Kenya (APDK).

## **OUPTUT 2: Auxiliary support services to facilitate access of children with disability to education are enhanced and better coordinated**

### **Activity 2.1: Conduct a baseline survey on disability issues**

A baseline survey on knowledge, attitudes and practice surrounding disability, education and gender issues in the communities was conducted in 2010 by a leading scholar (with Ph.D). The findings revealed limited awareness on disability among stakeholders, inadequate inclusion information among teachers and the school community, limited physical accessibility in the schools, negative attitudes towards CWDs, Poverty among families of CWDs, limited gender and disability awareness and low enrolment of CWDs in schools (especially girls with disabilities). It also revealed that some teachers were willing to include CWDs in schools and a few teachers had special education skills. The survey also showed that some CWDs were accessing both medical and education assessment services.

The results were shared with partners and education authorities in the Kibera and Dandora Communities. Specific action plans focusing on enhancing community participation, awareness rising on Inclusion in school and the community, capacity building, enhancing accessibility in the pilot schools, networking and collaboration with relevant stakeholders were drawn. These action plans were developed and implemented by head teachers, school management committee and parents and were intended to target the entire school community.

The KAP survey helped the team in understanding the issues around disability and education in the community and gave insight into a best-practice strategy for the future.

### **Activity 2.2: Strengthen the referral system**

The mapping of service providers was done in Kibera and Dandora. The identified service providers included organizations that focus on: service provision to widows, children with and without disability, youths, the elderly population, disability assessment, therapeutic services, and capacity development.

Sensitization sessions were held with the service providers such as health workers, with the aim of increasing their knowledge on inclusion of CWDs in the services they provide and also of strengthening the links and collaboration among service providers in the identification, assessment, referral and placement of children with disabilities.. They were brought together on a quarterly basis for review and sharing of what they do and how they have improved their services for persons with Disability, including children. This forum has provided a platform for the familiarization of services provided in the local communities as well as their location, which has in turn strengthened service provision for CWDs in Kibera and Dandora.

The referrals for CWDs to social, medical, education and other services improved greatly during the project period. In 2010, 146 children (70 boys/76 girls) were assessed and referred for specialized services. This number moved to 403 at the beginning of 2011 and increased to 677 towards the start of 2012. By the end of 2012, 812 children with disability had been assessed and referred for further support services. This gradual increase in referrals of CWDs indicates improvements in the identification and referral pathways in the two communities. The lessons learnt over time can be shared with other organizations and regions in the future as well as used to support the government to strengthen the referral system at the national level.

### **Activity 2.3: Support existing partners to provide rehabilitative/therapeutic services and adaptive and assistive devices**

In Dandora, support and therapy for CWDs is provided through community based structures. The Dandora 2 Health Center and Kayole 1 Health Center are government-based with government-supported therapists, while Light and Hope is a community center providing day care and support to people of Korogocho and its environs. DEK acted as a facilitator for these services, by providing information on the services provided and transport funding to parents and children in need of accessing the services. 15 CWDs were supported on a weekly basis to receive the services and DEK would take advantage of this gathering of families to have focus group discussions on various topics. Such topics included: myths and misconceptions on disability; social and educational needs of CWDs; and a discussion of available services and inclusion of CWD in the community and at school. These sessions were facilitated by DEK Counselors and Community mobilizers.

NFSS on the other hand has an established center to provide therapeutic/rehabilitative services. Through this center, government personnel, physiotherapists from Mbagathi

hospital, ophthalmologists from Kikuyu hospital, Ear, Nose and throat personnel from Kenyatta National Hospital and educational assessment personnel from Kenyatta EARC provide services to children with disability and their families. NFSS facilitated the transport for the specialists to visit the center. NFSS is located within the Kibera community and parents of CWDs can access the NFSS services at minimal cost. This was an important aspect that was considered when thinking about the sustainability of the services to the children beyond the project period.

The provision of assistive devices throughout the project period was based on the assessed and identified need. A total of ninety seven assistive devices were purchased over the three years which supported ninety seven CWDs in accessibility and mobility. The different types of items purchased are mentioned in the table of goods/equipment procured below (section 3.4). From reports from the monitoring visits conducted by NFSS it was apparent that the provision of rehabilitative/ therapeutic services and the provision of assistive devices directly impacted positively on the attendance and retention of CWDs in school as the services improved the mobility of CWD and thus their ability to get to school and manage independently whilst there.

**Activity 2.4: Build capacity of existing partners in the provision of psychosocial support / mentoring to children with disability**

HI supported the two implementing partners to give the necessary skills to offer psychosocial support to children and their families. To ensure quality counseling and interaction at the community level, community mobilizers/volunteers were trained on disability issues and counseling. A five-day training was conducted for NFSS and DEK community mobilizers on identification of CWD, links with counseling and assessment centers and the placement of children in schools. Follow-up review training was conducted in 2011. The knowledge and skills gained by the community mobilizers helped to support parents on early identification of psychosocial and behavioural issues in their children with subsequent linking to service providers (such as counseling services) in the community. Community mobilizers also conducted awareness sessions at community level through open forums, and door to door sessions where CWDs were identified and some basic counseling for parents was provided before relevant referrals to appropriate service providers were made.

