Project Evaluation Report

Report title:	Midline Evaluation Expanding Inclusive Education Strategies for Girls with Disabilities in Kenya's Lake Region funded by the Girls' Education Challenge (GEC-T)
Evaluator:	One South, LLC
GEC Project:	Expanding Inclusive Education Strategies for Girls with Disabilities Kenya
Country	Kenya
GEC window	GEC-Transition
Evaluation point:	Midline
Report date:	September 2019

Notes:

Some annexes listed in the contents page of this document have not been included because of challenges with capturing them as an A4 PDF document or because they are documents intended for programme purposes only. If you would like access to any of these annexes, please enquire about their availability by emailing uk_girls_education_challenge@pwc.com

Midline Evaluation

Expanding Inclusive Education Strategies for Girls with Disabilities in Kenya's Lake Region funded by the Girls' Education Challenge (GEC-T)

September 2019

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This report was produced for the United Kingdom's Department for International Development (DFID) and summarizes the results of the Midline Evaluation of Expanding Inclusive Education Strategies for Girls with Disabilities in Kenya's Lake Region, funded by the Girls' Education Challenge Transition window (GEC-T).

The LC GEC-T programme is implemented by a consortia of non-governmental organizations (NGOs) composed of Leonard Cheshire (LC), the Ability Africa Foundation (AAF), the Social Impact Institute (SII), and Cheshire Disability Services Kenya (CDSK).

This evaluation was carried out by Tariq Omarshah and Andrés Navarrete-Berges on behalf of One South, LLC. Data collection in-country was coordinated by James Gathogo and Ruth Wanja from Health Poverty Action's regional office.

The evaluation tracks a cohort of girls with disabilities, their households and schools in the Lake Region of Kenya. Midline data collection took place in April and May of 2019. The baseline took place in May 2018.

The evaluation was facilitated by Rachel Gondwe, Joy Ouma, and Samuel Katembo at Leonard Cheshire.

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Acknowledgements

List of Acronyms and Abbreviations

AAF	Ability Africa Foundation	SD	Standard Deviation
BoM	School Boards of Management	SDG	Sustainable Development Goals
C	Comparison Group (Girls without Disabilities)	SeGMA	Secondary Grade Mathematics Assessment
CBO	Community Based Organization	SeGRA	Secondary Grade Mathematics Assessment
CSO	Civil Society Organization	T	Target Group (Girls with Disabilities)
CSG	Community Study Group	TVET	Technical and Vocational Education and Training
DFID	UK Department for International Development	UNESCO	United Nations Educational, Scientific and Cultural Organization
DiD	Difference-in-Difference	UNICEF	United Nations Children's Fund
EGRA	Early Grade Reading Assessment	USAID	United States Agency for International Development
EGMA	Early Grade Mathematics Assessment	VTI	Vocational Training Institute
GEC	Girls Education Challenge	WASH	Water, Sanitation and Hygiene
GEC-T	Girls' Education Challenge Transitions		
GBV	Gender-Based Violence		
HHS	Household Survey		
IO	Intermediate Outcome		
IGA	Income Generating Acitivity		
KCPE	Kenya Certificate of Primary Education		
LC	Leonard Cheshire		
MEL	Monitoring, Evaluation and Learning		
MoEST	Ministry of Education, Science and Technology		
NGO	Non-Governmental Organization		
OOS	Out-of-school		
OS	One South		
PSG	Parent Support Group		

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Executive Summary

Background to the LC GEC-T Project

Girls with disabilities in Kenya's lake region face barriers preventing them from enrolling in school, attending school, learning in school and transitioning, either through school or through other pathways which would bolster their life chances.

Leonard Cheshire (LC) has been working to address these barriers with the support of DFID's Girls Education Challenge (GEC) since 2014. The first phase of the GEC focused on promoting the enrolment, attendance and learning of girls with disabilities in the region. The second phase of the GEC, GEC Transitions (GEC-T), focuses on supporting girls with disabilities to transition through relevant transition pathways and on further improving their learning outcomes. The GEC-T also aims to promote the sustainability of the programme to ensure achievements can continue after the project.

The GEC-T Expanding Inclusive Education Strategies for Girls with Disabilities Project, implemented by LC in Kenya's lake region, aims to:

- Support girls with disabilities to transition to secondary education and vocational institutes, and support their progression within mainstream primary schools

- Support girls with disabilities to improve their learning outcomes in literacy and numeracy

- Support the Government of Kenya, local authorities and structures to take forward inclusive education practices to ensure the sustainability of the project

Project activities work to reduce barriers associated with disability that result in educational marginalization, with the aim of creating an accessible and inclusive community, school, and policy environment in the lake region.

The project supported 2,500 children with disabilities at the start of GEC-T, including 2,250 girls and 250 boys. Currently the project supports 2,100 girls and 678 boys[1]. The project is running from 2017 – 2022 in 83 educational institutions including 50 primary schools, 25 secondary schools and 8 vocational institutions across 5 sub-counties of the lake region: Kisumu East, Siaya, Homabay, Migori, and Kuria East.

Purpose and Research Design

The purpose of the Midline Study is to evaluate the relevance, effectiveness, and sustainability of the project. Additionally, the study aims to determine the impact the project has had on closing the gap in learning and transition between girls with disabilities and girls without disabilities.

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[1] This is based on the 2019 census of direct project beneficiaries conducted by the project's MEL Team

To assess project impact on closing the gap between girls with disabilities and girls without disabilities, a sample of 294 girls with disabilities was tracked between Baseline and Midline. Throughout this report, these girls are referred to as the 'target group' or girls with disabilities. These girls are supported by Leonard Cheshire, are in schools and vocational institutes targeted by the project and have been assessed for a disability by the EARC.

Following the same sampling strategy, a sample of 261 girls without disabilities was taken at Baseline in project schools. This approach was decided in consultation with the project and the Fund Manager.

As these girls were subsequently exposed to the intervention, they were not tracked at Midline. However, a sample of 259 girls without disabilities, which matched the original sample in terms of their age, grade level, and sub-county in which they live, was randomly taken from comparison schools at Midline. Comparable schools were selected based on a nearest neighbour algorithm relying on various characteristics to ensure the most similar schools within the same sub-county were chosen. Throughout this report, these girls are referred to as the 'comparison group' or girls without disabilities.

Girls in the comparison group will be tracked between Midline and Endline at the individual level, following the same approach used for the target group. This will allow the study to determine the extent to which the project closes the gap in learning and transition at endline by tracking girls with and without disabilities at the individual level.

It is important to acknowledge that while the project aims to close the gap between girls with and without disabilities in learning and transition, this is a higher standard than if the project were aiming to demonstrate the impact it has on improving girls' learning and transition outcomes, over a traditional control group. A traditional control group would have been made up of girls with disabilities who do not receive the intervention and would allow the project to determine its impact. However, due to the ethical implications and feasibility challenges of sampling a traditional control group of girls with disabilities, the project decided it would measure its impact in relation to a comparison group of girls without disabilities. Theoretically, under the assumption that girls without disabilities face fewer barriers to learning, it is more difficult for the project to demonstrate its impact over and above a comparison group of girls without disabilities, compared to a control group of girls with disabilities.

As a secondary objective, the midline study aimed to further the project's understanding of educational marginalization, particularly for girls with disabilities. The GEC aims to support the most marginalized girls in target areas, in line with the ethos of Sustainable Development (SDG) Goal 4 ("Ensure inclusive and equitable quality education and promote lifelong learning *for all*"). Educational marginalization was reviewed through various statistical analyses in order to identify pertinent barriers and characteristics that result in reduced educational outcomes or intersections of heightened vulnerability. Findings throughout the report are discussed in light of this secondary objective.

Key Findings

- *Educational Marginalization*

  o **A higher proportion of girls with disabilities report using play areas at school at Midline than at Baseline.**

    At Baseline, 1.2% of girls with disabilities reported not using play areas at school, whilst at Midline only 0.3% of girls with disabilities reported not using these areas. This suggests that the project has supported schools to improve the accessibility of play areas as well as supporting girls to feel more confident to make use of play areas.

  o **The project has supported girls with disabilities to feel safe traveling to and from school.**

    Whilst at Baseline, girls with disabilities were more likely to not feel safe traveling to and from school than girls without disabilities, at statistically significant levels, this is no longer the case at Midline. At Midline 93.7% of girls with disabilities feel safe traveling to and from school, compared to 91.3% at Baseline. In Kisumu, the project has provided a school bus to support girls with disabilities to access schools. In other sub-counties the project has conducted sensitization activities with schools and community members with the aim of reducing discrimination, abuse, and bullying on the way to and from school for girls with disabilities.

  o **The project has supported schools to build and maintain toilets that are accessible to girls with disabilities.**

    The project has conducted 83 school accessibility audits to identify infrastructure improvements through which schools can be more accessible for girls with disabilities. Whilst at baseline, girls with disabilities were more likely to report not using toilets at their school than girls without disabilities, this association is no longer statistically significant at Midline. At Midline, 100% of girls with disabilities reported that they can use toilet facilities at their school, compared to 97.3% at Baseline. Qualitative evidence supports this finding with BoM members and other project stakeholders identifying the role of the project has played in making toilets more accessible for girls with disabilities.

  o **Girls with disabilities who have been pregnant, face additional barriers resulting in their educational marginalization.**

    2% of girls with disabilities have been pregnant by Midline. Chi-square tests for association find that girls with disabilities who have been pregnant and girls with disabilities who have given birth, are less likely to feel accepted and respected by their community or feel included in community events. Furthermore, additional chi-square tests for association find that girls with disabilities who have been pregnant have lower degrees of school belonging, have a higher chore burden, do not believe school is important for their future and find it difficult to attend school while menstruating.

  o **A higher proportion of girls with disabilities at Midline report being physically punished by their teacher than at baseline.**

    While at Baseline 18.2% of girls with disabilities reported that they had been physically punished by their teacher in recent weeks, 29.2% of girls with disabilities reported this to be the case at Midline. Girls without disabilities report similar increases, although being physically punished by a teacher is not associated with having a disability at statistically significant levels. However, parents and caregivers of girls with disabilities are more likely to use corporal

punishment to punish their girls than parents and caregivers of girls without disabilities, at statistically significant levels. 56.5% of parents of girls without disabilities report using physical punishments to discipline their girls and 62.5% of parents of girls with disabilities report doing so. Across impairment types, it was most common for girls who have hearing impairments, girls with physical disabilities, and girls with learning difficulties to be physically punished by their parents. 61.4% of parents of girls with hearing impairments, 50% of parents of girls with physical disabilities, and 48.8% of parents of girls with learning difficulties report that they use corporal punishment to discipline their daughters.

- **An analysis of barriers against the child functioning set find several intersections of vulnerability.**

  There is a statistically significant association between experiencing a functional difficulty in at least one domain and being a double orphan. There is a statistically significant association between being a double orphan and experiencing anxiety.

  There is a statistically significant association between experiencing depression, having a hearing impairment, having a visual impairment, or having a learning impairment, and not feeling respected by one's community.

  There is a statistically significant association between struggling to make friends, having a behavioural impairment, having a learning impairment, or having difficulty remembering, and not feeling accepted by one's community.

  There is a statistically significant association between experiencing depression or anxiety or having a hearing impairment and believing that girls do not have a right to go to school.

- **Findings based on the Washington Group Child Functioning set, administered at both periods, suggest the environment has largely become more inclusive with fewer girls experiencing functional difficulties at Midline than at Baseline in most domains.**

  To understand the proportion of girls with disabilities who experience functional difficulties in different domains, the study administered the child functioning set of questions developed by the Washington Group on Disability Statistics to parents/caregivers of children in the target group at both periods.

  At baseline, 37.2% of girls were identified as experiencing a functional difficulty, whilst at Midline 30.3% of girls were identified experience a functional difficulty. Across almost all functional domains reviewed, the proportion of girls captured by the tool decreased for tracked target girls between baseline and midline. This suggests that for most girls who experienced visual impairments, mobility impairments, self-care impairments, communication impairments, learning impairments, behaviour impairments and for girls who are likely to experience anxiety and depression or struggle to make friend's, the environment became more accessible between baseline and midline. However, for girls who experience a remembering impairment, a hearing impairment, or a concentration impairment, average quantitative evidence indicates that the effects of the impairment became more pronounced between periods, suggesting the project could better support girls who experience these functional difficulties.

- *Learning Outcome findings*

  o **Overall, 63.2% of girls with disabilities improved their literacy between baseline and midline and 66.2% of girls with disabilities improved their numeracy between baseline and midline.**

4.8% of girls with disabilities maintained their literacy levels and 18.8% maintained their numeracy levels. 32.2% of girls with disabilities regressed in literacy between periods and 15% of girls with disabilities regressed in numeracy between periods.

Based on the disability assessment by the EARCs, of girls who regressed in literacy, 19.8% have a visual disability, 15.1% have an assessed hearing disability, 14.5% have intellectual disabilities, 12.8% have multiple disabilities based on their EARC assessment, and the remainder did not have a disability type recorded but have been assessed by the EARC. Of those who regressed in numeracy, 22.7% have an assessed visual disability, 13.6% have an assessed hearing disability, 15.9% have an assessed learning difficulty, 12.7% have multiple disabilities according to their EARC assessment, and the remainder do not have a disability recorded but have been assessed by the EARC.

Based on the Washington Group questions used to screen for disability, the project has successfully delivered average improvements in literacy and numeracy for girls who experience functional difficulties, based on the child functioning set.

Additionally, according to the Washington Group questions, on average, girls with a functional difficulty in the target group improved their literacy and numeracy levels between periods. However, girls with functional difficulties in remembering, learning, concentrating, and hearing impairments, as well as girls who are likely to be depressed or anxious, on average did not improve their learning outcomes between period.

o **While there are still statistically significant gaps in English literacy levels between girls with and without disabilities, the project has started to play a role in narrowing gaps in literacy performance over time. Girls with disabilities in two of the four tracked grade levels were able to improve their literacy levels at higher rates than improvements exhibited by their peers without disabilities in the same grades.**

There remains a statistically significant difference in mean scores between girls with and without disabilities in all grades level cohorts, suggesting the project has not had a visible role in closing the gap in average literacy levels between Baseline and Midline. A linear regression using treatment status to predict changes in literacy outcomes between periods was similarly insignificant supporting this conclusion.

However, average improvements per grade level demonstrate that girls with disabilities in grade 6 and grade 7 at Baseline, improved their literacy at higher rates between Baseline and Midline, than girls without disabilities in the same grade level cohorts. Girls in grade 6 in the target group demonstrated the greatest improvement over and above control. These girls with disabilities improved their literacy by an average of 0.25 in English standardized score compared to an average improvement of 0.04 amongst girls without disabilities in the same grade level.

This suggests that the project is starting to have an influence on closing the gap in performance between girls with and without disabilities, although this has not translated into a visible decrease in the gaps in average literacy levels.

Girls without disabilities in grade 5 and grade 8 at baseline, improved their English literacy levels at higher rates than girls with disabilities in corresponding grade level cohorts.

- o **With regards to numeracy, on average the gap between girls with and without disabilities widened between Baseline and Midline and remains statistically significant. In all tracked grade level cohorts, except girls who were in grade 8 at baseline, average improvements in numeracy levels for girls without disabilities exceeded average improvements experienced by girls with disabilities between Baseline and Midline.**

  However, girls with disabilities who were in grade 8 at Baseline improved their numeracy levels at higher rates on average than girls without disabilities in the same grade level cohort. This suggests that increased exposure to the project may lead to a narrower gap in performance in numeracy. While girls in grade 8 at baseline in the target group improved their numeracy learning on average by 0.43 in standardized score, girls in the comparison group in grade 8 at baseline improved their numeracy learning by 0.18 in standardized score.

  Across all grade levels at baseline, girls with and without disabilities improved their numeracy scores on average between baseline and midline. Girls with disabilities in grade 8 at baseline had the greatest improvement between periods in the target group. Girls with disabilities in grade 8 at baseline on average improved their numeracy by 0.43 in standardized score. Girls with disabilities in grade 6 at baseline improved the least on average in numeracy between periods, only improving by an average of 0.16 in standardized score.

- o **Findings comparing different year groups of girls with disabilities between periods by grade level, suggests that teachers in grade 7 and grade 8 improved their teaching practices in literacy and numeracy for girls with disabilities as on average girls with disabilities in these grade levels performed better at midline.**

  However, these comparisons also suggest that teachers in grade 6 may need additional support ensuring they are building inclusive learning environments, as previous year groups of girls with disabilities in this grade level performed better in both literacy and numeracy.

- o **The analysis of barriers and characteristics and their influence on learning for girls with disabilities highlights that the project needs to strengthen the supports it provides for girls with disabilities who have been pregnant and girls with disabilities who do not speak the language of instruction.**

  2% of girls with disabilities at Midline have been pregnant. Regression results find that having been pregnant results in an average decrease of 20.6% on aggregate literacy score between baseline and midline and a 1.18 standardized score decrease between periods.

  Although the project provides sexual and reproductive health training to girls through Child to Child Clubs, additional supports need to be put in place to provide for those who have already been pregnant.

  6.4% of girls with disabilities do not speak the language of instruction, English in all target grade levels. Girls with disabilities who do not speak the language of instruction have reduced literacy and numeracy aggregate outcomes at midline. Based on regression results, not speaking English, causes girls with disabilities to regress in numeracy learning by an average of 9.5% between periods. The project should ensure appropriate supports are in place for girls with little English knowledge to obtain enough fluency in order to better access the curriculum.

Several other barriers were found to result in reduced learning outcomes, validating central project assumptions. These are discussed in detail in the relevant section of the report.

- *Transition Outcome findings*

  o **Results indicate that transition outcomes remained similar between baseline and midline phases for tracked girls with a disability, but a gap still exists between girls with and without disabilities. Project activities including Child to Child Clubs and supports provided by Community Social Workers are associated with higher transition rates for girls with disabilities.**

    At midline, the analytical objective is to determine whether the gap in transitions has widened or stayed the same over time.

    Results show a slight decrease in the average transition rate for the target group, going from 91% at baseline to 88% at midline. When only the tracked cohort is considered (n=288), the rate remains the same (88%).

    This is still 10% higher than the benchmark for girls with disabilities from project intervention areas[2], which was 79% at baseline for girls with disabilities (n=135) and 78% for girls without a disability (n=554).

    Findings show that most unsuccessful transitions are found within primary schools. By midline 75% of girls with disabilities successfully transitioned in primary school, compared to 99% of comparison girls.

    Girls report to be repeating grade levels in spite of the education policy of automatic progression. The repetition rate for girls with disabilities was 11% and for comparison girls 0.8%. This shows that more girls with a disability repeat grade-levels than their peers without disabilities. 20% of girls with disabilities repeated Grade 5 (n=8), 38% repeated Grade 6 (n=15), 33% repeated Grade 7 (n=13), and 2.5% repeated Grade 8 (n=1). This indicates that Grade 6 is the grade that girls with a disability tend to repeat the most. Girls with disabilities miss school most often because they are sick, and missing school often leads to exceptions to the rule of automatic progression.

    The overall drop-out rate for girls with disabilities is 3% for 2019 and 0% for 2018. No comparison girls were observed to drop-out in between periods suggesting that girls with disabilities are more susceptible to drop-out from school than their peers. The grade with the highest drop-out rate for girls with disabilities is Grade 8 with 11% of girls dropping out (n=5), followed by Grade 7 with a 4% drop-out rate (n=3), and P6 with 1% (n=1). This suggests that girls

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[2] To create a benchmark for transitions we took a "one off" sample girls in intervention areas who are not targeted by the project. The data was obtained through a second survey in all households visited called the Benchmark Survey. Through this survey, caregivers were asked to list all girls aged 9-25 in the household other than the tracked girl. This age-range corresponds to the expected age-range of children enrolled in Grade 5 to Form 4 and three years after. LC does not target a specific age range as part of their intervention and incorporates a few girls who are older than 20 in their intervention group. For each girl, her age, 2017 activity and 2018 activity were recorded. This included girls' grade-level in 2017 and 2018, when applicable. Caregivers were also asked the short set of Washington Group questions for disability for each girl listed. This enabled us to classify benchmarks for disabled and non-disabled groups separately. In here we present the benchmark results of girls classified as disabled. Girls with some, a lot or "cannot do at all" difficulties were classified as disabled. This is because the "some" difficulty group can be considered as disabled for cultural reasons and it is common for girls in the target group CWD to also be within this "some" group.

tend to drop-out the most after Grade 8, that is, when they fail to transition into secondary school.

In terms of ages, the highest proportion of unsuccessful transitions occurred for girls from 11 to 13 years old (46%), followed girls who are 17 (18%).

According to chi-square tests, no particular impairment group has lower successful transition rates.

The project addressed the majority of the barriers to transitions. Most salient barriers include not believing girls have a right to go to school, not getting enough family support, not having sexual rights or having been pregnant, facing discrimination in communities, not receiving a meal in school, and the use of physical punishment or shouting in schools.

Members of Child to Child Clubs and those that get support from an LC social worker are also more likely to transition. These are the two most important project drivers according to midline quantitative results. In FGDs, provision of support for school-associated costs was considered an important reason for successful transitions.

- *Sustainability Outcome Findings*
  - o **At the community level, the evaluator rates the sustainability of the project as Emergent (2).**

    Although there have been some changes in the extent to which community members accept girls with disabilities, and some evidence of reductions in stigma, there is still qualitative evidence that girls with disabilities are discriminated against by teachers, peers, and their parents. Boys with disabilities report discrimination from peers especially. Based on these reports, there is little evidence that a critical mass of stakeholders at the community level have changed their attitudes.

  - o **At the school level, the evaluator rates the project's sustainability as Emergent (2).**

    The evaluator rated the project's sustainability at the school level as emergent because there is evidence of improved support for inclusive education in schools. However, it is not universal but extending and support from project staff is still necessary to drive adoption. At Midline, there is evidence that more lessons have adopted inclusive education strategies (42%) than at Baseline. However, a majority of lessons are not inclusive, and teachers mention that they would benefit from a higher proportion of teachers in their schools receiving inclusive education training. The adoption of inclusive education strategies is discussed further in section 6.2.

  - o **At the system level, the evaluator rates the project's sustainability as Emergent (2).**

    This is because although there is evidence of improved capacity of regional officials to support inclusive education through existing functions, and there is an understanding of the resource implications, there has not been active use of project evidence or uptake of specific aspects of the project approach at a system level. At the national level, although the project has supported the government to introduce a Sector Policy on the Provision of Education and training for Learners and Trainees with Disabilities, this has not resulted in a specific policy commitment to upscale or uptake specific components with an allotted resource allocation.

- *Gender Equality and Social Inclusion*

  o **With regards to gender and social inclusion the project is delivering transformational change for both girls and boys with disabilities**.

    Several project achievements, including the adoption of inclusive education practices in classrooms, improved school infrastructure, and reductions in stigma for children with disabilities are likely to have effects on both girls and boys with disabilities in target schools. Additionally, boys with disabilities interviewed as part of the study report significant improvements alongside their female peers across outcomes and intermediate outcomes. Qualitative evidence also suggests that receiving an assistive device supports both girls and boys with disabilities to engage in class and learn in school.

    However, in order to ensure achievements, continue for both of these groups, the project should address significant concerns raised by both boys and girls relating to stigma from peers, community members, and teachers.

    Boys with disabilities who participated in the study more frequently reported cases of discrimination from their peers, through bullying, than girls with disabilities. Several boys in interviews also suggested that when they report cases of bullying to their parents, their parents "just keep quiet" [take no action] and when they report to their teachers, the teachers "don't listen". This suggests a need to strengthen reporting mechanisms, specifically focused on bullying to better support boys and girls with disabilities.

- *Intermediate Outcome 1: Attendance findings*

  o **Between baseline and midline, although overall average attendance rates for most grade levels increased, the proportion of girls with disabilities attending school 80% of the time decreased. At baseline 93.5% of girls with disabilities attended school 80% of the time and at midline 87.4% of girls attended school 80% of the time.**

    By Midline, the project aimed for 95% of girls with disabilities to attend school 80% of the time, and therefore did not achieve its target.

    Between baseline and midline 30.1% of girls with disabilities improved their attendance levels, 44.5% maintained their attendance levels, and 25.3% worsened their attendance levels.

  o **Having had your household spoken to by a male mentor leads to improved attendance outcomes based on a predictive model, highlighting the success of the male mentorship programme.**

    The male mentorship programme was put in place to build support for girls' education amongst male role models in the community and in girls' households.

    A linear regression finds that having had a male mentor speak to a member of a girl with disabilities' household leads to an average improvement of 5.2% in monthly attendance between Baseline and Midline. The male mentorship programme is therefore an effective means to support girls with disabilities to improve their attendance.

  o **At the secondary level, the project aimed for 25% of girls with disabilities to report a reduction in six key barriers associated with poor attendance. For five of these six barriers the project met its target.**

    The project met its target in secondary school for proportion of girls who reported that it had become easier to access scholastic materials required for school (44.9%), the proportion of girls who report it had gotten easier to access sanitary wear (71.4%), the proportion of girls who report it had gotten easier to

get to school (98%), the proportion of girls who report it has gotten easier to access assistive devices (70%), and the proportion of girls with disabilities who report that the way the community thinks about children with disabilities has improved (85.7%). However, only 24.5% of girls with disabilities report that it has gotten easier for their household to afford school costs in the past year.

- o **At the primary level the project aimed for 60% of girls with disabilities to report a reduction in six key barriers associated with poor attendance. For three of these six barriers the project met its target.**

  The project met its target in primary school for the proportion of girls who report it had gotten easier to access sanitary wear (65.5%), the proportion of girls who report it had gotten easier to get to school (82.6%), the proportion of girls with disabilities who report that the way the community thinks about children with disabilities has improved (62.3%). However, only 45.2% of girls with disabilities report that it has gotten easier for their household to afford school costs in the past year, only 58% of girls report that it has gotten easier to access scholastic materials in the past year, and only 47.7% report it has gotten easier to access assistive devices in the last year.

- o **The mixed methods review for barriers that result in reduced attendance outcomes found several barriers the project should aim to reduce by Endline, in order to support girls with disabilities to improve their attendance.**

  The project should provide specific supports for girls with disabilities who are pregnant. Having been pregnant caused reduced attendance improvements between Baseline and Midline. Based on a linear regression having been pregnant resulted in an average decrease of 18.4% in attendance score between periods (p<0.05). Qualitative evidence supports the effects of this barrier with several girls with disabilities reporting the role that early pregnancy has on reducing girls' attendance to and enrolment in school.

  A linear regression finds that not having been spoken to about menstruation has a negative effect on girls with disabilities attendance levels and causes girls with disabilities to decrease attendance levels by 12.3% between Baseline and Midline on average. This validates a central project assumption, namely, that girls need explicit support to help them address challenges of attending school during menstruation. The project is providing this through sessions in Child to Child Clubs focused on sexual and reproductive health. At Midline 6.7% of girls with disabilities have not been spoken to about menstruation and 7.9% report that it is difficult to attend school while menstruating.

  Qualitative evidence suggests that bullying experienced by girls with disabilities perpetrated by peers and teachers reduces their attendance outcomes. At Midline 8.5% of girls with disabilities have been bullied and 3.5% are currently being bullied. Although 100% of girls with disabilities who reported cases of bullying were satisfied with the actions taken by teachers, evidence from focus group discussions with girls and boys with disabilities suggests that teachers' actions to prevent and deter bullying are sometimes ineffective. Additionally, only 73.3% of girls who have been or are being bullied have reported this to someone. The project should consider how it can incorporate additional sessions in teacher training to address this. Furthermore, in some cases teachers pick on and tease children with disabilities and additional focus needs to be placed in Child to Child Clubs on how girls can report these behaviours.

- *Intermediate Outcome 2: Teaching Quality*

  o **At Midline a higher proportion of lessons have adopted inclusive education practices than at Baseline. While 33.3% of lessons observed at Baseline adopted inclusive education practices, at Midline 41.2% of lessons had adopted inclusive education practices.**

    At Midline, 37.3% of lessons in the target schools are planned and executed with the learning of all students in mind, compared to 20% of lessons comparison schools.

    Across sub-domains of this indicator, the largest difference was exhibited in the extent to which teachers could explain and justify adaptations they had made for children with disabilities to the lesson observer. Teachers in upper primary and early secondary in the target group were better able to explain plausible adaptations made for children with disabilities, than teachers in lower primary. Only 20% of teachers in grade 6 could do this in the target group compared to 50% of teachers in Form 1.

    By Midline in 19.6% of lessons in the target group students learn collaboratively, compared to 0% of lessons in the comparison group. Based on grade level findings this is more common in lower grade levels than in upper grade levels. 50% of lessons in Grade 5 in the target group, for example, demonstrated student collaboration compared to 8.3% of lessons in Form 1.

    Lessons in target schools were more likely to adopt collaborative approaches across practices reviewed through the lesson observation. These lessons were more likely to utilize paired-work, group work, game-based approaches, and student presentations than lessons in comparison schools. In target schools, 17.6% of lessons used paired work, 11.8% used group work, 3% used games-based approaches and 2% used student presentations. Only 4% of lessons in comparison schools used paired work and none used any of the practices mentioned.

    At Midline 64.6% of teachers in target schools have positive attitudes towards inclusion and 40.8% of teachers in comparison schools have positive attitudes towards inclusion.

  o **Qualitative interviews and sessions with teachers highlighted several achievements of the programme and several areas where teacher training could be improved.**

    Qualitative evidence suggests that training positively changed the attitude of the teachers towards children with disabilities. Several teachers discussed how their perceptions had changed: "*Before I could … even ignore others [with disabilities] in class" ;"I didn't like them" ; "Now I know that these people can do as the rest" ; "I used to believe that people with disabilities are not able but after the training I've realized that there are people who can perform much better than we*"

    Teachers report that the training was interactive and supported them to learn how they could improve their practices. However, qualitative evidence also suggests that large class sizes, the limited time of lessons, and a great diversity in learning speed, inhibits the adoption of inclusive education strategies. Interviews suggest that training should be longer to fully digest the content, take place during holidays and involve a critical mass of teachers from one school.

- o **By Midline, 90.6% of girls with disabilities view their learning climate as supportive, compared to 56.8% at Baseline.**

  Between Baseline and Midline, 52.6% of girls with disabilities report improvements in the extent to which their learning climate is supportive. This measure is well targeted by the project. Improvements in the extent to which the learning climate is supportive leads to improvements in both literacy and numeracy standardized scores, according to predictive models.

- *Intermediate Outcome 3: Self-esteem, Voice and Agency*

  - o **The project met two of its three life skills targets. Targets were met for the extent to which girls with disabilities improved their financial literacy skills and the extent to which girls with disabilities were able to describe an education or career pathway to achieve their aspirations.**

    Targets were met for indicator 3.2, with 51% of target girls having increased financial skills (which is 26% over target) and for indicator 3.3, with 78% of girls with disabilities being able to describe an education or career pathway to achieve their aspirations (58% higher than the target). For indicator 3.1, however, only 56% of primary and secondary school girls with disabilities demonstrated an increase in self-esteem (SE) and the target was 75% of girls with disabilities. 40% of girls with disabilities who were out-of-school at midline showed improvements.

    Adapting learning materials to be accessible for children with disabilities, supported improvements by girls with disabilities in self-esteem. 59% of girls who report that learning materials have been adapted progressed in self-esteem, compared to only 44% of girls who did not believe materials had been adapted also progressed in school. This was a statistically significant association according to a chi-square test.

    79% of girls with disabilities could realistically describe an education or career pathway to achieve their aspirations. In contrast, 88% of comparison girls could realistically describe a pathway to achieve their aspirations.

    By midline, 51% of girls in the target group had improved in their financial literacy skills (9% stayed the same, and 39% regressed).

    At baseline, 46% of girls in the target group had financial literacy skills (compared to 55% of girls in the comparison group), increasing to 60% at midline in the target group and 68% in the comparison group. This means that there was an increase of 24% in the proportion of girls with financial literacy in target group and of only 13% in the comparison group, which demonstrates a narrowing of the gap between these two groups in terms of financial literacy skills.

  - o **Several project components were found to strengthen life skills.**

    When evaluating which features of the project drove results the study finds that girls with disabilities who have access to adapted learning materials improved their self-esteem to a higher degree than girls who haven't, at statistically significant levels. Furthermore, significantly more girls with disabilities who get support from a social worker improved their financial literacy skills, more girls with a disability progressed in financial literacy when studying in a supportive climate than when they were not and more girls with disabilities who live in households that received entrepreneurship training progressed in financial literacy.

- *Intermediate Outcome 4: Attitudes of Families, Communities and Peers*

  o **The proportion of girls with disabilities who feel included in community events increased between evaluation periods. At Baseline 50.8% of girls with disabilities felt included in community events, compared to 76.7% at Midline.**

    46.3% of girls improved the extent to which they feel included in community events between Baseline and Midline. 24.2% girls decreased the extent to which they feel included in community events.

    The greatest improvement in the degree to which girls with disabilities feel included in community events was experienced by girls with intellectual disabilities between periods. By Midline 75% of girls with intellectual disabilities, felt more included in community events. However, girls with epilepsy were least likely to feel included in community events By Midline 75% of girls with epilepsy felt less included in community events than at Baseline.

  o **The extent to which girls with disabilities feel included in community events at midline is a statistically significant predictor of whether a girl experienced a successful transition.**

    This finding suggests that improving the extent to which girls feel accepted by and included in community events, supports their ability to successfully transition, validating a central project assumption. This finding paired with the finding above would suggest that girls who have epilepsy are less likely to transition. The project should consider providing additional support to girls with epilepsy between Midline and Endline.

  o **Qualitative results suggest that although stigma has reduced in some cases, it is still present in some communities and has a negative effect on children with disabilities.**

    Qualitative evidence suggest that parent support groups helped parents to better support girls with disabilities to integrate in their communities: "*Because LC came and taught us how to manage them, our hearts have now found peace. Even if your child's disability was so severe, you take courage and your shock is reduced and you feel oka*y". Qualitative evidence however also suggests that girls and boys with disabilities still face stigma in their communities, from their parents, and from their teachers. Both girls and boys with disabilities reported cases where teachers pick on them or cane them for being disabled, where peers bully and mock them, and where community members make abusive comments towards them.

Intermediate Outcome 5: Improved policy environment findings

  o **At the national level, the project supported the government to introduce a Sector Policy on the Provision of Education and Training for Learners and Trainees with Disabilities. Additionally, the project has conducted trainings with the Teacher Services Commission on Gender, Disability, and Child Protection.**

    Through membership of the technical committee on inclusion, LC has a seminal role in supporting the Ministry of Education to draft and deliver the policy. Based on consultations with project staff, LC was consulted on the drafting of the policy and provided technical advice to the ministry on its implementation. According to the quarterly project report from December 2018, implementation of the policy has not yet begun, and resource have yet to be committed at the national level to realizing policy objectives.

The roll-out of the national teacher training curriculum is challenging due to a lack of trained personnel, mixed signals from government stakeholders, and no clear direction, according to stakeholders interviewed at Midline.

o **At the county level, the project has supported county government to introduce 4 policies on inclusion since the start of the GEC-T level: the ECD and Education Bill in Migori; the Homabay County Child Welfare and Protection Policy, the Homabay County Internship Policy, and the Disability Bill in Siaya.**

LC supported the county government to draft enact the ECD and Education Bill 2018. This bill seeks to ensure equitable and practical educational resource allocation for inclusion. Additionally, the policy aims to support schools to be child-friendly, to support additional teacher capacity building on inclusion, to support school accessibility, and the provision of resources for inclusive infrastructure.

In addition to this the project supported Homabay to draft the County Child Welfare Protection Policy, the Homabay County Internship Policy, and the Disability Bill in Siaya.

Based on this these policy outcomes at the county level, the project did not meet its target of 5 policy uptakes or influences by Midline. However, the project has supported several policy achievements since the start of activities in GEC 1.

o **Qualitative evidence suggests that Boards of Management (BoMs) have benefited from project training but face various other challenges and have other funding priorities.**

Interviews with BoM members suggest that trainings organized by the project have supported BoMs to learn more about the needs for inclusion at schools. However, interviews also suggest that BoMs have other, broad-based, funding priorities than inclusion at the time of the Midline and may need additional support identifying appropriate funding sources to ensure school infrastructure is accessible for children with disabilities.

Conclusions

Was the project successfully designed and implemented?

The project was designed and implemented to support girls with disabilities, including those who are most marginalized. To understand whether the project was successful in this, we reviewed the extent to which it met desired achievements for girls with disabilities and specific sub-groups of these girls who are likely to face increased vulnerability and exclusion from educational opportunities.

The majority of girls with disabilities improved their literacy and numeracy between baseline and midline: 63.2% of girls with disabilities improved their literacy and 66.2% of girls with disabilities improved their numeracy. Several of these improvements are likely to be attributable to the project's work to make the teaching and learning environment more inclusive based on effectiveness findings.

However, linear modeling also identified specific sub-groups of girls with disabilities who were more likely to experience reduced outcomes between baseline and midline. This included girls with disabilities who have been pregnant, girls with disabilities who do not feel included in community events or do not feel accepted by their community, girls with disabilities who do not speak the language of instruction, and girls with disabilities who do not have an adult ask them what they do in their school or institute. Aggregate mean learning score comparisons by functional difficulty suggest that in general girls with functional difficulties improved their learning between periods. However, girls with functional difficulties in hearing, remembering, learning, concentrating as well as girls who are likely to be depressed or anxious, on average did not improve their learning outcomes between periods. The project should consider how it can better support these groups of girls between midline and endline.

Findings for transition suggest that there are few differences in transition levels across pathways for girls with disabilities at baseline and at midline. There is, on average, a decrease in the transition rates between girls with disabilities at baseline and at midline from an average successful transition rate of 91% at baseline to 88% at midline. Additionally, the midline identified several sub-groups of girls with disabilities who were less likely to experience a successful transition. These included girls with disabilities who have been pregnant who do not believe girls have a right to go to school, who report not getting enough family support, who report facing discrimination in their communities, who do not receive a meal in school, and those who attend schools where teachers use physical punishment or 'shouting' to as a means of discipline. These findings signal that the project needs to further consider how it can redress disparities in transition for all girls with disabilities, and these groups in particular.

With regards to attendance, girls with disabilities reported reductions in several key barriers. A majority of girls with disabilities reported that the way the community thinks about children with disabilities has improved, that it has gotten easier to access sanitary wear, and that it has gotten easier to get to school. These findings suggest the project has played a role in reducing barriers associated with reduced attendance outcomes. However, in a review of underlying assumptions of the theory of change, the midline found that there is no direct relationship between reported reductions in these barriers and attendance improvements. Additionally, only 30.1% of girls with disabilities improved their attendance levels between Baseline and Midline. Whilst a large proportion of girls with disabilities maintained their attendance levels (44.5%), a large proportion decreased their attendance levels: 25.3%.

Qualitative evidence suggests that a significant barrier to attendance is bullying and the way girls and boys with disabilities are treated by their teachers. Focus group discussions also highlighted that a high chore burden for both boys and girls with disabilities negatively influences attendance improvements. The quantitative review of key barriers demonstrated that several sexual and reproductive health related barriers also inhibited attendance outcomes for girls with disabilities: not having been spoken to about menstruation, having been pregnant or cohabiting with a man if married or as if married. The project should consider how it can address these specific barriers between midline and endline.

Additional analysis highlights that there is a mutually reinforcing relationship between school belonging and attendance. This is an area the project should consider targeting to further bolster attendance outcomes. With regards to project activities, predictive testing conducted

at Midline finds that having your household approached by a male mentor led to an increase of 5.2% in attendance levels between periods. This suggests that the male mentorship programme has successfully delivered attendance improvements for girls with disabilities.

With regards to improvements in teaching quality, a higher proportion of lessons at Midline have adopted improved inclusive education practices than at Baseline. There are significant differences across inclusion dimensions between lessons in target and comparison schools. Additionally, the majority of teachers surveyed in target schools (64.6%) have positive attitudes towards inclusion, a pre-requisite for the adoption of inclusive practices in an expected model of behaviour change. Findings across dimensions of inclusion, however, also indicate there is still room for improvement. Only 41% of lessons met the criteria of having an inclusive lesson at Midline, which suggests that most girls still attend lessons that are not inclusive. Overall, a minority of lessons are planned with the learning of all students in mind, provide opportunities for collaboration, and encourage the participation of all students. This may explain why teaching quality improvements have not yet delivered improvements in learning outcomes for girls with disabilities compared to girls without disabilities.

With regards to the two life skills targeted by the project, by midline, most primary and secondary school girls with disabilities had experienced self-esteem improvements: 54.5% of girls with disabilities in primary school and 58.1% of girls with disabilities in secondary school. Additionally, by midline 51% of girls with disabilities have increased financial literacy.

Evidence suggests that the project is likely to have improved the self-esteem and academic self-efficacy of girls with disabilities, by increasing their access to adapted teaching and learning materials and, in so doing, improving their independence to learn and their self-worth. Support from Community Social Workers and the entrepreneurship training given to households has also contributed to improving the financial skills of girls with disabilities. However, the use of physical punishment, is a salient barrier for both self-esteem and financial literacy and needs to be addressed by Endline.

With regards to community attitudes, by Midline a higher proportion of girls feel included in community events such as celebrations, weddings, funerals, market days, and religious activities. Qualitative evidence, however, suggests that while stakeholders have improved their attitudes towards children with disabilities, there are still cases where children with disabilities feel discriminated against by their peers, community members, parents and teachers.