HI organized a six-day training on Sign Language for DEK & NFSS staff. The objective of the training was to build the capacity of trainees to strengthen child to child clubs by enhancing communication between children with and without hearing impairment and their teachers. DEK and NFSS were also supported to attend a 4-day Enabling Education Network (EENET) workshop on Inclusive Education in Mombasa with the objective of understanding inclusive education.

### **OUPTUT 3: Local communities of the six targeted schools in Kibera and Dandora have increased understanding of inclusive education and increased capacity to promote it**

#### **Activity 3.1: Establish inclusive education sub committees**

Inclusive education sub-committees were established in all pilot schools with the aim of sensitizing the community on IE, lobbying, and advocacy for CWDs to better access services within the community. The members of the committees underwent training on supporting the inclusion of CWDs in the pilot schools and a total of 144 (58 males and 86 females) School Management Committee members (SMCs) were sensitized on their role in promoting inclusion in their respective schools. The sub-committees held monthly meetings where they reviewed their progress, analysed challenges and highlighted strategies for moving forward. Issues surrounding CWDs are now discussed during school planning meetings by SMCs and head teachers. The sub committees have been very active in advocating for the issues of CWDs such as in the enrolment and registration processes.

#### **Activity 3.2: Conduct sensitization of parents and families of children with disability**

The baseline survey indicated a limited awareness on disability and inclusion among parents in the pilot communities. Hence, parents were sensitized on inclusive education and disability issues through planned meetings in individual schools, annual general meetings, class meetings, and through open forums like community puppetry road shows and door to door campaigns. Following the sensitization sessions, a positive difference has since been seen in the acceptance and attitude towards disability amongst the participants and general community. One such example of this is the reduction in the number of CwD being hidden in their houses (as parents feel more confident in introducing their child to school and local services). Monitoring meetings have revealed that parents of able-bodied children have a better understanding of issues of disability and have participated in meetings and discussed their support of the inclusion of CWDS in their school and community. This increase in empowerment has helped parents to take more of an active role in ensuring that CWDs access school and those schools meet the needs of CWDs, thus leading to an increase in the enrolment of CWDs in the schools. An improvement in the advocacy skills of parents has also given them the capacity to lobby for the rights of CWDs within the community. As a consequence, CWDs are now able to better access other services within the community.

#### **Activity 3.3: Support sensitization of children at school**

Several activities were organized by NFSS and DEK to increase awareness on inclusive education and disability issues for students. Such as:

- sporting activities that brought children with and without disability together were held on a quarterly basis;
- Educational trips that encouraged learning through interaction with outside environments were held once per term. The educational trips were organized for

- children with and without disability to enable them to interact and play together and to increase the students' awareness on disability and enhance acceptance of others with differing abilities.
- Debates were held in some schools with topics that focused on inclusion and disability.
  - Through child-to-child clubs, poems, songs, skits, and drama have been performed at school assemblies and in community events (in speech and sign language) to promote positive attitudes towards disability, gender and inclusion. Children with and without disability have been involved in creating drawings and in the writing of scripts to express their feelings about inclusion and supporting CWDs to access education. .

The activities of sensitization of children at school lead to an enhanced level of interaction between children with and without disabilities as was reported by teachers who observed the students' interactions in class and during play time.

#### **Activity 3.4: Conduct sensitization of teachers and education officials**

Quarterly meetings were held with the aim of sensitizing teachers and education officials on inclusion of CWDs. Due to these meetings, the level of awareness on IE practice increased among the regular teachers. This is evident in the commitment they have shown in supporting CWDs in individual classes. Teachers admitted that before this project, they thought that one could not teach CWDs without special training. For example, during the baseline survey one teacher said *"I have not heard of this IE before...I don't know whether to sympathise or not if a CWD is to be brought in my class"*. Teacher Beatrice at Mbagathi primary explained *"when I was brought this boy in my class I resisted and told the head teacher to take him to Madame Eunice (a trained teacher in Special education) since she knows how to teach and she is even paid for that, but I have realized through interaction and support from trained teachers that I do not require special training to teach children with intellectual disability."*

It's important to note that the teachers who participated in the trainings also contributed to sensitising the other teachers and contributing to an increase in knowledge and skill across the school communities.

#### **Activity 3.5: Conduct sensitization of key community members**

Throughout the project period, various meetings were organised with key members of the communities surrounding the schools. Three one-day workshops were organised by the partners with participants including village chiefs, religious leaders and representatives from disability and health service providers in the areas. awareness initiatives have increased the community's knowledge of IE and also general awareness about disability in the community. Issues discussed at these meetings included: barriers to the inclusion of CWD in the schools

and wider community; how community leaders can promote disability inclusion; and action to improve the quality of life of CWD.

### **Activity 3.6: Documentation of Best Practices**

An inclusive education newsletter was produced with the aim of raising awareness of IE to the wider community, stakeholders, donors and other DPO's. The newsletter was produced by HI with information on the inclusive education project activities, achievements, best practices and successes. Children with disability, parents, teachers and education officials (beneficiaries of the IE project) contributed valuable content to assist in the development of an IE newsletter. The newsletter was disseminated to the schools, partners (DEK & NFSS), MoE, City Education, Kenyatta University, Kenya Institute of Education, & KISE, National Council for Persons with Disability, Ministry of Gender Children and Social Department, University of Nairobi, KNSL, Ministry of Information, European Union, CIDA Kenya, & IEBC. A key dissemination point was through the Education Enablement Network of East Africa (ENNET) whereby the IE newsletter was posted to the website: [http://www.eenet.org.uk/resources/docs/HIKenya\\_IE\\_newsletter2012.pdf](http://www.eenet.org.uk/resources/docs/HIKenya_IE_newsletter2012.pdf).