Several findings were made in relation to parental engagement and parental attitudes towards inclusion, supporting project assumptions. When no adult in the household asks a girl with disabilities about what she does in school or at her training institute, this has a negative effect on her learning in both literacy and numeracy, suggesting that parental engagement plays a role in supporting learning. Additionally, improving parental attitudes towards inclusion was shown to lead to improvements in both self-esteem and academic self-efficacy at statistically significant levels. For self-esteem the model was able to explain 9.6% of variance in the data and for self-efficacy the model was able to explain 10.1% of variance. The high degree of variance that this explains, indicates that parental attitudes towards inclusion plays a significant role in supporting girls to build their self-worth and confidence to learn. Given that

both self-esteem and academic self-efficacy predicted learning improvements, parental attitudes towards inclusion is a key area the project should continue to target between Midline and Endline. At Midline, being in a member a Parent Support Group predicted improvements in attitudes towards inclusion, indicating that this intervention activity has successfully resulted in improvements in parental attitudes.

What works to facilitate the learning and transition of children with disabilities?

The midline study aimed to contribute to the growing evidence base on what works to deliver improved learning and transition for girls with disabilities in the project's context by testing specific underlying assumptions of the project's theory of change.

The relationship between attendance and learning, and attendance and transition, was largely validated. Improvements in attendance predict improvements in English literacy standardized score and Numeracy standardized score. The more a girl with disabilities improves her attendance, the higher her improvement in English literacy between periods and the higher her improvement in numeracy between periods. The project is therefore appropriately targeting attendance outcomes to improve learning outcomes.

Additionally, improvements in attendance lead to a higher likelihood that a girl with disabilities will successfully experience an in-school transition A linear regression finds that improving attendance between baseline and midline improves a girl with disabilities likelihood to successfully transition within school to the next grade level. This supports the projects assumption that improving girls with disabilities' attendance rates will support them to transition.

To assess the extent to which teaching quality led to improvements in learning, several tests were conducted. Findings indicate that improvements in the extent to which the learning climate is supportive leads to improvements in both literacy and numeracy standardized scores. Based on predictive testing, when girls with disabilities have caring interactions with their teachers, are provided with individual assistants, and feel respected and supported, they are more likely to improve their literacy and numeracy levels.

Several relationships were found between life skills and learning. Improvements in self-esteem and financial literacy led to improvements in literacy between baseline and midline for girls with disabilities. Interestingly, there was no direct relationship between financial literacy and numeracy. Additionally, improvements in academic self-efficacy between baseline and midline were found to lead to improvements in literacy and numeracy. It is likely this relationship is mutually reinforcing.

Finally, with regards to community attitudes, the extent to which girls with disabilities feel included in community events at midline is a statistically significant predictor of whether a girl experienced a successful transition. This finding suggests that improving the extent to which girls feel accepted by and included in community events, supports their ability to successfully transition, validating a central project assumption.

What impact did GEC funding have on closing the gap in transition and learning between girls with and without disabilities?

This project has set a high goal in aiming to close gaps between girls with and without disabilities across outcomes and intermediate outcomes. Findings at Midline provide evidence of several project successes and improvements since Baseline for girls with disabilities. Findings also suggest areas for improvement and additional barriers the project can target to bolster its impact by Endline.

The literacy gap between girls with disabilities and girls without disabilities has begun to narrow, driven by improvements by girls with disabilities who were in grade 6 and grade 7 at baseline. This suggests that with additional exposure to the intervention, literacy outcomes may continue to close between the target and comparison groups. Two thirds of girls with disabilities experienced improvements in literacy and numeracy between baseline and midline.

Between grade levels, a review of performance against expected curriculum competencies demonstrates that teachers struggle to deliver the literacy curriculum in grades 5 and 6 but are successfully delivering the curriculum, particularly for girls with disabilities in grades 7 and 8. Grade 5 teachers face difficulties supporting children with disabilities who repeat grade 5 to meet curriculum expectations for literacy. Given that the largest proportion of girls who repeat grade levels were in grade 5, these teachers require additional supports. The new pilot programme on differentiation will likely enable teachers to deliver the curriculum to children of different ability levels, and the project should consider supporting teachers to identify children who have repeated the grade as they build various ability-level groupings to differentiate to. A majority of girls with and without disabilities failed to meet expected curriculum competencies in grade 6 for advanced reading comprehension, further suggesting that teachers need additional support teaching girls with and without disabilities how to decode meaning from advanced written texts.

For numeracy, between baseline and midline, the gap between girls with and without disabilities has widened on average. This suggests that additional supports need to be put in place to strengthen teacher's capacity to deliver the numeracy curriculum in an accessible way to children with disabilities.

Based on a review of performance against expected curriculum competencies for numeracy, teachers in upper primary need particular support with building numeracy skills of girls with disabilities. In grade 7 and 8, more than double the proportion of girls without disabilities meet expected curriculum competencies than girls with disabilities.

The fact that the gap has widened in learning between girls with and without disabilities, is likely due to the higher number of barriers that girls with disabilities face in accessing and learning in school. Across outcomes, girls with disabilities consistently face a higher proportion of barriers than girls without disabilities.

At Midline the gap in transition between girls with and without disabilities is still present, with girls without disabilities being more likely to successfully transition at statistically significant levels. However, Child to Child Clubs and receiving support from a social worker are important drivers to transition. Considering the barriers that affect transitions, a greater emphasis may be placed to ensuring girls understand their right to an education, as well as SRH rights. Other salient barriers found is the fact that girls witness corporal punishment in schools, which is still

prevalent in intervention areas. The study also found that witnessing corporal punishment in the classroom is associated with reduced transition outcomes.

How sustainable are the activities funded by the GEC?

At midline, the evaluator rated the sustainability of the project as emergent on the sustainability score card. This is a one category increase from baseline (latent). The emergent category is followed by the "becoming established" category which is followed by the "established" category. The project has mainstreamed thinking about sustainability throughout its approaches to ensure achievements can continue after the end of GEC-T. Sustainability was rated at the community-, school-, and system-levels.

Evidence suggests there have been some changes in the extent to which the community accepts girls with disabilities. Stakeholders report that sensitization activities have been successful in changing some attitudes at the community level. Additionally, a higher proportion of girls with disabilities report feeling accepted by their community and included in community events than at baseline: 76.7% at midline compared to 50.8% at baseline. However, a critical mass of stakeholders at the community level have yet to change their attitudes, suggesting additional in roads need to be made by the project before funding ends, so as to ensure achievements can be sustained.

At the school level, evidence suggests that the project has supported to teachers to improve the adoption of inclusive educations strategies in their lessons. Whilst at baseline 33.3% of lessons had adopted inclusive education practices, at Midline 40% of lessons have done so. However, teachers report that they lack a critical number of teachers at their school to scale up the implementation of inclusive education at the school level, and that the training time is not sufficient to deepen their understanding of IE.

At the system level, the project has made several steps to support the scale up of improvements in IE delivery. This has included support provided to introduce the Sector Policy on the Provision of Education and Training for Learners and trainees with Disabilities and trainings conducted with the Teacher Services Commission. However, the government has yet to make resource commitments in line with scaling up the approaches piloted by the project or replicating them more broadly.

1. Background to Project

Kenya has an estimated population of 52 million inhabitants. More than 41% of the population is under the age of 14 years old. Of the total population, 74% live in rural areas. Kenya ranks 146 in the Human Development Index. Between 1995 and 2015, Kenya experienced an increase of 3.4 years of life expectancy at birth, and a 2.6 year of schooling increase on average. The Kenya Integrated Budget and Household Survey (KIHBS) (2005/6), estimates that 45.9% of the population is poor, with an inequality index (Gini coefficient) of 0.45.

Kenya has a decentralized administrative system based on the constitutional reform of 2010, where the country's administrative organization shifted from a province to a county-based structure. There are 47 counties nation-wide, of which 6 belong to Nyanza province: Siaya, Kisumu, Homa Bay, Migori, Kisii, Nyamira. The Nyanza region is located in the southernmost part of the country and hosts 11.8% of the country´s population, with 6 million inhabitants projected by 2018.

There are an estimated 4.4 million people with disabilities in Kenya. Of these, 26.2% experience mobility impairments, 19% experience visual impairments, 12.4% experience auditory impairments, 10.6% experience speech impairments, 8% experience cognitive impairments, and 23.6% experience other impairments. According to the National Special Needs Education Survey (2014) one in ten people under the age of 21 are disabled.

Article 54 of the Kenyan Constitution establishes that a person with disabilities is entitled "to access educational institutions and to facilities that are integrated into society to the extent compatible with the interests of the person".

Kenya, therefore, has several policy and legal instruments supporting the education rights of people who experience disabilities, including: the Education for All Initiative (Government of Kenya, 2010). The Children's Act (2001), the Persons with Disability Acts (2005), the National Special Education Policy Framework (2009), and the Disability Mainstreaming Policy (2012). Each of these recognize the need for inclusive policies and practices.

Kenya has an 8-4-4 education system with 8 years of primary school with an entry age of six years old, 4 of secondary school and 4 of higher education.

In 2018, the Sector Policy for Learners and Trainees with Disabilities (SPLTD) was issued and defines inclusive education as education which provides appropriate modification in curriculum delivery methods, educational resources, medium of communication or the learning environment to cater for individual differences in learning. Leonard Cheshire provided technical guidance on the development of this policy at the national level during the first phase of the project (GEC 1).

The policy stresses the importance of early identification, assessment and placement as key components in providing quality education and training. The policy emphasizes the importance of revitalizing Education Assessment and Resource Centres (EARCs).

The main objectives of the sector policy are to: (1) Align education and training services for learners and trainees with disabilities with the relevant national policy frameworks; (2) Develop

a clear policy framework for the provision of inclusive education and training; (3) Address the existing policy and implementation gaps in the provision of education and training for learners and trainees with disabilities; and (4) Develop guidelines for the implementation of the policy.

Despite improvements made in the inclusive education policy environment, schools in Kenya face significant barriers to supporting learners with disabilities. These barriers include a lack of knowledge as to the meaning of inclusion, inadequate facilities and infrastructure, low capacity of teachers to support learners with special educational needs, and negative societal attitudes towards people who experience disabilities.

For girls with disabilities, gender related barriers interest with barriers associated with experiencing disability. These include a lack of access to assistive devices, poor teaching practices, low levels of life skills amongst, safety concerns in and traveling to school, distance to school, poor school facilities, and economic hardship. This report discusses these barriers and characteristics in further detail and aims to understand how they interact with gender and disability to result in educational marginalization, as well as the role the project has had in reducing these barriers.

1.1   Project Design, Implementation and Adaptation

At the outcome level, the Expanding Inclusive Education Strategies for Girls with Disabilities Project aims to:

- Support girls with disabilities to transition to secondary education and vocational institutes, and support their progression within mainstream primary schools;

- Ensure that girls with disabilities are learning outcomes in literacy and numeracy;

- Support the Government of Kenya, local authorities and structures to take forward inclusive education practices to ensure the sustainability of the intervention.

Project activities target barriers associated with disability that result in educational marginalization. The project aims to improve teacher adoption of inclusive education practices, the life skills of girls with disabilities, girls' access to school and their ability to transition, and the inclusive education policy environment.

The project supported 2,500 children with disabilities at the start of GEC-T, including 2,250 girls and 250 boys. Currently the project supports 2,063 girls and 740 boys[3]. The project is running from 2017 – 2022 in 83 educational institutions including 50 primary schools, 25 secondary schools and 8 vocational institutions across 5 sub-counties of the lake region: Kisumu East, Siaya, Homabay, Migori, and Kuria East.

A visual diagram of the project's Theory of Change is shown overleaf. Linkages between outputs, intermediate outcomes, and outcomes are discussed in further detail in the project's GEC-T Funding Proposal and MEL Framework. A summary of key linkages is shown in Annex 7.

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[3] This is based on the 2019 census of direct project beneficiaries conducted by the project's MEL Team

Figure 1. Summary Project Theory of Change Linkages

Support girls with disabilities to transition to secondary education and vocational institutes, and support their progression within mainstream primary schools **(Transition);**

Ensure that girls with disabilities are learning outcomes in literacy and numeracy **(Learning);**

Support the Government of Kenya, local authorities and structures to take forward inclusive education practices to ensure the sustainability of the intervention **(Sustainability)**

Improved access to quality education in mainstream schools and vocational institutes for girls with disabilities **(Teaching Quality)**	Girls with disabilities have increased attendance in primary and secondary mainstream schools and vocational institutions **(Attendance)**	Girls with disabilities demonstrate increased voice and agency to participate in mainstream education and future career opportunities **(Self-esteem & Life Skills)**	Attitudes and Perceptions Families, communities and peers proactively support girls with disabilities to go to school (Community and Parental Attitudes)	Improved policy environment at school, county and national level tolevel to support inclusive education for children with disabilities **(Policy & Governance)**
The teaching and learning environment is inclusive of girls with disabilities	Girls with disabiltiies have resources they need to attend school	Girls with disabilities have increased awareness and knowledge in life skills	Increased disability awareness and knowledge among families, community and peers	Stakeholders have increased knowledge to incorporate inclusive education approaches
Teacher and instruction training on inclusion, adaptations made to make schools accessible,	Provision of start-up kits, provision of fees and scholastic kits, parent engagement through PSGs, provision of transport for girls in Kisumu, table banking and livlihood initiatives	Child to Child Clubs, Life skills and career guidance, peer education, support from community social workers	IE days/Community events, male mentorship programme, Parent Supporg Groups	Training for BoM, Child protection activities, supportive supervision with MoEST, advocacy with working groups, national advocacy campaings, publications, research and capacity building

Several changes have been made to the implementation of the project between Baseline and Midline.

At Baseline, the project anticipated that a smaller proportion of girls with disabilities would transition to secondary schools compared to other transition pathways. However, by Midline, project staff report that more girls than expected have transitioned to secondary schools, including secondary schools that are not targeted directly by the project.

In these cases, although these schools are not part of the 25 secondary schools receiving the full intervention, the project has made adaptations to ensure supports are put in place for girls with disabilities.

The project has engaged these schools in wider trainings with Boards of Management (BoM) on inclusion and accessibility. The project has additionally included these schools through on-going monitoring activities and has tried to provide individualized support to teachers in these schools. Finally, as all children with disabilities, despite attending school beyond schools receiving the full intervention, reside in communities targeted by the project. Therefore, all children with disabilities are still exposed to community level supports including those provided by social workers, Parent Support Groups, and the Male Mentorship Programme.

The Baseline highlighted that a large proportion of girls with disabilities experience corporal punishment in schools. In response to this, the project actively engaged with the Ministry of Education to increase awareness on the prevalence of corporal punishment and support them to respond to cases of reported abuse. The project also conducted sensitization activities on corporal punishment with headteachers and school administrators in project schools. Finally, the Child Protection Officer has continued to provide one on one support to teachers and headteachers to increase awareness of the negative effects of corporal punishment.

At Baseline, the project originally intended to link girls with disabilities who were more interested in engaging in hands on practical work experience with master artisans to support their on the job learning and the development of employment and vocational skills for these girls. However, a risk assessment on Child Protection and Safeguarding highlighted that Master Artisans were not adequately aware of child protection processes and it may be difficult for the project to ensure the safety of girls with disabilities participating in the programme. In place of this, the project is supporting girls with disabilities who are interested to engage with internships in companies that have existing relationships with the project, or to participate in specific vocational training opportunities provided by skills centres such as the YMCA.

In the last year, the project has also begun using radio shows to sensitize target communities on matters of child protection and the management of disability at the household level. This was done to increase the project's reach within communities.

The project is continuing to realign its C2C Club and IE teacher training curriculum to focus more on literacy and numeracy. C2C activities are now more strongly focused on peer support in the classroom and activities like reading and math quizzes to support improvements in learning outcomes. The IE teacher training manual is currently being adapted to more directly include improved instructional techniques to teach literacy and numeracy.

To respond to the high rate of teacher and headteacher transfers between schools, which could have the risk of diluting the effects of the project, the project has begun conducting inclusive education training for new headteachers. This has supported the project to allow head teachers to move between schools and extend project reach while at the same time maintaining the institutional learning necessary to support continued improvements in inclusion in project schools.

Finally, in the past year, the project has changed the location of monthly monitoring meetings from field offices to centralized meetings where staff and partners meet for joint learning and planning. This has supported the project to share best practices between sub-counties.

1.2 Key Evaluation Questions

Table 1 summarises the key programme-level evaluation questions for the study. These questions have been reformulated based on midline reporting requirements set out by the GEC. To support with readability, sections in which specific evaluation questions are answered are shown in the final column of the table.

Table 1. Evaluation and Sub-Questions

Programme-Level Question	Sub-questions	Section in Midline Report
Was the GEC project successfully designed and implemented? **[Relevance]**	What are the characteristics of girls with disabilities targeted by the project, and how have these changed between baseline and midline?	2.1
	What are the barriers experienced by girls with disabilities targeted by the project, and how have these changed between baseline and midline?	2.2
	How do barriers and characteristics intersect and create new forms of marginalization?	2.3
	What implications do these results have on project activities?	2.4
What impact did GEC funding have on closing the gap in transition and learning between girls with and without disabilities? **[Impact on closing the gap]**	How have the learning outcomes of girls with disabilities and girls without disabilities changed between baseline and midline?	3.1.2
	To what extent has the project contributed to closing the gap in literacy and numeracy outcomes between girls with and without disabilities?	3.1.2
	What literacy and numeracy skills gaps can be identified for girls with disabilities?	3.1.3
	How do girls with disabilities and girls without disabilities perform against expected curriculum competencies?	3.1.4
	How do barriers and characteristics influence girls with disabilities' learning outcomes and learning improvements between baseline and midline?	3.2.1

Programme-Level Question	Sub-questions	Section in Midline Report
	To what extent has the project supported different sub-groups of girls with disabilities to improve their learning between Baseline and Midline?	3.2.1
	How have the transition rates of girls with and without disabilities changed between baseline and Midline?	4.1.1
	To what extent has the project contributed to closing the gap in transition between girls with and without disabilities?	4.1.1
	How do barriers and characteristics influence girls with disabilities transition outcomes between baseline and midline?	4.21
What works to facilitate the learning and transition of children with disabilities? **[Effectiveness]**	How did the project perform against attendance targets?	6.1.2
	What supported the project to meet attendance targets?	6.1.2
	What barriers inhibited attendance improvements for girls with disabilities?	6.1.3
	Are the selected attendance indicators and targets appropriate?	6.1.4
	How does attendance relate to outcome level achievements in learning and transition?	6.1.5
	How did the project perform against teaching quality targets?	6.2.2
	What supported the project to meet teaching quality targets?	6.2.2
	What barriers inhibited teaching quality improvements?	6.2.3
	How does teaching relate to outcome level achievements in learning and transition?	6.2.5
	Are the selected indicators for teaching quality and targets appropriate?	6.2.4
	How did the project perform against life skills targets?	6.3.2
	What supported the project to meet life skills targets?	6.3.2
	What barriers inhibited life skills improvements?	6.3.3
	Are the selected indicators for life skills and targets appropriate?	6.3.4
	How do life skills relate to outcome level achievements in learning and transition?	6.3.5
	How did the project perform against community attitude targets?	6.4.2
	What supported the project to meet community attitude targets?	6.4.2
	What barriers inhibited community attitude improvements?	6.4.3
	Are the selected indicators for community attitude and targets appropriate?	6.4.4
	How do community attitude improvements relate to outcome level achievements in learning and transition?	6.4.5

Programme-Level Question	Sub-questions	Section in Midline Report
	How did the project perform against policy level targets?	6.5.2
	What supported the project to meet policy level targets?	6.5.2
	What barriers inhibited policy improvements?	6.5.3
	Are the selected indicators policy improvements and targets appropriate?	6.5.4
How sustainable were the activities funded by the GEC and was the program successful in leveraging additional investment? [Sustainability]	How did the project perform against its sustainability targets?	5.1
	What changes still need to take place to support project sustainability?	5.2

1.3   Methodology & Sampling

The full methodology is presented in the evaluation inception report and inception brief (Annex 11), the project's Monitoring and Evaluation Framework (Annex 10), and in Annex 3 (Midline Evaluation Approach and Methodology).

The evaluation sampled both girls with disabilities and girls without disabilities. This was to enable to study to determine the extent to which the project closed the gap in learning and transition outcomes. Girls without disabilities form the study's "**comparison group**" and girls with disabilities form the study's "**target group**".

Girls in the target group girls are supported by Leonard Cheshire, are in schools and vocational institutes targeted by the project and have been assessed for a disability by the EARC. Girls in the comparison group at Midline are girls without disabilities who were sampled from comparable schools, not targeted by the project. Girls in the comparison group at Midline were screened for disabilities using the Washington Group Short set, with girls in the comparison group identified as having a functional difficulty not sampled by the evaluation.

Error! Reference source not found. displays the composition of the sample by original cohort membership (i.e. a girls' grade level at baseline) and by evaluation group.

Table 2. Evaluation Sample

Cohort Membership (Grade at BL)	Baseline		Midline		
	Target	Comparison	Target (only recontact)	Target (including replacement)	Comparison
Grade 5	83	59	75	81	66
Grade 6	91	69	82	103	72
Grade 7	96	61	86	96	67
Grade 8	58	47	50	47	54
Total	**328**	**236**	**293**	**327**	**259**

Attrition rate for the target group between baseline and midline = 10.67% (only target group tracked)

At Baseline, in consultation with the Fund Manager, the evaluation sampled a group of girls without disabilities in target schools. This group was the original 'comparison group'. Originally, as agreed with the FM, this group would only be sampled at Baseline to allow the evaluation to determine the extent to which the project has closed the gap in outcomes between girls with and without disabilities.

However, at Midline, after additional discussions on how best to measure project impact on closing the gap, and because the sample size for girls in upper grade levels at Baseline was small in the comparison group, the evaluation team, in consultation with the project and the FM, decided to sample a cohort of girls without disabilities in comparison schools not targeted by the project. Therefore, a sample of 259 girls without disabilities, which matched the original sample in terms of their age, grade level, and sub-county in which they live, was randomly taken from comparison schools at Midline. Comparable schools were selected based on a nearest neighbour algorithm relying on various characteristics to ensure the most similar schools within the same sub-county were chosen as target schools.

To ensure girls in the target group were tracked at Midline the study implemented several quality assurances processes to monitor attrition throughout data collection. This resulted in an attrition rate of 8.93% between evaluation periods. Replacement rules were closely followed to supplement the sample for tracking purposes between midline and endline.

Quantitative tools administered included the attendance tool, which collected historical attendance data for each girl in the comparison and target group, the Girls survey, the Household Survey, numeracy assessments (EGMA/SeGMA) and literacy assessments (EGRA/SeGRA). All girls in both the target and comparison group completed the full package of quantitative assessments.

Qualitative sessions were conducted with stakeholders to further unpack intervention assumptions, expand upon, complement, and contradict quantitative approaches. A full package of qualitative discussion guides is included in Annex 12 (Data Collection Tools used for Midline). All qualitative sessions were recorded, transcribed, and translated into English. Transcripts were coded to analyse findings thematically. Coding following a top-down descriptive coding scheme and a bottom up eclectic coding method by EE specialists in inclusion, gender, and education.

Quantitative enumerators attended a 4-day training workshop which covered best practices in tool administration, probing techniques, disability research, research ethics and child protection, learning assessment administration, cohort tracking, replacement rules and daily and weekly reporting requirements. Enumerators were trained to closely adhere to quality assurance guidelines prepared by the evaluator. Sessions included a mix of taught lectures and dramatization exercises.

Several quality assurance processes were put in place during and after training. On the final day of training, enumerators visited a pilot school in Kisumu, where they administered the full package of assessments to two girls. Supervisors completed one on one observations with each enumerator, scored them, and provided individualized feedback. To ensure consistent administration throughout, trends were identified and discussed in a plenary session. During data collection, field supervisors were required to conduct 2 quality assurance visits with each

enumerator following a similar approach. Quality assurance findings were grouped and shared in morning briefing sessions before the quantitative team visited sample sites.

Qualitative Research Assistants (QRAs) completed a 2-day training which included sessions on qualitative research in practice, probing techniques, note-taking, the main research questions, reporting requirements, disability research, session recruitment, sampling techniques, research ethics and child protection.

As well as recording all qualitative sessions, QRAs completed daily debriefing forms which were reviewed by the consultant team to provide on-going feedback and to inform adaptations made to to sessions guides, based on domains where the study had reached data saturation. In debriefing forms, QRAs were encouraged to reflect on their research and their role their role and position in line with a critical and reflexive research approach.

The evaluation closely followed LC's Child Protection Policy and One South's Research Ethics Guidelines. If child protection violations were identified, enumerators reported these to both their field supervisor, and in line with LC's CPP, to the LC Child Protection Officer in Kisumu. A few cases of child marriage were identified and reported. Additionally, all cases of corporal punishment identified have been reported to project staff.

2. Context, Educational Marginalisation and Intersection between Barriers and Characteristics

2.1   What are the characteristics of girls with and without disabilities in project areas, and how have these changed between baseline and midline?

To understand the composition and context of the target and comparison groups between periods, Table 3 reports the main characteristics of both groups across time. For additional details on sampling and the distribution of the sample, please refer to the project's Baseline Report.

Table 3. Characteristics between Periods by Evaluation Group

Characteristic	Comparison Group[4]		Target Group		
	Baseline	Midline	Baseline	Midline	+/-
Single Orphan	16.1%	16.6%	18.3%	23.0%	+
Double Orphan	3.0%	2.3%	6.7%	8.2%	+
Lives in a Female-headed household	52.1%	25.5%	58.5%	34.7%	-
Married or living with a man as if married	1.3%	0.4%	0.0%	1.2%	+
Has been pregnant	0.4%	0.4%	1.9%	2.0%	+
Has given birth	0.6%	0.4%	1.3%	0.9%	-
Head of Household has no formal education	9.3%	4.6%	12.2%	7.6%	-
Does not speak the LOI [English]	31.8%	1.2%	33.2%	6.4%	-
Household faces extreme hardship	17.9%	10.9%	25.8%	16.5%	-
Household faces moderate degree of hardship	57.9%	45.3%	50.5%	44.4%	-

*Statistically significant association according to Chi-square tests (p<0.05) for this barrier and evaluation group membership (comparison or target) for the period reported

As outlined in the evaluation approach, girls in the target group have disabilities and were tracked between periods. Girls in the comparison group do not have a disability and were two independent groups sampled randomly, between periods.

Therefore, when we discuss changes in the composition of the target group, the study refers to changes in the composition of the tracked cohort of girls with disabilities between periods. When we discuss changes in the composition of the comparison group between periods, the study refers to changes in group composition at the aggregate level. This approach is considered sound because despite the fact the comparison group was not tracked between periods, a representative sample was taken randomly of girls without disabilities in both periods, and therefore these groups can be compared at the aggregate as findings can be

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[4] Although the comparison group was not tracked at the individual level at ML due to the revised impact methodology at Midline, a random and representative sample of girls without disabilities was taken at both periods meaning results can be generalizable to these populations with changes discussed at the aggregate level

generalizable to these populations. Throughout the following discussion. comparisons are made both between periods and within periods between girls with and without disabilities.

The proportion of households facing extreme hardship decreased on average between periods for girls with disabilities and girls without disabilities.

To estimate the degree of economic hardship faced by households, the evaluation asked the parents of girls in the target and comparison group to rate how often in the last year they had gone to sleep hungry for many days, gone without enough clean water for home use, gone without needed medicines or medical treatment, and gone without cash income. Each item was answered on a 4-point scale ranging from "never" (1) to "most days" (4).

Responses across items were averaged to produce a hardship score. Using this method, participants with an average score of 3 or greater were categorized as facing extreme degrees of economic hardship as they had gone without, across items, for many days or most days,. Participants with an average score greater than 2 but less than 3 were categorized as facing moderate hardship, as they had gone without for between some and many days, across items.

Results for the proportion of households reporting having gone without a given item for "most days" are displayed on the figure following.

Although the project does not directly influence these hardship domains, they provide an additional understanding of the context of project beneficiaries.

Households of both girls with disabilities and girls without disabilities exhibited improvements between periods in most hardship domains. This is with the exception of the proportion of households who have gone without cash income for most days, which increased between periods for both groups.

In the target group, whilst the proportion of households with more regular access to food and needed medicines or medical treatment increased between periods, the proportion of households with access to clean water regularly, decreased.

In the comparison group, access to more regular clean water, medicines, and food improved on average between periods.

In both groups the proportion of households with access to regular cash income decreased between periods.

Figure 2. Proportion of households "gone without" for most days between periods
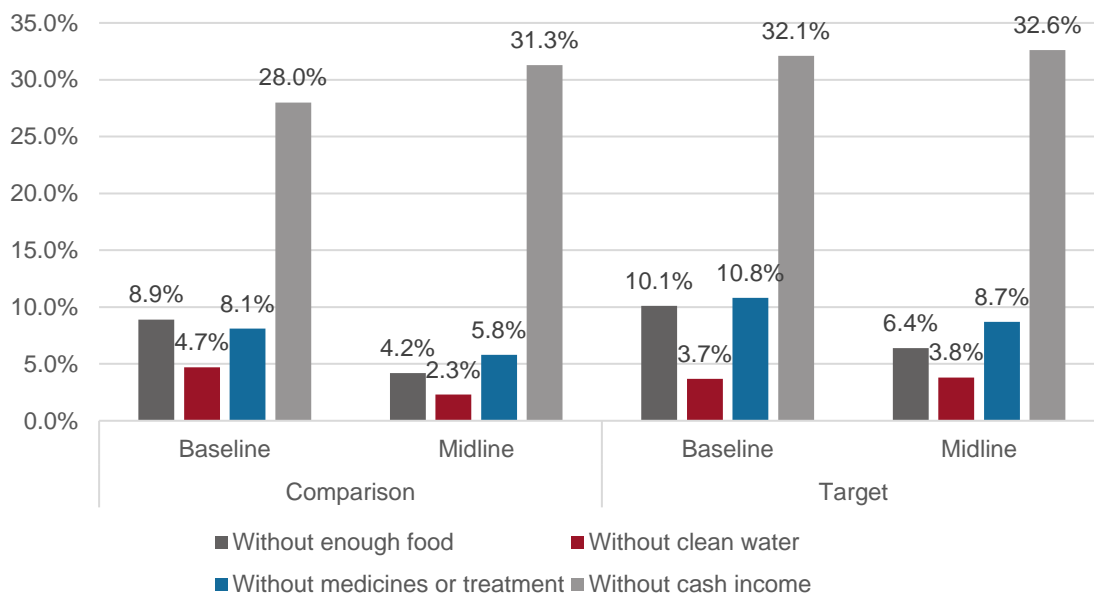
To improve the measurement of poverty between Midline and Endline, as recommended by stakeholders during the project's Baseline Validation Workshop, the study additionally measured poverty likelihood using Kenya's Progress out of Poverty Index (PPI).

The proportion of girls with disabilities who are single and double orphans increased between baseline and midline.

Orphan status is not explicitly asked to girls or households. Due to sensitivities around discussing death, enumerators record this information if, during the interview, as they ask questions about where the girls' mother and father live, the household respondent mentions that the girl's biological parents are deceased. This may partially explain the increase, as whether parents are alive or not may not have come up in the original baseline interview and could have been brought up only in the midline interview.

Despite this possible explanation of the increase, the study will review orphan status against various educational outcomes to assess the degree to which this sub-group is educationally marginalized, and the degree to which they are benefiting from the project. As the proportion of children in this group increased between periods, this review will ensure the project remains well targeted to support girls with disabilities who are single or double orphans.

A larger proportion of girls with disabilities have been pregnant at Midline (2.0%) than girls without disabilities (0.4%). However, there is no statistically significant association between having been pregnant and being in the target group.

At Baseline, 1.9% of girls with disabilities had been pregnant, whilst at Midline 2.0% of girls with disabilities (n=7) in the evaluation sample had been pregnant. All of these girls were asked whether they wanted to get pregnant, when they got pregnant and all girls report not having wanted to get pregnant when they did.

Of these girls with disabilities who have been pregnant, 71.4% (n=5) are below the age of 18 and while none are currently pregnant, only 42.9% (n=3) have given birth. The youngest girl with disabilities to have gotten pregnant was 14 years old when she became pregnant.

0% of girls with disabilities who gave birth report that the father supported the child after they gave birth. Only 33.3% (n=1) of these girls with disabilities who had given birth reported receiving support from their family. All of the girls with disabilities who have given birth (n=3) live with their children.

While 7 girls with disabilities have been pregnant only 1 girl without disabilities has been pregnant. This girl became pregnant at the age of 14. She reports receiving support from her family with the child but not from the child's father.

Stakeholders who participated in the Midline validation workshop report that the higher proportion of girls with disabilities who are pregnant may be because girls with disabilities are more likely to struggle to say no to sex with a partner or to negotiate condom use.

However, a chi-square test for association was insignificant, suggesting that being in the target or comparison group (i.e. having a disability) is not associated with having been pregnant at statistically significant levels.

The study will review the effects of having been pregnant on learning, transition, and achievement of intermediate outcomes throughout this report to ensure this sub-group is appropriately targeted and supported by intervention activities.

A higher proportion of girls are married or cohabiting as if married in the target group at Midline than at Baseline.

1.2% of girls (n=4) with disabilities are married at Midline or living with a man as if married, this is compared to 0.4% of girls without disabilities (n=1). However, tests for association find no significant association between being in the target group and being married or living with a man as if married (p>0.05).

Only 1 of the 4 girls with disabilities who are married reported the age at which she started living with their partner. This girl began living with her husband at age 17. This is also the only girl with disabilities who is married or living with a man as if married who reports being sexually active.

2.2 What are the barriers experienced by girls with and without disabilities in project areas, and how have these changed between baseline and midline?

Table 4 reports the composition of the target and comparison groups between periods by a selection of relevant barriers. Barriers included in the table were selected based on analyses conducted at baseline. Although the girls' survey and household survey allow the study to identify additional barriers to those shown in the table below, these are only discussed where

relevant to given target project outcomes based on statistical analyses conducted by the study. For a full summary of all 59 barriers reviewed by the study, please see Annex 4.

Table 4. Barriers between Periods by Evaluation Group

Barrier	Comparison Group[5]		Target Group	
	Baseline	Midline	Baseline	Midline
Girl does not feel safe traveling to and from school	4.7%	4.6%	**9.7%***	6.4%
Girl does not feel safe at school	1.3%	0.0%	2.1%	0.6%
Girl has been physically punished by teacher in the last few weeks	20.8%	35.5%	18.2%	29.2%
Girl has witnessed teacher administer physical punishments in recent weeks	57.6%	82.2%	51.7%	76.4%
Girl is affected by bullying	13.6%	4.6%[6] & 6.6%[7]	13.7%	3.5%[8] & 8.5%[9]
Girl reports there are not enough seats in class	19.5%	8.9%	18.8%	8.2%
Girl does not use toilet facilities at school	0.4%	0.4%	**2.7%***	0.0%
Girl does not use play areas at school	0.4%	0.8%	1.2%	0.3%
Parent rates the school principal's performance as poor	2.1%	2.3%	0.9%	1.5%
Parent rates school management as poor	4.2%	2.3%	4.0%	2.9%
Teacher is often absent from class	13.1%	**6.9%***	14.9%	6.7%
Girl reports that teacher does not treat boys and girls equally	3.8%	**3.1%***	**4.0%***	2.9%
Girl reports that teacher does not treat children with disabilities fairly	12.5%	6.9%	13.7%	**7.0%***
Girl does not have access to the books and other learning materials she needs	10.6%	6.9%	**17.9%***	**7.0%***

*Statistically significant association according to Chi-square tests (p<0.05) for this barrier and evaluation group membership (comparison or target) for the period reported

At baseline, girls with disabilities were more likely to not feel safe traveling to and from school, at statistically significant levels, than girls without disabilities. At Midline, the gap between the two groups has narrowed, and there is no longer statistically significant association between having a disability and feeling unsafe on the journey to and from school.

The proportion of girls with disabilities feeling unsafe traveling to and from school decreased between periods from 9.7% at baseline to 6.4% at Midline. Therefore, a higher proportion of girls with disabilities feel safer traveling to and from school at midline than at baseline.

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[5] Although the comparison group was not tracked at the individual level at ML due to the revised impact methodology at Midline, a random and representative sample of girls without disabilities was taken at both periods meaning results can be generalizable to these populations with changes discussed at the aggregate level

[6] Currently being bullied

[7] Have been bullied in the past

[8] Currently being bullied

[9] Have been bullied in the past

Chi-square tests at baseline determined that feeling unsafe was associated at statistically significant levels with having a disability ($p<0.05$), however this is no longer the case by midline.

This finding suggests that the project has played a role in supporting girls with disabilities to feel as safe traveling to and from school as girls without disabilities. 9.3% of girls with disabilities who felt unsafe traveling to and from school at baseline, now feel safe doing so.

94.4% of girls with disabilities in Kisumu who access the LC bus feel safe traveling to and from school (n=17), further supporting the role the project had in supporting girls with disabilities to feel safe on the journey to school. Only 5% of girls with disabilities in Kisumu who had access to the bus still felt unsafe traveling to and from school (n=1).

By Midline, almost all girls with disabilities (99.4%) and all girls without disabilities (100%) felt safe in school.

Only 0.6% of girls with a disability do not feel safe in school at midline compared to 2.1% at Baseline. Similar reductions are experienced in both the target and comparison group between periods, suggesting that girls in both project and comparison schools feel safer in school at Midline than at Baseline.

A higher proportion of girls with disabilities and girls without disabilities had been physically punished by their teacher in recent weeks at Midline than at Baseline, suggesting corporal punishment is on the rise in both target and comparison schools.

At baseline 18.2% of girls with disabilities reported having been physically punished by their teacher in recent weeks, compared to 29.2% at midline. This increase was also experienced by girls without disabilities between periods.

Similarly, the proportion of girls who have witnessed a teacher administer corporal punishment in recent weeks increased for both groups. 51.7% of girls with disabilities at baseline reported having witnessed a teacher administer corporal punishment in recent weeks compared to 76.4% at Midline.

These findings suggest that the project needs to re-assess its approach to supporting government stakeholders to reducing corporal punishment.

During the Midline validation workshop, stakeholders agreed with this finding and explained that increases are likely because classroom management is a challenge due to large class sizes and lack of teacher awareness of alternate discipline strategies. Additionally, stakeholders reported that there has been poor implementation of corporal punishment policies at the school level and culturally corporal punishment is thought to improve a child's performance in school.

Stakeholders at validation committed to continuing to sensitize children, teachers, Boards of Management (BoMs) and parents. They suggest that activities should focus on supporting children to become aware of their rights and on continuing to encourage a close partnership

between schools and communities. Project staff will continue to work with MoEST and TSC on case follow up and appropriate actions where cases are reported.

Increases in corporal punishment will likely have adverse psychological effects on children with and without disabilities, based on cross-cultural findings in the wider literature.

Parents and caregivers are both aware and accepting of corporal punishment.

At midline 64.4% of parents of girls with disabilities and 71.8% of parents of girls without disabilities believe it as acceptable for teachers to use corporal punishment to discipline their children.

It is common for parents to use corporal punishment to discipline their children at home.

At Midline we included several items to assess the extent to which corporal punishment also occurs in the home environment. 56.5% of parents of girls without disabilities report using physical punishments to discipline their girls and 62.5% of parents of girls with disabilities report doing so.

Parents and caregivers of girls with disabilities are more likely to use corporal punishment to discipline their girls than parents and caregivers of girls without disabilities.

Both a chi-square test and a logistic regression using evaluation group membership to predict whether parents use corporal punishment on their girls were statistically significant. This finding indicates that that parents of girls with disabilities are more likely to use corporal punishment than parents of girls without disabilities (p<0.05).

Based on this, the project should consider including modules on positive discipline in Parent Support Groups (PSGs) and other outreach activities.

As part of the Midline, we will also review the extent to which this influences educational outcomes.

At Midline, 3.5% of girls with disabilities and 4.6%of girls without disabilities are currently being bullied. 8.5% of girls with disabilities and 6.6% of girls without disabilities have been bullied in the past.

This measure is not directly comparable to the baseline measure, as at Baseline this item was asked to parents ("Is [girl name] affected by bullying?"), whilst at Midline we asked each girl whether they are currently being bullied and whether they have been bullied in the past.

Of girls with disabilities who are or have been or are being bullied (n=41) 73.2% of them have reported this to someone (n=30). Of girls without disabilities who are or have been bullied (n=29), 69% have reported this to someone (n=20). Having reported cases of bullying to someone was not associated with having a disability and being in a target school or not having a disability and being in a comparison school.

100% of girls with disabilities who reported cases of bullying also reported that action was taken and that they were satisfied with this action. These findings suggest that cases of bullying are well managed by teachers, at least in the eyes of girls with disabilities who have reported these cases.

Within the entire target group, 95.1% of girls with disabilities believe that their teacher will take appropriate action if they report a case of bullying to him or her.

In qualitative sessions, girls with disabilities were asked if they had ever been bullied and if they had reported this to the teacher. Several girls with disabilities reported cases of having been teased. One girl commented that she was happy with the actions the teacher had taken:

"I reported to the teacher. The first time she [the bully] abused me, she was warned, the second time, she was punished."[10]

A boy with disabilities interviewed as part of the study, however, had a different experience:

"Yes like if you borrow some things from kids who are not disabled, they chase you away or they even abuse you. [Moderator: How do they abuse you?] they can tell you that your hands were cut off and if you tell on them to the teachers, the teachers do nothing so it forces you to just be quiet. [Moderator: when the teachers do nothing, how do you feel?]… I feel heart broken."[11]

This particular case of bullying illustrates that when bullying is not managed by the teacher, this can have negative effects on how the children with disabilities view inclusive settings. This boy went on to state:

"I was hoping not to learn with them in the same class."[12]

Other boys with disabilities also had difficulty when trying to report abuse based on qualitative interviews. They commented:

"[I report to] my parents if they come to school but they just keep quiet. And teachers don't listen."[13]

"But when you tell your parents, they don't take any action."[14]

Collectively, these findings suggest that although girls with disabilities tend to report cases of abuse, there is still more that can be done to ensure teachers take appropriate action, and to ensure that children are aware that teachers do this. Qualitative evidence suggests that when children with disabilities do not report abuse, this is likely because they believe nothing will come of it if they do.

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[10] FGD Girls with Disabilities Self-Esteem, Self-Efficacy, and Self-advocacy
[11] FGD Boys with Disabilities Teaching Quality 2
[12] ibid
[13] ibid
[14] ibid

In both the comparison and target group, the proportion of girls reporting that there were not enough seats in their classes decreased between baseline and midline.

Whilst at Baseline, 19.5% of girls without disabilities and 18.8% of girls with disabilities reported that there were not enough seats, only 8.9% of girls without disabilities and 8.2% of girls with disabilities reported this to be the case at Midline.

This suggests that schools in both comparison and target schools have increased the availability of seats in classrooms, between evaluation periods.

Whilst at baseline, girls with disabilities were more likely to report not using toilets at their school than girls without disabilities, this association is no longer significant at Midline. At Midline, 100% of girls with disabilities reported that they could use toilet facilities at their school, compared to 97.3% at Baseline

At baseline 2.7% of girls with disabilities and 0.4% of girls without disabilities reported that they could not use the toilets at their school. Having a disability at baseline was associated at statistically significant levels with not using the toilet at your school (p<0.05). At Midline, 0.4% of girls without disabilities still report not being able to use the toilets in their school compared to 0% of girls with disabilities.

Since Baseline, the project has conducted 83 accessibility audits to assess the extent to which schools were accessible to children with disabilities. This included a review of the accessibility of school toilets for children with disabilities. Schools were supported to identify infrastructure improvements that would ensure access for children with disabilities.

A local leader who is involved in the management of a school and who was interviewed in Migori, supported the role of LC in improving the accessibility of school toilets. He commented:

"Through the coming of Leonard Cheshire, we now find that we have a lot of ease…especially in our school that I represent. We now have toilets that were built for us by LCD. This helps our children with disabilities, and this has reduced the challenges they used to face before."[15]

Members of Boards of Management supported by the project reported similar improvements:

"*Before Leonard Cheshire came in, it was a challenge because most of them did not have friendly toilets to disabled persons, or the steps to the classrooms.... and since Leonard Cheshire came in, most of them have been given.*"[16]

"Just as my colleague has said, it was a lack of sensitization… But I am happy that Leonard Cheshire came in with inclusive education and by building special toilet for our girls and boys with disabilities… especially our girls. That was a positive development because long before [the toilets] used to be general… [Now] any student who comes in, would [have] the available

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[15] FGD with Local Leaders
[16] FGD School Board Members 1

facilities … since Leonard Cheshire came …, it has in fact enlightened us and with the training that they took us through, they empowered us."[17]

Based on these findings, the project has successfully supported schools to build and maintain accessible toilets, reducing the influence of this barrier on children with disabilities.

However, beyond target schools, stakeholders report that there are still toilets that remain inaccessible to girls with disabilities and that focus in the region overall has been on ramps rather than toilets. A County Working Group member in Siaya reports:

*"Unfortunately, when we talk of infrastructures, we only talk of ramps… forgetting the toilets and the most important areas should be the toilets. You find that toilets are never disability friendly in these schools of ours… when you talk of infrastructure, it is **not** ramps only"[18].*

This suggests that at the policy level and in engagements with stakeholders regionally, the project should showcase improvements that have been made to toilet access and the influences this has had on the access of children with disabilities.

A higher proportion of girls with disabilities report using play areas at school at Midline than at Baseline.

At Baseline, 1.2% of girls with disabilities reported not using play areas at school, whilst at Midline only 0.3% of girls with disabilities reported not using these areas.

This suggests that the project may have played a role in supporting schools to improve the accessibility of play areas or in supporting girls to feel more confident to make use of play areas. This will be further explored in the life skills section of the report in relation to friendship and other possible life skills explanations.

A smaller proportion of parents of girls with disabilities rated the school management as poor at Midline than at Baseline However, a larger proportion of parents of girls with disabilities are dissatisfied with the performance of the school head teacher at Midline than at Baseline.

4% of parents of girls with disabilities rated the school management as poor at Baseline compared to 2.9% at Midline. 0.9% of parents of girls with disabilities were dissatisfied with the performance of the school head teacher at Baseline compared to 1.5% at Midline.

This suggests that while the project may have had a role in improving perceptions of school management for parents of girls in the target group, potentially through engagements with Boards of Management (BoMs), additional work may need to be ensure the head teacher and day to management of the school supports girls with disabilities.

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[17] ibid
[18] FGD with Members of CWG Siaya

Girls with disabilities report that teacher absenteeism has decreased between Baseline and Midline.

At Baseline, girls in the target group were more likely to report that their teacher was absent than girls in the comparison group, at statistically significant levels. As girls were in the same schools at baseline, this signaled that girls with disabilities were more aware of teacher absences. Between baseline and Midline, the proportion of girls with disabilities who report their teacher is often absent from class decreased from 13.1% to 6.7%. This finding suggest that teacher absenteeism has decreased in target schools.

By Midline, a lower proportion of girls with disabilities and girls without disabilities report that their teacher treats children with a disability unfairly.

At Baseline, 13.7% of girls with disabilities reported that their teacher treats children with disabilities unfairly compared to 7% at Midline. This suggests that the way girls with disabilities are treated has improved between periods.

At Midline it is more likely, at statistically significant levels, that a girl with a disability noticed that a teacher treats girls with disabilities unfairly. This may be because the project has supported girls to be more aware of their rights through Child to Child clubs and other activities.

Fewer girls with disabilities at Midline lack access to the books and other learning materials they need, than at baseline.

At Midline only 7% of girls with disabilities report not having access to the books and other learning materials they need, compared to 17.9% at Baseline. The project has supported schools to provide materials that are accessible to girls with different types of impairments and this likely explains the reduction.

However, lacking access to learning materials is associated with having a disability at midline, suggesting that this is still a barrier to girls with disabilities, despite improvements.

To understand the proportion of girls with disabilities who experience functional difficulties in different domains, the study administered the child functioning set of questions developed by the Washington Group on Disability Statistics to parents/caregivers of children in the target group. Results for both Baseline and Midline are shown in the table following for girls with disabilities who could be tracked between periods. The standard cut-off is used to estimate disability prevalence. This includes girls with disabilities who report experiencing a lot of difficulty or are not able to do the specific task at all. The table following reports the proportion of girls with a functional difficulty and how that changed between evaluation periods. Annex 18 provides the full range of responses for both periods for girls in the target group.

It should be noted that although not all girls with disabilities currently experience a functional difficulty, all girls in the target group have been assessed for and identified as having a disability.

A decrease in girls experiencing a specific functional difficulty would suggest improvements in the environment to make it more inclusive and accessible. This approach is in line with the social model of disability, where disability is understood to be a social barrier imposed in

different domains, but which is dynamic and not static and therefore can change over time as the environment becomes more or less accessible.

Table 5. Child Functioning per Period for Girls with Disabilities in the Tracked Cohort

Child Functioning	Baseline (Target Group, tracked)	Midline (Target Group, tracked)	Change
Visual impairment	15.6%	14.0%	decreased
Hearing impairment	5.6%	7.3%	increased
Mobility impairment	2.9%	1.5%	decreased
Self-care impairment	2.4%	0.9%	decreased
Communication impairment	4.4%	2.9%	decreased
Learning impairment	7.5%	6.1%	decreased
Remembering Impairment	4.8%	5.0%	Increased
Concentration Impairment	1.7%	2.6%	increased
Behaviour impairment	2.1%	1.2%	decreased
Has difficulties making friends	2.1%	0.9%	decreased
Likely to experience anxiety	4.7%	3.8%	decreased
Likely to experience depression	4.7%	2.6%	decreased
Experiences one functional difficulty	37.2%	30.3%	decreased

Across almost functional domains reviewed, the proportion of girls captured by the tool decreased for tracked target girls between baseline and midline. This suggests that for most girls who experienced visual impairments, mobility impairments, self-care impairments, communication impairments, learning impairments, behaviour impairments and for girls who are likely to experience anxiety and depression or struggle to make friend's, the environment became more accessible between baseline and midline. However, for girls who experience a remembering impairment, a hearing impairment, or a concentration impairment, average quantitative evidence indicates that the effects of the impairment became more pronounced between periods, suggesting the project could better support girls who experience these functional difficulties.

2.3 How do barriers and characteristics intersect and create new forms of marginalization for girls with disabilities, and how has this changed between baseline and midline?

To understand the intersection of barriers and characteristics **in the target group**, the study reviewed the intersection of 16 characteristics and 59 barriers. A detailed table has been included in Annex 4.

Table 5 displays key intersections selected after a review of both chi-square test, followed by a logistic regression. Chi-square tests are used to demonstrate statistically significant associations between a given barrier and characteristic. Logistic regressions are used to see whether membership in a sub-group predicts experiencing a given barrier.

At Midline, girls with disabilities who had been pregnant face a higher number of barriers than other girls with disabilities. These barriers were not present at Baseline likely because there was a smaller sample of girls with disabilities who had been pregnant.

However, at Midline, girls with disabilities who have been pregnant were more likely, at statistically significant levels:

- **to have a high chore burden (42.9% compared to 6% of other girls with disabilities),**

- **to not have an adult ask them what they did at school or their institute**

- **to report that they do not have enough support from their family to stay and perform well in school (28.6% compared to 2.4% of other girls with disabilities),**

- **to not feel accepted by their community (42.9% compared to 3.6% of other girls with disabilities),**

- **to not feel respected by their community (57.1% compared to 7.4% amongst other Girls with disabilities),**

- **to not feel included in community events (42.9% compared to 9.2% of other Girls with disabilities),**

- **to not believe girls have a right to go to school (14.3% compared to 0% of other Girls with disabilities),**

- **to have low school belonging (57.1% compared to 13.4% of other Girls with disabilities),**

- **to not believe school is important for their future (14.3% compared to 0.3% of other Girls with disabilities),**

- **to find it difficult to attend school when menstruating (42.9% compared to 7.1% of other Girls with disabilities),**

Collectively, these findings indicate that girls with disabilities who have been pregnant are more likely to face significant degrees of stigma and exclusion from their communities and schools. Findings for this sub-group of Girls with disabilities will be reviewed in detail throughout this report.

Although barriers were not associated at statistically significant levels with being pregnant at baseline, this may be because at baseline the sample of girls with disabilities who had been pregnant was smaller than the sample at Midline.

Furthermore, when a girl with disabilities gives birth, several of these barriers worsen, based on statistical tests for association. Girls who have given birth are even more likely, at statistically significant levels:

- **to not have an adult ask them about what they did in their school or training institute (100% compared to 10.3% of Girls with disabilities; and 71.4% of Girls with disabilities who have been pregnant),**

- **to report that they do not get the support they need from their family to stay in school and perform well (66.7% compared to 2.4% of Girls with disabilities who have not given birth; and 28.6% of Girls with disabilities who have been pregnant),**

- **to not feel accepted by the community (66.7% compared to 3.8% of Girls with disabilities who have not given birth, and 42.9% of Girls with disabilities who have been pregnant),**

- **to not feel included in community events (66.7% compared to 9.4% of Girls with disabilities who have not given birth, and 42.9% of Girls with disabilities who have been pregnant),**

- **to not feel respected by the community (66.7% compared to 7.9% of Girls with disabilities; and 57.1% of girls who have been pregnant),**

- **to believe that girls do not have the right to go to school (33.3% compared to 0% of Girls with disabilities)**

- **to believe that going to school is not important for their future (33.3% compared to 0.3% of other Girls with disabilities, and 14.3% of Girls with disabilities who have been pregnant)**

These findings indicate that while girls who have been pregnant feel less included and accepted by their community, these feelings are worse for girls who have given birth.

Additionally, girls who have given birth are more likely to not have had an adult speak to them about menstruation levels (66.7% of Girls with disabilities who have given birth compared to 10.2% of other Girls with disabilities).

If we take this as a wider proxy for SRH knowledge, this may help explain why girls in this group had gotten pregnant to begin with, as they may not have anyone to talk to about sexual and reproductive health related issues.

Girls with disabilities living in female headed households are less likely to have an adult read to them at home, at statistically significant.

73.9% of girls with disabilities living in female headed households do not have an adult read to them at home. This compares to 61.6% of girls with disabilities in non-female headed households who has an adult read to them.

Consultations with stakeholders suggest that there is likely an increased economic burden in female headed households requiring mothers to work longer hours and spend less time with their children.

At Baseline, girls with disabilities who lived in households where the head of household had no formal education were more likely to not feel included in community events. This is no longer the case at Midline, suggesting the project has supported girls with disabilities from poor households to feel more included in their communities.

This finding will be explored further in intermediate outcome 3. However, based on an initial review the reduction in this barrier is likely due to the fact that the project has supported communities to become more accepting of girls with disabilities, and this has had an effect on promoting the integration of girls with disabilities, including those from households who have lower levels of education.

At Midline, girls with disabilities who live in households where the head of household has no formal education are more likely, at statistically significant levels:

- **to not receive help on their homework from an adult in the household (69.2% compared to 42.6% of other Girls with disabilities),**

- **to not have an adult ask them about what they did in their school or training institute (39.5% compared to 8.8% of other Girls with disabilities),**

- **to report that they do not get the support they need from their family to stay or perform well in school (11.5% compared to 2.2% of other Girls with disabilities),**

- **to believe that going to school is not important for their future (7.7% compared to 0% of other Girls with disabilities),**

- **to report that it has gotten harder to access sanitary wear in the past year (46.2% compared to 21.5% of other Girls with disabilities),**

These findings indicate that when a head of household has no formal education, they are less likely to support a girl disability with her homework or be engaged in her school or institute. Girls with disabilities in these environments, furthermore, are less likely to value their education and see its relevance to their future compared with girls with disabilities whose household heads have been to school longer.

At Midline, girls who live in households facing extreme hardship are more likely, at statistically significant levels:

- to have a higher chore burden (14.3% compared to 5.2% of other Girls with disabilities),

- to have parents not support them with their homework (60.7% compared to 41.5% of other Girls with disabilities),

- to believe girls don't have a right to go to school (1.8% compared to 0% of other Girls with disabilities),

- to not have to sanitary wear regularly (17.9% compared to 8% of other Girls with disabilities;

Girls with disabilities in households facing higher degrees of economic hardship are likely to be required to do more household chores as parents have to rely on them to support with subsistence farming and other activities to sustain the family. Economic hardship and a high chore burden was not associated at statistically significant levels at baseline, however, as discussed earlier, the proportion of households that have gone without cash income has increased between periods, and this may have contributed to an increased pressure for children to help out more in the household. The remainder of these associations at Midline are intuitive as parents in these settings would have less time to support their children with homework or afford sanitary pads for their daughters.

At Baseline, girls who did not speak the language of instruction were more likely to not use play areas in schools. This is no longer the case at Midline.

This may be because that the proportion of girls with disabilities who do not speak the language of instruction between Baseline and Midline decreased (from 33.2% to 6.4%). As girls progress in primary school, although English is the language of instruction throughout, it becomes more commonly and universally used in the classroom.

At Midline, girls who did not speak the language of instruction were more likely to come from households with lower levels of parental engagement and were more likely to feel that school was not important for their future.

Girls who do not speak English, the language of instruction, were more likely to have parents who didn't' ask them what they do in school or in their institute: 36.4% compared to 9.3% of other Girls with disabilities. Additionally, Girls with disabilities who do not speak the LOI were more likely to report that they do not get the support they need from their parents to stay or perform well in school: 59.1% compared to 43.6% of other Girls with disabilities. 4.5% of girls who don't speak the LOI believe that school is not important for their futures, compared to 0.3% of other Girls with disabilities.

Proportions for each of these associations are shown in Table 6.

The study also examined the relationships between child functioning status and key barriers. This relied on the analysis of the child functioning set to identify functional difficulty in specific domains. Tests for association found that:

- There is a statistically significant association between experiencing a functional difficulty in at least one domain and being a double orphan;

- There is a statistically significant association between being a double orphan and experiencing anxiety.

- There is a statistically significant association between experiencing depression, having a hearing impairment, having a visual impairment, or having a learning impairment, and not feeling respected by one's community;

- There is a statistically significant association between experiencing depression and a high chore burden;

- There is a statistically significant association between experiencing depression and reporting that your family does not support you to stay in school;

- There is a statistically significant association between experiencing depression or anxiety, or having a hearing impairment and believing that girls do not have a right to go to school;

- There is a statistically significant association between experiencing depression, having difficulty remembering, having a mobility impairment, or experiencing anxiety, and reporting that your family does not support you to stay in school and perform well;

- There is a statistically significant association between experiencing anxiety and having to do chores, as well as between having a behavioural impairment and having to do chores.

- There is a statistically significant association between struggling to make friends, having a behavioural impairment, having a learning impairment, or having difficulty remembering, and not feeling accepted by one's community.

Table 6. Intersection of Barriers and Characteristics in the Target Group

Barriers:	Characteristics								
	Female-headed household	Single Orphan	Double Orphans	Household reports difficulty affording school	Household faces extreme hardship	Household has no formal Education	Girl does not speak the language of instruction	Girl has been pregnant	Girl has given birth
Parental/caregiver support, home environment:									
No adult in household reads to child	**73.9%* [a]**	72.2%	88.2%	65.9%	67.9%	80.8%	72.2%	100%	100%
Girl has high chore burden (half a day or more)	7.6%	5.6%	29.4% [a]	6.3%	14.3% [a]	11.5%	18.2%	42.9%	66.7%
Girl reports chores make it difficult to complete school/other work	11.8%	5.6%	17.6%	10.2%	10.7%	11.5%	4.5%	42.9%	33.3%
Household uses physical punishment to discipline girl	55.5%	53.7%	35.3%	59.5%	44.6%	50.0%	63.9%	0.0%	0.0%
Girl reports that an adult at home does not help homework	49.6%	53.7%	58.8%	45.9%	60.7% [a]	69.2% [a]	59.1%	57.1%	66.7%
Head of household believes that it is unsafe for girls to travel to schools in this area	0.0%	1.9%	5.9%	2.0%	1.8%	7.7%	4.5%	0.0%	0.0%
Household uses physical punishment to discipline girl	55.5%	53.7%	35.3%	59.5%	44.6%	50.0%	63.6%	0.0%	0.0%
No adult in household asks about what I do in school or in my training institute	14.3%	9.3%	29.4%	10.7%	10.7%	38.5% [a]	36.4% [a]	71.4% [a]	100% [a]
Girl reports that she does not get support she needs from family to stay in and perform well in school	2.5%	1.9%	29.4%	1.5%	3.6%	11.5% [a]	13.6% [a]	28.6% [a]	66.7% [a]

Barriers:	Characteristics								
	Female-headed household	Single Orphan	Double Orphans	Household reports difficulty affording school	Household faces extreme hardship	Household has no formal Education	Girl does not speak the language of instruction	Girl has been pregnant	Girl has given birth
Disability associated barriers, barriers related to community inclusion:									
Over past year gotten harder for children to access assistive devices if they need them	45.4%	48.1%	11.8%	48.3% [a]	48.2%	61.5%	31.8%	0.0%	0.0%
Girl does not feel accepted by community	6.7%	9.3%	5.9%	2.9%	3.6%	7.7%	13.6%	42.9% [a]	66.7% [a]
Girl does not feel included in community events	8.4%	13.0%	11.8%	7.3%	8.9%	19.2%	22.7%	42.9% [a]	66.7% [a]
Girl does not feel respected by her community	6.7%	13.0%	17.6%	7.3%	5.4%	19.2%	18.2%	57.1% [a]	66.7% [a]
School governance, teaching and learning environment, safety:									
Households rates performance of Principal as poor	1.7%	5.6% [a]	0.0%	2.0%	0.0%	3.8%	4.5%	0.0%	0.0%
Girl does not use play areas in school	0.8%	1.9% [a]	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Girl does not feel safe traveling to and from school	3.4%	1.9%	11.8%	10.7% [a]	10.7%	7.7%	0.0%	0.0%	0.0%
Over past year gotten harder to access materials girl needs for school (books, uniform etc)	44.5%	48.1%	41.2%	50.7% [a]	50.0%	42.3%	31.8%	28.6%	0.0%
Over past year it has gotten harder for children to attend school regularly	8.4%	5.6%	5.9%	12.7%	16.1%	30.8% [a]	4.5%	0.0%	0.0%
Girl believes teacher will not take appropriate	0.8%	0.0%	0.0%	1.5%	0.0%	0.0%	0.0%	0.0%	0.0%

Barriers:	Characteristics								
	Female-headed household	Single Orphan	Double Orphans	Household reports difficulty affording school	Household faces extreme hardship	Household has no formal Education	Girl does not speak the language of instruction	Girl has been pregnant	Girl has given birth
actions if reports case of bullying									
Girl beliefs, individual attributes:									
Girl believes girls do not have right to go to school	0.8%	1.9%*a*	0.0%	0.0%	1.8% *a*	3.8%	0.0%	14.3% *a*	33.3% *a*
Girl believes boys do not have right to go to school	0.0%	0.0%	0.0%	0.5%	0.0%	3.8% *a*	0.0%	0.0%	0.0%
Girl believes going to school not important for her future	0.8%	1.9%	0.0%	0.5%	1.8%	7.7% *a*	4.5% *a*	14.3% *a*	33.3% *a*
Girl has low school belonging	16.0%	14.8%	35.3% *a*	11.2% *a*	16.1%	23.1%	18.2%	57.1% *a*	100% *a*
Sexual and reproductive health									
Over past year gotten harder to access sanitary wear	24.4%	29.6%	11.8%	27.8% *a*	41.1% *a*	46.2% *a*	18.2%	0.0%	0.0%
Girl does not have access to sanitary pads on a regular basis	10.1%	9.3%	5.9%	9.8%	17.9% *a*	15.4%	18.2%	42.9%	66.7%
Girl reports it is difficult to attend school/institute when menstruating	10.9%	9.3%	17.6%	6.8%	14.3%	11.5%	18.2%	42.9% *a*	33.3%
Girl (with partner) cannot say no to sex with partner she does not want to	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Adult has not spoken to girl about menstruation	14.3%	15.2%	7.7%	11.1%	10.8%	20.0%	14.3%	28.6%	66.7% *a*

*logistic regression significant indicating that membership in characteristic sub-group predicts presence of barrier at p<0.05 level.
aChi-square test indicated a significant association between characteristics and barriers are displayed for a full list of barriers and characteristics reviewed by the study please see Annex 4.

2.4 What implications do these results have on project activities?

This review of barriers and characteristics finds that:

- **The project has supported schools to provide toilets that are accessible to girls with disabilities.** Whilst at baseline, girls with disabilities were more likely to report not using toilets at their school than girls without disabilities, this association is no longer significant at Midline. At Midline, 100% of girls with disabilities reported that they could use toilet facilities at their school, compared to 97.3% at Baseline. Qualitative evidence supports this finding with BoM members and other project stakeholders supporting the role of the project in making toilets more accessible for girls with disabilities.

- **The project has supported girls with disabilities to feel safe traveling to and from school.** Whilst at Baseline, girls with disabilities were more likely to not feel safe traveling to and from school, at statistically significant levels, this is no longer the case at Midline.

- **The project has supported girls with disabilities to feel better treated by their teachers.** Fewer girls report feeling that their teacher treats children with disabilities unfairly between baseline and midline. This finding will be further explored in the intermediate outcome on teaching quality.

- **The project should provide tailored support to girls with disabilities who have been pregnant, and girls with disabilities who have given birth.** Girls with disabilities who have been pregnant and girls with disabilities who have given birth, are less likely to feel accepted and respected by their community or feel included in community events. They have lower degrees of school belonging, have a higher chore burden, do not believe school is important for their future and find it difficult to attend school while menstruating. The project should ensure activities are tailored to support these girls to ensure they do not drop-out of school or face added barriers. Additionally, the project should consider how it can better support girls to access SRH information to prevent early pregnancy.

- **The project should consider how it can better target girls with disabilities in households facing extreme hardship and households with no formal education.** Based on a review of barriers girls with disabilities in these households face additional barriers. Girls with disabilities in households facing extreme hardship are more likely to have a high chore burden, to believe girls do not have a right to go to school, and to not have access to sanitary wear on a regular basis. Girls with disabilities in households facing extreme hardship and girls with disabilities in households with no formal education are more likely to not have an adult in their household help them with their homework and are more likely to report that over the last year it has gotten harder to access sanitary wear. Girls with disabilities in households with no formal education additionally are more likely to not have an adult ask them what they do in school or in their institute, are more likely to report that their family does not support them to stay in school, are more likely to report that it has gotten harder to attend school in the last year, and are more likely to believe that going to school is not important for their future.

- **The project should consider how it can support government stakeholders to enforce corporal punishment rules and promote positive discipline practices amongst teachers and parents/caregivers of girls with disabilities**. A higher proportion of Girls with disabilities at Midline report being physically punished by their teacher than at baseline. Furthermore, Parents and caregivers of girls with disabilities are more likely to use corporal punishment to punish their girls than parents and caregivers of girls without disabilities. While project staff may report that this is the responsibility of regional and county government, as target girls are being affected by this, the project can consider modifying relevant components of teacher training to more fully address this and/or conducting additional sensitization activities in target schools and communities.

Project Response:

The project does consider the activities appropriate to addressing the barriers highlighted. However, it should be noted there are some systemic and natural issues including slow implementation and enforcement of policies, the state of infrastructure and security and even death that the project has little control over. Specifically highlighting on the fact that the number of orphans has increased since baseline. Despite this the project still cushions these children with the necessary materials that they need for their schooling that are within the project resources and makes the necessary referrals to other stake holders where the children can access services that are not within the project's capacity.

To address the matter of early pregnancy the project does not consider it a surprise that a region where the project is implemented has higher rates. This has called for a multi-sectoral approach in handling the issue within the country government and LC will endeavor to influence the counties initiatives as we also enhance our individualized psychosocial support. As a continuing intervention the project will strengthen the life skills training by enhancing focus on SRH and have targeted interventions to support young mothers to re-enroll back into schools by sensitizing the headteachers and counselling the affected child. The project is also working closely with the department of children services to follow-up on various cases of defilement some of which have made progress to the point of arrests and courts.

On corporal punishment and bullying Leonard Cheshire will step up its school wide sensitization programme on the needs of children with disabilities, child rights and child protection to protect them from any form of corporal punishment and to be more accommodative and understanding of the needs of children with disabilities. Leonard Cheshire will work closely with the Teacher Service Commission (TSC) to increase teacher sensitization on (Positive discipline) alternative behaviour modification methods and stress adherence to the ban on corporal punishment. The project also plans to sensitize the schools on the need to have school level child protection policies that will help in enforcing child protection practices and provides systems on how to handle breaches in child protection whether by a child or an adult.

The relevance of the LCs current activities can be endorsed by the fact that the report states that the project has successfully supported schools to build and maintain accessible toilets, reducing the influence of this barrier on children with disabilities. Which is a strategy that LC

is working on by sensitizing the BoMs to embed IE Practices into the School Development Plans.

The teacher training, sensitization and mentorship has also resulted to the fact that by Midline, a lower proportion of girls with disabilities and girls without disabilities report that their teacher treats children with disability unfairly. In addition to this the above activities have resulted in fewer girls with disabilities at Midline lacking access to the books and other learning materials they need, than compared to the baseline.

The changes between midline and endline as noted by the external evaluator are expected and are being addressed by the current activities that the project is implementing. The contextual changes between the baseline and the midline is very little because of a very short time interval hence the project has not documented any significant change in the context.

3. Learning Outcomes

3.1 Literacy and Numeracy

The project aims to improve the learning outcomes in English Literacy, and Numeracy of girls and boys with disabilities in intervention areas. The project expects this to be achieved through improved adoption of inclusive education practices in schools and by a more supportive and inclusive community, school, and policy environment. Intermediate outcomes and their linkages to learning are discussed in further detail in Chapter 6.

3.1.1 How is learning measured?

Learning assessments were designed, piloted and calibrated, during the baseline, after a review of the Kenyan national curriculum and in consultation with the Fund Manager.

For evaluative purposes, literacy was assessed in primary grade levels through the English Early Grade Reading Assessment (EGRA), and in secondary grade levels through the English Secondary Grade Reading Assessment (SeGRA).

Numeracy in primary levels was assessed through the Early Grade Mathematics Assessment (EGMA) and, in secondary levels, through the Secondary Grade Mathematics Assessment (SeGMA).

Learning assessments were developed at baseline after a review of the national curriculum in Kenya. Multiple versions of each assessment type were designed and piloted to a sample of girls with disabilities non-project primary and secondary schools.

Results on each subtask of the assessment were analysed to identify potential floor and ceiling effects, and to ensure test types were of similar levels of difficulty. After a calibration exercise conducted in collaboration with the Fund Manager, final tools were selected for each period. The full pilot report is included as an Annex to the project's Baseline report.

As per the evaluation design, girls in the target were tracked at both periods and administered learning assessments of similar difficulty.

Learning assessments included several subtasks, each assessing relevant sub-domains of literacy and numeracy acquisition.

The core EGRA assessment in English was composed of the following subtasks:

- **Familiar word reading**: Assesses the ability of children to identify familiar words. Familiar words are high-frequency words selected from early reading materials and storybooks in the language and context.

- **Invented word reading**: Asses ability of learners to make grapheme-phoneme correspondences (GPCs) through reading of simple nonsense words.

- **Short passage reading**: A short reading passage to assess girls' oral reading fluency (ORF). ORF provides a well-documented measure of 'overall reading competence'[19].

- **Reading comprehension:** Comprehension is highly correlated with literacy achievement and refers to a readers' ability to understand the meaning of the short passage text.

The core SeGRA assessment included the following subtasks:

- **Advanced Reading Comprehension 1:** Transition of primary to lower secondary: A longer, more complicated comprehension paragraph, with more analytical questions requiring written rather than spoken responses

- **Advanced Reading Comprehension 2:** Transition of lower to upper secondary: A longer, more complicated comprehension paragraph, with more inferential questions.

- **Short Essay Construction:** Transition of upper secondary and beyond. Measure a girls' written ability in language.

To ensure a reasonable number of subtasks overlapped for girls who progress from primary to secondary schools between periods, in order to calculate on aggregate score which is comparable, all SeGRA assessments included the **short passage reading** task from EGRA, and all EGRA assessments included both **Advanced Reading Comprehension 1 and 2** from SeGRA.

The core EGMA assessment included:

- **Missing Numbers** (Pattern Recognition): For this subtask, children are asked to fill in missing numbers in a series of numbers forming a pattern. The ability to detect is an important early skill that can support later mathematical skills such as multiplication[20] and algebraic thinking[21].

- **Word Problems**: basic mathematics problems with increasing difficulty phrased as word problems based on real life math applications.

- **Addition and Subtraction**: Addition problems aim to test the extent to which learners can combine numbers. Subtraction problems aim to assess the extent to which learners can subtract one number from another. Arithmetic (addition, subtraction, multiplication and division) serves as the foundation for the skills necessary in later mathematics and science education[22].

- **Multiplication and Division**: In the multiplication and division subtask learners are required to answer a series of multiplication and division questions of varying difficulty.

The core SeGMA included:

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[19]Hasbrouck & Tindal. Oral Reading Fluency: 90 Years of Measurement. 2006
[20] Geary, 1994
[21] Sarama & Clements, 2009
[22] Ashcraft, 1982

- **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra**: Mathematic skills expected for girls transitioning from primary to lower secondary school.

- **Algebra**: Mathematical proficiency expected for girls progressing from lower to mid secondary school.

- **Sophisticated Word Problems**: Mathematical proficiency expected for girls progressing to upper secondary school

To ensure a reasonable number of subtasks overlapped for girls who progress from primary to secondary schools between periods, in order to calculate on aggregate score which is comparable, all EGMA assessments administered at Midline included all three SeGMA tasks, all EGRA Assessments included both of the advanced comprehension tasks, and SeGRA included the oral reading fluency (short passage) task. A summary of subtasks taken per period by grade level is shown in the tables following.

Table 7. Numeracy Tasks Taken Per Period

Grade at Baseline	Baseline	Midline	Endline
Grade 5	Missing Numbers, Word Problems, Addition and Subtraction, Multiplication and Division, **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra**	Missing Numbers, Word Problems, Addition and Subtraction, Multiplication and Division, **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra, Algebra, Sophisticated Word Problems,**	Missing Numbers, Word Problems, Addition and Subtraction, **Multiplication and Division, Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra, Algebra, Sophisticated Word Problems,**
Grade 6	Missing Numbers, Word Problems, Addition and Subtraction, Multiplication and Division, **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra**	Missing Numbers, Word Problems, Addition and Subtraction, Multiplication and Division, **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra, Algebra, Sophisticated Word Problems,**	**Multiplication and Division, Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra, Algebra, Sophisticated Word Problems,**
Grade 7	Missing Numbers, Word Problems, Addition and Subtraction, Multiplication and Division, **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra**	Missing Numbers, Word Problems, Addition and Subtraction, Multiplication and Division, **Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra, Algebra, Sophisticated Word Problems,**	**Multiplication and Division, Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra, Algebra, Sophisticated Word Problems,**
Grade 8	Missing Numbers, Word Problems, Addition and Subtraction, **Multiplication and Division, Longer**	**Multiplication and Division, Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry**	**Multiplication and Division, Longer Multiplications of integers and fractions, Fractions, Proportions, Geometry**

Grade at Baseline	Baseline	Midline	Endline
	Multiplications of integers and fractions, Fractions, Proportions, Geometry and Basic Algebra	<u>**and Basic Algebra, Algebra, Sophisticated Word Problems,**</u>	<u>**and Basic Algebra, Algebra, Sophisticated Word Problems,**</u>

Table 8. Literacy Tasks Taken Per Period

Grade at Baseline	Baseline	Midline	Endline
Grade 5	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1**	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1,** <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>	Familiar word reading, invented word reading, <u>**short passage reading (ORF),**</u> basic reading comprehension, <u>**Advanced Reading Comprehension 1,**</u> <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>
Grade 6	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1**	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1,** <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>	<u>**Short passage reading (ORF), Advanced Reading Comprehension 1,**</u> <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>
Grade 7	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1**	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1,** <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>	<u>**Short passage reading (ORF), Advanced Reading Comprehension 1,**</u> <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>
Grade 8	Familiar word reading, invented word reading, **short passage reading (ORF),** basic reading comprehension, **Advanced Reading Comprehension 1**	**Short passage reading (ORF), Advanced Reading Comprehension 1,** <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>	<u>**Short passage reading (ORF), Advanced Reading Comprehension 1,**</u> <u>**Advanced Reading Comprehension 2, Short Essay Construction**</u>

Aggregate scores were calculated for each learning outcome, in order to measure overall changes, and project impact on closing the gap in learning between periods.

In order to assess overall progress in English literacy and project impact on this outcome, the study created an aggregate literacy score using tasks which all girls took, regardless of grade level, at both baseline and midline. This included the short passage reading task (ORF) and

the advanced reading comprehension 1 task[23]. This score is referred to as the **English literacy aggregate score** in the chapter following and is based on overlapping tasks.

However, after reviewing the score in further detail and in consultation with the Fund Manager, the team decided to revise the approach to capture all subtasks each girl took, regardless of grade level. To do this the study standardized scores between Early Grade and Secondary Grade reading assessments.

This approach followed FM guidance and calculated a standardized score using mean and standard deviation data at baseline for each test group[24]. Additional details on this are shown in Annex 3 but the formula applied to create a standardized score is as follows:

$$y=(x-\mu)/\sigma$$

Where μ and σ are respectively the baseline mean for the test group and the standard deviation of x. This approach was applied to unstandardized scores at baseline and midline for all test groups to create standardized scores on the same scale.

For numeracy, following the same approach, we calculated a standardized numeracy score, based on all subtasks each girl took in each period. This was decided upon as the single subtask which overlapped to assess numeracy exhibited floor effects in both periods and therefore was not sensitive enough to capture sufficient change over time.

For the purposes of the learning scores in the sections following there are several scores reported, other than subtask specific scores. These are:

- **English standardized score**, which is the standardized score that accounts for all subtasks each test group of girls took at each evaluation period i.e. for girls in G5-G7 at Baseline the full EGRA assessment and for girls in G8 at Baseline, the oral reading fluency task and the advanced reading comprehension task. This is measured as a continuous variable.

- **English aggregate score (%)** which represents the score based on the subtasks which **all** girls took at both periods i.e. Oral Reading Fluency and Advanced Reading Comprehension 1 and is measured as an average percentage.

- **Numeracy standardized score**, which is the standardized score that accounts for all subtasks each test group of girls took at each evaluation period i.e. for girls in G5-G7 at Baseline, the full EGMA assessment and for girls in G8 at Baseline, the advanced problems task. This is measured as a continuous variable.

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[23] For the advanced reading comprehension subtask, an overall percentage correct was calculated based on the maximum total of 10 marks on the subtask. For the oral reading fluency subtask, which is measured in words per minute, as per GEC FM guidance, an arbitrary cap of 100wpm was used to convert the score into a percentage. This was decided upon as it reflects the expectation that by the end of primary school, all students should be able to read 90-120 WPMs (Abadzi, 2011). Both subtasks percentage correct scores were then averaged, weighted equally, to generate an overall aggregate English literacy score.

[24] Groups of girls which took the same tests between periods

- **Numeracy aggregate score (%)** which represents the score based on the subtask which all girls took at both periods i.e. Advanced problems 1, and is measured in a percentage.

To summarize, while aggregate scores consider all tasks which all girls did between periods (overlapping tasks), standardized scores convert all tasks that each test group of girls completed into a score that is on the same scale.

In this sense, the standardized scores offer a fuller picture into literacy or numeracy acquisition as it accounts for more tasks than the aggregate score, which only accounts for tasks that overlap.

3.1.2 How have the learning outcomes of girls with disabilities and girls without disabilities changed between baseline and midline? To what extent has the project contributed to closing the gap in literacy and numeracy outcomes between girls with and without disabilities?

Distributions of English standardized literacy scores, for both the target and comparison group illustrate that there is a general progression in literacy scores between periods for both groups.

The two figures below display the distribution of English literacy aggregate scores between periods for both the target and comparison groups.

For both groups, distributions across periods have a rightwards skew, although there is a clear progression between baseline and midline

Figure 3. English Literacy (Standardized Score) Distribution for the Target Group between Periods
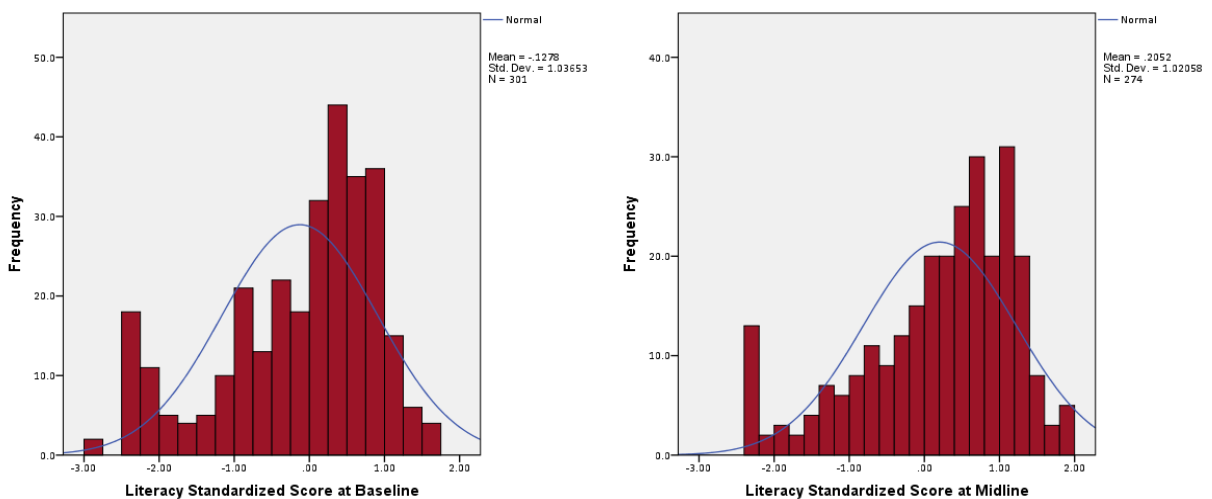
Figure 4. English Literacy (Standardized Score) Distribution for the Comparison Group
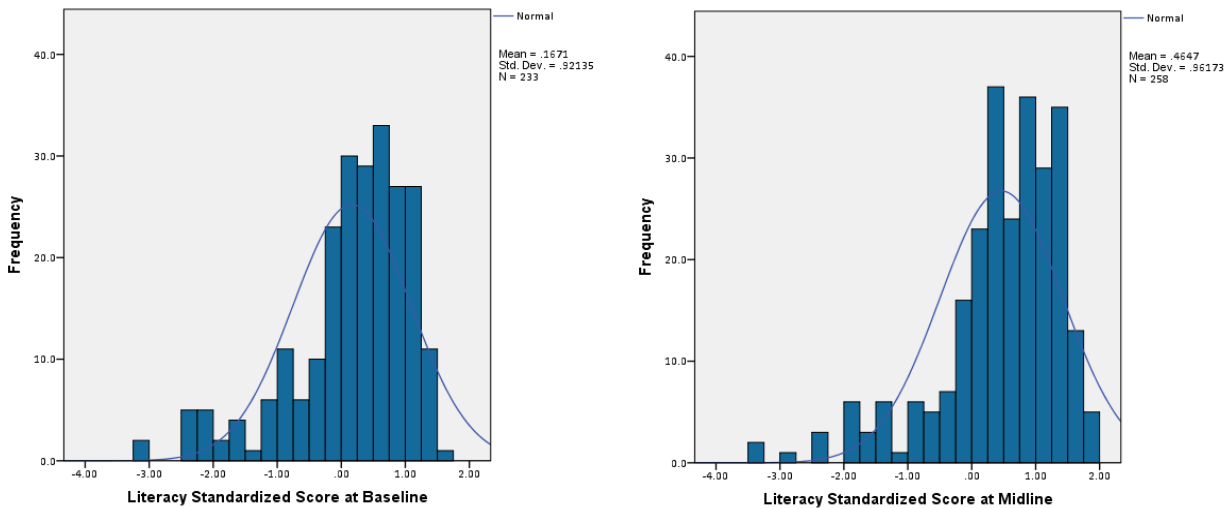
Table 9 reports English standardized literacy scores at Midline for the target and comparison group by their original cohort membership. For the comparison group, we used their grade level at the time period of the baseline to populate this table.