DEK also produced a magazine with content (such as stories and cartoons) contributed by children from the pilot schools. This magazine aimed to provide information on IE and DEK's role in promoting inclusion in the schools. In the magazine a column was dedicated for children who sent in articles and essays on disability inclusion.

## **OUPTUT 4: School communities have increased understanding and appreciation of "Gender and Disability" related issues**

### **Activity 4.1: Carry out a gender audit in schools**

A Gender Audit was conducted in the six pilot schools and surrounding communities with the aim of assessing knowledge, attitudes and practices on gender issues among parents, teachers, pupils and others associated with the school communities, with a particular focus on gender issues amongst the population of CWDs. The audit intended to focus on many domains of the school environment including both the physical and social environment, the curriculum, teacher knowledge and perceptions, and extra-curricular activities. Terms of Reference were disseminated for the project which outlined the need for questionnaires, interviews, focus groups and clear recommendations in the implementation of the audit. After a thorough recruitment process, Global Vision Consult was selected to conduct the audit, which took place in March 2012.

The audit established that understanding and familiarity of gender issues within the targeted communities was limited. It was also evident that awareness on disability issues both in the

schools and community was higher than awareness on gender issues and while participation of local community members around gender issues was noted to have been encouraged, this was not followed by meaningful involvement. The social environment of the schools and communities was also found to present challenges to girls and boys with disability. In accordance with the findings from the audit, the following are some examples of recommendations that were proposed:

- Train management and school committees on gender, disability and inclusive education.
- Develop a gender plan of action (GPOA) that includes mainstreaming gender in school management, curriculum delivery and community engagement.
- Work with the local community to address barriers that hinder learners with disability from accessing educational opportunities.
- Strengthen resource mobilization and work with community members in doing this.

The full set of recommendations were passed on to the relevant stakeholders to follow-through with – the actions of which will be monitored by the education officials to ensure commitment to positive change around gender issues for children with disability in the school communities.

#### **Activity 4.2: Conduct Community awareness sessions on Gender and Disability**

Both NFSS and DEK were involved in organizing community awareness sessions which included a focus on issues relating to gender and disability. While sessions with a specific focus on gender were not conducted, gender issues were included as components in workshops, trainings and public information forums in the community. These trainings generated discussion and debate amongst participants on such issues as gender-based violence and abuse and the under-representation of girls in some of the local schools. This discussion helped to bring gender issues to the surface and generate ideas amongst the community members on how to confront some of the issues surrounding gender and disability.

#### **Activity 4.3: Conduct awareness in schools on gender related issues**

Various activities that attempted to increase the awareness level of the school and community on gender issues were done throughout the project period. The schools communities were reached, through trainings, meetings and open forums, with information on gender based violence, sexual violence, avenues and channels of reporting and measures to take to prevent the violence. During the KISE training for teachers a module on gender was included as part of the course. Girls and boys were trained on reproductive health and life skills in the six pilot schools through networking with health providers and social workers. A team of teachers, both male and female, were established in each of the six schools who were given the responsibility to be in charge of gender related issues and meetings were held once a term to report back and follow up on gender related issues. We are happy to note that

Teachers Service Commission took up this initiative and further trained the focal teachers on gender issues.

During the implementation period deliberate efforts were made by the teachers to build the confidence and self-esteem of girls with disability in the child to child activities. There was also the continuous provision of sanitary towels (provided through financial support from the project) – an initiative which, according to reports from the schools, improved school attendance of adolescent girls with disability. From May 2012 the government has taken the initiative to provide sanitary towels to all public schools in Kenya.

A comparison between the baseline survey (which found that communities had limited awareness, knowledge and practice on sexual and gender based violence issues) and findings in the end term evaluation confirms the positive change that took place around gender awareness. This was shown in the pro-activeness of parents (especially male parents), teachers in the schools, and improved parental reporting on sexual violence cases –all of which have contributed to a gradual increase in school enrolment among girls with disabilities.

#### **Activity 4.4: Engage zonal education officers to promote sexuality education**

Education officials have been involved in awareness initiatives on gender issues surrounding CWDs. Findings from the KAP survey conducted by HI in December 2010 revealed that there were cases of sexual abuse to girls and boys, with increased vulnerability for those with disability. Because of these concerning findings, quarterly meetings (once per term) were held with education officials to monitor gender issues and SGBV in schools as well as the associated challenges and how to address them. During meetings a professional consultant was invited to talk about healthy sexuality and how it could be promoted in the schools.

The Teachers Service commission (TSC) also took up the issue of SGBV in schools. A focal-point teacher was appointed in each school to be in charge of gender and SGBV issues and to attend the quarterly meetings. They also had the responsibility of supporting children with cases of sexual abuse with support from TSC.