As grade level increases, for both groups, there is a general progression in English literacy scores, supporting the validity of the measure.

Gaps in aggregate literacy levels between girls with disabilities and girls without disability are still present at Midline.

At midline, girls in the target group overall, have lower average literacy scores than girls in the comparison group, across grade levels.

Table 9. Midline English Literacy (EGRA/SeGRA) – Mean Standardized Score

Grade at Baseline	Target Group Mean (Standardized Score)	Comparison Group Mean (Standardized Score)	Standard Deviation in the target group
Grade 5	-0.12	0.58	1.05
Grade 6	0.17	0.32	0.95
Grade 7	0.38	0.83	1.03
Grade 8	0.47	0.93	0.97
Out of School Girl	N/A	0.08	N/A
Overall	0.21	0.46	1.02

To understand the extent to which the project was able to reduce the gap in literacy levels between girls with disabilities and girls without, the table following displays aggregate changes overtime by evaluation group and grade level at baseline (i.e. original cohort membership).

Based on grade level comparisons, the project has not yet had an influence in closing the gap in English literacy learning between girls with disabilities and girls without disabilities, at statistically significant levels.

In all grade levels at Midline, mean differences between girls with disabilities and girls without disabilities were statistically significant (p<0.05).

For girls in Grade 5 and Grade 8, at Baseline, the gap between girls with disabilities and girls without disabilities increased on average, between periods.

For girls in Grade 6 and Grade 7 at baseline, the gap at midline was less than the gap at baseline, on average. However, gaps in both periods were statistically significant with girls with disabilities performing worse than girls without disabilities on average.

Overall, the average gap between girls with disabilities and girls without disabilities decreased by 0.05 in standardized literacy score (from a gap of 0.30 to a gap of 0.25). This was driven by improvements in literacy levels by girls with disabilities in Grade 6 at baseline. However, mean differences were still statistically significant between the two groups at both periods overall, indicating that the gap overall was still present between girls with and without disabilities.

Table 10. Literacy Gap Between Girls with disabilities and Girls without disabilities between Baseline and Midline

Cohort	Baseline literacy target group	Baseline literacy comparison group	Gap at BL	Sig. of Differences in Means	Midline literacy target group	Midline literacy comparison group	Gap at ML	Sig. of Differences in Means
Grade 5	-0.48	-0.27	**-0.21**	Non. Sig.	-0.12	0.58	**-0.70**	Sig (p<0.05)
Grade 6	-0.08	0.28	**-0.36**	Sig (p<0.05)	0.17	0.32	**-0.15**	Sig (p<0.05)
Grade 7	0.08	0.55	**-0.47**	Sig (p<0.05)	0.38	0.83	**-0.45**	Sig (p<0.05)
Grade 8	-0.07	0.05	**-0.12**	Non. Sig.	0.47	0.93	**-0.46**	Sig (p<0.05)
Overall	**-0.13**	**0.17**	**-0.30**	**Sig (p<0.05)**	**0.21**	**0.46**	**-0.25**	**Sig (p<0.05)**

Table 10 displays the average improvements for each evaluation group, by grade level at baseline.

On average girls in all grade levels at baseline in both the target and comparison group improved their literacy levels between periods.

Findings demonstrate that girls with disabilities who were in grade 8 and grade 5 at baseline exhibited the greatest change between periods. On average girls with disabilities in grade 8 at baseline improved their literacy levels by 0.54 between periods. Girls with disabilities in grade 5 at baseline improved their English literacy levels by 0.36 in standardized score.

Girls with disabilities in grade 6 and grade 7 at baseline, had a greater improvement between periods on average than girls without disabilities in the same grade levels.

This suggests that the intervention has played a role in supporting girls in these grade levels to improve their English literacy levels at a greater rate than improvements exhibited in the comparison group.

On average girls with disabilities in grade 6 at baseline improved their English literacy by 0.25 in standardized score between baseline and midline compared to girls without disabilities who only improved their literacy levels by 0.04 on average in standardized score between periods.

On average girls with disabilities in grade 7 at baseline improved their literacy score by 0.30 between periods compared to an average improvement of 0.28 for girls without disabilities between periods.

Table 10. English Literacy Standardized Scores from Baseline to Midline

Cohort	Baseline literacy target group	Midline literacy target group	Difference baseline to midline	Baseline literacy comparison group	Midline literacy comparison group	Difference baseline to midline	Difference in difference (target – comparison difference)
Grade 5	-0.48	-0.12	**+0.36**	-0.27	0.58	**+0.85**	**-0.49**
Grade 6	-0.08	0.17	**+0.25**	0.28	0.32	**+0.04**	**+0.21**
Grade 7	0.08	0.38	**+0.30**	0.55	0.83	**+0.28**	**+0.02**
Grade 8	-0.07	0.47	**+0.54**	0.05	0.93	**+0.88**	**-0.34**
Overall	-0.13	0.21	**+0.34**	0.17	0.46	**+0.29**	**+0.05**

Figure 5 displays changes in English literacy mean standardized score between Baseline and Midline. The distance between the Midline points is slightly closer than the distance between the Baseline points, although the gap has not narrowed at statistically significant levels.

Figure 5. Changes in English Literacy between Baseline and Midline
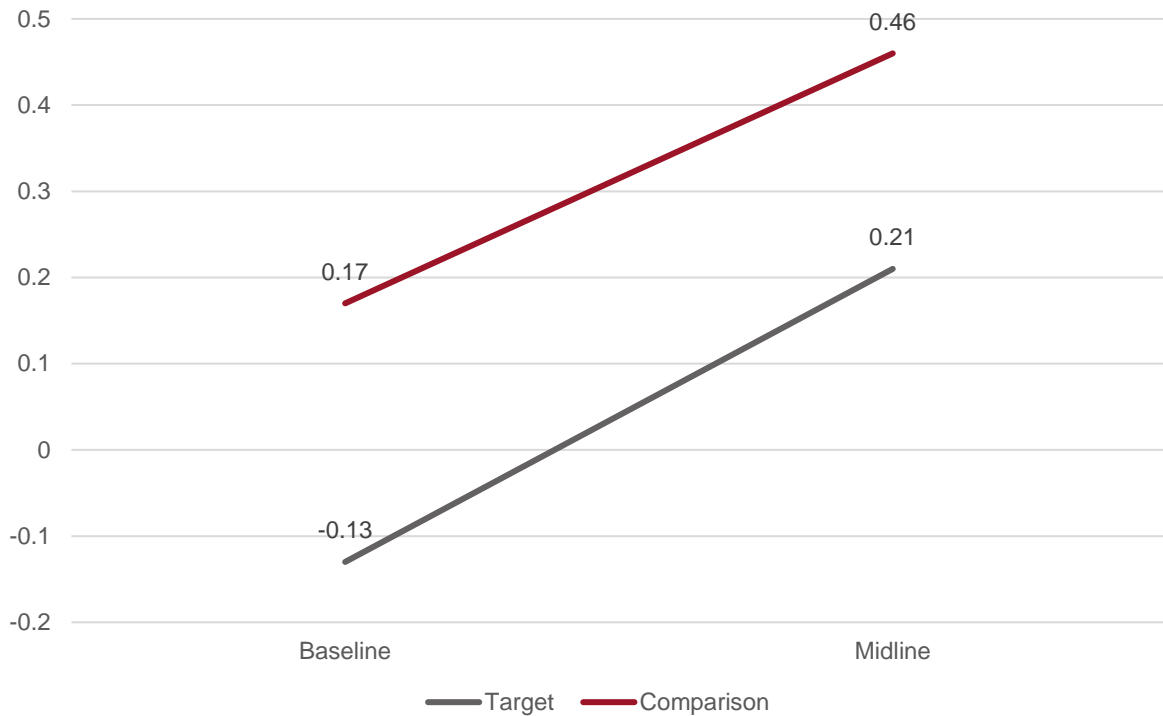
To understand how girls with disabilities in the target group performed per grade level, compared to previous years, we can compare scores for girls with disabilities in the target group at baseline, to girls with disabilities in the target group at midline who now in those same grade levels. This analysis would allow us to understand how performance of girls with disabilities has changed in specific grades at the aggregate level. Results are summarized in the figure following.

English literacy levels would suggest teachers in grade 7 and grade 8 improved their teaching practices for girls with disabilities as on average girls with disabilities in these grade levels performed better at Midline. However, it also suggests that Teachers in grade 6 may need additional support ensuring they are building inclusive learning environments.

Figure 6. Grade level comparison English Literacy for Girls with Disabilities
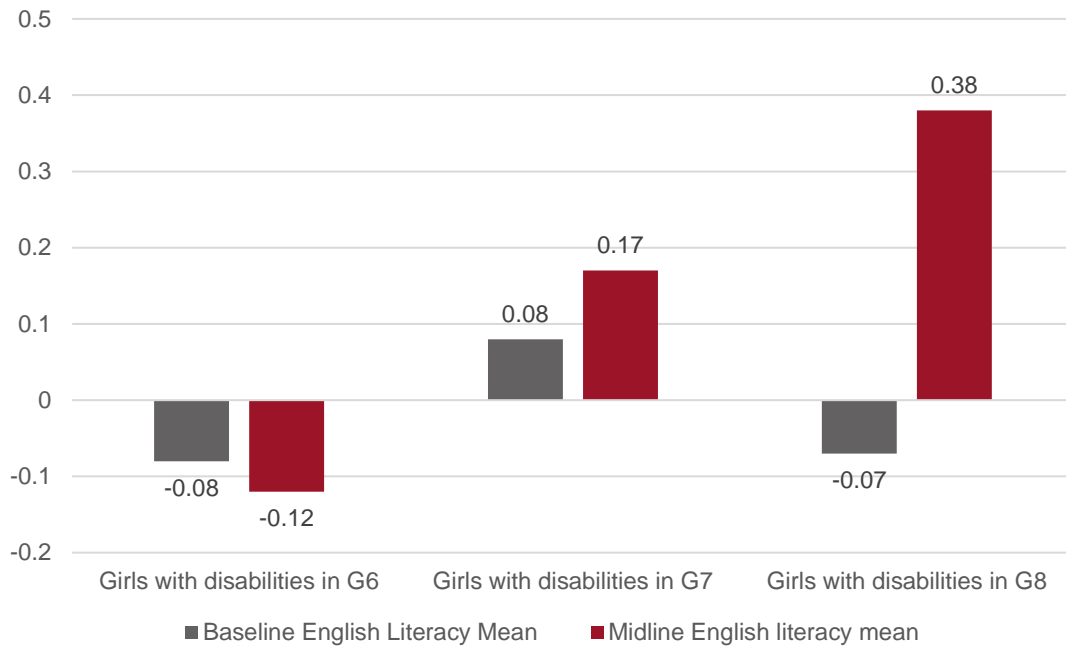
To understand the project's impact on closing the gap, we ran a regression using treatment status at midline to predict the first difference in English literacy standardized scores. As girls without disabilities did not have a baseline value, we constructed this value by using the average that the girl would have had based on comparison mean results for her corresponding grade level at baseline. This approach was discussed and agreed with the Fund Manager.

Results for the regression were insignificant, signalling that the project did not have an effect on closing the gap at statistically significant levels between baseline and midline. These results are summarized in Table 11.

Table 11. Regression Results for Project Impact on Closing Gap in English Literacy Outcomes

Result	Details	Comments
Literacy Baseline - Midline	Beta = 0.022 p-value = 0.789	The regression on the first difference was insignificant, signaling the project did not have an impact on closing the gap in English literacy between baseline and midline.

To further understand changes overtime, the figure below displays average changes experienced by each grade at Baseline cohort by evaluation group. As discussed earlier, girls with disabilities in Grade 6 and Grade 7 at baseline improved their literacy levels by a greater amount than girls without disabilities in these grade levels.

Figure 7. Mean Change in English Literacy Standardized Score by Evaluation Group and Grade Level at Baseline
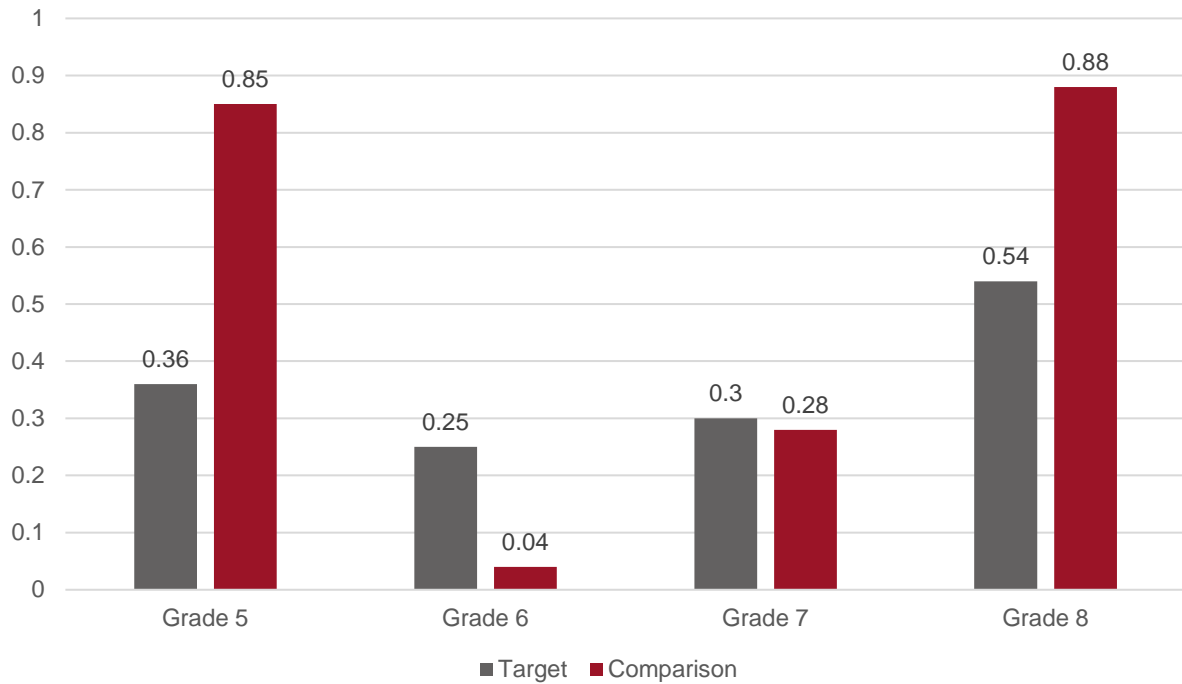
Distributions of standardized numeracy scores are close to normal distributions at both periods for both evaluation groups, and exhibit on average improvements in numeracy scores for girls with and without disabilities.

The figures below show the distribution of numeracy standardized scores between periods for both evaluation groups.

Figure 8. Numeracy (Standardized Score) Distribution for the Target Group
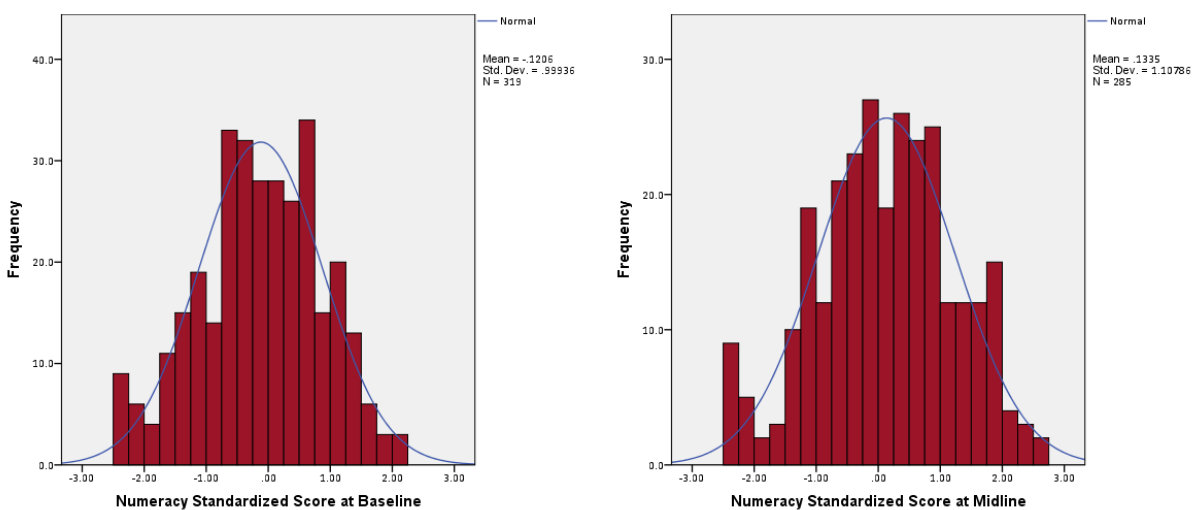
Figure 9. Numeracy (Standardized Score) Distribution for the Comparison Group
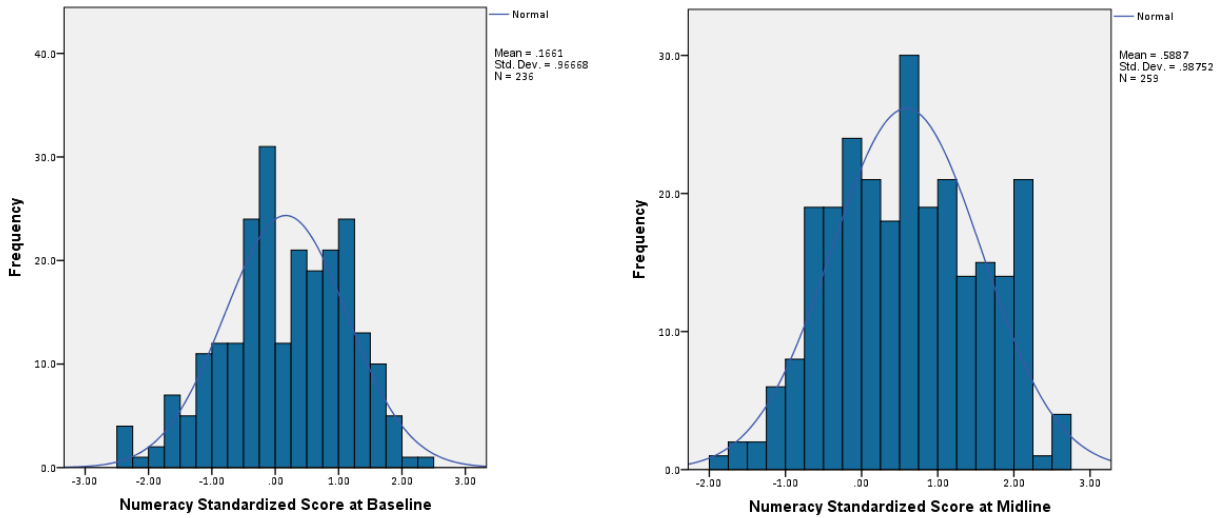
Table 12 reports Midline mean standardized scores by evaluation group and original grade at baseline.

There is a general progression in numeracy scores for both the target and comparison groups as grade level increases, supporting the validity of the measure.

Largely, girls' numeracy levels increased as grade level increased. However, girls without disabilities in Grade 8 at Baseline performed worse on average than girls without disabilities in grade 7 at baseline, suggesting this particular group may face additional barriers to learning numeracy in comparison schools.

At Midline, in all grade levels except grade 8, the comparison group has higher levels of numeracy than the target group on average.

Table 12. Numeracy Standardized Scores at Midline

Cohort Grade at Baseline	Target Group Mean	Comparison Group Mean	Standard Deviation in the intervention group
Grade 5	-0.20	0.09	1.02
Grade 6	0.06	0.71	1.02
Grade 7	0.37	1.23	1.22
Grade 8	0.39	0.25	1.07
Out of School Girl	N/A	0.08	N/A
Overall	0.13	0.59	1.11

Table 13 displays results between periods by evaluation group and grade at baseline.

Across all grade levels at baseline, girls with and without disabilities improved their numeracy scores on average between baseline and midline.

Girls with disabilities in grade 8 at baseline had the greatest improvement between periods in the target group. Girls with disabilities in grade 8 at baseline on average improved their numeracy by 0.43 in standardized score. Girls with disabilities in grade 6 at baseline improved the least on average in numeracy between periods, only improving by an average of 0.16 in standardized score.

Across all grade levels (except grade 8), improvements for girls without disabilities outpaced improvements exhibited by girls with disabilities on average. This suggests the gap in numeracy is widening between girls with and without disabilities.

Girls in grade 8 at baseline in the target group improved their numeracy learning on average by 0.43 in standardized score, girls in the comparison group in grade 8 at baseline improved their numeracy learning by 0.18 in standardized score. This means Improvements for girls with disabilities in grade 8 at baseline, between periods, outpaced improvements for girls without disabilities in grade 8, on average. This suggests that increased exposure to the project may lead to a narrower gap in performance in numeracy.

Girls with disabilities in grade 8 have had longer exposure to the project, as they would have been supported throughout the project's first phase. This could explain why girls with disabilities in grade 8 outperformed improvements exhibited by girls without disabilities in grade 8 at baseline between periods. This suggests the project is beginning to have an impact on numeracy changes after prolonged exposure to the intervention.

Table 13. Numeracy Standardized Scores from Baseline to Midline

Cohort	Baseline numeracy target group	Midline numeracy target group	Difference baseline to midline	Baseline numeracy comparison group	Midline numeracy comparison group	Difference baseline to midline	Difference in difference (target – comparison difference)
Grade 5	-0.45	-0.20	**+0.25**	-0.19	0.09	**+0.28**	**-0.03**
Grade 6	-0.10	0.06	**+0.16**	0.3	0.71	**+0.41**	**-0.25**
Grade 7	0.09	0.37	**+0.28**	0.43	1.23	**+0.80**	**-0.52**
Grade 8	-0.04	0.39	**+0.43**	0.07	0.25	**+0.18**	**+0.25**
Overall	-0.12	0.13	**+0.25**	0.17	0.59	**+0.42**	**-0.17**

Figure 10 displays average changes in numeracy between periods for each evaluation group. Mean findings would suggest that the gap in numeracy is widening between periods, as the distance between target and comparison points has gotten further apart between baseline and midline.

Figure 10. Changes in Numeracy between Baseline and Midline
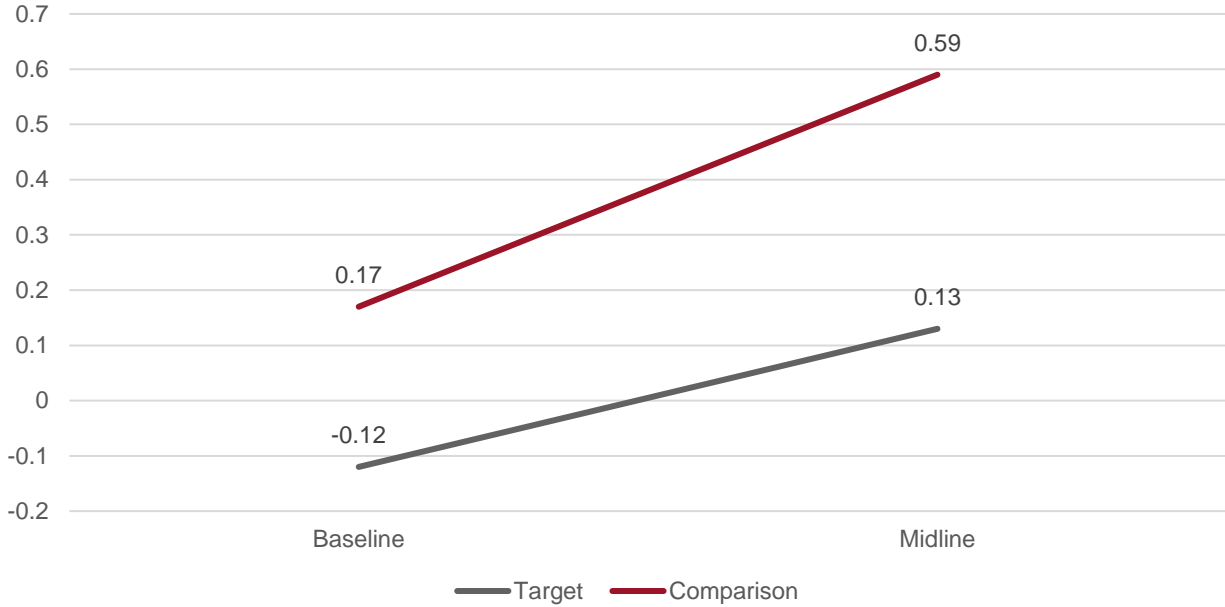
Figure 11 displays average changes per grade level at baseline by evaluation group. As discussed, improvements experienced by girls with disabilities in grade 8 at baseline was greater than improvements experienced by girls without disabilities in the same cohort. However, improvements by girls without disabilities in all other grade levels exceeded improvements experienced by girls with disabilities.

Figure 11. Changes in Numeracy Standardized Scores between Baseline and Midline
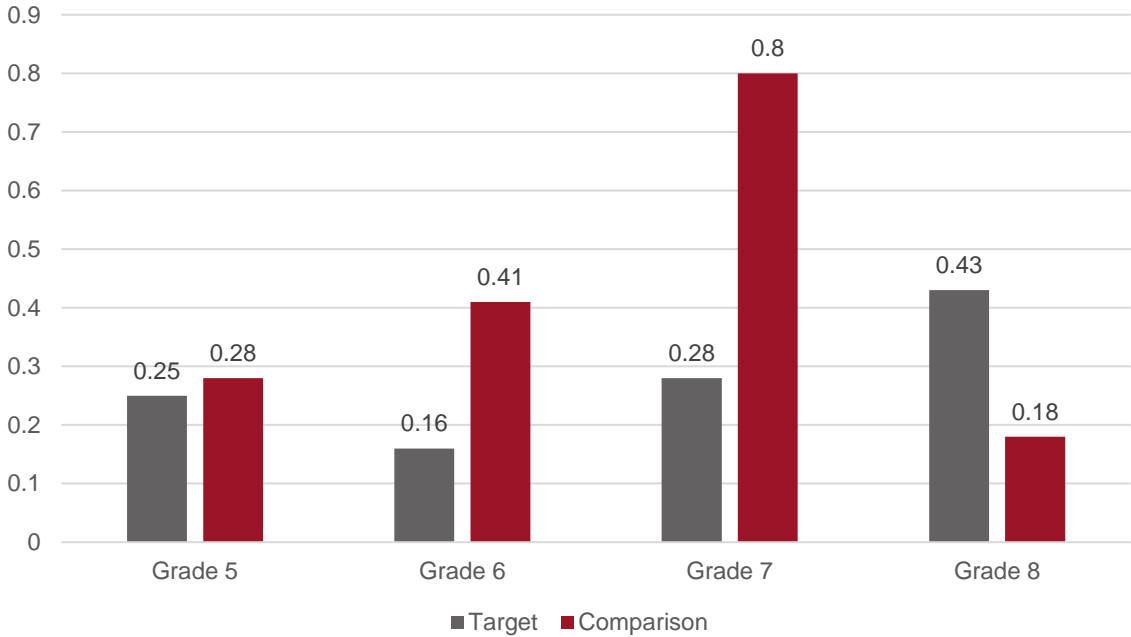
To understand changes in the gap over time, Table 14 displays mean scores per original cohort membership by evaluation group and period.

Across grade levels, the gap widened on average, except for girls in grade 8 at baseline. However, results for differences between comparison and target for girls in grade 8 were insignificant at both periods.

The gap between the target and comparison group widened for girls with disabilities in grade 7 at baseline. While at baseline the gap between girls with and without disabilities in numeracy was not significant for girls in grade 7, this has since become significant suggesting the gap has widened for girls in this cohort.

Table 14. Numeracy Gap Between Girls with disabilities and Girls without disabilities between Baseline and Midline

Cohort	Baseline numeracy target group	Baseline numeracy comparison group	Gap at BL	Sig. of Differences in Means	Midline numeracy target group	Midline numeracy comparison group	Gap at ML	Sig. of Differences in Means
Grade 5	-0.45	-0.19	-0.26	Non. Sig.	-0.20	0.09	-0.29	Non. Sig.
Grade 6	-0.10	0.3	-0.4	Sig (p<0.05)	0.06	0.71	-0.65	Sig (p<0.05)
Grade 7	0.09	0.43	-0.34	Non. Sig.	0.37	1.23	-0.86	Sig (p<0.05)
Grade 8	-0.04	0.07	-0.11	Non. Sig.	0.39	0.25	0.14	Non. Sig.
Overall	-0.12	0.17	-0.29	Sig (p<0.05)	0.13	0.59	-0.46	Sig (p<0.05

To understand how girls with disabilities in the target group performed per grade level, compared to previous years, we can compare scores for girls with disabilities in the target group at baseline, to girls with disabilities in the target group at midline who now in those same grade levels. This analysis would allow us to understand how performance of girls with disabilities has changed in specific grades at the aggregate level. Results are summarized in the figure following.

Numeracy results would suggest teachers in grade 7 and grade 8 improved their teaching practices for girls with disabilities as on average girls with disabilities in these grade levels performed better at Midline. However, it also suggests that teachers in grade 6 may need additional support ensuring they are building inclusive learning environments. Average results are similar for both English literacy and numeracy.

Figure 12. Grade level comparison Numeracy for Girls with Disabilities
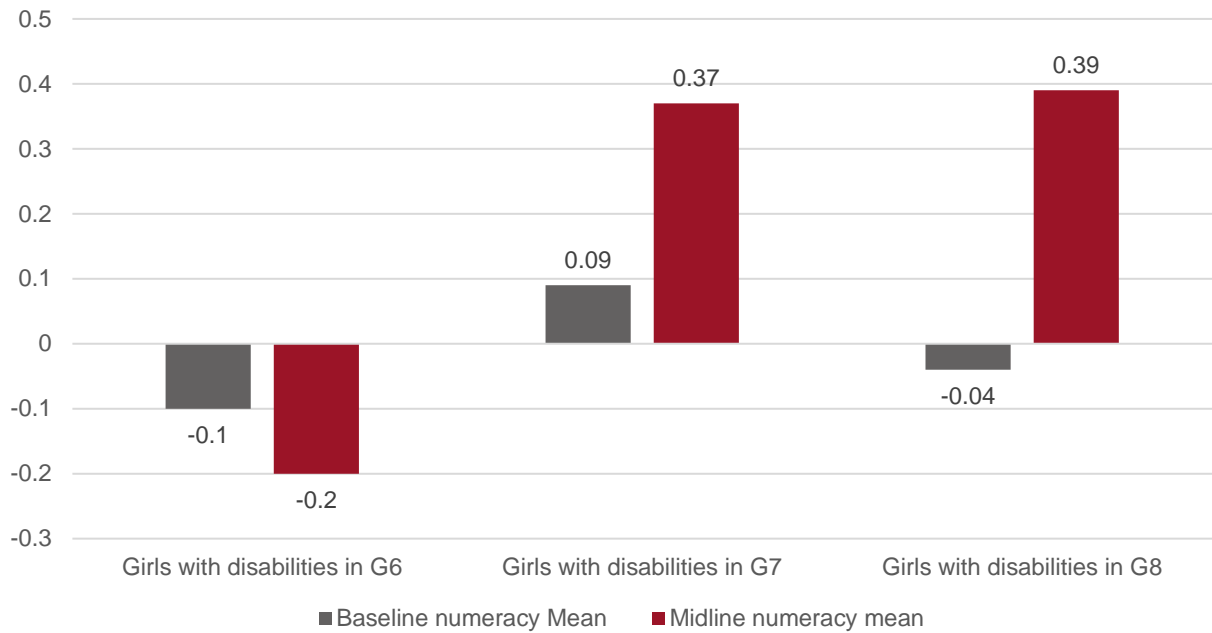
To understand the project's impact on closing the gap, we ran a regression using treatment status at midline to predict the first difference in numeracy standardized scores. As girls without disabilities did not have a baseline value, we constructed this value by using the average that the girl would have had based on comparison mean results for her corresponding grade level at baseline. This approach was discussed and agreed with the Fund Manager.

Results for the regression were insignificant, signalling that the project did not have an effect on closing the gap in numeracy outcomes at statistically significant levels between baseline and midline. These results are summarized in

Table 15.

Table 15. Regression Results for Project Impact on Closing Gap in English Literacy Outcomes

Result	Details	Comments
Numeracy Baseline - Midline	Beta = -0.167 p-value = 0.054	The regression on the first difference was insignificant, signaling the project did not have an impact on closing the gap in numeracy between baseline and midline.

When LC enrolled her daughter into the program one parent reports:

"They took her for medical treatment In Kisumu because she was unable to hear. After the treatment, she was given a hearing aid so that she can hear properly. She was then placed in class and today she is in class 8." [25]

Parents also report that the performance of their children improved because, for example:

"My child who was hard of hearing and who, after treatment, can now hear, definitely records improvements in her performance in class."

3.1.3 What literacy and numeracy skills gaps can be identified for girls with disabilities?

To better understand in what capacities children improved between periods,

Table 16 –

Table 19 report the proportion of girls with disabilities categorized into different score bands. These bands were established following FM guidance and were applied across all GEC-T projects.

The figure displayed in parenthesis is the proportion change in that category between baseline and midline. A positive number represents an increase in the proportion of children who fall in that category between periods, while a negative number indicates a decrease in the proportion of girls who fall into that category between periods.

Table 16. Foundational Numeracy Skills Gaps (EGMA; Primary: Target Group)

Subtask	Categories			
	Non-learner 0%	**Emergent learner 1%-40%**	**Established learner 41%-80%**	**Proficient learner 81%-100%**
Subtask 1 *Missing Numbers*	5.2% (-1.6%)	30.4% (+3.1%)	45% (-4.1%)	19.4% (+2.7%)
Subtask 2 Word Problems	48.8% (+8.9%)	31.1% (-6.8%)	11.1% (-7.3%)	9.0% (+5.2%)
Subtask 3 Addition & *Subtraction*	3.1% (-0.4%)	4.5% (-2.7%)	28.0% (-9.8%)	64.4% (+11.5%)
Subtask 4 *Multiplication and Division*	7.3% (+3.5%)	23.2% (-0.7%)	51.9% (+11.7%)	17.6% (+0.1%)
Subtask 5: Advanced Problems (Same as SeGMA 1)	25.3% (-20.1%)	51.9% (+13.7%)	17.0% (+1.3%)	5.9% (+5.2%)

Results suggest that girls with disabilities lack skills in pattern recognition and improvements in this task were limited between periods.

For the missing number task, which assesses children's ability to recognize and identify patters, whilst slightly more girls with disabilities were considered proficient learners by midline

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and fewer girls were considered non-learners, baseline and midline categories were largely similar. Between baseline and midline, only 3.1% more girls with disabilities could be categorized as emergent learners and only an additional 2.7% could be categorized as proficient learners.

This suggests girl still face challenges recognizing patterns in numbers, at midline. This is difficult to explain given that greater improvements were seen in later tasks, which are considered to address higher order domains of numeracy acquisition. One would typically expect improvements in easier tasks to exceed improvements in harder tasks between periods.

The word problem task exhibited mixed results, with girls with disabilities moving towards different extremes of the learning categories: at midline more girls with disabilities were considered non-learners than at baseline and more girls with disabilities were categorized as proficient learners at midline than at baseline.

This suggests that girls with disabilities on the whole both got better and got worse but moved in opposite extremes with regards to proficiency levels on this task.

While some Girls with disabilities were able to improve their skills in this domain others regressed in knowledge, suggesting that how this discrete skill is taught works for some Girls with disabilities but not for others.

Further analysis by disability type finds that, of girls who regressed in the work problems task 11% of them have learning difficulties.

The project should review whether teachers could benefit from additional supports to differentiate teaching word problems.

For the final two subtasks, multiplication and division, and more advanced problems, girls with disabilities tended to improve in learning between periods.

For both of these subtasks, there is a progressive movement to higher proficiency categories between periods indicating that girls are progressing in learning multiplication and division, and more difficult mathematical operations involving geometry and fractions.

Girls with disabilities in grade 8 at midline who progressed to secondary school sat the Secondary Mathematics Assessments. Score band results are displayed in the Table 17.

Girls with disabilities in Form 1 at Midline, improved their learning in the first advanced SeGMA task between Baseline and Midline based on a review of skills gaps.

On average 29.6% of girls with disabilities were categorized as proficient learners in this task, 27.6% more than at baseline.

For the second SeGMA task however, which covers skills taught towards the middle of secondary school, no girls were categorized as proficient learners. This is somewhat expected as girls would not have been exposed to these types of problems in Form 1.

Table 17. Foundational Numeracy Skills Gaps (SeGMA)

Subtask	Categories			
	Non-learner 0%	Emergent learner 1%-40%	Established learner 41%-80%	Proficient learner 81%-100%
Subtask 1: Advanced Problems 1 (Same as EGMA 5)	5.6% (-0.6%)	33.3% (-9.6%)	31.5% (-17.5%)	29.6% (+27.6%)
Subtask 2: Advanced Problems 2	51.9% (N/A)	40.7% (N/A)	7.4% (N/A)	0.0% (N/A)

Score band results for EGRA English are shown in Table 18.

Table 18. Foundational English Literacy Skills Gaps (EGRA)

Subtask	Categories			
	Non-learner 0%	Emergent learner 1%-40%	Established learner 41%-80%	Proficient learner 81%-100%
Subtask 1 Familiar Word	6.9% (+0.4%)	10.0% (-0.6%)	23.2% (+12.3%)	59.9% (-12.1%)
Subtask 2 *Invented Word*	19.4% (+3.0%)	8.0% (-4.3%)	25.3% (+4.8%)	47.4% (-3.5%)
Subtask 3 Short Passage (Oral Reading Fluency)	7.3% (-0.3%)	9.1% (-4.3%)	25.1% (-0.6%)	58.5% (+5.2%)
Subtask 4 Reading Comprehension	21.8% (-3.5%)	25.3% (-8.5%)	41.9% (+8.9%)	11.1% (+2.9%)
Subtask 5 *Advanced Reading Comprehension 1 (Same as SeGRA 2)*	28.7% (+0.7%)	43.3% (-13.7%)	25.3% (+11.0%)	2.8% (+2.1%)
Subtask 6 *Advanced Reading Comprehension 2 (Same as SeGRA 3)*	36.3% (N/A)	40.5% (N/A)	21.8% (N/A)	1.4% (N/A)

For the easiest subtask, familiar word reading, fewer girls with disabilities were categorized as proficient learners at midline than at baseline.

12.1% fewer girls were categorized as proficient learners at midline than at baseline. Generally, these girls dropped to the "established learner" category. Given that the tasks were of similar levels of difficulty, this suggests that Girls with disabilities have regressed in being able to identify familiar words.

Similar results were found for the invented word subtasks, which tests the extent to which children can follow reading pronunciation conventions in the language, albeit to a lesser extent.

The project should monitor literacy acquisition in these domains closely to understand why girls may be losing familiar vocabulary over time as well as their ability to follow pronunciation conventions in English.

In short passage reading (oral reading fluency), the widely accepted measure of literacy acquisition, girls with disabilities exhibited clear improvements between baseline and midline.

By midline 5.2% more girls were categorized as being proficient readers in the oral reading fluency subtask than at baseline.

Larger increases however were exhibited by girls for the reading comprehension subtask. This suggests that while girls have improved in fluency levels to some degree, they have made a greater leap in decoding skills demonstrating an increased ability to decode meaning from the oral reading fluency text between periods.

By midline, 11.8% more girls were categorized as established or proficient learners in this domain than at baseline.

As with basic reading comprehension, a larger proportion of girls were categorized as proficient and established learners in the advanced reading comprehension task at midline than at baseline. 11% more girls were categorized as established learners in this task and 2.1% more girls were categorized as proficient learners in this class. This further supports the finding above, namely, that girls improved in their ability to decode meaning from a text.

Table 19 displays results for the secondary reading assessment (SeGRA).

Table 19. Foundational English Literacy Skills Gaps (SeGRA)

Subtask	Categories			
	Non-learner 0%	**Emergent learner 1%-40%**	**Established learner 41%-80%**	**Proficient learner 81%-100%**
Subtask 1: Short Passage (Oral Reading Fluency; same as EGRA 3)	0.0% (-2.1%)	2.3% (+0.2%)	4.5% (-10.1%)	93.2% (+12.2%)
Subtask 2: Advanced Reading Comprehension 1 (Same as EGRA 5)	11.4% (+7.3%)	34.1% (-29.2%)	47.7% (+17.1%)	6.8% (+4.8%)
Subtask 3: Advanced Reading Comprehension 2 (Same as EGRA 6)	15.9% (N/A)	27.3% (N/A)	52.3% (N/A)	4.5% (N/A)

Almost all Girls with disabilities who were in grade 8 at Baseline were categorized as proficient or established readers in the oral reading fluency task at Midline (93.2% of girls; representing a 12.2% increase between periods).

Girls with disabilities also demonstrated notable improvements in the first advanced reading comprehension task, with 21.9% more Girls with disabilities being categorized as established or proficient learners by midline than at baseline.

However, 7.3% of girls dropped from emergent to non-leaners, scoring 0% on this subtask at Midline. This suggests that some girls regressed in their ability to decode a written text, while others had improved.

3.1.4 How do girls with disabilities and girls without disabilities perform against expected curriculum competencies?

To understand achievements against expected curriculum competencies, the national curriculum was mapped against subtasks included in the study's learning assessments. Results are summarized in

Table 20 and

Table 21.

Table 20. English Literacy Achievement against Expected Curriculum Competencies

Grade at Midline	Relevant Subtasks based on National Curriculum [Minimum Level Required]	Evaluation Group		Target Performance compared to Comparison
		Target	Comparison	
Grade 5	Short Passage Reading – Oral Reading Fluency [Proficient]; Reading Comprehension [Proficient]	0.0%	N/A (none in this grade)	**N/A**
Grade 6	Reading Comprehension [Proficient]	4.8%	11.8%	**-7.00%**
Grade 7	Advanced Reading Comprehension 1 [Emergent]	74.0%	98.6%	**-24.60%**
Grade 8	Advanced Reading Comprehension 1 [Established]	35.5%	60.6%	**-25.10%**
Form 1	Advanced Reading Comprehension 1 [Proficient]	6.0%	1.8%	**+4.2%**

0% of the 7 girls with disabilities, who repeated grade 5 met the expected curriculum competency for literacy.

Of these girls, 2 are non-readers (28.5%), 3 are emerging readers (42.8%), and 2 are established readers (42.8%). However, none can be considered proficient readers. This finding suggests that the majority of girls with disabilities who repeated grade 5 are still struggling to meet grade 5 curriculum expectations.

In both the target and comparison group a minority of girls with disabilities met the expected the curriculum competency in grade 6. Less than half the proportion of girls with disabilities met the competency for reading comprehension as girls without disabilities.

While 4.8% of girls with disabilities met the expected curriculum competency in grade 6 for reading comprehension, 11.8% of girls without disabilities met the competency. This finding suggests that teachers need additional guidance delivering the Grade 6 English language curriculum and supporting girls to learn how to decode meaning from a passage, particularly girls with disabilities.

A majority of girls with and without disabilities meet the expected curriculum competency for Grade 7 in English: 74% of Girls with disabilities and 98.6% of girls without disabilities.

While differences still exist between girls with and without disabilities in this grade level, the majority of girls with and without disabilities are categorized as emergent, established, or proficient readers in advanced reading comprehension 1.

In grade 8 close to double the proportion of girls without disabilities meet the expected curriculum competency for advanced reading comprehension compared to girls with disabilities.

 In grade 8, 35.5% of girls with disabilities are considered established or proficient learners in advanced reading comprehension 1, compared to 60.6% of girls without disabilities. This suggests that teachers need additional support delivering the grade 8 English language curriculum to both Girls with disabilities and girls without disabilities, but particularly to girls with disabilities based on differences between the two groups.

A higher proportion of girls in Form 1 with disabilities meet the expected curriculum competency for advanced reading comprehension than girls without disabilities. However, a minority of girls in both groups meet the expected curriculum competency for advanced reading comprehension by Midline.

While 6% of girls in Form 1 at Midline are proficient learners in advanced reading comprehension, only 1.8% of girls without disabilities fall in to this category. This may be because girls with disabilities who could not manage to continue in school transitioned out of school and only girls with sufficient supports remained. 81.6% of girls with disabilities in grade 8 at Baseline transitioned to Form 1.

This finding also suggests that the project has had some success in supporting girls in Form 1 at Midline to meet curriculum expectations in target schools.

Table 21 reports the proportion of girls who meet expected curriculum competencies for numeracy by grade level and evaluation group.

Table 21. Numeracy Achievement against Expected Curriculum Competencies

Grade at Midline	Relevant Subtask(s) based on National Curriculum [Level Required]	Evaluation Group		Intervention Performance compared to Control
		Treatment	Comparison	
Grade 5	**Multiplication and Division [Established]**	18.2%	N/A	**N/A**
Grade 6	**Multiplication and Division [Proficient]**	18.1%	8.8%	**+9.3%**
Grade 7	**Advanced Problems 1 [Established]**	14.6%	40.0%	**-25%**
Grade 8	**Advanced Problems 1 [Proficient]**	12.9%	31.8%	**-19%**
Form 1	**Advanced Problems 1 [Proficient]**	30.0%	14.5%	**+16%**

A higher proportion of girls who repeat grade 5 meet numeracy expectations for the grade level than for literacy: 18.2% of girls who repeated grade 5 meet the expected competency for maths compared to 0% of girls who repeated grade 5 for literacy.

However, this is still a minority of girls with disabilities, suggesting that teachers in grade 5 need additional support to meet mathematics competency requirements, particularly for girls with disabilities who are repeating the grade level.

In grade 6, the proportion of girls with disabilities who meet the expected curriculum competency in multiplication and division is greater than the proportion of girls without disabilities who meet the expected curriculum competency.

While 18.1% of girls with disabilities were classified as proficient learners in the multiplication and division task, only 8.8% of girls without disabilities were classified in this category in grade 6. This suggests the project may have had a role in supporting teachers in this grade level to provide an inclusive learning environment. This will be explored further in the teaching quality section.

However, despite this difference, a minority of girls meet the expected curriculum competency for multiplication and division, suggesting teachers need additional support delivering instruction around this skill domain.

In grade 7, more than double the proportion of girls without disabilities met the expected curriculum competency for the first advanced problems task than girls with disabilities. In grade 8, a similarly high difference between the target and comparison group exists.

In grade 7, 14.6% of girls with disabilities are classified as established or proficient learners in the advanced problems task, compared to 40% of girls without disabilities. Similarly, in grade 8, 12.9% of girls with disabilities are classified as proficient learners compared to 31.8% of girls without disabilities.

This suggests that teachers in these grade levels may require additional support adopting inclusive education practices and providing supports for girls with disabilities to perform as well as girls without disabilities. These findings will be reviewed once more against results of the study's lesson observation later in this report.

A higher proportion of girls with disabilities in Form 1, as with literacy, met expected curriculum competencies than girls without disabilities.

As discussed, 81.6% of girls with disabilities transitioned from grade 8 to Form 1, and these girls may be more motivated and better able to learn in schools than girls who followed other transition pathways. It's also likely that the project has provided secondary schools with additional supports for girls with disabilities to support their learning.

3.2   Subgroup Analysis of the Learning Outcome

3.2.1 How do barriers and characteristics influence girls with disabilities' learning outcomes and learning improvements between baseline and midline? To what extent has the project supported different sub-groups of girls with disabilities to improve their learning between Baseline and Midline?

In order to better understand changes in learning outcomes, and how various barriers and characteristics influence the learning of girls with disabilities, the study reviewed 59 barriers and characteristics, and their influence on changes in English literacy, and numeracy overtime.

These barriers and characteristics were reviewed in relationship to several learning variables including:

- **Literacy and numeracy aggregate score**: These scores are expressed as percentages. For literacy it is composed of the two subtasks that all girls took in both periods i.e. the oral reading fluency task and the advanced reading comprehension 1 task. For numeracy it is composed of the two subtasks that all girls took in both periods i.e. the advanced problems subtask.

- **Changes in literacy and numeracy aggregate score**: This was calculated by subtracting a tracked girls' baseline aggregate score from her midline aggregate

score. A positive value represents an average improvement between periods while a negative value represents an on average decrease between periods.

- **Changes in literacy and numeracy standardized score**: This was calculated by subtracting a tracked girls' baseline standardized score from her midline standardized score. Standardized scores are expressed as continuous variables and are comprised of all subtasks each girl took at each period. As with the change in aggregate scores, a positive value represents an on average improvement between periods while a negative value represents an on average decrease between periods.

Table 22 displays the characteristics for which mean differences between group members and non-group members were statistically significant for at least one learning outcome or mean change in learning outcome between periods (p<0.05).

For each of the variables where means were different at statistically significant levels, in order to understand the direction of the relationship, the EE conducted standard linear regressions using the barrier or characteristic as an independent variable to predict the given learning outcome.

Table 22. Characteristics and Learning Outcomes (Target Group)

Characteristics (Y= Member; N= Non-member)		Ave. English literacy score (aggregate)	Change in standardized English literacy score since baseline	Change in average English literacy score since baseline	Ave. numeracy score (aggregate)	Change in average numeracy score since baseline	Change in standardized numeracy score since baseline
Girl has been pregnant	N	56.92%	**+0.34***	**+9.86%***	28.71%	+12.67%	+0.26
	Y	44.67%	**-0.84***	**-10.57%***	23.21	+13.39%	+0.48
Girl does not speak language of instruction [English]	N	**57.69%***	+0.33	9.16%	**30.41%***	**+13.87%***	+0.29
	Y	**38.56%****	+0.19	13.32%	**11.93%***	**+3.87%***	-0.14
Head of household has no formal education or only some years of primary school but not completed	N	**61.39%***	+0.34	+10.2%	**34.19%***	**+17.06%***	+0.30
	Y	**51.0%***	+0.30	+8.5%	**23.69%***	**+7.79%***	+0.18
Household faces moderate degrees of economic hardship	N	58.22%	.+0.37	11.09%	31.32%	**+16.01%***	+0.35
	Y	54.75%	+0.25	+7.21%	26.57%	**+8.48%***	+0.15

The project should better support girls with disabilities who have been pregnant. Having a disability and having been pregnant results in a decrease in English literacy between Baseline and Midline.

Regression results indicate that having been pregnant results in an average decrease of 20.6% on aggregate literacy score between baseline and midline (p<0.05). Furthermore, this has a negative effect on changes in English standardized scores between periods (p<0.05; Beta=-1.18).

On average girls who have been pregnant have reduced their English literacy aggregate by 10.57% between periods, compared to girls with disabilities who haven't been pregnant who increased their average literacy levels by 9.86% between periods. Having and disability and having been pregnant intersects to have a negative impact on a child's ability to progress in English literacy.

The project has identified poor sexual and reproductive health as resulting in low educational attainment of girls, and delivers SRH training through the life skills curriculum taught in Child to Child (C2C) Clubs.

Of the 2% of girls with disabilities who have been pregnant (n=7), 42.9% are members of C2C clubs, suggesting they currently receive support to improve their sexual and reproductive health knowledge, attitudes, and practices.

Although 6 of the 7 girls with disabilities who have been pregnant have become pregnant between baseline and midline, we do not know how long they have been members of C2C clubs or whether this preceded their pregnancy.

Girls with disabilities who do not speak the language of instruction at Midline have reduced literacy and numeracy aggregate outcomes and on average had experienced less improvements than their peers in numeracy between periods.

Linear regression results indicate that not speaking the language of instruction results in a girl scoring 18.48% less on numeracy aggregate score at midline and 19.13% on English literacy aggregate score than girls who speak the language of instruction at midline (p<0.05).

Additionally, not speaking the language of instruction results in girls regressing in numeracy between baseline and midline by an average of 9.5% in aggregate score.

Speaking English, the language of instruction in all grade levels, allows girls with disabilities to better access the curriculum. The project should ensure that these girls are supported to learn basic English-speaking skills so as to be able to participate in and benefit from teaching in project schools.

Girls with disabilities living in a household facing moderate degrees of hardship experienced reduced improvements in numeracy learning between baseline and midline.

A linear regression found that living in a household facing moderate degrees of hardship caused a girl to regress in numeracy between periods by an average of -7.52%. Households

facing higher degrees of economic hardship are likely under additional pressure to support girls with disabilities.

Project activities targeting livelihood training or savings are likely to support girls in these households to improve their learning in the longer term. However, at midline, this appears to continue to negatively affect girls with disabilities ability to learn.

Table 23 displays the barriers for which mean differences between those affected by the barrier and those unaffected were statistically significant. When a mean change in a change in learning outcome variable is a positive number, this means that on average girls with disabilities in that category experienced a positive change on average between baseline and midline, ie they improved on average in that learning outcome. When a mean change in a given learning, outcome is a negative, this means that girls with disabilities in that category on average decreased in their learning for that particular outcome.

Table 23. Barriers and Learning Outcomes (Target Group)

Barriers (Y= affected by barrier; N= not affected by barrier)		Ave. English literacy score (aggregate)	Change in average English literacy score since baseline	Change in English Literacy standardized Score	Ave. numeracy score (aggregate)	Change in average numeracy score since baseline	Change in numeracy standardized Score
No one has spoken to girl about menstruation (and she has started menstruating)	N	60.87%	**+11.93%***	**+0.44***	32.66%	+11.42%	+0.25
	Y	50.02%	**-6.73%***	**-0.52***	33.70%	+12.15%	-0.24
Girl has low school/institute belonging	N	57.1%	+9.9%	**+0.36***	**+30.22***	+12.93%	+0.25
	Y	50.21%	+0.95%	**-0.36***	**+13.99***	+8.82%	+0.45
Parents believe there is NOT enough support from teachers for girls with disabilities to succeed in school	N	56.80%	+8.98%	+0.32	**30.30%***	+13.22%	+0.22
	Y	55.89%	+12.94%	+0.33	**19.82%***	+8.27%	+0.60
Girl cannot choose whether to attend or stay in school	N	60.14%	+9.13%	+0.31	**34.15%***	+14.34%	+0.17
	Y	51.17%	+9.75%	+0.34	**22.82%***	+10.71%	+0.37
Adult does not ask about what I do in school or in my training institute	N	**57.77%***	+10.15%	**+0.37***	**30.66%***	+13.09%	+0.26
	Y	**48.66%***	+2.16%	**-0.18***	**17.76%***	+9.17%	+0.30

Barriers (Y= affected by barrier; N= not affected by barrier)		Ave. English literacy score (aggregate)	Change in average English literacy score since baseline	Change in English Literacy standardized Score	Ave. numeracy score (aggregate)	Change in average numeracy score since baseline	Change in numeracy standardized Score
Girl does not feel included in community events	N	57.07%	+9.59%	+0.32	**30.24%***	+13.11%	+0.26
	Y	52.84%	+7.27%	+0.33	**20.04%***	+8.71%	+0.28
Girl does not feel accepted by community	N	57.00%	+9.71%	+0.35	**30.11%***	+12.85%	+0.26
	Y	47.00%	-2.21%	-0.70	**10.0%***	+8.52%	+0.37

*Mean difference in learning score between being affected by the barrier and not being affected by the barrier is different at statistically significant levels (p<0.05)

Not having had someone speak to a girl with disabilities about menstruation has a negative effect on English literacy learning between periods.

A linear regression finds that this results in an average reduction in of 18.66% in English aggregate score and -0.95 in English standardized score.

It is likely that girls who do not have someone to speak to about menstruation, is possible have difficulty managing menstruation when they attend school has an impact on their learning.

Qualitative evidence in relation to the attendance outcome supports this assertion, with poor menstrual management being linked to lower attendance levels. This is discussed in further detail in relationship to attendance findings.

Having low school belonging results in scoring lower on numeracy at midline and regressing in literacy outcomes between baseline and midline.

Having low school belonging results in scoring 16.23% less on numeracy aggregate score at Midline and on decreasing in literacy by 0.722 in standardized score. School belong was measured through a 4-item scale[26] and can be understood to be the extent to which a girl feels a part of her school or institute.

This is likely due to the fact that girls with low school belonging don't feel part of the school or institute and engage less in class activities. However, this will be explored further in the life skills section of the report.

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[26] GS - Q136 I feel like a real part of (school name/ institute name).
GS - Q137 I can really be myself at this school (or institute).
GS - Q138 Sometimes I don't feel as if I belong here (at this school or institute).
GS - Q139 I wish I were in a different school (or institute).

Not having enough support from a teacher results in lower average numeracy scores for girls with disabilities.

Parents were asked whether they believe their child's teachers provide enough support to enable girls with disabilities to succeed in school. Based on a linear regression this results in scoring 10.48% less on aggregate numeracy score at Midline.

Girls with disabilities who have less agency over whether they attend school perform worse on numeracy at Midline.

A regression finds that when a girl cannot decide whether or not she can stay in school, which could be understood as a wider proxy for a girls' agency, she performs worse on numeracy at Midline. Girls with disabilities who can choose whether or not they attend or stay in school score an average of 34.15% on numeracy aggregate score at Midline, compared to girls who cannot chose whether they can stay in school, who score an average of 22.82% on numeracy aggregate score at Midline.

Not feeling included in community events or accepted by one's community has a negative effect on aggregate numeracy outcomes at Midline for girls with disabilities.

Based on linear regression findings, when a girl with disabilities does not feel included in community events this results in her scoring 10.2% less on aggregate numeracy score at Midline. Additionally, not feeling accepted in community events results in her scoring an average of 20.12% less on numeracy aggregate score at Midline. This will be discussed further in the relevant intermediate outcome associated with this indicator.

When no adult in the household asks a girl with disabilities about what she does in school or her training institute, this has a negative effect on learning.

Based on a linear regression this results in girls scoring 12.89% less on aggregate numeracy score at midline. This also has a negative effect on aggregate literacy scores at Midline, resulting in girls scoring 8.9% at midline and on literacy learning between periods, causing girls to regress by an average of 0.55 in standardized English literacy score.

This supports a core project assumption, namely, that parental engagement supports girls with disabilities to learn in school.

To understand how girls who experience functioning difficulty in different domains performed between periods, the figure below displays mean changes in literacy and numeracy for girls in the target group by functional difficulty.

On average, girls with a functional difficulty in the target group improved their literacy and numeracy levels between periods. However, girls with functional difficulties in remembering, learning, concentrating, and hearing impairments, as well as girls who are likely to be depressed or anxious, on average did not improve their learning outcomes between period.

Figure 13. Average changes in literacy and numeracy by functional difficulty

- Mean first difference in standardized Literacy scores LC
- Mean first difference in standardized Numeracy scores LC
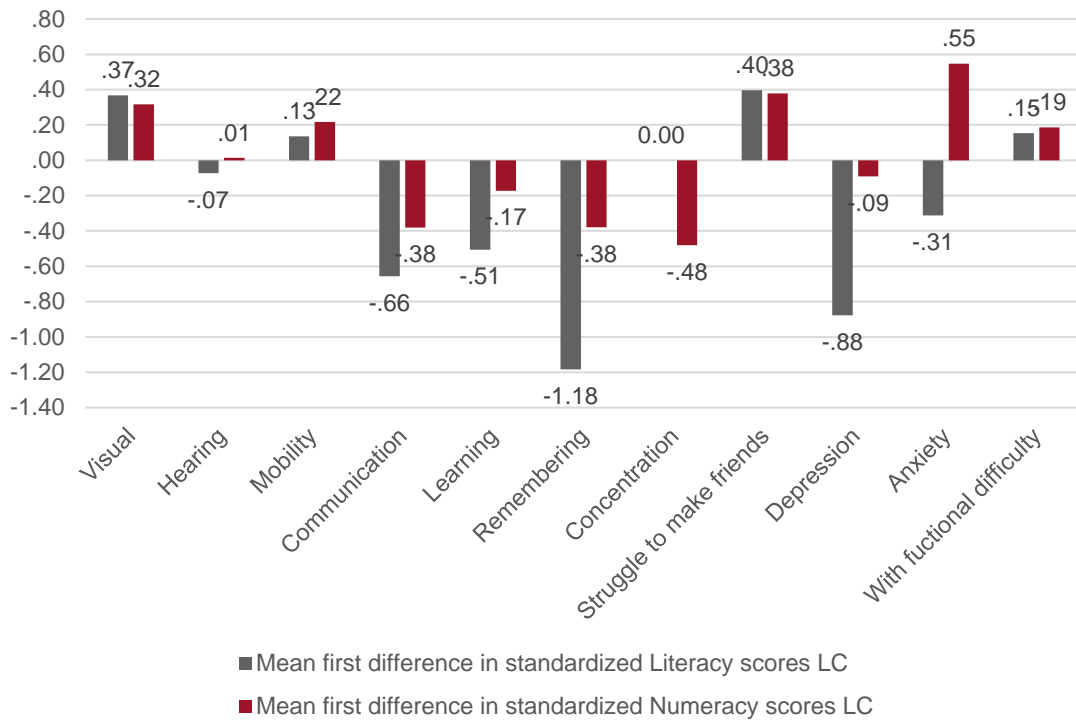
To understand changes by region, average change for girls in the target group per county are shown for literacy and numeracy in the figure following. Across all countries, girls with disabilities on average improved their literacy scores between baseline and midline. The greatest average improvement was experienced by girls in Siaya for literacy and girls in Kisumu for numeracy.

Figure 14. Average change in learning outcomes by County

- First difference in standardized Literacy scores
- First difference in standardized Numeracy scores
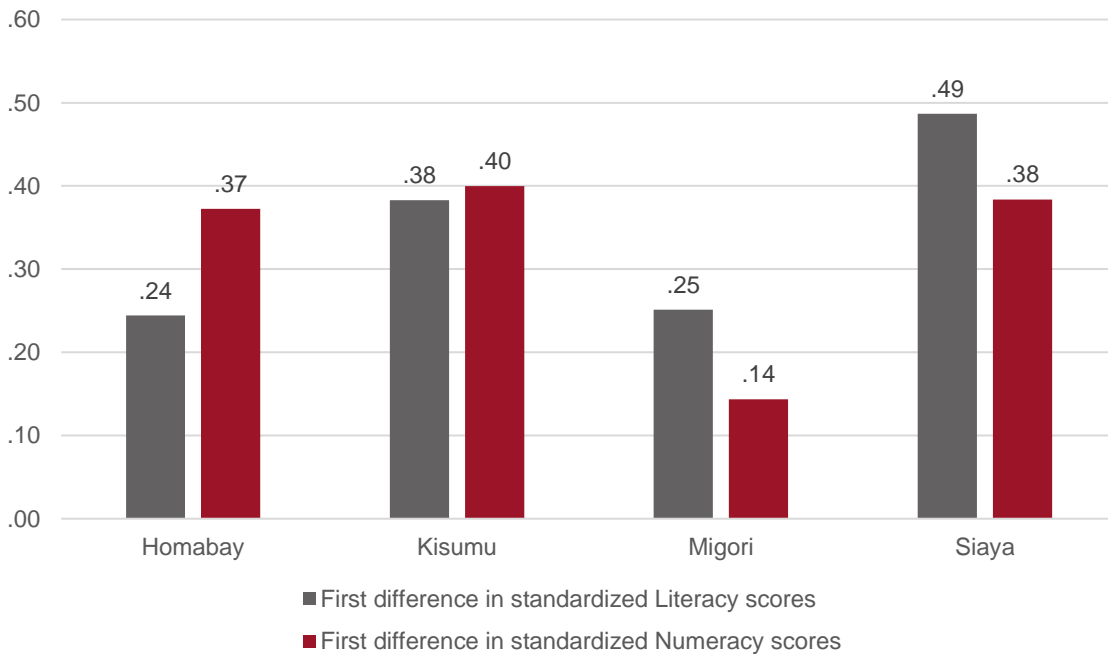
To understand this further, we categorized girls with disabilities into three broad categories based on the changes in their literacy and numeracy scores between evaluation periods: girls with disabilities who regressed in the given outcome, girls who maintained their baseline level, and girls with disabilities who improved their learning between periods. Results per county are shown in the figure below.

For literacy, the highest proportion of girls with disabilities to improve their outcomes between periods was in Siaya where 66.1% of girls with disabilities improved their literacy levels. For numeracy, the highest proportion of girls to improve their outcomes between periods was experienced by girls in Homabay: 73% of girls with disabilities in Homabay improved their numeracy outcomes. However, for both literacy and numeracy, Homabay had the largest proportion of girls with disabilities to regress on average between periods: 44.1% for literacy, and 21.6% for numeracy.

Figure 15. Performance of girls with disabilities by county
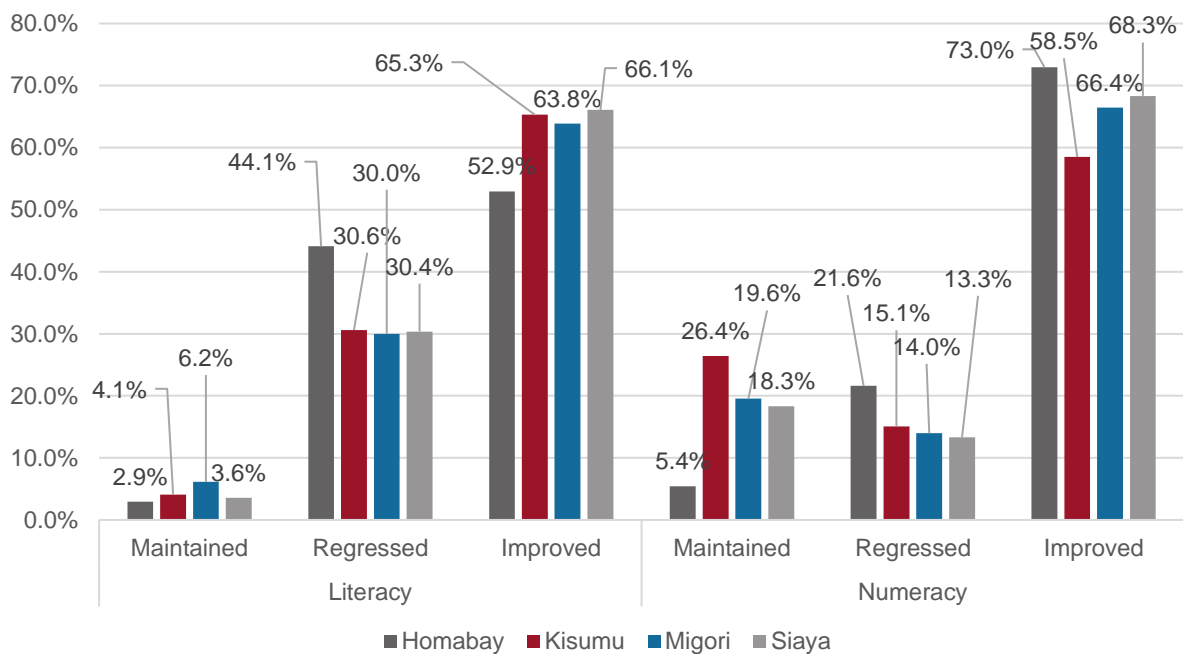
3.2.2 Have boys with disabilities improved their learning outcomes between periods and what supports them to do so based on qualitative evidence?

Although boys with disabilities were not sampled quantitatively through the study, qualitative sessions with boys with disabilities were conducted to understand to what extent they have experienced improvements in literacy and numeracy between Baseline and Midline and what has supported these improvements.

Boys with disabilities enjoy learning to read and are inspired by foreign media to improve their English fluency.

Most of the boys interviewed agreed that they like reading and wanted to improve their English fluency to consume foreign media:

"Because I want to watch tv more to get more information"[27].

"[I like] watching the video on the TV or listening to other on the radio to learn to speak fluent English" [28]

"[I like] watching Americans and how they speak"[29]

Qualitative evidence suggests that social reading enables boys with disabilities to close gaps in knowledge.

As one boy summarized:

"Sometimes you are reading together, and you find that you don't know something but somebody else in the group knows it. Then all of you get to know it."[30]

Boys with disabilities report that the provision of assistive devices helped them improve their literacy.

Assistive devices helped boys read by reducing the impact of visual and mobility impairments. When one boy was giving eyeglasses, it

"encouraged me in my reading ability".[31]

In addition, wheelchairs "may make my reading easier because I will be able to move some distance due to mobility.. [and get access to books and other materials]."[32]

However, one boy was not satisfied as he wished for special shoes that make movement "swift" and "if these can be provided, I can be better off."

Further, one participant suggested providing "a specific place where we can repair the [assistive devices] easily" because normally repairs "take long".[33]

Boys with disabilities often report that their male caregiver engages in physical punishment to "teach" them to read.

According to the participants, their fathers often helped them improve their writing and reading. For example,

"My dad supported me by telling me to write compositions failure to which he punishes me."

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[27] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1
[28] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1
[29] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1
[30]
[31] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1
[32] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1
[33] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1

Another child directly linked physical punishment with his improvement:

"…No pain no gain' so with me I can say my handwriting improved because when you look at the way I was being treated, it was through caning."[34]

This suggests that parents may think that physical punishment supports learning. This could be further addressed through messaging in Parent Support Groups.

Qualitative findings suggest that boys perceive themselves to be better at reading and numeracy and girls to be better at writing. While girls perceive themselves to be better at reading. However, some disagree with gender-based differences in skills.

Boys perceive girls to be superior in writing but inferior in reading and numeracy because:

"girls have better handwriting, so boys put more emphasis on reading"

"boys … after school it's their own life but girls after school are not practicing since they know someone else will cater for them."[35]

Some girls perceive boys to be inferior at reading because:

"they don't like reading novels, storybooks or even they don't like Kiswahili language and English because they think that they are more in science languages"

"when we are in class, most of the noisemakers are boys so they don't have enough time to read. They only like jokes and you can get the list of noisemakers that has only two girls but maybe 10 boys on it and this makes girls do better in their reading than boys."[36]

Some perceive boys to be generally superior in learning because of the pressures of house chores:

"because, after school, we have some small house chores that we have to do but with them after school, they go to the river to take bath and come back for revision"[37]

Some believe that boys are bett*er "in Maths only" because "girls fear maths".[38]*

However, some girls perceive no gender differences and report that "we perform equally".[39]

[34] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1

[35] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1

[36] *FGD girls with disabilities literacy and numeracy 2*

[37] *FGD girls with disabilities literacy and numeracy 2*

[38] *FGD girls with disabilities literacy and numeracy 2*

[39] FGD girls with disabilities literacy & numeracy 1

4 . Transition Outcomes

LC will support girls to transition through all the key points in the education cycle. The project will track four main transition pathways:

1. **Transitions Within School:** transitioning to the next grade between years of school (primary and secondary) excluding secondary school transitions, which are transitions from Grade 8 in Primary School to Form 1 of Secondary School.

2. **Secondary School Transitions:** transitioning from Grade 8 to Form 1, after obtaining the Kenyan Certificate of Primary Education (KCPE).

3. **Transitions into VTI after finishing primary school:** transitioning from the end of *primary school* to *vocational opportunities* (formal and informal).

4. **Accelerated Transitions into VTI without finishing primary school:** for girls with disabilities that are unable to complete primary school because the girls are over age and it is determined by a multi-disciplinary team that in the interest of the child it is better to proceed to *vocational opportunities.*

5. **Differentiated curriculum pathway** identified for girls with moderate to severe intellectual learning disabilities. These children require an Individual Education Plan with additional teaching input. Based on a multi-disciplinary approach, the plan is based on the child's abilities and key milestones that the teacher/parent/ health expert and the child think they can or want to achieve. The pathway would be based on learning but also on self-care, and independence.

These pathways are summarized in the table following.

Table 24. Expected Transition Pathways 2018-2021

Baseline Grade (May 2018)	Midline Grade (May 2019)	Endline Grade (May 2021)
Standard Transitions		
Grade 5	Grade 6	Grade 7
Grade 6	Grade 7	Form 1
Grade 7	Grade 8	Form 2
Grade 8	Form 1	Form 3
Grade 8	TVET/Craft Training	Work Paid Above Min. Wage
Accelerated Transition		
Any Grade Level	One Grade Level Above /TVET/Craft Training	Two Grade Level Above /TVET/Craft Training / Work Paid Above Min. Wage
Differentiated curriculum Transition	As determined by IEPs	As determined by IEPs
Any Grade Level		

To measure whether girls could successfully transition, transition stages were recorded through the household survey and girls' survey by asking participants what they or their child were doing in 2018 and 2019 [40], and triangulating across multiple surveys to correct

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[40] Specifically from February to November, corresponding to the months of the academic year in Kenya.

inconsistencies (stemming from participants' inability to recall specific information accurately). Girls were given a score of one (1) if they transitioned successfully or zero (0) if they did not by transition pathway and in an overall transition score. This final score is treated as the equivalent to the first difference in the DID model.

Table 25 provides an overview of the expected transitions of girls' enrolled in the programme between these two evaluation periods and what is considered an unsuccessful or unsuccessful transition.

The following table outlines the main transition pathways for the girls in the original benchmark group (both children with disabilities and children without disabilities). These are the pathways that were taken into consideration to calculate the transition benchmark.

Table 25. Transition pathways

	Baseline or Midline point	Successful Transition	Unsuccessful Transition
Upper primary School	Enrolled in Grades 5, 6, 7, 8	✓ In-school progression ✓ Moves into secondary school ✓ Completes primary school and enrols into or continues technical & vocational education & training (TVET) or VTI, Age 15+[41] ✓ Is in an *accelerated pathway*, does not complete primary school and enrols into- or continues in technical & vocational education & training (TVET), Age 15+ ✓ Continues with IEP	✗ Drops out of school ✗ Moves into work, but is below legal age of 15 ✗ If above 15, moves into any kind of work without completing primary school ✗ Repeats the same grade level ✗ Discontinues IEPs
Lower Secondary School	Enrolled in Forms 1 and 2	✓ In-school progression ✓ Enrols into or continues technical & vocational education & training (TVET) or VTI Age 15+ ✓ Work, internship, or employment paid above min. wage Age 15+ ✓ Continues with IEP	✗ Drops out of school ✗ Moves into work, but is below legal age of 15 or is paid below minimum wage[42] ✗ Is inactive (neither employed or unemployed) ✗ Discontinues IEPs
Upper Secondary school	Enrolled in Forms 3 and 4	✓ In-school progression ✓ Enrols into or continues technical & vocational education & training (TVET) or VTI Age 15+ ✓ Work, internship, or employment paid above min. wage Age 15+ ✓ Enrols into University or Further Education Programmes ✓ Continues with IEP	✗ Drops out of school ✗ Moves into employment, but is paid below minimum wage ✗ Is inactive (neither employed or unemployed) ✗ Discontinues IEPs

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Ibid, 11.

Baseline benchmarks do not distinguish between paid or unpaid work as internship schemes will be in most part be unpaid as they are focused on skills acquisition. Future studies will consider different types of "work" pathways.

	Baseline or Midline point	Successful Transition	Unsuccessful Transition
Out of school (age 9-18)	Inactive but of school age	✓ Re-enrols in appropriate grade level in basic education Age 9-19 ✓ Enrols into or continues technical & vocational education & training (TVET) or VTI Age 15+ ✓ Work, internship, or employment paid above min. wage Age 15+	✗ Remains out of school ✗ Turns to work paid below min. wage ✗ Turns to unpaid work ✗ Turns to work paid above min. wage but is younger than 15. ✗ Is inactive (neither employed or unemployed)
University	University	✓ Continues University ✓ Enrols into or continues technical & vocational education & training (TVET) or VTI Age 15+ ✓ Work, internship, or employment, Age 15+	✗ Drops-out from University ✗ Becomes unemployed or inactive ✗ Turns to unpaid work ✗ Turns to work paid below min. wage
VTI / Income generation	Work, internship, or employment (paid above min. Wage)	✓ Enrols into or continues technical & vocational education & training (TVET) or VTI Age 15+ ✓ Continues Work, internship, or employment paid above min. wage Age 15+	✗ Stays inactive or unemployed ✗ Turns to unpaid work ✗ Turns to work paid below min. wage
	Work, internship, or employment (paid below min. Wage)	✓ Enrols into or continues technical & vocational education & training (TVET), Age 15+[43] to further professional development ✓ Continues Work, internship, or employment, Age 15+ and she is paid above min. wage	✗ Becomes inactive or unemployed ✗ Turns to unpaid work ✗ Stays in work paid below min. wage
	Work, internship, or employment (unpaid)	✓ Enrols into or continues technical & vocational education & training (TVET), Age 14+[44] to further professional development ✓ Continues Work, internship, or employment, Age 15+ and she is paid above min. wage	✗ Becomes inactive or unemployed ✗ Stays in unpaid work ✗ Turns to work paid below min. wage
	TVET or Other Professional Training	✓ Work, internship, or employment, Age 15+ and she is paid above min. wage	✗ Stays or Becomes inactive ✗ Turns to unpaid work ✗ Turns to work paid below min. wage ✗ Drops-out TVET training before completion
	Inactive (out-of-school)	✓ Returns to school ✓ Enrols into or continues technical & vocational education & training (TVET), Age 14+ ✓ Work, internship, or employment, Age 15+ ✓ Enrols in University	✗ Drops-out from school ✗ Stays inactive or unemployed ✗ Drops-out TVET training before completion

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Op cit., 11.
Op cit., 11.

4.1   Transition Findings

4.1.1 How have the transition rates of girls with and without disabilities changed between baseline and Midline? To what extent has the project contributed to closing the gap in transition between girls with and without disabilities?

At baseline, we took a one-off benchmark of transition rates among girls in project areas beyond the tracked cohort, to obtain an estimate of population transitions' rates. We found that girls with disability were as successful at transitioning into school as their non-disabled peers (no differences found), though a gap existed in work-based transitions: 33% of girls with a disability were able to transition into vocational skill training and opportunities or TVET compared to 47% of non-disabled girls[45]. In the tracked cohort, transition rates were also similar among target and comparison girls (no differences found).

At midline, the analytical objective is to determine whether the gap in transitions has widened or stayed the same over time. While the present study did not track comparison girls, we can still calculate the transition rates for the new comparison group sample and compare it to the rate of the midline group.

Table 26 summarizes the transition results for multiple sampled groups.

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[45] Navarrete-Berges & Omarshah (2018) *Baseline Evaluation of the GEC-T Inclusive Education Programme in Kenya by Leonard Cheshire* (unpublished).

Table 26 Percentage of Successful Transitions by Experimental Groups (n=total cases in category)

Group	Baseline Groups						Midline Groups		
	Girls with Disabilities from areas of the Intervention[46]	Girls without Disabilities from areas of the intervention	Girls from Project Secondary School taken for a benchmark	Benchmark Cases in Secondary School (Form 1 to 4) – Non-disabled girls	Baseline Girls with disabilities (Tracked and Lost at Midline)[47]	Baseline Comparison Girls (Non-disabled girls from treatment schools)	Girls Tracked since Baseline who have a Disability	All Girls from the Midline with a Disability	Midline Non-Disabled Girls (non-disabled girls from comparison)
Overall Results									
Baseline Overall	79%	78%	100%	96%	90%	92%	94%	91%	No cases
Midline Overall	-	-	-	-	-	-	88%	88%	99%
Transition Pathway Results									
Within-School	89%	84%	100%	96%	91%	93%	87%	86%	99%
Secondary School Transitions	88%	77%	100%	100%	0%	-	96%	96%	100%
Re-enrolment	25%	50%	-		100%*	100%*	-	-	100%*
TVET (completed primary school)	33%	47%	-	-	-	-	100%	100%*	-
Employment (above Min. Wage)	0%	11%	-	-	-	-	100%*	100%*	-
University	25%	67%	-	-	-	-	-		-
Unsuccessful Transitions									
% Drop-out 2018	1%	2%	0%	0%	0%	0%	3%	3%	0%
% Drop-out 2019	-	-	-	-	-	-	0%	0%	0%
% Repeating the Same Grade in 2018	-	-	0%	4%	11%	7%	12%	12%	-
% Repeating the Same Grade in 2019	-	-	-	-	-	-	11%	11%	0.80%

* less than 5 cases

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[46] See how this data was gathered in Annex 4.

[47] Baseline Variable

In this section, we present aggregate-level findings for various groups. The first is the treatment group, consisting of girls in tracked cohort who are confirmed to have been assessed by disability by the EARC. The second is the comparison group of the baseline period, composed of girls that are not classified as having a disability by the short-set of Washington Group girls taken from treatment, and the comparison group of the midline period which are non-disabled girls from control schools.

The outcome spreadsheet includes only cases from the original tracked cohort in the treatment group. In the comparison group, the baseline rate reflects that of non-disabled girls from treatment schools (where a gap existed in transitions). At midline, we wanted to see if this gap was present also in areas without the intervention and therefore a new comparison group was sampled non-intervention areas. In other words, the comparison group was taken from treatment schools during the baseline and from control schools during the midline.

Results show a slight decrease in the average transition rate for the target group, going from 91% at baseline to 88% at midline. When only the tracked cohort is considered (n=288), the rate remains the same (88%).

This is still 10% higher than the benchmark for disabled girls from project intervention areas[48], which was 79% at baseline for girls with a disability (n=135) and 78% for girls without a disability (n=554).

The aggregate successful rate of transitions in the comparison groups was taken from two different groups, for both periods. For the comparison group at baseline (non-disabled girls from treatment schools), 94% girls were successful at transitioning (n=267).

It should be noted that a sampling bias exists towards girls dropping out from school at midline because it is taken from schools rather than from household areas. Therefore, there is a higher chance that girls selected were successful at transitioning compared to those that are not and therefore transition rates will tend to be higher than normal at midline. Given this bias, we may argue that aggregate transition rates have remained very similar for non-disabled girls between both evaluation periods.

The target group regressed 3% in the overall transition success rate.

See Table 27 for these results:

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[48] To create a benchmark for transitions we took a "one off" sample girls in intervention areas who are not targeted by the project. The data was obtained through a second survey in all households visited called the Benchmark Survey. Through this survey, caregivers were asked to list all girls aged 9-25 in the household other than the tracked girl. This age-range corresponds to the expected age-range of children enrolled in Grade 5 to Form 4 and three years after. LC does not target a specific age range as part of their intervention and incorporates a few girls who are older than 20 in their intervention group. For each girl, her age, 2017 activity and 2018 activity were recorded. This included girls' grade-level in 2017 and 2018, when applicable. Caregivers were also asked the short set of Washington Group questions for disability for each girl listed. This enabled us to classify benchmarks for disabled and non-disabled groups separately. In here we present the benchmark results of girls cassified as disabled. Girls with some, a lot or "cannot do at all" difficulties were classified as disabled. This is because the "some" difficulty group can be considered as disabled for cultural reasons and and it is common for girls in the target group CWD to also be within this "some" group.

Table 27. Overall Transition Results

Period	Transition Rate	Success Rate	n
Baseline	*Target*	91%	348
	Comparison	94%	267
Midline	*Target*	88%	336
	Comparison	99%	259

4.1.1.1   Project's contribution to Transitions

While overall findings indicate that there is a gap in transitions between disabled and non-disabled girls, chi-square tests show that girls participating in specific project activities have higher transition rates than those that do not. For example, girls in C2C clubs, and girls who get support from a social worker are more likely to transition than girls that do not receive these intervention packages.