### **OUPTUT 5: School physical facilities are accessible to children with disabilities**

#### **Activity 5.1: Modify school facilities for accessibility to children with disability**

An accessibility audit was conducted for all the six pilot schools and key areas for modification were identified. The modification work focused on foot paths, accessible toilets, playing ground and entrance to the classrooms, while maintaining the accessibility standards. The renovated and modified structures are already in use by all the six schools and as a result, children with and without disability are able to circulate in the school with minimal

assistance. It is thought that the increase in accessibility in the schools has influenced the increase in enrolments of CwD in the modified schools. During a monitoring visit in Daniel Comboni, Teresa, a class five pupil who uses a wheel chair said *"I am happy moving within the school compound without assistance. At the beginning other children were running away from me"* The modified and renovated structures were officially handed over to City Education and the head teachers for management and maintenance. The support from City education contributed towards the completion of the process. However, there were challenges throughout the modification process, such as a need for more funding that resulted in the schools not receiving modifications to all areas that required them to ensure full accessibility. For a school to say it is completely accessible, investment would be required in not only the physical environment, but the social and communication environments of the school as well.

## 2.2 Outcome Analysis

### 2.2.1 Description of project results and challenges

#### **Girls and boys with disability are better supported by their communities towards access to pre- and primary schools**

The final evaluation, conducted at the end of the project shows a clear increase in support for inclusive education from the head teachers and deputy, the teachers and the school management committee. The evaluation suggests that the main contributor to this increase in support was the awareness raising activities, sensitization sessions and workshops that were conducted across the duration of the project. An increase in CwD accessing school has also come from an increase in understanding and support from parents in the communities. Many parents are now keeping track of the progress of their children (as seen in many attending regular therapy appointments at the local service providers) and many have taken up action to ensure that their children receive a quality education (as seen in the percentage increase of CwD being enrolled in school).

Due to their participation in the community stakeholder sessions, village leaders, through their daily interactions with the community, have made efforts to ensure that CwDs are not hidden indoors but are taken to schools. Church leaders were also included in trainings and were seen to proactively encourage their church members to support CwDs to access education. Church leaders were targeted during community awareness sessions as they are considered as key opinion leaders in the community and can therefore support the process of sensitizing the congregation on inclusion of CwDs in schools. The strengthened referral system within the Kibera and Dandora communities has resulted in a more streamlined

assessment and referral system for CWDs to access services within the community and at the school level.

### **The enrolments in pre- and primary schools of girls and boys with disability have increased in the six selected schools**

The initial target for the number of CwD enrolled in the 6 schools by the end of the project was 370. At the end of the project, the 2012 enrolment list showed that 395 CwD were enrolled, thus exceeding the initial expectations. A further analysis of gender showed that 220 boys with disability were enrolled over the project period – an increase of 50 children compared to the initial target of 170. However, when looking at the enrolment of girls, 175 girls with disability accessed education over the project period compared to the initial target of 200. Despite the fact that the initial target of girls with disability accessing the school was not met at the end of the project period, the enrolment of girls with disability continued to occur throughout the implementation period. This gradual increase comes as no surprise as the sensitisation of parents and an increase in their willingness to allow girls to attend school is a slow one. Many parents are still reluctant to allow their daughters out of the house for fear that they might be abused. While the project's workshops and meetings helped to build parents' confidence to allow their daughters to attend school, there is still a need for further encouragement and support in this area. With the implementation of the recommendations to come from the Gender Audit, it is hoped that the attendance and enrolment of girls with disability in schools will continue to increase. It is also important to consider that thanks to the awareness raising activities throughout the wider community, some CwD may have been enrolled in a neighbouring school that was not targeted by this project.

### **Girls and boys with disability are effectively and equally engaged in learning process**

A variety of initiatives were done with the aim of promoting effective engagement of 395 (220m/175F) CWDs enrolled in schools. Most children who attended assessment clinics received individualised assessment reports, many with recommendations on how to support the child in the school and learning environment. It is common for Individualised Education Programmes to evolve from the EARC assessments to enable children with disability to engage actively with the curriculum. It is the responsibility of the EARCs to monitor and follow-up the implementation of the IEPs by the teachers. Many teachers who attended the workshops and trainings on Inclusive Education said that they were better equipped to implement the IEPs thanks to the trainings. The child to child clubs started in the schools also contributed to the active involvement of CWDs in both curricula and co-curricula activities as they encouraged children to interact with their peers and built skills that enabled children to assist each other in the classrooms. A more conducive learning environment and teachers with an enhanced level of skills to include CWDs is thought to be a main contributor to the noted increase in attendance levels of CWDs in the pilot schools. Teachers also noted that the

academic performance of CWDs improved over the project implementation period and this was seen partly in the results of the end term exams and national exams.

## 2.2.2 Variances in expected and actual outcomes

Performance Indicators	Planned Target	Achievement	Level of Achievements/ Comments
Number of teachers and support staff sensitized towards awareness and appreciation of inclusive education and trained on development, utilization and management of resource materials (disaggregated by gender and position).	48 (24 males/24 females) teachers and support staff	48 Teachers and Support Staff: <ul style="list-style-type: none"> <li>- 06 head teachers (1 Male, 5 Females)</li> <li>- 18 support staff (12 females/6 males)</li> <li>- 24 teachers (12 males/12 females)</li> </ul>	<b>100% achieved</b>
Number of teachers trained in basic inclusive education techniques (M/F).	24 Teachers (12 males/12 females)	12 (1 male & 11 females)	<b>50% achieved.</b> This was due to the fact that the teachers had inaccurate perceptions the financial benefit to them upon completion of the course. Upon hearing that they would not receive any pay rise, 12 teachers from the Dandora schools decided not to continue. In order to improve the skills of the teachers who did not attend the course sharing of experiences through meetings were held with teachers from Dandora which provided a learning opportunity for them.
Number of schools successfully undergone audit and modification to facilitate accessibility and inclusion	6 schools have successfully undergone modification to facilitate accessibility and inclusion	6 school underwent accessibility audit 6 schools have undergone modification work to facilitate accessibility and inclusion	<b>100 % achieved</b>