91% of C2C club members were able to transition (compared to 75% of non-members) and 93% of girls who get support from a social worker were able to transition (compared to 85% of those who did not get support from a social worker).

C2C clubs allow girls with disabilities to interact and socialise with their peers, to learn more about disability awareness, life skills and engage in extra-curricular activities such as singing and dancing. These activities were aimed at helping to improve self-esteem, confidence and communication among the girls with disabilities, and help to reduce stigma and discrimination in the school.

Regressions analyses confirm this theoretical link and show that being in a C2C predicts a higher level of school belonging (Model: $r2 = .018$, $F(1,342)= 3.383$, $p.<05$; Indicator: $B=2.16$, $S.E = .085$, $p<0.001$), and girls with a high level of school belonging are 7 times more likely to successfully transition (Model: chi-square $= 4.16$, $df= 1$, $N=595$, $p.<05$; Indicator: $B=2.17$, $S.E = .326$, Wald $= 4.497$, $p<0.05$).

Regression results also show that members of a C2C Club are much less likely to repeat grade levels, which is the leading cause of unsuccessful transitions in the target group (Model: chi-square $= 8.223$, $df= 1$, $N=595$, $p.<05$; Indicator: $B=-1.17$, $S.E = .374$, Wald $= 8.922$, $p<0.05$) and only 1.5% of girls in C2C Club dropped out from school compared 8.8% of non-members ($p.<05$).

Likewise, when girls with a disability were supported by a social worker trained by LC, they were less likely to have repeated a grade level or dropped out from school than when they were not. 1% of girls with a disability dropped out from school (compared 5% of girls who did not receive support from a social worker; $p.<001$) and 7.3% of those receiving this form of support repeated grade levels (compared 14% who repeated grade-levels but did not get this form of support; $p<.05$).

In FGDs with County Working Groups, participants mentioned that following up with the girls' family and through LC's financial support, school drop-outs have returned to school: "*There is a*

girl who was disabled in the home, the parents just put her in the homestead, we followed her case as a CBO. The girl went to school and now she got 258 marks and she was supposed to join secondary school but because of lack of school fees, she stayed home at but then because I had learnt of Leonard Cheshire, I came and consulted them and now the girl is able to go to school."[49]

The project has also placed a strong emphasis in helping girls with disabilities to manage their condition and obtain rehabilitative support when needed: "*She is doing well ever since she started learning here because when the Leonard Cheshire team came, she had a big problem on one knee so she could not walk well. So when they came, she was treated well and now she is doing not all that bad. She sat for her exams here and now she is in Lambwe Secondary and she still likes school. They are visited well. It is just the issue of fee where I know there will be a lot of difficulties but I request that she be helped by the program so that she can learn.*"[50]

In qualitative sessions, boys and girls alike mentioned that a common difficulty faced by many is the lack of money to cover associated school costs: "*transitioning from primary to secondary could be difficult due to lack of fees*"[51] This validates project interventions that seek to provide support for school fees and mitigate the effect of this barrier on school drop-outs. Girls with a disability mentioned that the financial support received from LC to enroll them into polytechnic schools was crucial to ensure their transition: *"If LC was unable to pay this money, would you be in this polytechnic?" "I would not have come… because my mother has no money".*

Members of County Working Groups mentioned that VTI institutes have also received inclusive education training: *"there are policies that are covering tertiary colleges and that is in the youth polytechnic-inclusive trainings especially to the persons living with disability are involved*". This training has also at times been carried by disabled persons themselves: "*we have integrated the disabled trainees among the other normal trainees*"[52].

Girls with disabilities also expressed positive views about VTIs: "*I came here at Ndere the teachers welcome you happily and they advise you on the progress of Ndere and the trainees don't despise others. Ndere is a place which is good and it's easy to get enrolled because people love one another".*[53]

4.1.1.2 Transition Pathways Results

In-school transition pathways are more popular pathways than vocational training or employment

Currently, 18% of the target sample is found in secondary schools and 81% of them in primary school. Employment and TVET are less popular pathways with 0.3% of girls successfully

[49] FGD members of CWGs 1
[50] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1
[51] FGD boys with disabilities attendance changes 1
[52] FGD members of CWGs 1
[53] FGD Girls with Disabilities VTIs 4

transitioning into employment and 1.5% of them into vocational training. 1.2% of girls remained inactive or in domestic activity since the baseline.

While the project originally expected that many girls with a disability would transition into vocational training, most stayed on and transitioned into secondary school.

Of the 3% girls with a disability that dropped out (n=10), five went onto pursue TVET training, three of which did not get the KCPE certificate at Grade 8. One went into paid employment, two were nursing a child, and two were in domestic activities exclusively.

Qualitative sessions show that girls link going to school with their aspirations, usually matched to careers that require tertiary education: "*if you go to the university, for example if you want to be a lawyer like me, school is where you will be equipped with the right knowledge that fits a profession like mine*"[54] and to "*get knowledge for my future.*" Girls with disabilities also mentioned that they come to school to get respect: "*I'm going to school to get knowledge and respect."*[55]

Instead, qualitative sessions show that girls usually join VTIs because they follow the advice of someone they respect, because they cannot afford school-associated costs, to obtain better jobs than those that require no skills (and thus become self-reliant), and as a realistic option for low performers. For some girls, school is not a feasible option due to their disability, such as epilepsy.

These reasons are summarised in the table below:

Table 28. Reasons to Join VTIs

Reason to Join VTIs	Evidence
Advice	*"I was advised by my uncle and my friends. They told me that I should join polytechnic so that I learn something that would make my life better instead of just staying idle at home which would consequently destroy my life."* *"My role model was my primary teacher. I went back to him after class 8 and I told him that my teacher I've completed primary and my mum has told me to chose between secondary and polytechnic and he told me that there is a polytechnic called Ndere. He talked to me and he is the one who brought me a letter from this polytechnic".*[56]
Fees	"transitioning from primary to secondary could be difficult due to lack of fees[57]
Better prospects	*"If I complete my course, I will be able to work and get money so, I do not beg."* *"My parents were happy because once I start doing my work, then I can support them even in old age."*
Self-reliance	*"I decided to come to this VTI so that I can be self-reliant in life."* *"So that I do not suffer."*

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55 FGD girls with disabilities attendance GJ 1

56 FGD Girls with Disabilities VTIs 4

57 FGD boys with disabilities attendance changes 1

Reason to Join VTIs	Evidence
Low performers	*"I was in form one when I decided to join this school, my performance was not good. I used form one result slip to join this school, in form two I did not perform well and I could not get promotion to form three."*[58] *"I feared I was not going to perform. That's why I came here."*[59] *When I did my form four, I did not get the graded that could take me to the university, so I came here to join this course in order to achieve my dreams".*[60]
Epilepsy	*"I came to this VTI so that I can fend for myself because I used to be sick and was unable to go to school regularly due to frequent seizures of epilepsy that made me lose consciousness and kept me out of school for long. So, I decided to join VTI in order to support myself than staying at home doing nothing."*

Findings show that the most problematic pathway for girls with disabilities is primary school.

When we study differences in transition rates by transition pathway, we find that by midline 87% of girls with a disability successfully transitioned in primary school (contrary to 90% at baseline). In secondary school, 96% of girls with a disability successfully transitioned. All these differences are significant according to chi-square tests. Only one girl in the sample was found to be employed. The table following reflects the successful rates of transition, by pathway, evaluation status and period:

Table 29. Successful Rates Transition Pathways

Pathway	Comparison 2018		Comparison 2019		Target 2018		Target 2019		All 2018		All 2019	
	N	N%	N	N%	N	N%	N	N%	N	N%	N	N%
Primary School	208	92.4	202	99.0	282	89.5	237	86.5	490	90.7	439	91.8
Secondary School	N/A	N/A	55	100	0	-	50	100	0	-	105	100
Vocational Training	N/A	N/A	0	-	0	-	5	100	0	-	5	100
Employment (paid or unpaid)	N/A	N/A	0	-	0	-	1	100	0	-	1	100

Girls with a disability tend to repeat P6 the most and the highest proportion of dropouts were in Grade 8 at baseline, suggesting that many drop-out before going into secondary school.

Kenya practices automatic promotion, where all children are systematically promoted to the next grade except in exceptional circumstances (e.g. extended absenteeism due to illness). Studies in other East African countries have shown positive results on learning outcomes when students progress across years automatically and teachers are tracking outcomes and responding to these in their lessons[61]. However, in some countries, "automatic promotion policies are not fully respected, and repetition is still applied to some extent but not always reported in official statistics". This may be the case of Kenya, where the **repetition rate** for girls with a disability was

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[58] FGD Girls With Visual Impairment

[59] FGD Girls With Visual Impairment

[60] 60 FGD boys with disabilities attendance changes 1

[61] Okurut, Jeje. (2015). Examining the Effect of Automatic Promotion on Students' Learning Achievements in Uganda's Primary Education. *World Journal of Education*. 5..

11% and for comparison girls 0.8%. This shows that more girls with a disability repeat grade-levels than their non-disabled peers.

According to chi-square tests, girls with a disability attend school less and may thus not automatically progress as much as non-disabled girls. When parents of girls who had missed more than two weeks of school were asked why they missed school, parents of girls with a disability mentioned illness most frequently, whereas parents of non-disabled girls mentioned not having money for school most frequently. This may suggest that girls with disability may need support to alleviate the effect of illness on their attendance and therefore on its transitions to secondary school.

In the target group, the highest proportion of girls who repeated school were found in Grade 7 with 16% having repeated it (n=13), followed by Grade 6 with 15% repeating (n=12), and 7% repeating in Grade 5 (n=5) and 2% in Grade 8 (n=1). Of those that dropped out, however, we found that largest number of them (n=5) did so in Grade 8 (11% drop-our rate)followed by Grade 7 and then Grade 6

Of those girls in the target group that were unsuccessful at transitioning at midline (n=40), 20% repeated Grade 5 (n=8), 38% repeated Grade 6 (n=15), 33% repeated Grade 7 (n=13), and 2.5% repeated Grade 8 (n=1). This shows that Grade 6 is the grade that girls with a disability tend to repeat the most, followed by Grade 7 with a 4% drop-out rate (n=3), and Grade 6 with 1% (n=1). This followed by Grade 7 (n=3; 4%) and Grade 6 (n=1: 1.2%). This suggests that girls tend to drop-out the most after Grade 8, that is, when they fail to transition into secondary school.

The **overall drop-out rate** for girls with a disability is 3% for 2019 and 0% for 2018. No comparison girls were observed to drop-out in between periods suggesting that girls with disabilities may be more susceptible to drop-out from school than their peers. However, this may also be the effect of the sampling bias in the comparison group, which was taken from schools. We will study how these differences evolved by endline, once the comparison cohort is tracked.

Table 30. Percentage of Drop-outs or Repeats by Grade Level (Girls With Disability)

Grade at Baseline		Repeated Grade Level 2019		Dropped-out 2019	
		N	%	N	%
Grades of the Baseline Cohort (2018)	Form 1	0	0.0%	0	0.0%
	Form 2	0	0.0%	0	0.0%
	Form 3	0	0.0%	0	0.0%
	Form 4	0	0.0%	0	0.0%
	Class 5	5	7.2%	0	0.0%
	Class 6	12	15.0%	1	1.2%
	Class 7	13	16.0%	3	3.6%
	Class 8	1	2.4%	5	10.6%

In terms of ages, the highest proportion of unsuccessful transitions occurred for girls from 11 to 13 years old (46%), followed by girls who are 17 (18%).

Of the types of unsuccessful transitions, the majority are repeats.

Table 31. Success Rates by group at Midline

Age of Girl at Midline		Comparison				Target			
		Unsuccessful		Successful		Unsuccessful		Successful	
		N	%	N	%	N	%	N	%
	10	0	0.0%	1	100.0%	0	0.0%	1	100.0%
	11	0	0.0%	11	100.0%	2	16.7%	10	83.3%
	12	0	0.0%	32	100.0%	5	12.5%	35	87.5%
	13	1	1.5%	66	98.5%	11	16.4%	56	83.6%
	14	1	1.6%	62	98.4%	9	10.8%	74	89.2%
	15	0	0.0%	55	100.0%	7	10.4%	60	89.6%
	16	0	0.0%	19	100.0%	2	5.6%	34	94.4%
	17	0	0.0%	11	100.0%	4	18.2%	18	81.8%
	18	0	0.0%	0	0.0%	0	0.0%	3	100.0%
	19	0	0.0%	0	0.0%	0	0.0%	2	100.0%
	21	0	0.0%	0	0.0%	0	0.0%	2	100.0%
	28	0	0.0%	0	0.0%	0	0.0%	1	100.0%
	All	2	0.8%	257	99.2%	40	11.9%	296	88.1%

The Kenya Education Plan for 2013-2018[62] promotes transitions through three of its objectives. In these, it is stated *inter alia* that the government and partners will seek the (1) "*provision of free and compulsory basic education while observing the principles of affordability, accessibility, availability, relevance and quality.*" to ensue low income households can afford education (2) "*ensuring automatic progression and transition within and across levels.*" (3) "*Promoting equality of education opportunities for all learners at all education levels*" (4) "*Ensure that all children, including children in difficult circumstances, and those from marginalized/vulnerable groups, have access to and complete quality free and compulsory basic (ECDE, primary and secondary) education.*"

4.2   Sub-group Findings and Barriers to Transition

4.2.1 How do barriers and characteristics influence girls with disabilities transition outcomes between baseline and midline?

This section disaggregates transitions' findings by barriers and characteristics known to affect transition pathways for girls with a disability (girls in the target group). Through chi-square tests, we highlight which characteristic- or barrier-group has a significantly higher proportion of girls with

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[62] MoEST (2014) Education Sector Plan 2013-2018. Available at https://www.globalpartnership.org/content/education-sector-plan-2013-2018-kenya. pp.16-17.

successful or unsuccessful transitions. Through these analyses, only those at-risk children and the most salient barriers identified to be relevant by chi-square tests are presented.

There are no significant differences in the rate of transitions between girls deemed disabled by the Child Functioning Questionnaire and non-disabled girls. According to chi-square tests, only girls with anxiety and depression transitioned less successfully than other girls at significant levels at baseline. However, there are counts lower than 5 in these comparisons, suggesting that this association is weak at best. At midline, no specific impairment group had different transitions than the non-impairment group.

Table 32. Transition Rates for Impairment Groups by Period

Functional Difficulty		Baseline		Midline	
		n	%	n	%
Disability Status	*Not Disabled*	136	95.1%	201	87.8%
	Disabled	69	86.3%	89	89.0%
Seeing	*No functional difficulty*	223	89.9%	252	88.1%
	With functional difficulty	36	94.7%	43	89.6%
Hearing	*No functional difficulty*	241	90.6%	277	88.8%
	With functional difficulty	19	90.5%	19	82.6%
Walking	*No functional difficulty*	257	90.5%	291	87.9%
	With functional difficulty	4	100.0%	5	100.0%
Self-care	*No functional difficulty*	259	90.9%	293	88.0%
	With functional difficulty	2	66.7%	3	100.0%
Communicating	*No functional difficulty*	252	91.0%	287	88.0%
	With functional difficulty	9	90.0%	8	88.9%
Learning	*No functional difficulty*	246	90.8%	280	88.6%
	With functional difficulty	15	88.2%	16	80.0%
Remembering	*No functional difficulty*	249	91.2%	282	88.1%
	With functional difficulty	12	80.0%	14	87.5%
Concentrating	*No functional difficulty*	255	91.1%	287	88.0%
	With functional difficulty	5	71.4%	8	88.9%
Accepting Change	*No functional difficulty*	257	90.8%	291	88.2%
	With functional difficulty	4	80.0%	5	83.3%
Behaviour	*No functional difficulty*	257	90.8%	291	88.2%
	With functional difficulty	2	66.7%	3	75.0%
Making Friends	*No functional difficulty*	258	90.8%	292	88.0%
	With functional difficulty	2	66.7%	3	100.0%
Anxiety	*No functional difficulty*	255	91.7%	285	88.0%
	With functional difficulty	6	60.0%*	11	91.7%
Depression	*No functional difficulty*	257	91.1%	288	88.1%
	With functional difficulty	4	66.7%*	8	88.9%

In terms of other sub-groups, results show that girls who agreed or strongly agreed with the statement, "*girls do not have a right to go school*", transition less successfully than those that disagreed.

Those who report they do not get enough family support tend to be less likely to transition to school. In FGDs, a girl mentioned this was a key reason for her dropping out: "*My parents have their own commitments and I don't think my schooling would have received priority.*".

Findings also show that if a girl (with a partner) cannot say no to sex with her partner when she does not want to, she is less able to transition. Similarly, girls who have given birth transition considerably less. In FGDs, girls mentioned that they are more prone than boys to fall prey to

abuse: "*and the girls are more prone to abuse than men, like defilement and in cases of pregnancy they are forced to miss school.*"

When girls think that the way members of the community think about children with disabilities has gotten worse over the past year, they are also less likely to transition. During qualitative sessions, other girls mentioned that when this happens, girls think less of themselves and marry because they feel like they have no better prospect: "*People treat her with scorn. She is perceived as an outcast and as nitwitted who has no give-back value to the community. The girl now ends up losing hope in life and decides to disappear from home. In that situation even if she meets a very old man, she will agree to marry him in submission to stressful life ahead*".[63]

Girls who receive a free meal at school are also more likely to transition. Girls who report that there are not enough seats in class are also less likely to transition.

Girls whose teacher uses physical punishments such as hitting, or caning are less likely to transition than girls in classrooms whose teachers do not engage in those forms of discipline. Similarly, girls whose teacher shout in class are less likely to transition.

If the household reports that the school is not well managed or that the teaching quality at school is poor, their girls are less likely to transition.

In FGDs girls mentioned that lacking money for school associated costs are a barrier to transition:

> "*Some people have dropped because they lack school fees. They don't have money to pay.*" Another mentioned "*When your learning is on and off because of fees, you get demoralized and eventually you decide to drop.*"

Others mentioned that marriage and pregnancy are common reasons to miss school:

> "*They meet with boys who deceive them into 'come we stay' marriage and soon after, they reject them. So, the girls resort to going back to their maiden homes but now they find it hard to resume schooling because the flow of fees had been cut.*"

Attitudes towards the usefulness of VTI training are also important factors affecting transitions. A participant of a VTI course mentioned that girls who do not register for the VTI examination and certification become demotivated:

> "*Girls see that because for many years they have not registered for examination/ trade test, they perceive their coming to polytechnic as inconsequential and they finally decide to drop.*"[64]

Another girl mentioned that a reason for dropping out of VTI is lack of money to pay for the fees:

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[63] FGD Girls with disabilities Sexual Reproductive Health 1
[64] FGD with Girls with Disabilities who transitioned to VTIs (Standard Transition).

"Some people have dropped because they lack school fees. They don't have money to pay."[65]

4.3 Target setting for the transition outcome

The **targets** for the next evaluation points was set by the outcome spreadsheet and seen in the table below:

Table 33. Target setting

Targets	Evaluation point 3
Target generated by the outcome spreadsheet	5%
Alternative target proposed by project (if applicable)	5%

[65] *Ibid.*

5 .Sustainability Outcome

5.1   How did the project perform against its sustainability targets?

Table 34: Sustainability indicators

	Community	School and Institute	System
Indicator 1: % of girls with disabilities who confirm their male parent/guardian is taking an active interest in their education/training	At midline, 76.4%of girls with disabilities confirm their male parent/guarding is taking an active interest in their education. This indicator was not measured at Baseline.		
Indicator 2: % of intervention schools that allocate resources to support the implementation of inclusive education and child protection policies		At baseline, 0.11% of intervention schools allocate resources to support the implementation of inclusive education and child protection policies. At midline, 87% headteachers report this to be the case.	
Indicator 3: % national education funding that is allocated towards implementing inclusive education practice within the special education policy and teacher training curriculum			At baseline 7.61% of the national education budget was allocated to special education spending. At midline, 7.82% of the national education budget was allocated to special education spending.
Baseline Sustainability Score (0-4)	1 (Latent)	1 (Latent)	2 (Emergent)
Overall Sustainability Score (0-4, average of the three level scores)	Latent		
Midline sustainability Target (0-4)	2	2	3
Midline score (0-4)	2 (Emergent)	2 (Emergent)	2 (Emergent)

	Community	School and Institute	System
Overall sustainability Score (0-4, average of the three level scores)		2 (Emergent)	

To assess sustainability at Midline, the EE reviewed required changes at each level of the scorecard, set out during the baseline.

At the community level, the evaluator rates the sustainability of the project as Emergent (2).

Although there have been some changes towards the extent to which community members accept girls with disabilities, and some evidence of reductions in stigma, there is still evidence that girls with disabilities are discriminated against (see section 6.4.2). There is little evidence that a critical mass of stakeholders has changed their attitudes. However, there is evidence of improved practices and support for the education of girls with disabilities, and there is evidence that this is extending.

There is evidence of improvements in the extent to which girls with disabilities are supported by their communities.

At Midline, 76.7% of girls with disabilities feel included in community events, compared to 50.8% at Baseline. Similarly, by Midline 79.3% of girls with disabilities feel respected by members of their communities compared to 56% at Baseline.

Member of County Working Groups report that stigma has reduced for children with disabilities between Baseline and Midline.

A CWG member observed that LC contributed to the reduction of stigma by enabling "*home visit and home counseling … now we have been informed or even spotted the houses where the children were 'caged'. We have decided to make home visits and persuade parents to let their children go out to reduce stigmatization because these kids are just the [same] as other normal kids and if they put them in the house and close the door to them, they will not get education and with education there is empowerment. Knowledge is power that's what we know. So, at least we speak to the parents and let them know these kids need to be educated; they need to have knowledge for them to be better persons in future."* [66]

Another member reported on one case in particular:

"There is a girl who was disabled in the home, the parents just put her in the homestead, we followed her case as a CBO. The girl went to school and now she got 258 marks and she was supposed to join secondary school but because of lack of school fees, she stayed home but then

[66] FGD members of CWGs 1

because I had learnt of Leonard Cheshire, I came and consulted them and now the girl is able to go to school."[67]

Various other stakeholder report that stigma has been reduced through community awareness activities.

As one BoM member reported:

"*The community has been sensitized that they bring out children/persons hidden in their homes so that the government takes care and it's true that through this program they have been made aware from the offices of provincial administration down wards to local levels.*"[68]

A parent also reported that "*villagers are also watchful enough, the chief being inclusive. Again, the villagers have understood that you don't call a child with disability based on their type of disability.*"[69];

"*Since this program came, they realize that disability lives with people and it can land on anyone. You can be born well but later get disabled on the way as you grow. So, whether you are disabled or not, just accept to be together with those who are disabled.*"[70]

Another parent reported:

"*As their mother, they see that I'm visually impaired but I wasn't born with that and so they know that disability is something that can get into anyone within a minute even through a physical fight where one can injure a part of your body till you get disabled and you were not born disabled.*"[71]

A County Director furthered these views, stating:

"*After the sensitization parents have moved away from the idea of locking the disabled in houses to the need to take the children to school for the purposes of learning.*"[72]

However, despite these improvements, additional qualitative evidence suggest girls with disabilities are still discriminated against in communities.

One Sub-County Director of Education observed that "*community sensitization*" has still not resulted in universal change because "*we believe that a number of them [children with disabilities] are still contained and held in their respective homes.*"[73]

Several girls with disabilities continue to report cases of discrimination. In one specific example, a girl with hearing impairments was discouraged by her neighbor who told her:

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[67] FGD members of CWGs 1
[68] FGD members of CWGs 1
[69] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1
[70] FGD Parents Stigma & Acceptance 1
[71] FGD Parents Stigma & Acceptance 1
[72] KII SUB COUNTY DIRECTOR OF EDUCATION 2
[73] KII Sub-county Directors of Education

"that I'll never be in a [respected] position and I've never been in a good position."[74]

A headteacher also reported mixed community support: "*yesterday I called child rescue center they told me they were coming but they didn't come.*" However, in other cases he has had success by working closely with the chiefs "*to bring them back to school" and succeeds sometimes.*[75]

Cases of discrimination and bullying are further documented in section 6.4.2. These include cases where community members, peers, teachers and parents continue to perpetrate discrimination and abuse against children with disabilities.

At the school and institute level, the evaluator rates the project's sustainability as Emergent (2).

The evaluator rated the project's sustainability at the school level as emergent because there is evidence of improved support for inclusive education in schools. However, it is not universal but extending with the necessary support of project staff. At Midline, there is evidence that more lessons have adopted inclusive education strategies (42%) than at baseline. The adoption of inclusive education strategies is discussed further in section 6.2.

Qualitative sessions with teachers and VTI instructors suggest that although government support has helped them adopt more inclusive practices, it is currently not sufficient to ensure these achievements are sustained.

One CWG member reports that only "*minimal improvement in infrastructure have been achieved … Unfortunately, when we talk of infrastructure, we only talk of ramps forgetting the toilets and the most important areas should be the toilets.*"[76]

VTI instructors report that they have received government support as they "*have been given equipment, materials and tools.*" However, they agree that the support is insufficient, especially for children with disabilities because "*the students are so many, so they share [tools and materials] but some still don't know how to use the machines. You find that sometimes the machine breaks down.*"

Additionally, some VTI qualitative evidence from VTI instructors suggests that they have not fully adopted inclusive practices: "*Sometimes when they are given a practical it takes too long for them to finish.*"[77]

In some instances, VTI instructors "*received tools for all the students but not tools that are especially for the disabled students.*"

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[74] FGD girls hearing impairments

[75] FGD Headteacher - primary schools, secondary schools, TVET

[76] 86 FGD with members of CWGs (County Working Group) SIAYA Lillian - Simeon(T)

[77] 88 FGD with VTI Instructors Ndere Joyce - Simeon(T)

Qualitative evidence suggests that support from LC is still required to drive the adoption of inclusion in schools.

LC's support is highly appreciated by project stakeholders. One headteacher reports that "*in most of our programs we get a lot of support from LC. Of course, we have also KUAP, KUAP also came on board and they help us put some ramps at the door steps so that class rooms become accessible. So, KUAP has helped. But to a larger extent, it is Leonard Cheshire and we want to encourage them to continue working with us so that the mindset among the teaching fraternity begins to change and embrace inclusivity.*"[78]

The training LC provided to school board members enabled them to better support teachers adopt inclusive education.

School board members appreciated the LC training and report a better understanding for inclusive education. One-member reports that "*the training was so good, and we really appreciated the Leonard Cheshire because most of us are in the board but were not so conversant with the challenges that the disabled persons go through and we learnt about inclusive education and that was good and at least it has an impact on our students.*"[79]

A lack of widespread knowledge amongst other teachers, makes it more difficult for the few teachers who have received training to support the widespread adoption of inclusive practices.

Some Teachers report that the lack of a critical mass of teachers in their schools with knowledge on inclusion has been a barrier to widespread adoption of inclusive practices. The teachers suggest a broader approach in which "more teachers are trained" [80]

Interviews with teachers still suggests that Ill-equipped school infrastructure inhibits inclusive education.

Teachers additional report that there is still a need to change school infrastructure inside and outside of the classroom to effectively teach children with disabilities. One suggests that "*we need to have total environmental modification. By that, I mean outside the classroom and even inside the classroom to accommodate these learners*"[81] .

Another teacher reported that his school still needs "*toilets that fit their challenges*" and "*a room designed to fit their learning difficulties. For example, there is a girl that is not able to write normally. … we lack the materials which fit the challenge.*" [82]

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[78] FGD Headteacher - primary schools, secondary schools, TVET

[79] FGD School Board Members 1

[80] FGD Teachers Inclusive Education Training
[81] FGD Teachers Inclusive Education Training
[82] FGD Teachers Inclusive Education Training

A third teacher highlighted the impossibility for a learner in a wheelchair to move around their school. [83] More work needs to be done to provide sufficient school materials and create a supportive school design.

At the system level, the evaluator rates the project's sustainability as Emergent (2).

This is because although there is evidence of improved capacity of local officials to support inclusive education through existing functions, and there is an understanding of the resource implications, there has not been active use of project evidence or uptake of specific aspects of the project approach at a system level.

At the national level the project supported the government to introduce a Sector Policy on the Provision of Education and Training for Learners and Trainees with Disabilities. Additionally, the project has conducted trainings with the Teacher Services Commission on Gender, Disability, and Child Protection.

This is discussed in further detail in section 6.5. However, despite this national level strategy and the additional training, stakeholders at the national level are not at a critical mass and have not committed to allocating resources towards uptake or upscale of project activities.

The school system does not reward or value inclusive teachers.

Teachers perceive the evaluation system as strongly flawed because "*when it comes to the national exam, we register them for the exams and their mark is also counted when the mean is being calculated. So, you find that the mean of the school has been going down because they are slow learners. When calculating the mean, you will not say that I had four special need learners so subtract four while calculating the mean. So, it has made the mean to go down.*"[84]

One teacher suggested that the school system should "*add something small, even teachers are human beings, they need to be motivated. These teachers in inclusive set up have nothing to motivate them, unlike their counterparts. Even as much as they crush themselves and go an extra mile, there is nothing to motivate them.*" [85]

Project Response:

Table 35. Changes needed for sustainability

	Community	School	System
Change: what change should happen by the end of the implementation period?	Community involvement in resource mobilization for continued physical accessibility	BOMs to be actively involved in resource mobilization with physical accessibility being	Implementation of government policies ensuring accessibility of all public buildings and infrastructure

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[83] FGD Teachers Inclusive Education Training

[84] FGD Teachers trained inclusive education GJ 1

[85] FGD Teachers Inclusive Education Training

	Community	School	System
	Community pro-activeness in ensuring safety and protection of children with disabilities against all forms of abuse Increased interaction between community members (parents) and teachers on the progress and needs of the children to create a synergies that ensure the needs of learners with disabilities are met. Communities have a reduced stigma and negative attitudes towards girls who have given birth and are supportive for the girls to go back to school Communities have an understanding on the dangers corporal punishment towards the growth and development of children and instead adopt alternative positive discipline methods	prioritized in all infrastructural plans Schools to have individual child protection policies outlining how to make the environment safe, identification and reporting of child abuse cases More teacher involvement in identification of learners with disabilities and seeking out innovative ways to cater to these needs. Schools are ready to re-integrate girls who have given birth and provide them with the required support for them to adjust and catch up in their studies Teachers switch from corporal punishment and appreciate the long term effectiveness of alternative positive discipline	Departments of Children Services to put in place measures for frequent community sensitization on child protection. Teachers Service Commission to roll out Beacon Teachers across all Counties and provide the necessary support to ensure their effectiveness. Integration of special needs training in teacher training courses at all levels Government policies on re-integration of girls who have given birth are implemented and adhered to Policies and guidelines on corporal punishment are disseminated and implemented with prompt action taken against teachers insisting on the use of corporal punishment.
Activities: What activities are aimed at this change?	Community sensitization through male mentors Reaching parents through PSGs Linking families to counseling services Supporting and participation in marked days	Sensitization of BOMs on their roles in resource mobilization towards sustaining physical accessibility. Sensitization of school administration on development of child protection policies Formation of school based teacher support teams Promotion of Life skills and peer sensitization activities through CTC clubs Teacher mentorship and peer support among teachers	Advocacy and supporting policy dissemination Sharing of best practices through dissemination of research findings Supporting caseload management
Stakeholders: Who are the relevant stakeholders?	Parents Local administration Religious Leaders Opinion Leaders	School Administration Teachers BOMs	Policy Makers Government Departments e.g. Education, Teachers Service Commission, Teachers Training Institutions, Children Services
Factors: what factors are hindering or helping achieve changes? Think of people, systems, social norms etc.	Male mentors actively involved in community sensitization Parents organized in PSGs with regular meetings	BOMs already sensitized on physical accessibility whenever planning for infrastructure development Teacher mentors actively involved in mentorship programme Active CTC clubs in schools	Existence of Government guidelines on accessibility when constructing public facilities Existence of Beacon teachers under the TSC in some Counties County Working Groups made up of different

	Community	School	System
		Integration of life skills in the education curriculum	stakeholders actively engaged in advocacy

The project aims to ensure what has so far been achieved so far towards adaptations and accessibility is maintained while the schools continue upgrading and adapting the other areas the project could not manage. The project is aware that resource mobilization will play a major role in ensuring continuity in accessibility adaptations and has therefore been actively sensitizing schools' BOMs to take up the initiative of resource mobilization. Active advocacy initiatives are also being put in place to make sure various government departments implement the available policies and guidelines on infrastructure development which requires that all public buildings and facilities be made accessible.

To ensure continuity in a safe environment for children with disabilities to access schools without the threat of child abuse, the project has been active in sensitizing stakeholders including Area Advisory Committee[86] members and working closely with the departments of children services across the project areas. Focusing on existing structures is a more sustainable approach than the project directly implementing child protection activities. The project also reaches out to community members through supporting and participation in marked days where a lot of awareness creation has been made. The use of other opportunities such as beacon teachers who are trained on issues of child protection and mandated by the Teachers Service Commission to reach other teachers in schools for sensitization is also another sustainable approach that the project is using. Parents of children with disabilities being supported are easily reached through PSGs which the project has linked to the Department of Social Development for continued support and follow-up[87]. Male mentors have been actively engaged in reaching out to community members through various forums including churches, social gathering, and chiefs' barazas (meetings) among others. The same strategies are being used to tackle the issue of corporal punishment both at school and in the communities.

The project will continue to identify children from very vulnerable households and link them to other service providers where they can access support such as psychosocial support and counselling services. These will especially be key in supporting girls who have given birth to be able to cope with the changes, counsel their families and support them to be re-integrated back to school. Sensitization of peers through the CTC clubs will continue providing an avenue for learners to engage and create awareness across the school community. The Kenyan curriculum

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[86] Committees these are panels of government and stakeholders that look into following up and guiding child protection innitiatves at Sub-County and County level.

[87] The department is provided with support in terms of facilitation to access hard to reach areas where LC works and has groups so as to train/capacity build or resolve conflicts in the parent support groups.

has also integrated life skills sessions as part of the lessons teachers are supposed to deliver to learners which provides an opportunity for continued life skills dissemination.

6 . Key Intermediate Outcome Findings

6.1 Attendance: Girls with disabilities have increased attendance in primary and secondary mainstream schools and vocational institutions.

Several project activities are designed to reduce the barriers preventing children with disabilities from attending school. The project aims to reduce barriers in assessment practices preventing girls with disabilities from being identified for additional supports, barriers in access to assistive devices for girls with disabilities, barriers in transport for girls with disabilities in Kisumu, economic barriers preventing parents from fully investing in the education of girls with disabilities and barriers associated with a lack of parental and community support for the education of children with disabilities.

The project provides support to EARC Officers to enable them to properly assess girls with disabilities and support them with the provision of assistive devices. Assessments have been developed by EARC and are the standardized approach to assess children with disabilities in Kenyan schools. After assessments, EARC officers provide a recommendation as to what additional support girls need, including assistive devices and medical referrals. Assistive devices provided by the project include hearing aids, wheelchairs, crutches, orthopedic shoes, calipers and white canes.

Psycho-social support is provided to children with disabilities through Consultant counselors. Counselors offer one-on-one psycho-social support to girls with disabilities and their families through both school and home visits.

To address challenges with transport for girls with disabilities, identified as part of previous learning, the project currently provides transport to girls with disabilities in Kisumu county. Kisumu was selected due to its urban nature; availability of proper roads and the high risk of girl's being exploited by other transport providers, such as motorcycle riders.

Poverty is a significant barrier preventing girls who experience disabilities from accessing and learning in school and TVET. Although school is subsidized, parents are expected to cover additional costs including costs of school uniforms and textbooks. To address this barrier the project provides bursaries to support girls who experience disabilities to attend schools and TVET institutions.

To ensure that parents and caregivers can continually provide for their children, the project, through the Social Impact Institute, provides livelihood and entrepreneurship training to Parent Groups and supports these groups to develop relationships with existing financial service providers.

Parent Support Groups (PSGs) are made up of parents of girls with disabilities. These groups are supported by the project to advocate for education rights for girls with disabilities and provide training and support in livelihoods opportunities to encourage parents to support girls' education.

Finally, the project is running a Male Mentorship Programme to reduce stigma towards children with disabilities and conduct outreach activities in local communities. Male Mentors actively approach community members and parents to discuss and advocate for the rights of children with disabilities to go to school, in communities and schools.

The project believes these activities will all lead to improvements in attendance for girls with disabilities in target schools.

6.1.1 High-level findings

The project's performance against logframe indicators for attendance is displayed in the table following.

Table 36. Attendance indicators from the Logframe

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
Attendance	1.1 % of girls with disabilities attending at least 80% of available school days	93.5%	95%	87.4%	N	90%	Y
	1.2 Reduction in School costs (Primary)	N/A	60%	45.2%	N	70%	Y
	1.2 Reduction in School costs (Secondary)	N/A	25%	24.5%	N	70%	Y
	1.2 Easier to access scholastic materials (Primary)	N/A	60%	58.0%	N	70%	Y
	1.2 Easier to access scholastic materials (Secondary)	N/A	25%	44.9%	Y	70%	Y

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
	1.2 Easier to access sanitary wear (Primary)	N/A	60%	65.5%	Y	70%	Y
	1.2 Easier to access sanitary wear (Secondary)	N/A	25%	71.4%	Y	70%	Y
	1.2 Easier to get to school – transport (Primary)	N/A	60%	82.6%	Y	70%	Y
	1.2 Easier to get to school – transport (Secondary)	N/A	25%	98.0%	Y	70%	Y
	1.2 Easier to access assistive devices (Primary)	N/A	60%	47.7%	N	70%	Y
	1.2 Easier to access assistive devices (Secondary)	N/A	25%	38.8%	Y	70%	Y
	1.2 Reduction in Stigma (Primary)	N/A	60%	62.3%	Y	70%	Y
	1.2 Reduction in Stigma (Secondary)	N/A	25%	85.7%	Y	70%	Y
	1.2 Easier to attend school regularly (Primary)	N/A	60%	85.4%	Y	70%	Y
	1.2 Easier to attend school regularly (secondary)	N/A	25%	98.0%	Y	70%	Y

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
Main qualitative findings							
▪ Qualitative evidence suggests that bullying experienced by girls with disabilities perpetrated by peers and teachers reduces their attendance outcomes. Additional qualitative evidence supports quantitative findings on the negative effects of pregnancy on attendance outcomes. Finally, qualitative evidence suggests that corporal punishment, especially during examination periods, discourages girls with disabilities from attending school.							

6.1.2 How did the project perform against attendance targets? What supported the project to meet attendance targets?

Attendance was measured for target and comparison girls through an individual-level average attendance rate.

This rate is defined as the percentage proportion of days present in a school calendar month for each girl participating in the study. The formula for calculating attendance is shown below.

$$Attendance\ Level = \frac{DaysPresentperSchoolCalendarMonth(s)}{TotalDaysperSchoolCalendarMonth(s)} x100$$

February 2018 was the period chosen, to serve as a proxy for attendance at Baseline, as this was a month where attendance would not be affected by the agricultural seasons, rainy seasons and school holidays. For Midline, February 2019 was used as the attendance month.

Figure 16 displays a histogram of the distribution of scores between periods.

Figure 16. Distribution of Attendance by Period
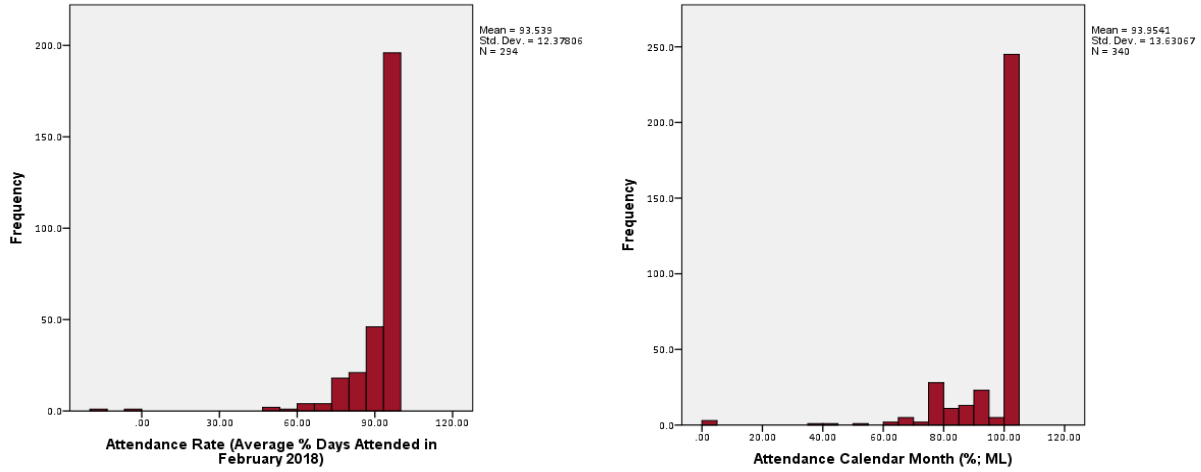
Between baseline and midline, although overall average attendance rates for most grade levels increased, the proportion of girls attending school 80% of the time decreased. Based on this, the project was not able to meet the target for this indicator.

At baseline 93.5% of girls with disabilities attended school 80% of the time and at midline 87.4% of girls attended school 80% of the time. By Midline the project aimed for 95% of girls with disabilities to attend school 80% of the time.

Figure 17. Girls who attend 80% of the time at Midline by Evaluation Group and Grade Level Cohort
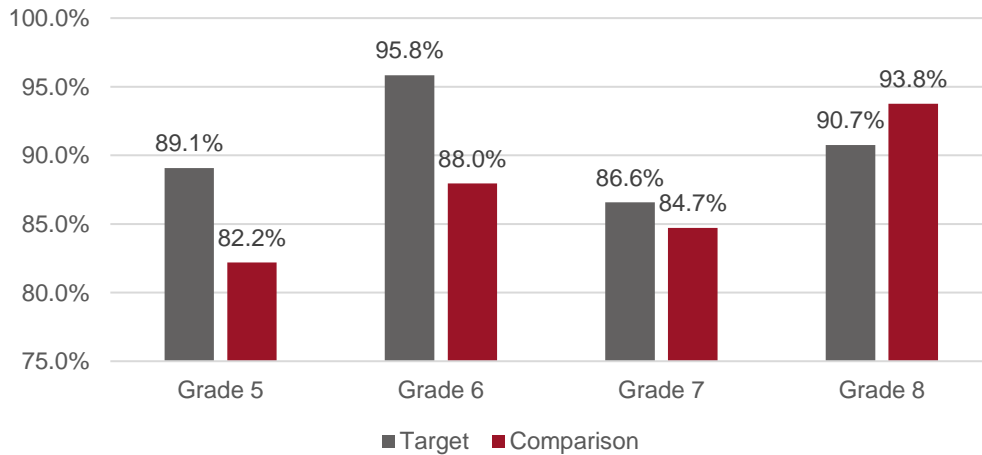
Findings by grade level at baseline indicate that while girls with disabilities in grade 6 were able to meet the Midline target, with 95.8% attending school 80% of the time, in all other grade levels girls with disabilities on average failed to meet the indicator target.

However, in all grade level cohorts except grade 8, a higher proportion of girls with disabilities attended school 80% of the time than girls without disabilities.

The figure following displays average attendance levels by original cohort grade level for girls with disabilities.

In all original cohort grade levels except girls in grade 7 at baseline, average attendance levels increased between periods.

Girls in grade 7 at baseline had an average attendance rate of 95.45% per calendar month, compared to 91.8% at Midline. This means that on average girls in grade 7 at baseline decreased their attendance by 4% per calendar month between periods.

Figure 18. Average Attendance Scores by Evaluation Period and Original Grade Level
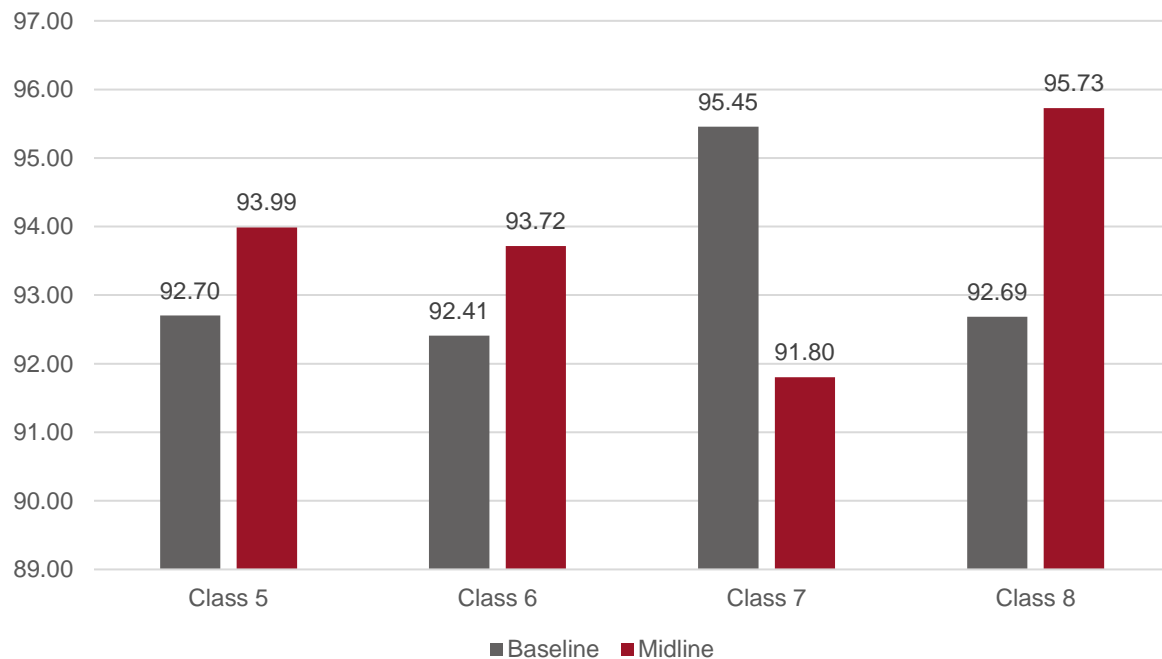
Qualitative evidence suggests that when schools are appropriately furnished, with chairs, tables, and blackboards, children display higher levels of motivation to learn.

As one girl with disabilities reported:

"I like our school because we have chairs, tables, blackboards. You can find other schools there are no blackboards and tables so that they can learn"[88].

Between baseline and midline:

- **25.3% of girls with disabilities decreased their average attendance levels,**

- **44.5% maintained their attendance levels,**

- **30.1% improved their attendance**

Figure 19. Performance by Grade Level at Baseline
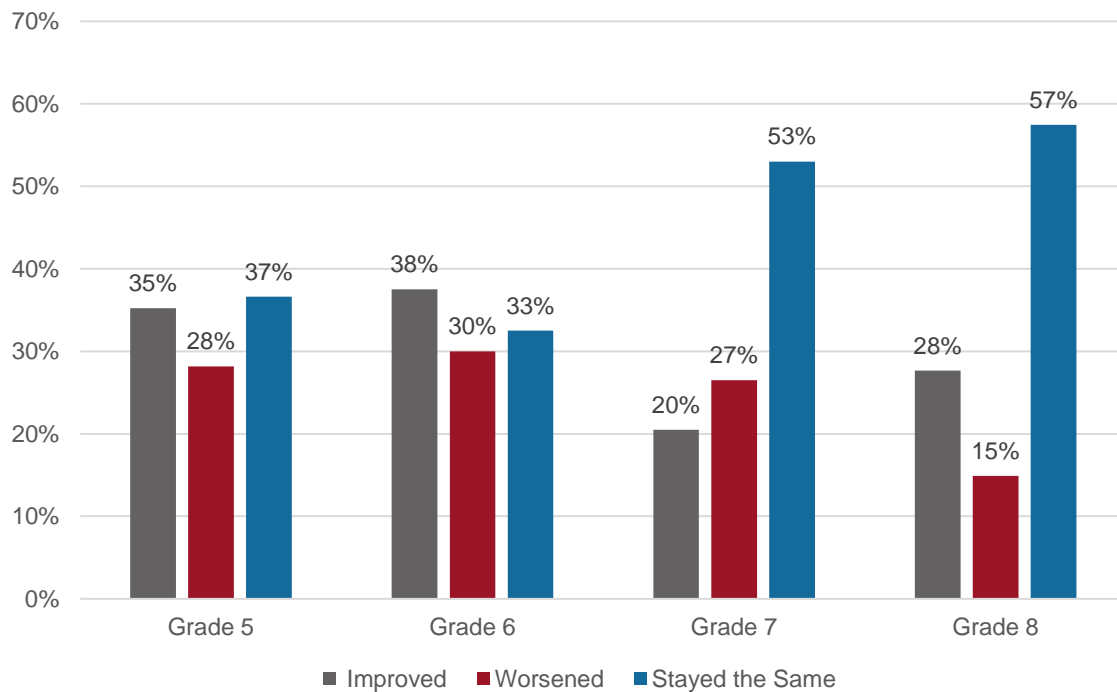
Girls with disabilities in grade 5 and 6 at baseline had the highest proportion of girls whose attendance outcomes worsened between baseline and midline. Earlier, it was mentioned that girls in grade 6 at baseline had the highest proportion of girls meet the target of attending school 80% of the time. However, girls in this grade level also had the highest proportion of girls to decrease their attendance outcomes. Although girls regressed, they tended to not regress below the target. However, the project should monitor this grade level to understand why such a high proportion of girls decreased in attendance levels.

The study also reviewed the data to explore whether attendance levels were improved by specific project activities to understand drivers of attendance. Results for regression analyses using key project activities to predict improvements in attendance is shown in the table following.

If a finding is insignificant, it does not necessarily mean there is no relationship, but rather than the relationship may be mediated by a third variable not currently included in the model.

Table 37. Role of Project Activities in Supporting Attendance

Project Activity or Accommodation Provided	Attendance Improvements (ML-BL Attendance Level)	Attendance Level at Midline
Provision of Bursary to secondary girls	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Being a member of a Child to Child Club	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Receiving support from a social worker	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Household has a male mentor	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Household has been spoken to by a male mentor	**Significant (p<0.05; Beta=5.290)**	*Not significant predictor (p>0.05)*
Household is a member of a Parent Support Group	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Received assistive device	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Provision of Extra time on exams and assessments if needed	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Provision of break during class time if needed	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Allowing a girl with disabilities to sit in front if she needs to	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*
Support with transport from LC (bus)	*Not significant predictor (p>0.05)*	*Not significant predictor (p>0.05)*

Having had your household spoken to by a male mentor leads to improved attendance outcomes.

The male mentorship programme was put in place to build support for girls' education amongst male role models in the community and in girls' households. A linear regression finds that having been spoken to by a male mentor leads to an average improvement of 5.2% in monthly attendance between Baseline and Midline.

Based on these findings, the male mentorship programme is an effective driver of attendance for girls with disabilities.

Qualitative evidence suggests that receiving an assistive device supports both girls and boys with disabilities to engage in class and learn in school.

Girls with disabilities report that they were provided with assistive devices that enabled them to participate in literacy related activities in class. For example, one girl commented that:

"[the glasses] have helped me a lot especially when reading"[89]

Another supported this by stating:

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[89] FGD GIRLS WITH DISABILITIES TRANSITION TVET

"Last year I was not given eyeglasses and my reading ability became very poor but when you look at the government, they provided eyeglasses that make our reading easier. That has encouraged me."

When one boy was given eyeglasses, it:

"*encouraged me in my reading ability*".[90]

Hearing aids have supported girls with hearing impairments to improve their participation in class. When one participant was in class 1, she says that

"Even if the teacher asked any question, I was unable to raise my hand but now I can raise"[91]

Another participant reports that

"Initially I could just be quiet in class but now I can at least make an attempt of answering"[92].

Hearing aids not only improve attendance and participation but also performance. One participant reported that:

"I was scoring low marks initially but nowadays I've improved."[93]

The second indicator for attendance aims to assess the extent to which the project has contributed to reducing barriers preventing girls with disabilities from attending school. Results are summarized in

Figure 18.

Results indicate that a majority of girls with disabilities report a reduction in several barriers:

- **56% of girls with disabilities report that it has gotten easier to access materials needed for school (e.g. books, uniforms)**

- **66% of girls with disabilities report that it has gotten easier to access sanitary towels,**

- **85% of girls with disabilities report it has gotten easier to get to school,**

- **81% of girls with disabilities report that it the way community members think about children with disabilities has gotten better.**

However, a smaller proportion of respondents say it has got easier:

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[90] FGD BOYS WITH DISABILITIES LITERACY AND NUMERACY 1
[91] FGD girls hearing impairments
[92] FGD girls hearing impairments
[93] FGD girls hearing impairments

- **to afford school fees (42%),**

- **to get assistive devices if they are needed (47%)**

Figure 18. Changes to Barriers of Attendance in Past Year
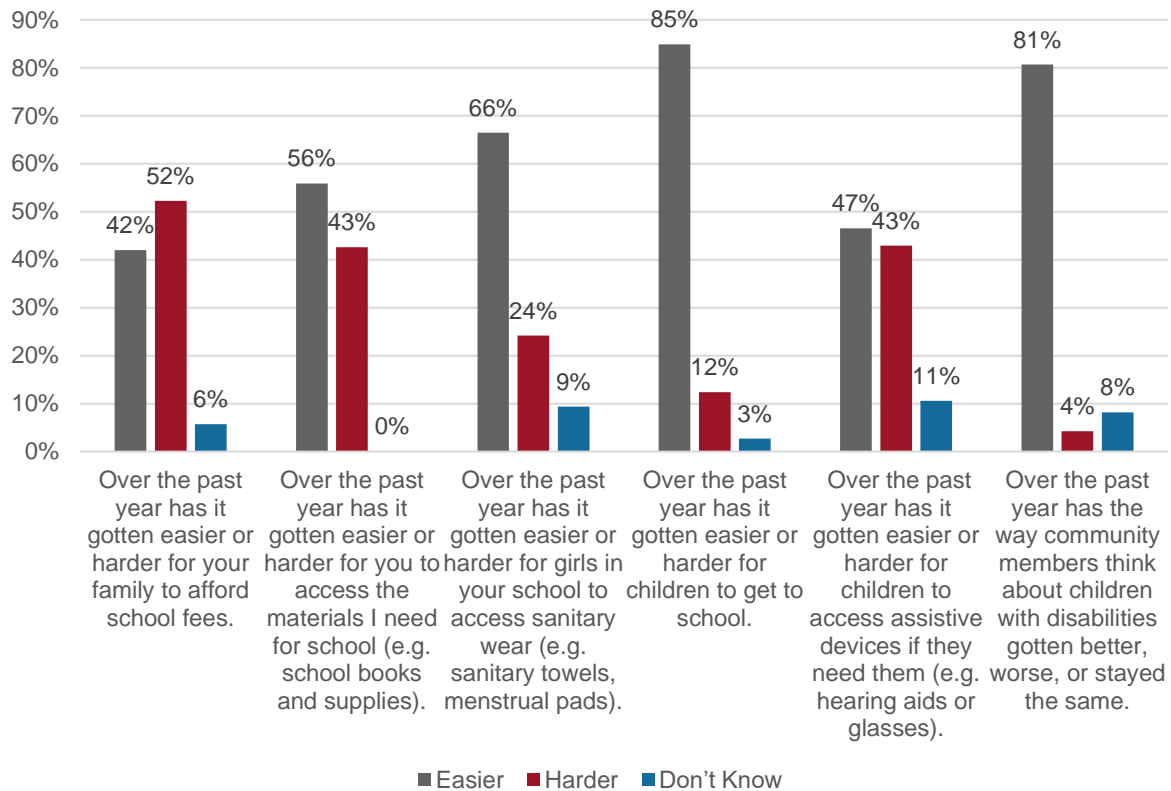
The project aimed for 60% of girls with disabilities to report a reduction in each of these barriers and 25% of girls in secondary schools to report a reduction in each of these barriers. Displays performance for primary and secondary girls against each of these targets.

Figure 19 displays results for both the target and comparison group split by whether girls are in secondary or primary at Midline. Primary girls are girls in the target and comparison group in Grade 5 – 8. Secondary girls are girls in the target and comparison group in Form 1 at Midline.

Figure 19. Changes in Barriers to Attendance for Target and Comparison Group

Over the past year has it gotten easier or harder for children to attend school regularly.
- 83.60%
- 98.00%
- 89.20%
- 85.40%

Over the past year has the way community members think about children with disabilities gotten better, worse, or stayed the same.
- 60.00%
- 85.70%
- 79.70%
- 62.30%

Over the past year has it gotten easier or harder for children to access assistive devices if they need them (e.g. hearing aids or glasses).
- 25.50%
- 38.80%
- 26.00%
- 47.70%

Over the past year has it gotten easier or harder for children to get to school.
- 72.70%
- 98.00%
- 88.70%
- 82.60%

Over the past year has it gotten easier or harder for girls in your school to access sanitary wear (e.g. sanitary towels, menstrual pads).
- 47.30%
- 71.40%
- 63.70%
- 65.50%

Over the past year has it gotten easier or harder for you to access the materials I need for school (e.g. school books and supplies).
- 50.90%
- 44.90%
- 62.30%
- 58.00%

Over the past year has it gotten easier or harder for your family to afford school fees.
- 38.20%
- 24.50%
- 51.00%
- 45.20%

0.00% 20.00% 40.00% 60.00% 80.00% 100.00% 120.00%

- ■ Secondary Comparison Group Achievement (Easier/Better)
- ■ Secondary Target Group Achievement (Easier/Better)
- ■ Primary Comparison Group Achievement (Easier/Better)
- ■ Primary Target Group Achievement (Easier/Better)

98% of girls with disabilities in secondary schools, report that it has gotten easier for them to get to school in the last year compared to 72.6% of girls without disabilities in secondary schools.

This suggests that the project has played a role in reducing barriers associated with girls getting to and from school. These could relate to access to assistive devices for girls with mobility impairments, increased safety on the way to and from school, the provision of the bus in Kisumu.

With regards to distance to school:

- 8.2% of girls with disabilities in secondary school spend 15 minutes or less traveling to and from school

- 26.5% of girls with disabilities in secondary school spend between 15 minutes and 30 minutes traveling to school

- 20.4% of girls with disabilities in secondary school between 1 and 2 hours traveling to school

- 4.1% of girls with disabilities in secondary school spend between 3 and 6 hours traveling to school

24.5% of girls with disabilities in secondary schools spend more than 1 hour or more traveling to school.

For girls with disabilities in secondary school, time taken to get to school was unrelated to whether girls with disabilities reported that it has gotten easier in the last year.

82.6% of girls with disabilities in primary school report it has gotten easier for them to get to school in the last year compared to 88.7% in the comparison group.

As with secondary girls this suggests that it has gotten easier for girls with disabilities in primary schools to get to school. However, a larger proportion of girls in comparison schools also report this having improved suggesting that this may have gotten easier due to wider initiatives or factors taking place in the region rather than project activities in particular.

In terms of time it takes to get to school:

- 31.0% of girls with disabilities in primary school spend 15 minutes or less traveling to school;

- 42.3% of girls with disabilities in primary school spend between 15- and 30-minutes traveling to school,

- 18.8% of girls with disabilities in primary school spend between 30 minutes and an hour traveling to school,

- 5.4% of girls with disabilities in primary school spend between 1 and 2 hours traveling to school,

- 2.6% of girls with disabilities in primary school spend more than 2 hours traveling to school,

Compared to secondary schools, time traveling to school is less. This finding is to be expected as there are a higher number of primary schools in the region than secondary schools, and therefore one would expect travel time on the whole to primary school to be less.

Qualitative evidence suggests that when parents escorted girls with disabilities to travel to and from school, this helped them to attend, especially during the rainy season.

Focus group discussions with girls emphasized the role parents have in supporting them by escorting them to and from school:

"When the rains come, we are helped [by our parents] to cross the flowing water and go up to the school… then our parents go back. When we go for lunch, we are brought lunch in school or we go to the center, we take our lunch, and come back to school. It makes it easier when our parents come in the evening, when the rains are coming"[94]

Girls were asked how they get to school. Results are displayed for girls with disabilities in secondary and primary school in the figure following.

Qualitative evidence also suggests that when children with disabilities are late for school, they face punishments from their teachers.

Multiple participants report that they face difficulties attending school punctually because of their disabilities. They are frustrated because teachers do not take this into consideration when they punish them. For example, one girl stated says that:

"It is difficult because some of us are physically challenged so due to bad roads we are unable to go to school and also our schools are also far so we can't make it to school on time. Yet, the teacher will not understand and punish whoever is late."[95]

Most girls report walking to school, although this is more common in primary schools than in secondary schools. In secondary schools a larger proportion of girls relied on LC provided transport, boda-bodas, and public buses.

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[94] FGD girls with disabilities attendance GJ 1
[95] FGD GIRLS WITH DISABILITIES TRANSITION TVET

Figure 20. How Girls with disabilities get to Secondary and Primary School
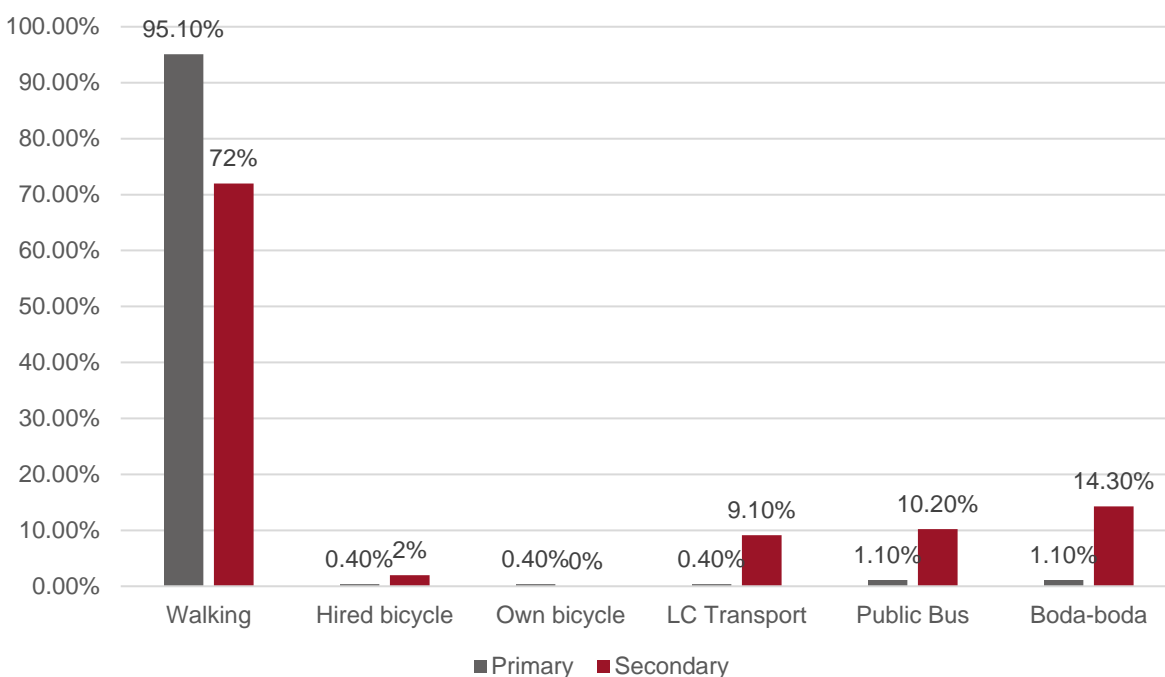
For this barrier the project was able to exceed its target of 25% of girls reporting that it gotten easier to get to and from school.

An interview with the County Director of Education in Kisumu suggests that the LC bus in Kisumu has had a positive influence on attendance.

The County director commented:

"There is a bus, that Leonard Cheshire is using. They want to come with a bus that these learners with disabilities can easily board … they don't have any difficulty getting into the bus and out of the bus. This is the best way to go but unfortunately, not every school will afford [their own bus]."[96]

One parent also reported that village members had sometimes supported Girls with disabilities in the community to get to and from school:

"Sometimes [we are] helped even by the village residents who own boda bodas… and they give them lift for free. Sometimes [my daughter] is brought to the centre where I have my business, and this makes them feel that their schooling is supported by everyone."[97]

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[96] KII SUB COUNTY DIRECTOR OF EDUCATION 2

[97] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1

85.7% of girls with disabilities in secondary schools and 62.3% of girls with disabilities in primary schools, report that the way community members think about children with disabilities has gotten better in the past year.

This finding will be discussed in further detail in the intermediate outcome section on community engagement. However, this finding suggests the project has played a role in reducing stigma towards girls with disabilities, and this has had a greater effect on Girls with disabilities perceptions in primary school than in secondary school.

38.8% of girls with disabilities in secondary schools and 47.7% of girls with disabilities in primary schools report that it has gotten easier for girls who need assistive devices to access them in the last year.

The project has provided assistive devices, including wheelchairs, glasses, and hearing aids, to girls who need them to support them to access school. These findings suggest that access to assistive devices is continuing to improve in target schools.

In the evaluation sample, 10.2% of girls have received assistive devices from LC. As discussed above, receiving an assistive device has a positive effect on attendance improvements, at statistically significant levels.

71.4% of girls with disabilities in secondary schools report that it has gotten easier for them to access sanitary wear in their schools compared to 47.3% of girls without disabilities in secondary schools.

This suggests the project has supported Girls with disabilities to access sanitary wear.

Qualitative evidence suggests that better access to sanitary wear supported girls to attend school and reduces shame associated with menstruation.

The provision of sanitary wear and training on menstrual management facilitated school attendance for girls with disabilities. The provision of sanitary wear protects the girls from being ashamed because:

"When you don't have the sanitary towels and you have started experiencing periods then fellow pupils notice you, you will be very shy so the next day you won't be able to come to school for fear that fellow pupils will laugh at you"[98].

Qualitative evidence further suggests that sanitary towels are convenient and that education on menstrual management has supported Girls with disabilities to attend school:

"It's easy to come to school because when you tell your mother to buy for you those sanitary towels [which] help you to come to school… you can even carry [them] in your bag and you know when to go and change and when to stay in class" [99]

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[98] FGD Girls with disabilities Sexual Reproductive Health 1
[99] FGD Girls with disabilities Sexual Reproductive Health 1

"People here in school taught us how to use those pads and how to manage ourselves during those periods"[100].

44.9% of girls with disabilities in secondary schools and 58% of girls with disabilities in primary school report that it has gotten easier to access the materials they need for school, including school books and supplies.

24.5% of girls with disabilities in secondary school report that it has gotten easier for their family to afford school fees in the past year, compared to 38.2% of girls without disabilities.

Similarly, 51% of girls with disabilities in primary schools report that it has gotten easier for their families to afford school in the past year compared to 45.2% of girls without disabilities in primary schools.

Collectively these findings suggest that although families of girls with disabilities have improved their ability to afford school costs, they face additional costs associated with school as compared to girls without disabilities.

6.1.3 What barriers inhibited attendance improvements for girls with disabilities?

The figure below displays the proportion of girls with disabilities by disability type who improved and worsened their attendance between Baseline and Midline. This variable was created by subtracting a girl with disabilities' baseline score from her midline score. If the resultant difference was positive the girl increased her attendance on average, if the difference was negative the girl worsened her attendance on average between periods.

Girls with physical disabilities exhibited the greatest improvements between periods with 40% of girls with physical disabilities improving their attendance on average.

Only 25% of girls with physical disabilities decreased their attendance on average between periods.

Despite a higher proportion of girls with epilepsy improving their attendance between periods (50%), an equal proportion (50%) decreased their attendance outcomes.

This suggests that girls with epilepsy moved in either extreme, and that they need additional consideration by project activities.

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[100] FGD Girls with disabilities Sexual Reproductive Health 1

Girls with intellectual disabilities performed the worst between periods, with 42.9% of girls with intellectual disabilities decreasing their attendance levels between Baseline and Midline.

The project should ensure teacher training activities are tailored to better support this group of girls. The new differentiation pilot will likely assist teachers to better support girls with intellectual difficulties.

Figure 23. Improvement in attendance by Disability Type

Chart data:

Disability Type	Decreased	Increased
Visual Impairment	24.60%	30.70%
Speech/ Language Disorder	28.60%	35.70%
Physical Disability	25.00%	40.00%
Learning Difficulties	31.60%	31.60%
Intellectual Disability	42.90%	23.80%
Hearing Impairment	28.40%	23.50%
Other Health Problems (according to Census)	18.20%	18.20%
Epilepsy	50.00%	50.00%
Emotional/Behavioural Disorder	16.70%	16.70%

■ Decreased ■ Increased

Based on qualitative sessions, economic hardship prevents girls with disabilities from attending school.

Qualitative evidence suggests that economic hardship results in girls dropping out or not even entering schooling because of the inability to pay the school fees.[101] In addition, inconsistent attendance as a result of a heightened economic burden can result in on and off learning that gets:

"you demoralized and eventually you decide to drop."[102]

Participants often link economic hardship with early pregnancies because

"[Girls with disabilities] also elope with boys for small cash like two hundred shillings and end up carrying pregnancy up to nine months for only two hundred"[103].

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[101] FGD Girls with Disabilities VTIs 1

[102] FGD Girls with Disabilities VTIs 1

[103] FGD Girls With Disabilities Attendance Changes 1

Participants report that early pregnancies are a common reason for girls not to continue with schooling:

"There is one girl who used to be my classmate. She got pregnancy and her sister even got pregnant… Her sister had come back, but she has not come back to school. Now we don't know where she is. At their home she is not there now we don't know where the girl is."[104]

Girls with disabilities report several reasons why girls, some of whom have disabilities, who become pregnant do not return to school.

In one case, a girl, despite being encouraged by another female teacher to "go back to school", decided to not continue with school after pregnancy because a male "*teacher hated me*"[105] and in another case one girl reports that "*we had two girls, one was my classmate, she got pregnant and ran away, another one was in class 8, and she has also run away because the teachers teach but they don't understand*."[106]

Having been pregnant caused reduced attendance improvements between periods.

Based on a linear regression having been pregnant resulted in an average decrease of 18.4% in attendance score between periods ($p < 0.05$). Additionally, only 16.6% of girls who have been pregnant improved their attendance between periods.

Additional analyses highlighted several barriers to the attendance of girls with disabilities.

Not having been spoken to about menstruation leads to lower attendance

A linear regression finds that not having been spoken to about menstruation has a negative effect on girls attendance levels and causes girls with disabilities to decrease attendance levels by 12.3% between baseline and midline on average.

This validates a central project assumption, namely, that girls need explicit support to help them address challenges of attending school during menstruation. At Midline 6.7% of girls with disabilities have not been spoken to about menstruation and 7.9% report that it is difficult to attend school while menstruating.

Having low school belonging leads to reduced improvements in attendance between periods.

A linear regression finds that having low school belonging results in improving one's attendance by 10.44% less on average between periods ($p < 0.05$). This can be explained by the fact that girls who feel less a part of their school are likely to be less motivated to attend school regularly.

Being married or living with a man as if married leads to reduced improvements in attendance between periods.

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[104] FGD girls with disabilities attendance GJ 1
[105] FGD GIRLS WITH DISABILITIES   VTIS 3
[106] FGD girls hearing impairments

A linear regression finds that being married or living with a man as if married results in girls reducing their attendance by an average of 27.1% between baseline and midline.

This supports a core project assumption: namely that early marriage results in reduced attendance outcomes.

Qualitative evidence suggests that household chores remain a barrier attendance.

Beyond financial family support, there is a need for girls to provide household and family support in various forms. One participant reports that:

"When others go to school, you are left struggling with the house chores"[107].

This suggests that household chores and an high chore burden plays a role in reducing attendance outcomes. However, despite these qualitative indications, quantitative findings do not demonstrate a statistically significant relationship between having a high chore burden and attendance outcomes at Midline or attendance improvements.

Bullying and violent behaviour of peers and teachers inhibits girls with disabilities from attending school.

Girls with disabilities report peers bullying them by "*laughing at me*" [108], calling "*you bad names*" [109], shouting "*at you for no good reason*"[110], "*taking your books running away with them*" [111]. Another girl reported that "*some even beat you outside school.*"[112]

One girl reports that "*we had a certain girl in class five, she dropped out of school when she saw people laughing at her. Some were abusing her that she is stupid and that is why she stopped.*"

Girls with disabilities report that in some cases this even continues outside of school:

"*Fellows laugh at us and again when we go home, they beat us on the way. When we come back here at school, we report to the teachers and they take actions. After the teacher's actions, immediately we go away from the teachers, they start beating us again so we fear going back. He/she feels that the teacher is not something to him/her, the teacher has already caned her/him,*

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[107] FGD Girls With Disabilities Attendance 2
[108] FGD Girls Mobility Impairments 1

[109] FGD Girls With Disabilities Attendance 2

[110] FGD Girls With Disabilities Attendance 2

[111] FGD Girls With Disabilities Attendance 2

[112] FGD Girls With Disabilities Attendance 2

and the cane is over so he/she feels that there is nothing the teacher can do to him/her. So he/she will just abuse you and leave you there."[113]

These findings suggest that actions taken by the teacher to punish bullying, as discussed earlier in this report, are not effective in all cases at reducing bullying, despite a majority of girls who have been bullied and reported this believing that a teacher would take appropriate actions. The project should consider how it can further support teachers to take appropriate actions so as to ensure girls and boys with disabilities do not feel bullied and experience reduced attendance outcomes as a result.

Some girls with disabilities also report that their teachers are engaged in bullying. One girl reported that when a teacher enters the class, he insults them, tells them "*to go and get married*" and canes them [114].

Another girl commented that:

"*Our science teacher usually mistreats me. Sometimes s/he tells me to read and when I can't read well because I can't see well due to my visual impairment. s/he slaps me and moves out*".

Often violent behaviour occurs after exams and so *"people do not attend classes because they fear to be caned when they fail."*[115]

This suggests that teachers use of corporal punishment is actively keeping children with disabilities away from school, particularly during examination periods.

Hostile social school environment discourages children with disabilities from attending school.

Girls with disabilities report that they dislike: "boys taking drugs and those fighting the teachers"[116], theft "like the other day six books were stolen from a student"[117], other students replying "*to the teacher rudely and even insulting the teacher" [118], "being caned" [119]* or "*drunkenness [of students] when still in school*"[120].

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[113] FGD girls with disabilities attendance GJ 1

[114] FGD Girls with disabilities Negative Teacher Feedback

[115] FGD Girls With Disabilities Attendance 2

[116] FGD Girls With Disabilities Attendance 2

[117] FGD Girls With Disabilities Attendance Changes 1

[118] FGD girls hearing impairments

[119] FGD Girls With Disabilities Attendance Changes 1

[120] FGD girls hearing impairments

This indicates that social rules are inconsistently and ineffectively enforced by teachers and that this can have an effect on girls with disabilities' motivation to be in school.

Girls with disabilities report that it is difficult for them to catch up on school after they have been away due to illness.

Multiple participants indicate the lack of proper support to help them catch up after an illness. For example, when

"*I fell sick and I had to stay longer at home and when I went back, I found when they had cleared a topic and started another one but now I can understand a bit of English and Kiswahili.*"[121]

Another participant found that "*whenever I got back to school I found when they had moved to the next topic and they could not repeat.*"

This is especially concerning as, of Girls with disabilities whose households report that they have missed 2 weeks or more of school in a row, 57% report this was due to illness.

To understand what motivates boys with disabilities to attend school and what barriers prevent them from attending school, boys with disabilities were invited to participate in several qualitative sessions.

Boys with disabilities report attending school because it provides them with a social connection, entertainment and the opportunity to discuss ideas.

Boys' with disabilities perceive school as a place where they can "meet friends and play different kinds of games"[122] or "dine together"[123].

One participant likes "school because it helps [him] interact with people"[124] and another likes it because he can "make friends and share ideas"[125].

One participant explains:

"*when I am in school I am happy. When you are at home, you stay indoors and have nobody to chat with. If you talk, you only talk to your mother. When you are at school you chat with fellow pupils and you feel happy. That's why we are not worried*."[126]

Barriers to attendance reported by boys with disabilities include household chores, and problematic peers.

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[121] FGD Girls with Disabilities VTIs 1

[122] FGD boys with disabilities attendance changes 1
[123] FGD boys with disabilities attendance changes 1
[124] FGD boys with disabilities attendance changes 1
[125] FGD boys with disabilities attendance changes 1
[126] FGD BOYS WITH DISABILITIES IN LOW ATTENDANCE

One participant discussed another boy with disabilities: "*whose mother is sick and so he has to look after her. He doesn't, therefore, come to school regularly*"[127] .

Another one explains that "*some pupils come to school late because they are given a lot of work in the morning which they have to finish before they come to school.*"[128]

Boys with disabilities strongly emphasize the influence of peers on their motivation. Some report cases of boys who engage in anti-social behaviors:

"*Most are bad company in school, students with bad character*" and "*bad behaviors*", such as "*smok[ing] bhang*"[129].

6.1.4 Are the selected attendance indicators and targets appropriate?

At midline the study would not recommend any changes to the indicators for attendance.

The indicators measure progress in attendance outcomes and offer a valid way to observe changes between periods. Therefore, the EE would make no proposed changes to these indicators.

However, the EE would recommend that the project re-assess the targets for each indicator to ensure they are still realistic for endline, based on midline performance.

6.1.5 Conclusion: Do midline findings validate central assumptions within the project's theory of change?

There are several assumptions within the project's ToC with regards to attendance that have been tested at Midline, namely:

1. Reducing key barriers preventing girls from attending school will drive attendance improvements.

2. Attending school more frequently will lead to improvements in learning.

3. Attending school more frequently will improve the likelihood a girl with disabilities has to successfully transition.

The project has targeted several key barriers preventing girls from accessing school. This includes access to assistive devices, access to sanitary wear, access to transport, reduction in school costs, reduction in stigma towards children with disabilities and increased awareness of the rights of children with disabilities to attend school.

Quantitative evidence does not demonstrate any relationship between reductions in barriers, as measured by the attendance indicator variables, and increases in attendance for girls with

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[127] FGD Girls With Disabilities Attendance 2
[128] FGD BOYS WITH DISABILITIES IN LOW ATTENDANCE
[129] FGD boys with disabilities attendance changes 1

disabilities between baseline and midline. However, qualitative evidence suggests that improvements made in access to assistive devices and in access to sanitary wear lead to improvements in attendance for girls with disabilities.

Despite there being no direct quantitative link between the reduction in barriers and improvements in attendance, this may be due to the fact that other exogenous variables mediate the relationship.

Several girls reported cases of bullying and stigma from peers and community members and it may be that this barrier inhibit the effect of reductions in other barriers.

Having had one's family spoken to by a male mentor supports girls to improve their attendance between baseline and Midline.

Based on a linear regression, having had a girls' parents or caregivers spoken to by a male mentor, leads to an improvement of 5% in average attendance between baseline and Midline ($p<0.05$; Beta=5.290). This finding supports the effectiveness of the male mentorship programme.

Improvements in attendance predicts improvements in English literacy standardized score and Numeracy standardized score.

To understand the extent to which attendance outcomes lead to improvements in learning, as assumed by the project's theory of change, we ran a series of linear regressions. These found that changes in attendance between periods is a statistically significant predictor of changes in English literacy standardized score ($p<0.05$; Beta=0.012) and numeracy standardized score ($p<0.05$; Beta=0.009).

The more a girl with disabilities improves her attendance, the higher her improvement in English literacy between periods and the higher her improvement in numeracy between periods.

The project is therefore appropriately targeting attendance outcomes to improve learning outcomes.

Improvements in attendance lead to a higher likelihood that a girl with disabilities will successfully experience an in-school transition.

A linear regression finds that improving attendance between baseline and midline improves a girl with disabilities likelihood to successfully transition within school to the next grade level ($p<0.05$; Beta=0.001).

This supports the projects assumption that improving girls with disabilities' attendance rates will support them to transition.

6.2 Teaching Quality: Improved access to quality education in mainstream schools and vocational institutes for girls with disabilities.

The project trains teachers and instructors on inclusive education practices in primary schools, secondary schools, and vocational training institutes. In addition to these capacity building activities, project staff provide on-going one-on-one mentoring to teachers and instructors to support them to service the needs of children with disabilities.

The project has trained 331 teachers across both secondary and primary schools in inclusive education practices. Training included modules on approaches to inclusive education, identifying children with disabilities, barriers to education for children with disabilities, developing individual education plans (IEPs), supporting children in the classroom, developing inclusive materials, and child protection in the context of disability.

To further support the adoption of inclusive education strategies, the project has established a Teacher Mentorship Programme where 30 mentors (with special education backgrounds) provide regular monthly support to teachers. These mentors support teachers to implement inclusive education practices and problem solve around individual learners' needs. The project has trained VTI instructors on inclusive education, following a similar approach to that adopted for teacher training.

The project believes that improved teaching quality through the adoption of inclusive education practices will lead to improvements in learning outcomes for girls with disabilities. Additionally, in line with the principle of universal design, the project argues that inclusive practices improve access to and engagement with curriculum for all students regardless of functional difficulty.

6.2.1 High-level findings

Table 38. Teaching Quality from the Logframe

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
Teaching Quality	2.1 % of trained teachers achieving overall 'good' application of IE techniques in the classroom	33.3%	40%	41.2%%	Y	70%	Y
	2.2 The extent to which girls with disabilities feel their learning needs are	56.8%	Overall: 89% Primary: 60%	Overall: 72.6% : Primary: 71.8%	Y	Overall: 90% Primary: 90%	Y

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
	supported by their teachers		Secondary: 25%	Secondary: 76%		Secondary: 75%	
Main qualitative findings							
▪ Qualitative interviews and sessions with teachers highlighted several achievements of the programme and several areas where teacher training could be improved. Teachers need support managing large class sizes, differentiating instruction, and delivering curriculum content within the allocated time of the lesson.							

6.2.2 How did the project perform against targets for teaching quality? What supported the project to meet teaching quality targets?

To understand the proportion of lessons adopting inclusive practices, lessons had to demonstrate the adoption of three dimensions of inclusion.

At Baseline, this indicator was calculated by assigning points for each inclusive practice observed per dimensions and setting a cut-off number of points for a lesson to be considered to have adopted the minimum standard in that domain.

This is the approach used to set the indicator at Midline. However, between Midline and Endline, the EE has reviewed the approach to understand the adoption of inclusive practices and developed an alternate measure which incorporates more explicit linkages to improved instructional practices for children with disabilities. This approach is also described in this section of the report.

Based on the original approach to understand inclusion, by midline, 41.2% of lessons demonstrated a good application of IE techniques in the classroom. This represented an increase of 7.9% from Baseline.

The proportion of lessons which were categorized as having adopted results per grade level are shown in the table following for both the target and comparison groups.

Across dimensions reviewed based on the original methodology, it was more common for lessons in target schools to allow students to learn collaboratively: 41.4% of lessons in target schools included approaches to encourage collaboration between students compared to 4% in comparison schools.