Number of children with disability referred for appropriate services (M/F).		812 children with disabilities (467boys and 345girls) were assessed and referred to hospital, therapy, social services and placed in the 6 pilot schools	No target was set at the beginning of the project.
Number of parents and community members sensitized towards appreciation of disability and inclusive education (M/F).	1200 (males 500/700 females) Parents/guardians	A total of 1482 (500 males and 982 females) parents and community members sensitized towards appreciation of disability and inclusive education).	<b>124% achieved.</b> Target for men <b>100% achieved</b> The target for women is <b>140% achieved</b>
Number of teachers trained in child-to-child approach (M/F; disability).	24 (12 Males, 12 Females) teachers trained	28/24 (6males/22females) teachers trained in child to child approach	<b>117% achieved</b> The target for men is 50% achieved The target for women is 183% achieved
Number of members of parent-teacher associations/school committee trained in lobbying and advocacy towards inclusion	54 (27 Males/ 27 Females) parent- teachers association and school committee members trained	144 parents were trained and out of this group 9 parents from each school formed IE sub committees that meet regularly to discuss IE issues within the school	<b>266% achieved</b>
Number of children sensitized	3000 girls/3000 boys sensitized	14,000 (8000 girls and 6000 boys) children sensitized. All the pupils in the schools were sensitized through child to child clubs and activities, sporting activity, educational trips, reproductive health and life skills trainings.	<b>233% achieved</b> The target for <b>boys is 200% achieved</b> The target for girls is <b>266 % achieved</b> The target was over achieved because the entire school population was targeted on awareness and attitude change. A child to child approach was adopted after the training of teachers where children were trained to champion issues of inclusion in the family, community and school and act as ambassadors of change.

Number of people receiving community awareness sessions on Gender and Disability	2400 People in the Community (target set at the planning stage)	3152 (942 Males/2210 Females) participants were reached during public awareness forums in this reporting period	<b>131 % achieved</b>
Number of people in schools attending awareness sessions on gender related issues	All teachers, administrators and girls and boys in the school. No target was set	During the implementation period 2436 girls and 2171 boys, as well as all the teachers were reached with information on gender and disability.	No target was set at the beginning of the project
Number of teachers and education officials trained in inclusive planning and management	30 teachers and education officials trained on inclusive planning and management	32 (25F/5M) city education officials attended a 3-day training on IE practices	106% achieved

Qualitative Indicators	Planned Target	Cumulative Progress
The degree to which the schools are able to operationalize the inclusive education concept	To have inclusive school where all children are valued and actively participating in quality education	The response of schools about Inclusive education concept has been encouraging. The trained teachers have continuously supported regular teachers in practicing inclusive pedagogy. Strategic sitting arrangement, positioning, accessibility considerations, modified materials have been adjusted to be more supportive to CWDs. Child to child clubs and IEPs started in all the schools have improved the participation of CWDs in and out of class.
The degree to which children with disability can engage in academic and co-curricular activities within the school	To have inclusive school where all children are valued and actively participating in quality education	All awareness initiatives were geared towards providing an enabling environment to children with and without disabilities to participate in co and curricula activities. This is evident in the inclusive activities such as debates, comic drawings and educational trips. Sign language training, child to child activities and clubs have also improved the interaction between Children with

		<p>and without Disability and the confidence and esteem of CWDs which enabled them to participate equally in and out of class. ted the potential witnessed in CWDs.</p>
<p>Extent to which teachers are able to provide education to children with disabilities</p>		<p>The teachers who had attended the trainings organized by HI and the partners emerged from these trainings with a better understanding of inclusive education philosophy and practices. One example of this was the overall increase in marks from the pre and post assessments done at the teacher training in July 2012. Anecdotal evidence from head teachers of the target schools indicated that the teachers who received the training were more willing to accept children with disabilities in their classrooms and make modifications where possible to enhance the students' learning. While most teachers acknowledged that they were better equipped to provide education to students with disabilities in their classrooms, they also noted the need for further trainings to enhance their skills and the skills of other teachers who had not attended the workshops.</p>

### 3. Cross cutting issues

#### 3.1 Risks and risk management

- **Teacher strikes in demand for better conditions**

In 2011 teachers went on strike and this affected the attendance of pupils and teachers in the schools for one week. The union for teachers also announced a strike in September 2012. The teachers were demanding better working conditions such as reducing their work load by hiring 40,000 more teachers. The strike in September 2012 disrupted the normal learning in the schools for three weeks. The absence of both teachers and students in the school delayed the information gathering for the final project evaluation which was then conducted in the month of October 2012.

- **Resistance by teachers to inclusive education**

The greater resistance to IE comes from within, especially from those who have special unit training as they receive incentives and government funds to support the special units; this is a delicate balance which requires tact. Deliberate efforts have been made to sensitize the teachers in the special unit on inclusive education principles and practices and also demystify their fear of losing the financial incentive.

In the recent past the project has faced challenges of losing focal teachers supporting IE in their schools through transfers and this necessitated the project team to work with many groups of focal teachers, just in case some are transferred, thus contributing to the sustainability of the project's objectives and activities.

#### 3.2 Gender Issues

The consideration of gender was an important inclusion in this project as gender plays a significant, if often under-stated, role in the inclusion of children in all elements of society. A comprehensive gender audit was conducted in order to ascertain the gender-related issues that impacted on the target communities, and in particular, children with disability. Specifically, the audit intended to assess knowledge, attitudes and practices on gender issues among teachers, pupils, parents and families of children with disability, as well as the general community. Findings from the audit revealed low levels of awareness on gender issues across most sections of the community (parents, teachers, community members and students). More sensitization on gender-specific issues for people from all sectors of society was a key recommendation in the report. The focus-group discussions from the audit also brought to light some concerning personal accounts of discrimination and abuse (particularly towards girls), thus indicating a need for more community awareness and discussion of the risks and safety behaviours to protect vulnerable children.

The high incidence rates of abuse, particularly among the population of girls with disability was a contributing factor to the lower rates of school enrollment for girls (as seen in the results of the current project). Some parents would prefer to keep their daughters at home

and safe from abuse than to send them to school where they are more vulnerable. There is a need for much more of a focus (both at the community and law-enforcement level) to combat this issue so that girls can safely attend school and parents can feel confident in allowing their children to interact in a safer community.

Another contributing factor to the lower school attendance rate for girls is the trend that many girls do not attend school whilst they are menstruating as they do not have the provisions to manage their period whilst at school. With financial support from HI, NFSS and DEK distributed sanitary towels to the schools which girls could have access to. This action resulted in an increase in the attendance rates of girls at the target schools. The Kenyan government is now sustaining this initiative into the future.

Gender issues were included as discussion points in many of the workshops and sensitization sessions across the course of the project, although more of a specific focus is needed if the communities are to see a shift in gender discrimination and understanding of gender issues, particularly amongst the population of CwD. The Gender Audit report recommends a 'Gender Action Plan' for schools (which could also be adopted by other service providers) that looks at the gaps around gender and a gives focus to a specific plan of action that would see improvements in the future. Such plans, if implemented and monitored appropriately, would see a positive start towards change in perceptions and practice that could pave the way for a more inclusive and safe society for all.

### 3.3 Environmental Results

While this project did not have a significant impact on the greater environment, construction did occur at the pilot schools during the process of making the physical environment of the schools accessible. Ramps were built, rails were fitted and stairs were converted so that children with mobility difficulties could access classrooms, play areas and bathrooms. The Resource Rooms also required some environmental modifications as ramps were constructed and fixtures fitted to ensure the rooms were appropriate for their purpose.

### 3.4 Goods Purchased

This is the list of goods purchased for the Project with information on their disposal, if applicable

	Equipment	HI	NFSS	DEK	Total
1	Computer laptop	2			2
2	Desk Top Computers		1	1	2
3	UPS		1	1	2

4	Wheelchairs		08	10	18
5	Elbow crutches		06	10	16
7	White canes		00	50	50
8	Polio boots		00	10	10
9	Artificial hand		01	00	01
10	Sitting Aid		03	0	03
11	Magnifying lenses		01	0	01
12	Physiotherapy mattress		03	0	03
13	Walking frame		01	0	01
14	Modified desks		03	0	03
15	Spinal scan		01	0	01
16	Artificial arm		01	0	01
17	BERA test		01	0	01
18	Sanitary towels		50	50 cartons	100

### 3.5 Intellectual Property

There was not any product of any kind produced in the framework of the project for which intellectual property rights were granted.

## 4. Lessons learned and sustainability

### 4.1 Progress since project evaluation

The mid-term project evaluation, conducted in August 2011, revealed that the IE project was having a positive impact on the target communities at the local level. Recommendations for improvements on the implementation of the project centered on: improving the monitoring of children and families to ensure follow-up of recommendations and ongoing support; ongoing encouragement to the partners and local service providers to continue IE practices; monitoring the impact of the teacher trainings at the classroom level; creating clear terms of reference for the resource rooms; strengthening the referral process for children; and strengthening relationships with service providers and key stakeholders at a higher level. A stronger focus on gender was also mentioned as something that should be taken into account in the second half of the project implementation.

The project team worked to include the above recommendations in the project's ongoing activities. A key development was the instigation of parent support groups. The HI project team supported NFSS and DEK to generate and organize the groups which consisted of parents of children with disabilities from their local areas. NFSS initially developed a separate father's group (to target the males who are traditionally the 'heads' of the household), but in October 2012 the fathers and mothers groups merged to form a cohesive and motivated congregation which has since registered with the local council. The parent groups continued to grow in size over the course of the project and met at least once every few weeks to discuss common issues, listen to guest speakers and talk about ways to promote inclusion in

the community. These groups have been integral to the promotion of IE principals to community members and service providers, in the development of the terms of reference for the resource rooms, and are key to sustaining the project's initiatives into the future.

Since the mid-term evaluation, the project team and partners strengthened the monitoring of children from the assessment phase to the implementation of recommendations. A database was developed to help the partners record and track essential client details and the partners were encouraged to strengthen their relationships with the EARCs (who are responsible for monitoring the children in the schools). HI, the partners, head-teachers and EARCs also came to an agreement that all EARC reports on children (that are submitted to the City Education department) include an Inclusive Education component that reports on inclusive practices in the classrooms.

Another major development in the project was the progression of the resource rooms. While HI was able to purchase some resource materials for the rooms, funding restrictions meant that the scope of what could be purchased was limited. The partners were supported to apply for more funds through the Australian Embassy, which they were successful in obtaining. The funds allowed for more resources and furniture to be purchased which in turn motivated the parent groups to develop a 'resource room committee' (made of parents, teachers and head-teachers) who would oversee the running of the rooms and the management of the materials. The rooms will also be a place where workshops can run to sustain the principals and promotion of Inclusive Education.

Since the mid-term evaluation of the project the number of children, assessed and enrolled in schools increased significantly from 274 CWDs in August 2011 to 395 in October 2012. The relationship with city education officials also improved in the second half of the project due to closer collaboration between the project and partner staff and education officials. The officials supported the project by providing city council engineers during the modification of the school environments.

#### **4.2 Responsibility for results: partners**

The two local partners that were selected for this project have experience in working with children with disabilities. NFSS since its establishment in 1982 as the first community-based rehabilitation program has provided services to children with disability in Kibera. This continuous provision has earned the trust of the community hence the implementation process was easy as it is situated inside Kibera. NFSS had also worked with Joseph Kang'ethe primary school on the Inclusion of children with hearing impairment and through this they had established good working relationships. DEK that was registered in 1996 is specialized in providing services and advocacy for persons with disability. DEK had previously worked with Thawabu primary school for inclusion of children with hearing impairment in the school. The use of local organizations was to enhance community ownership of the program after completion of three years. It is also in the HI's mandate that it builds the capacity of local partners to provide service to the beneficiaries therefore through this project the HI project

team build the capacity and provided technical support which accounts for the good results realized in this report.

### 4.3 Sustainability of results

A key consideration in this project was the sustainability of IE concepts and practices beyond the timeframe of the project itself. Therefore, a number of the activities developed and actions implemented had a sustainable focus so that 'Inclusion' in the education and community as a whole is an ongoing and ever-improving concept.

Extensive work was done to train key persons and service provider staff on IE practices and concepts to ensure that inclusion was part of their work and lives constantly, not just for the project duration. While teachers were the main focus of IE trainings (through workshops, exchange visits and via the KISE module that was developed), the staff of the partner organisations were also given training and information on IE so that they could inform others as they implemented the project's activities. This had a flow-on effect to community leaders, parents, other service providers and other community members. The partners are committed to continuing to promote inclusion in their work in the future and teachers have already demonstrated their promotion of IE to other (untrained) teachers at staff meetings and events. Sensitization and ongoing relationship building (from the partners) with service providers such as Light & Hope, Kayole Hospital, Mbaghati Hospital, Kenyatta hospital, and EARC centers will also ensure that IE is considered in their daily practice.

The formation of IE sub-committees is an important factor in maintaining and continuing the support for IE within the pilot schools. The committees' role is to ensure that the schools are adhering to IE practices and to support school staff on how they can better include CwD in school activities. The sub-committees have a close connection with the school management committees, thus ensuring that the entire school community is working towards a more inclusive environment.

The parent groups (that were generated and strengthened over the course of the IE project) will be one of the main drivers of inclusive practices within the local communities into the future. The Kibera parent group is particularly strong (with over 30 formal members) and since the formation of the group only a few months ago, has raised enough money to register the group with the Ministry of Gender. The parent groups meet monthly to discuss how to improve the lives of their children through bettering their access to community services and their rights within society. The partners have organised guest speakers and trainings on advocacy, micro-finance (so the group can generate its own income) and other presentations on relevant issues to empower and educate the groups. The groups also have key responsibilities in monitoring the resource rooms and running workshops and trainings from the rooms, thus reaching the school and wider community.

The 2 resource rooms (one in each of the target communities) are intended to not only be places where children can access learning materials, but hubs for interaction and the promotion of IE. The DAP grant received through the Australian Embassy has helped to stock the room and some of the funding will also go towards hosting workshops and presentations in the rooms for teachers, parents and community members. Established resource room management committees have been briefed on how the rooms can be used to host therapy clinics, counselling sessions and income-generating activities. It is hoped that these rooms will be interactive and dynamic places – hubs for inclusive practices.

An Australian volunteer has been attached to the IE project since April 2012 and remains at HI until April 2013. Since the end of the project she has focussed on supporting the partner organisations to sustain the activities of the IE project, particularly around strengthening the parent groups and further developing the resource rooms.

#### 4.4 Lessons learned in project implementation

As with all projects, especially those in a pilot phase, there are a number of lessons that were learned from both the achievements and the challenges faced during the project's implementation. The following are some of the major lessons that came out of this project:

- Best practice in inclusive education requires consistent, deliberate and close collaboration between key players in education, not only at a local level, but also at a government policy level. The support and active engagement of the Ministry of Education is vital, and something that was lacking in the current project. Without the active involvement of key players at the government level, activities and outcomes will only remain localized, thus not reaching wider communities and counties. A closer working relationship with the Elimu Yetu Coalition (a coalition of DPOs and other NGOs who lobby and advocate for the implementation of education policy) would have given the project more influence at the government level.
- Because the project had a local, community focus, the benefits to come from the project's activities only reached the pilot schools and closely surrounding communities. A future IE project should have more far-reaching effects by replicating the positive activities from the current project to a greater number of schools and communities.
- A number of activities would have had a greater impact and greater potential for sustainability had there been more time to implement them (such as ongoing skill building amongst teaching staff). Some challenges early in the project's inception meant that there was less time than anticipated to implement all of the planned activities and ensure their sustainability into the future.

- Despite teacher trainings, the current project staff and partners came up against the barrier of a strict curriculum when asking teachers to adapt their teaching to be more inclusive. The current curriculum is very rigid and difficult for teachers of CwD to modify. Therefore, it needs to be advocated that the curriculum become more flexible for children who require modifications to allow them to learn at a level that is suited to their needs.
- Parent support groups are crucial in not only providing support, information and advocacy to parents of CwD, but in spreading the philosophy of IE and keeping schools and service providers accountable in their commitment to inclusive practice. The parent support groups established during the project period are key in sustaining the project's initiatives and a main strength of the project's outcomes.
- The use of local partner organizations was also crucial in the project's implementation. As both NFSS and DEK are situated within the heart of the target communities, they could connect with the people, schools and service providers and build strong relationships that will no doubt last beyond the project's implementation. Being closely situated to the pilot schools also allowed the organisations' staff members to better follow-up on activities and monitor the schools to keep them accountable to the agreed actions.
- The focus on gender-related issues did not come out as strongly as hoped in the current project. There are still large gaps in community awareness and understanding of gender issues and the role they play as a barrier to accessing education for some CwD. A more specific focus on gender related issues and community and student understanding is needed in the future.

## 5. Financial

### 5.1 Financial Report

The Financial report is sent along this narrative report as an annex.

### 5.2 Financial Narrative

The following aims at explaining the financial report where relevant. It proceeds per budget line.

#### **A.1.1 Project Manager and A.1.2 Capacity Building officer**

The two positions fell vacant during the life of the project and therefore made some savings that went towards supporting lines A.1.3 and A.1.4

### **A.1.3 and A.1.4**

These budget lines were initially planned to support salaries for the two project officers. However, based on the inadequate funding capacity of the partner organization, the lines have supported not only the project officers but also part salaries for their coordinators and accountants respectively. This was unavoidable because the project officers could not accomplish the stated objectives alone.

### **A.2.3 Gender Audit**

Through an open and competitive application, the consultant was picked at 260, 000 Ksh (which was the lowest amount quoted after negotiations) .This price was simply the lowest available for us to get the service. We therefore submit that the planned budget became inadequate.

### **A.2.6 End term evaluation**

By competitive bidding and subsequent negotiations we were able to save some funds on this line which were then used to support other budget lines.

### **C.7 Training-related travel expenses and refreshments/perdiems for trainees (an estimate of more than 900 trainees-days)**

This line has supported trainings under HI and the partners .During implementation we have identified various gaps which necessitated even more trainings.Other than that we have also used this line for awareness activities to facilitate our work in the community. Along the way we have also contended with increase in prices for hotels, meals and transport which will make us to overspend the budget at the end of the project.

### **D.1 Modification of school facilities**

The prices went higher than initially planned primarily because based on the disability technical advice we received, we were advised that by making more twin ramps would be more accessible to children with disability than the originally planned single ramps.

### **D.5 Sanitary towels**

We made savings on this line after Kenya Government began to provide sanitary towels to the girls in the schools.We decided to use the savings to support line D.1 which had a deficit

## **5.3 Cost-Sharing obligations and sources of funding**

The financial structure of the project remained unchanged during the whole project period, and can be illustrated as followed :

<b><u>Funding Sources (TOTAL)</u></b>	<b><u>Amount</u></b>
Canadian International Development Agency (CIDA)	378 000,19 \$
Canadian Auto Workers (CAW)	112 500,06\$
Total Direct Costs	490 500,24\$

<b><u>Funding Sources (direct costs)</u></b>	<b><u>Amount</u></b>	<b><u>Ratio</u></b>
Canadian International Development Agency (CIDA)	337 500,16 \$	75%
Canadian Auto Workers (CAW)	112 500,06\$	25%
Total Direct Costs	450 000,22\$	100%

## **6. Recommendations**

As the current project was a pilot, it has given rise to a number of realizations and recommendations that can be used to develop a strong and evidence-based ‘second phase’ of an Inclusive Education project. There is still much more to be done to promote inclusion in the Kenyan education system, therefore it is recommended that:

An established second phase of an inclusive education project occur, the activities of which should include the following:

- A stronger focus on government policy implementation through networking with already-established advocacy groups such as the Elimu Yetu coalition.
- Advocacy for the government to provide teachers with more relevant and practical skills to give them the confidence and knowledge to appropriately implement inclusive practice around a more flexible curriculum.
- A wider breadth of schools and communities, targeting counties outside of Nairobi with a focus on local governments considering the new system of devolution that will soon be introduced in Kenya.
- A longer time frame (of 5 years) to ensure that all activities will be sustained beyond the project’s duration.
- A focus on strengthening the parent support groups to become larger and louder in their promotion of IE philosophy in the community
- Continued use of the local partner organizations to connect with the communities, using those from the first phase to train and mentor new additions in the second phase.
- A stronger and more specific focus on gender-related issues for CwD and their impact on a child’s right to access education.