Table 39. Good application of IE techniques by dimension and Evaluation Group

Grade	% lessons where teaching is planned with the learning of all students in mind.		% lessons encourage the participation of all students		% lessons students learn collaboratively		% lessons where minimum standards met in all 3 dimensions	
	T	C	T	C	T	C	T	C
5	100.00%	100.00%	100.00%	80.00%	**80.00%**	0.00%	80.00%	0.00%
6	88.90%	100.00%	100.00%	100.00%	**44.40%**	20.00%	44.40%	20.00%
7	100.00%	100.00%	100.00%	100.00%	**40.00%**	0.00%	40.00%	0.00%
8	88.90%	100.00%	88.90%	100.00%	**22.20%**	0.00%	22.20%	0.00%
F1	100.00%	80.00%	100.00%	100.00%	**25.00%**	0.00%	25.00%	0.00%
Overall	96.1%	96.0%	98.00%	96.00%	**41.2%**	4.0%	**41.2%**	**4.0%**

Between Midline and Endline the EE has revised how the adoption of inclusive practices will be measured. This reflects an approach which more closely links inclusive strategies with explicit support for children with disabilities.

For diagnostic purposes and to inform how the intervention should focus its teacher training activities going forward, we have reported this indicator for each of the three dimensions separately.

Table 40 summarizes how each of the dimensions of inclusion are measured in the revised approach, and the minimum requirements for a lesson to be considered to have adopted inclusive practices.

Table 40. Observing for Inclusion: Revised Approach

Dimension	Practice	Minimum Requirement
Teaching is planned and executed with the learning of all students in mind.	There is a lesson plan with clear learning objectives available for the lesson.	Required
	The learning objectives for the lesson are made clear to the students at start of lesson	Required
	Teacher is able to explain adaptations made for learners with disabilities and they are plausible.	Required
Students learn collaboratively.	The lesson used at least one of these strategies: paired work, group work, play-based approaches, student presentations	Required
	Teacher allows students to help each other to answer or solve problems	Minimum of 2 of these standards must be met
	Lesson plan included opportunities for student to work in groups	
	Teacher changed around seating during the lesson e.g. changing groupings from/to mixed ability	
Lessons encourage the participation of all students.	Teacher asks students how they arrived at the answer	Minimum of 2 of these standards must be met
	Teacher asks questions to challenge students of all levels	
	Teacher provides thinking time before children respond to questions	
	Teacher speaks to students in a friendly tone	Required

Dimension	Practice	Minimum Requirement
	Teacher made any of the following adaptations: use of visual aids, word cards, manipulatives, large print, simplified text, alternative work sheets.	Minimum of 1 of these standards must be met
	Teacher provides prompts or individual assistance to children who struggle during the course of the lesson	

Results using this methodology per grade level are shown in Table 38.

Table 41. Revised Measure for Adoption of Inclusive Education Practices

Grade	% lessons where teaching is planned with the learning of all students in mind.		% lessons students learn collaboratively		% lessons encourage the participation of all students	
	T	**C**	**T**	**C**	**T**	**C**
5	30.0%	20.0%	50.0%	0.0%	70.0%	20.0%
6	20.0%	20.0%	10.0%	0.0%	60.0%	40.0%
7	40.0%	16.7%	20.0%	0.0%	80.0%	83.3%
8	44.4%	25.0%	11.1%	0.0%	66.7%	75.0%
F1	50.0%	20.0%	8.3%	0.0%	75.0%	60.0%
Overall	**37.3%**	**20.0%**	**19.6%***	**0.0%***	**70.6%**	**56.0%**

Chi-square test finds statistically significant association for overall measure and evaluation group

At Midline, 37.3% of lessons in the target schools are planned and executed with the learning of all students in mind, compared to 20% of lessons in comparison schools.

A higher proportion of lessons are planned with the learning of all students in mind in the target group than in the comparison group, across all grade levels except grade 6. The figure following displays how the target group performed across each practice which was a part of this standard.

100% of lessons in comparison schools had lesson plans compared to 98% of lessons in the target group. 98% of teachers in the target group made the learning objectives clear to students at the start of the lesson compared to 96% in the comparison group.

The largest difference was exhibited in the extent to which teachers could explain and justify plausible adaptations they had made for children with disabilities to the lesson observer after the lesson: 37.3% of teachers in the target group could do this compared with 20% of teachers in the comparison group.

Figure 21. Teaching is planned with all students in mind by Evaluation Group
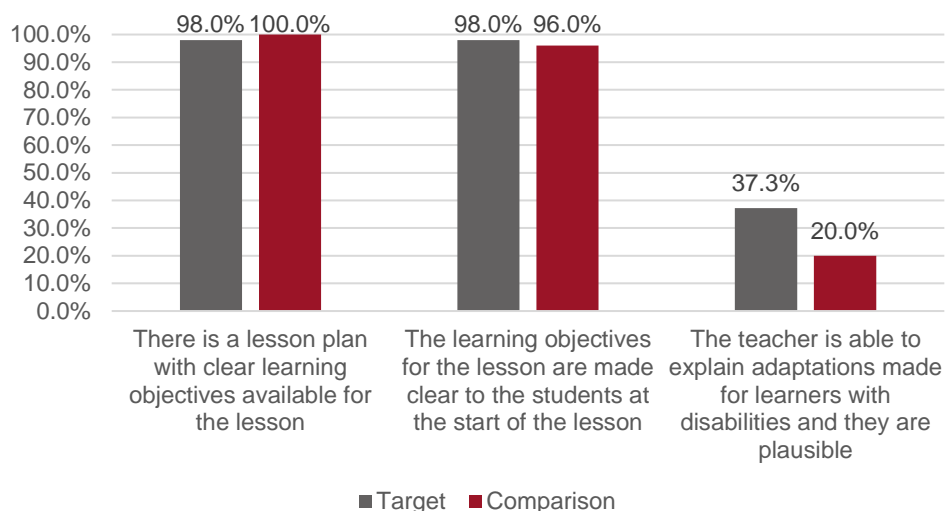
Based on the results in Table 35, teachers in upper primary and early secondary in the target group were better able to explain plausible adaptations made for children with disabilities, than teachers in lower primary. Only 20% of teachers in grade 6 could do this in the target group compared to 50% of teachers in Form 1.

To understand this measure further, as it is the one with the greatest discrepancy between the target and comparison groups and exhibits the lowest performance at Midline, the figure below displays performance by county on this item.

Figure 22. Proportion of Teachers who can explain adaptations made to lesson to make it more accessible for children with disabilities
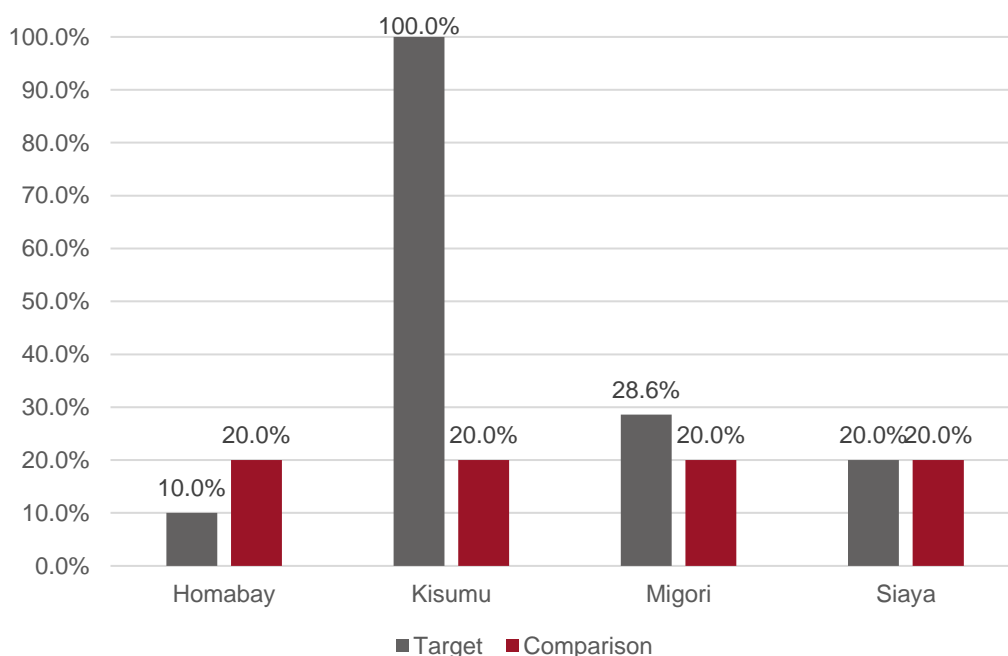
In Kisumu and Migori, a higher proportion of teachers in the target group were able to explain the adaptations they had made in the lesson for children with disabilities than in the comparison group.

All teachers observed in Kisumu were able to do this in the target group compared to 20% of lessons in the comparison group. In Migori 28.6% of teachers in the target group were able to do this compared to 20% of teachers in the comparison group.

Across counties, Homabay exhibited the lowest proportion of teachers who could explain adaptations they had made to the lesson for children with disabilities.

However, in Homabay, double the proportion of teachers in the comparison group were able to do this than in the target group: 20% of teachers in the target group compared to 10% in the comparison group.

In both the target and comparison group, female teachers are more likely to be able to explain adaptations they have made to the lesson to make it more accessible to children with disabilities.

In the target group 45.8% of female teachers are able to explain what adaptations they have made to their lessons for children with disabilities compared to 29.6% of male teachers. In the comparison group, 25% of female teachers are able to explain adaptations made compared to 11.1% of male teachers.

By Midline in 19.6% of lessons in the target group students learn collaboratively, compared to 0% of lessons in the comparison group. This is most common in Grade 5, the lowest grade level observed at Midline.

Based on grade level findings this is more common in lower grade levels than in upper grade levels. 50% of lessons in Grade 5 in the target group, for example, demonstrated student collaboration compared to 8.3% of lessons in Form 1.

This suggests that teachers in upper grade levels may not feel student collaboration is an appropriate way to deliver curriculum content.

Figure 23 outlines the use of collaborative approaches by evaluation group.

Figure 23. Use of Collaborative Approaches in Lessons by Evaluation Group
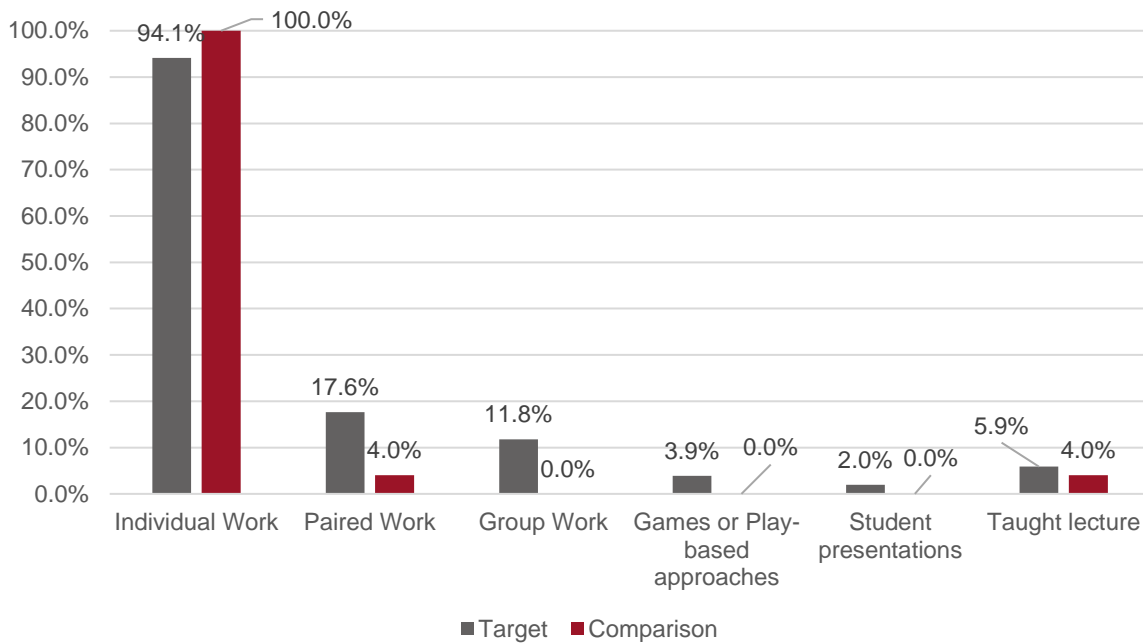
Lessons in target schools were more likely to adopt collaborative approaches across practices reviewed through the lesson observation. These lessons were more likely to utilize paired-work, group work, game-based approaches, and student presentations than lessons in comparison schools.

In comparison schools 100% of lessons used individual work, with 4% of these also using paired work and 4% also using taught lecture.

In target schools, 17.6% of lessons used paired work, 11.8% used group work, 3% used games-based approaches and 2% used student presentations.

Additional items reviewed to understand student collaboration are displayed in

Figure 24.

Figure 24. Additional items: Student Collaboration in Lessons
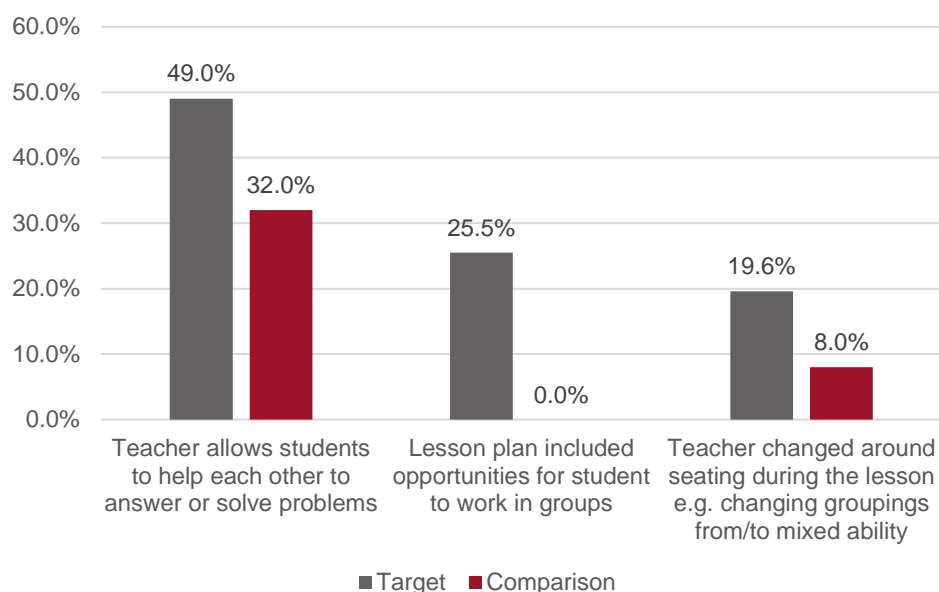
Across all three items, target lessons were more likely to include collaborative approaches to support learning than comparison lessons.

49% of teachers in target lessons allowed students to help each other to solve problems, compared to 32% in comparison schools. 25.5% of target lesson plans included opportunities for students to work in groups compared to 0% in comparison schools. 19.6% of teachers in target schools changed around seating during the lesson, to encourage group work and engage children in different ability-level group arrangements.

To understand differences in performance on the measure overall between counties, results by county are shown in the figure following.

In the target group, 50% of lessons in Siaya utilize collaborative approaches. The poorest performing counties were lessons in Homabay and Migori: in Homabay 10% of lessons adopted collaborative approaches and in Migori 9.5% of lessons did so.

Figure 25. Collaboration by County
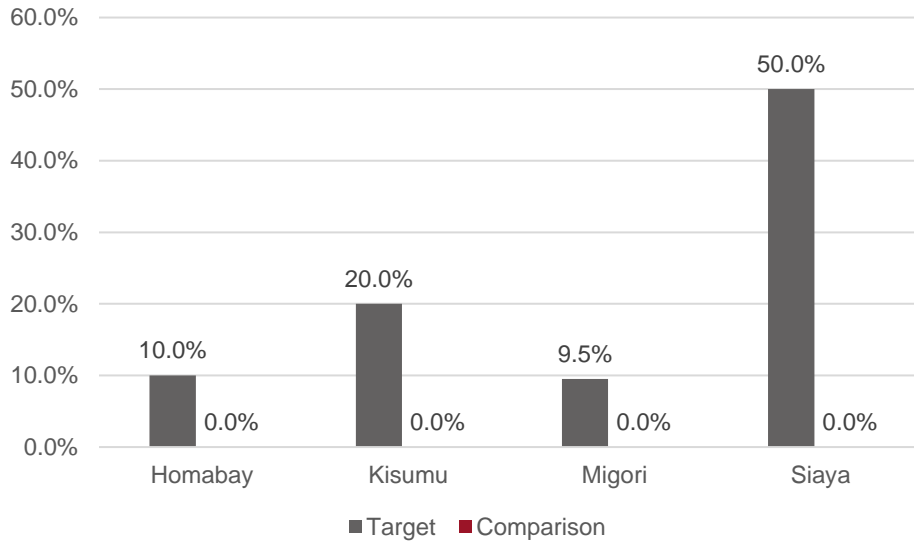
70.3% of lessons in the target schools encourage the participation of all students based on items reviewed for this dimension. This compares to 56% of lessons in comparison schools.

For this item, item level results are shown in

Figure 26.

Figure 26. Lesson Encourage Participation: Items reviewed
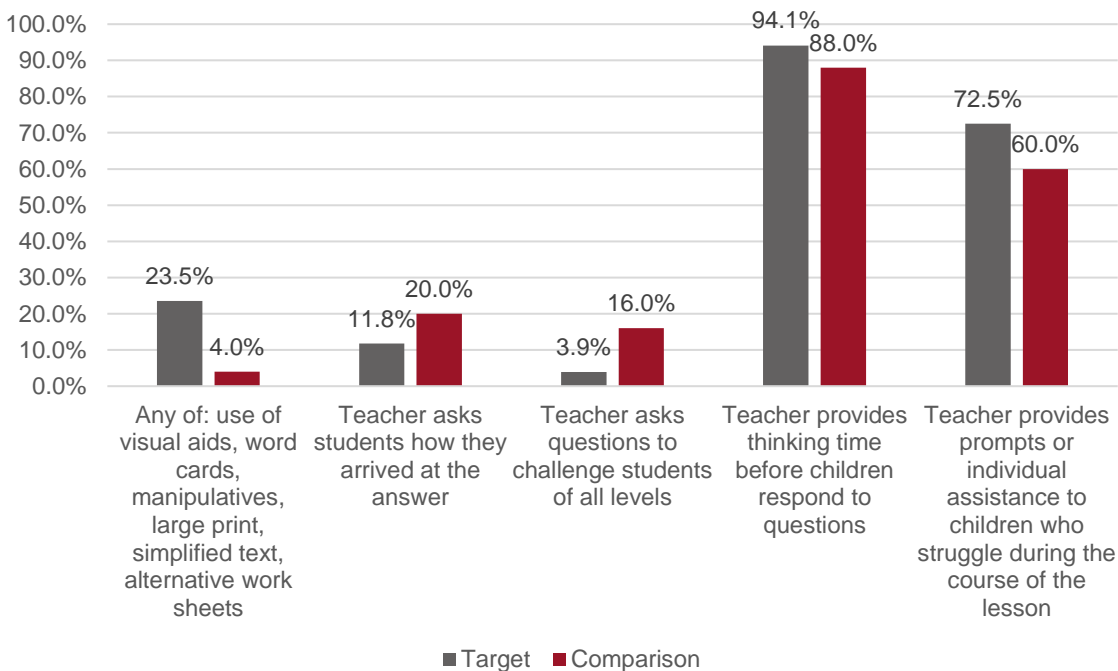
A higher proportion of lessons in the target group used visual aids, word cards, manipulatives, large print, simplified text, and alternative work sheets than in the comparison group.

While 23.5% of lessons in the target group used these tools, only 4% of lessons in comparison schools did so.

A higher proportion of teachers in comparison schools asked children how they arrived at an answer than in target schools.

This measure attempts to capture the extent to which teachers explicitly discuss how to reach an answer. In this specific domain it was used to understand the extent to which children are encouraged to participate in the lesson. While 11.8% of teachers in the target group asked children to explain how they reached the answer, 20% of teachers in the comparison group did so.

A higher proportion of teachers in comparison schools asked questions to challenge students of all levels.

The lesson observer was asked to monitor to what extent the teacher asked questions of varying levels of difficulty so as to ensure all children could participate in the lesson. It was more common for teachers in comparison schools to vary the difficulty of questions they asked than teachers in target schools. While 3.9% of teachers did so in target schools, 16% of teachers in comparison teachers did so.

A higher proportion of teachers in target schools provide thinking time before children respond to questions.

94.1% of teachers in target school provided thinking time to encourage all children to participate in lessons compared to 88% in comparison schools. Thinking time is an important way to allow children of different levels to respond to questions.

A higher proportion of teachers in target schools provide prompts or individual assistance to children who struggle during the lesson compared to teachers in comparison schools: 72.6% of target teachers compared to 60% of comparison teachers.

To further understand what supports teachers to adopt these practices, we reviewed teacher's attitudes towards disability inclusion in relation to the three dimensions of inclusion reviewed.

To understand attitudes towards inclusion, we constructed a scale based on 4 attitudinal items:

- Children who experience disabilities have unique learning needs

- The needs of children with disabilities can be served in special, separate settings (reverse coded)

- Inclusion sounds good in theory but does not work well in practice (reverse coded)

- Inclusion of children with disabilities in general education takes away from students without disabilities and lesson the quality of education provided (reverse coded)

Based on this attitudinal scale, 64.6% of teachers in target schools have positive attitudes towards inclusion and 40.8% of teachers in comparison schools have positive attitudes towards inclusion.

To understand these results further, the figure following displays results by county and sex.

In all counties and for all sexes, a higher proportion of teachers in target schools have positive attitudes towards inclusion than teachers in comparison schools.

In Homabay 100% of female teachers have positive attitudes towards inclusion, compared to 42.9% of female teachers in comparison schools. In Kisumu 100% of male teachers in the target group have positive attitudes towards inclusion compared to 50% of male teachers in the comparison group.

The poorest performing county in the target group for female teachers was Migori, where 62.1% of female teachers have positive attitudes towards inclusion. For male teachers in the target group, the poorest performing county was Siaya where 43.8% of male teachers have positive attitudes towards inclusion.

Figure 27. Positive attitudes towards Inclusion by County and Evaluation Group
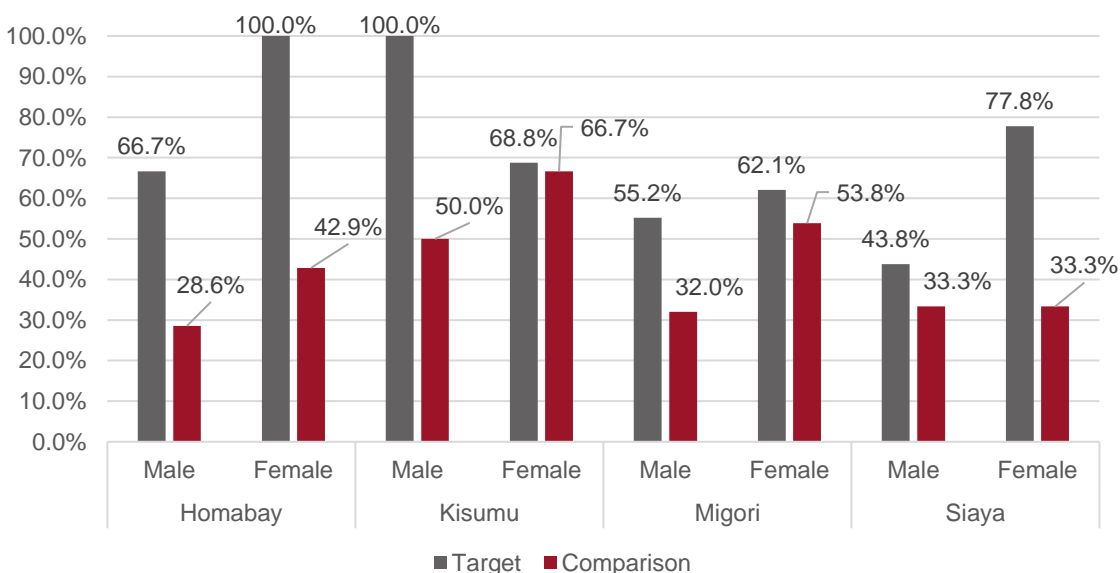
By Midline, 90.6% of girls with disabilities view their learning climate as supportive, compared to 56.8% at Baseline.

To understand the extent to which the learning climate is supportive of girls with disabilities, the study constructed a supportive climate scale based on 5 items in the girl's survey.

A supportive climate is understood as an environment where teachers have caring interactions with students, provide individual assistance, and make children feel respected and supported[130].

To calculate this, children were asked the extent to which they agree or disagree with the following items:

- My teacher(s) makes me feel like they really care about me.
- I feel that my teacher supports me when I need it.
- I can tell my teachers about any problem if I had to.
- My teacher(s) really tries to understand how students feel about things.
- My teacher(s) respects my ideas and suggestions.

Following the same operationalization that was used at baseline, an average score was taken and children scoring 4 or higher were categorized as viewing their learning climate as supportive.

Between Baseline and Midline, 52.6% of girls with disabilities report improvements in the extent to which their learning climate is supportive.

Changes per county are shown in the figure following. Girls with disabilities in Siaya and Homabay exhibited the greatest improvements in this measure: 58.8% of Girls with disabilities in Homabay improved the extent to which they view their learning climate as supportive; 59.6% of girls in Siaya also did so. Migori had the worst performance across counties with 41.3% of girls lowering their perceptions of the extent to which the learning climate is supportive. This may be explained by the fact that a large proportion of female teachers in Migori do not have positive attitudes towards inclusion (43.8%).

Figure 28. Girls with Disabilities Changes in Extent Learning Climate Supportive
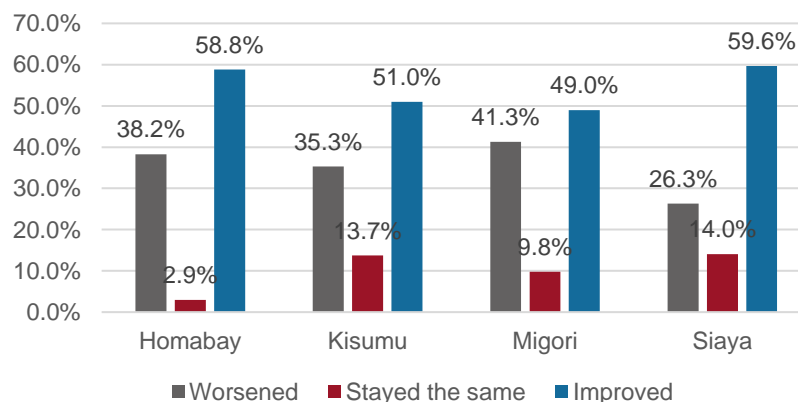
Pehmer, & Seidel 2015; Reeve & Jang, 2006; In some settings this has shown to strengthen autonomous motivation (Klieme et al., 2009), which with regards to self-determination theory means that students "experience themselves as competent, self-determined, and socially related" (Rieser et al 2016).

6.2.3 What barriers inhibited teaching quality improvements?

To understand barriers to a supportive climate, the study conducted a series of regressions using the comprehensive list of characteristics and barriers, defined in section 2, to predict supportive climate improvements.

Several barriers were found to reduce the extent to which girls with disabilities changed their perceptions of how supportive their learning climate is:

- Having low school belonging has a negative effect on the extent Girls with disabilities were able to witness improvements in the extent to which their learning climate is supportive ($p<0.05$; Beta=-0.632).

- Having a teacher treat boys and girls with disabilities unfairly has a negative effect on the extent to which girls with disabilities feel their learning climate is supportive ($p<0.05$; Beta=-0.387).

- Not enough support from teachers for girls with disabilities to succeed in school this has a negative effect on the extent to which girls with disabilities believe their learning climate has become more supportive at Midline ($p<0.05$; Beta=-0.550)

Qualitative evidence suggests that large class sizes, the limited time of lessons, and a great diversity in learning speed, inhibits the adoption of inclusive education strategies.

Teachers report having classes with too many students makes it difficult for them to support children with special needs. As one teacher commented, when he tries to apply what he learned in the training, he faces:

"Difficulties in practice because of the large number we have in class"[131]

As a consequence of this:

"We'll just go with those who do not have difficulties."[132]

This unequal treatment is intensified because *"most of them who are seriously challenged, they tend to be slow learners"*[133] and "*the duration in our classes doesn't give us time to attend to our learners who are challenged in one way or the other*"[134].

These findings suggest that the recent pilot programme set up by LC on differentiated instruction, is well targeted to provide additional support to teachers trying to reach children of different levels in the same class.

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[131] FGD Teachers Inclusive Education Training LC 1
[132] FGD Teachers Inclusive Education Training
[133] FGD Teachers Inclusive Education Training LC 1
[134] FGD Teachers Inclusive Education Training LC 1

Interviews suggest that training should be longer to fully digest the content, take place during holidays and involve a critical mass of teachers from one school.

Teachers liked the extensive content of the training but felt they needed more time to process it. According to teachers:

"I would change [the] time because we covered a lot within a short period of time. So that one makes it difficult for some to understand well… so there should be more time to train teachers."[135]

It is not enough to "*go for two days or one-day training to deal with learners*" because "*you don't gather sufficient [experience]*"[136] and they need "*much more time for digestion.*"[137]

Two teachers suggested that the training should be done during holidays:

 "*To get more teachers for training*" because "*some headteachers may not be willing to give some teachers permission to attend these trainings*"[138] as "*the school would be without the teachers*"[139].

If a critical mass of teachers from one school could attend the training, some teachers suggest that it would enhance peer-learning on how to deal with challenged learners and facilitate a school-wide culture valuing inclusion[140].[141] One teacher commented that this is important because:

"You'll find that the teachers that were trained here, now have been delocalized and some have been transferred to other schools where there is no inclusive learning."[142]

Qualitative evidence suggests that teachers' motivation is affected by a perceived lack of financial compensation, training location and lack of a certificate.

Teachers found that the financial compensation did not match the amount of time they invested to attend the training and that sometimes it was not paid at all. One teacher says that he:

"*Would change the amount being paid to match with time there, maybe KSH1500 per day*"[143].

Two different teachers report that the project "*promised that they will pay something small but they never responded*" and "*they have never honored the remuneration of teachers*"[144] for participation in the training.

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[135] *FGD Teachers Inclusive Education Training LC 1*
[136] FGD Teachers trained inclusive education GJ 1
[137] *FGD Teachers Inclusive Education Training*
[138] FGD Teachers trained inclusive education GJ 1
[139] FGD Teachers Inclusive Education Training
[140] FGD VTI Instructors LC Training 1
[141] FGD VTI Instructors LC Training 1
[142] FGD Teachers trained inclusive education GJ 1
[143] FGD Teachers Inclusive Education Training LC 1
[144] FGD Teachers Inclusive Education Training

One participant reported his wish for a certificate to acknowledge and prove his new-found expertise in the area of inclusion[145].

Some teachers were told that they were going to be trained at a specific time, but "*the trainers come very late. Maybe they can even be l two hours late. This is a waste of our time.*"[146]

One teacher suggested that learning materials should be provided to make knowledge acquisition more effortless. The main reason is that "*there were a lot of concepts to be handled within one week*" and so "*pamphlets that you could carry home after the training would be helpful*."[147]

6.2.4 Are the selected indicators for teaching quality and targets appropriate?

The first intermediate outcome indicator for teaching quality used to measure the adoption of inclusive education practices the EE recommends these be broken down into three specific sub-indicators. This would aid the project with ensuring activities appropriately address each domain of inclusion between Midline and Endline. At Midline these indicators are set as follows:

- 37% of lessons are planned with teaching of all students in mind;

- 19.6% of lessons provide opportunities for students to learn collaboratively;

- 70.6% of lessons encourage the participation of all students;

Additionally, the project can consider adding an indicator to monitor the adoption of differentiated instruction based on the new pilot programme.

The EE would not propose any changes to the supportive climate indicator. Improvements in supportive climate are shown to lead to improvements in both literacy and numeracy.

6.2.5 Conclusion: Do midline findings validate central assumptions within the project's theory of change?

Several assumptions which underpin the achievement of this intermediate outcome were assessed at midline, namely:

1. Teacher training will lead to adoption of IE practices in classrooms.

2. Adoption of IE practices supports learning and transition of children with disabilities.

3. A supportive climate promotes the learning and attendance of girls with disabilities.

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[145] FGD Teachers trained inclusive education GJ 1
[146] FGD Teachers trained inclusive education GJ 1
[147] FGD Teachers trained inclusive education GJ 1

The midline evaluation found improvements in the adoption of inclusive practices in classrooms. However, several barriers to adoption were identified by teachers in qualitative sessions. These included a lack of a critical mass of teachers in their schools knowledgeable on inclusion and the need for a longer training period. Despite these barriers, teachers in target schools have more positive views towards inclusion than teachers in comparison schools, based on items included in the teacher survey.

The project also assumes that the adoption of inclusive education practices will support girls with disabilities to learn in school. To understand this further, we conducted independent regressions using different accommodations provided by teachers to predict learning improvements in literacy or numeracy. Being provided with a break if you need one, being allowed extra time on an assessment if you need it and being allowed to sit in the front of the class did not have any direct relationships with learning improvements in numeracy or literacy between periods. Additionally, these accommodations did not have a direct statistically significant relationship on transition.

The lack of a direct relationship between these variables and learning and transition does not necessarily mean they are ineffective. Rather, this could be because the relationship between accommodations, transition, and learning are mediated by other variables.

However, improvements in the extent to which the learning climate is supportive, as measured by the supportive climate scale, leads to improvements in both literacy and numeracy standardized scores, according to predictive models.

A series of linear regressions find that improvements in the extent to which girls with disabilities perceive their learning climate to be supportive leads to improvements in literacy and numeracy. Each point of improvement between periods on the supportive climate scale leads to an improvement of 0.153 on numeracy standardized score ($p < 0.05$; Beta=0.153) and an improvement of 0.164 on literacy standardized score ($p < 0.05$; Beta=0.164).

No statistically significant relationship was found between improving the extent to which one has a supportive climate and likelihood to transition between periods. Separate models were conducted for all transition pathways. However, this does not mean there is not a direct relationship but rather that it is possibly mediated by other variables.

6.3 Self-esteem: Girls with disabilities demonstrate increased voice and agency to participate in mainstream education and future career opportunities.

The project considers the promotion and acquisition of life skills an important element for equipping and preparing adolescent girls for their transition into adulthood, particularly in contexts where access to appropriate information, guidance and role models is limited.

Life skills are the skills necessary for full and active participation in everyday life; they encompass psycho-social skills including inter-personal skills, self-esteem, resilience and self-efficacy; cognitive skills for analysing and using information and for problem-solving; executive functioning skills for planning personal skills for developing personal agency and managing oneself, and inter-personal skills for communicating and interacting effectively with others.

To improve girls' life skills the project conducts the following activities:

1. Provides Life Skills training in 50 primary schools and 25 secondary schools through Child to Child Clubs;

2. Trains 54 positive role model mentors with disabilities for girls in Secondary schools (total of 60 aimed to be trained by the end of the project);

3. Provides career guidance to girls with disabilities completing primary school;

4. Provides a 3-day financial literacy training to 83 teachers to deliver financial literacy lessons in classrooms (development of age appropriate training and implementation), and;

5. Develops a best practice guide for mentoring girls with disabilities and publish a Life Skills Manual.

The outcome of these activities is to help the girls develop increased competencies to participate in their communities and school. By increased competencies we mean skills in self-care, self-esteem and independent living, as well changes in attitudes towards life, self-esteem, being assertive, resisting peer pressure, communicating effectively, making decisions, healthy relationships, friendships, managing stress, anger and conflict, sexual reproductive health, drug use, HIV/AIDS, and adolescence.

The life skills program will be delivered through C2C Clubs. With these improved skills, girls are more likely to be retained in educational institutions and transition to the next stage.

This section presents the findings on the outcomes of the project in terms of life skills. Various life skills are presented, all calculated using scales composed of several items from the Girls' Survey.

All skills presented were tested for inter-item reliability through Cronbach alpha, ensuring that each scale demonstrated a Cronbach alpha of 0.7 or higher for it to be used in the study.

6.3.1 High-level findings

Table 42: Self-esteem indicators from the Logframe

IO 3	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for Endline	indicator used at Endline? (Y/N)
Life Skills	3.1 % of primary and secondary school girls with disabilities report an increase in self-esteem (SE)[148]	N/A	75% of primary girls and 60% of secondary girls have increased SE	54.5% of primary girls with disabilities and 58.1% of secondary girls have increased SE	N	70% increasing in both secondary and primary	Y
	3.2 % of girls with disabilities have increased financial literacy skills (FL) [149]	N/A	25% have increased FL	51% have increased FL (60% have FL skills)	Y	60%	Y
	3.3 The extent to which girls with disabilities can describe an education/ career pathway to achieve their aspirations.[150]	N/A	20%	79% can describe a pathway	Y	100%	Y
	3.4 % of girls with disabilities who feel comfortable participating in the classroom	N/A	50%	73.2%	Y	90%	Y
Main qualitative findings							
▪ FGDs highlight that girls aim to improve their financial literacy skills to eventually become self-reliant. E Qualitative evidence highlights the benefits of child to child clubs to support girls with disabilities to integrate with girls without disabilities and build supportive relationships.							

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[148] Source: Girls Survey (Operationalization: % of girls demonstrating increase in self-esteem based on Rosenberg self-esteem scale). At Baseline the Rosenberg scale are questions GS 126- 135. At midline, these are questions GS 111-120.

[149] Source: Girls Survey (Operationalization: % of girls who improve their financial literacy based on mean responses to financial literacy scale. The financial literacy scale used at baseline included 4 items to assess saving propensity, saving capacity, and basic management of money.) At Baseline the scale was calculated using questions GS 104-107. At midline, GS Q80-83.

[150] Source: Girls Survey (Operationalization: Question for girls about what their aspirations are and how they expect to achieve them. % of girls who can describe education/career pathway and realistic plan for achievement.). This was not measured at BL, though at midline, it is measured through GS Q17.

6.3.2 How did the project perform against life skills targets? What supported the project to meet life skills targets?

Self-esteem is measured through the internationally validated Rosenberg Self-Esteem Scale[151]. Girls with an 'increased' self-esteem were defined as girls that improved on their self-esteem score between baseline and midline. To identify whether girls increased their self-esteem between periods, we subtracted a girls' baseline score in this scale from her midline score in the Rosenberg SE scale. Girls with positive changes were coded as 1 (increased Self-esteem), and girls with no changes or negative changes were coded as 0 (no increased self-esteem).

For indicator 3.1, the first figure represents girls who 'increased' their self-esteem and in parentheses, girls who have self-esteem (defined as having scored 4.0 or higher in the Rosenberg scale at Midline).

Financial literacy was also measured through a scale[152], as well as codified and presented in a similar way segregating the data by girls with 'increased' financial literacy and girls with financial literacy.

The project met two of its three targets. Targets were met for indicators 3.2 and 3.3, and indicator 3.1 fell 21% short of its midline target.

By midline, 54.5% of primary and 58.1% secondary school girls with disabilities demonstrated increased self-esteem (SE).

54.5% of primary school girls with disabilities and 58.1% of secondary school girls with disabilities demonstrated an increase in self-esteem (SE)[153]. The project target was for 75% of primary school girls with disabilities and 60% of secondary school to improve their self-esteem. Therefore, for indicator 3.1 the project did not meet its target.

Self-esteem (also known as self-worth) refers to the extent to which we like accept or approve of ourselves, or how much we value ourselves. Self-esteem always involves a degree of evaluation and we may have either a positive or a negative view of ourselves. When a person's ideal self and actual experience are consistent or very similar, a state of congruence exists, which is an important basis for the development of self-esteem. The development of congruence is dependent on the positive regard that we receive from our social context. Therefore, the project can assume that an inclusive environment in classrooms and in shared social spaces such as Child to Child Clubs can improve the self-esteem of boys and girls with disabilities.

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[151] C.f. Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

[152] Source: Girls Survey (Operationalization: % of girls who improve their financial literacy based on mean responses to financial literacy scale. The financial literacy scale used at baseline included 4 items to assess saving propensity, saving capacity, and basic management of money.) At Baseline the scale was calculated using questions GS 104-107. At midline, GS Q80-83.

[153] Source: Girls Survey (Operationalization: % of girls demonstrating increase in self-esteem based on Rosenberg self-esteem scale). At Baseline the Rosenberg scale are questions GS 126- 135. At midline, these are questions GS 111-120.

Results show that overall 56% of girls with disabilities who are in primary or secondary school and 40% of girls with disabilities who are out-of-school demonstrated increased self-esteem.

At midline, 45% of in-school girls with disabilities had high self-esteem, compared to 60% of girls without disabilities. According to chi-square tests, these differences are significant at the p<0.001, suggesting that girls with disabilities tend to have lower self-esteem than their peers.

However, at baseline, only 6% of girls with disabilities had high self-esteem (compared to 11% of comparison girls). Therefore, between baseline and Midline 39% of girls with disabilities increased their self-esteem.

When evaluating which project activity drove improvements in self-esteem[154], we find that a higher proportion of girls who said that materials had been adapted for them in class, progressed in self-esteem compared to those who did not think so. 59% of girls who stated school materials have been adapted so they are accessible to girls with disabilities progressed in self-esteem (whereas only 44% of girls who stated that materials had not been adapted also progressed in school).

Quantitative evidence suggests that improvements in parental attitudes towards inclusion, led to improvements in self-esteem between Baseline and Midline.

A linear regression using improvements in parental attitudes towards inclusion to predict self-esteem improvements finds that improvements in parental attitudes leads to improvements in self-esteem at statistically significant levels (p<0.05; Beta=0.285). The model was able to explain 9.6% of the variance in the data (r square = 0.096), suggesting this plays a strong role in self-esteem improvements.

Qualitative evidence suggests that C2C clubs support self-esteem improvements. From the perspective of the C2C facilitators, being a member of a C2C club leads to faster school integration, improved community acceptance, and increased self-esteem.[155]

The C2C facilitators argue that children with disabilities are positively impacted by the initiative because "*when you use a child to teach another one it is easier to pass the information", "it increased the visibility for members outside the community to see that if a neighbor's child is disabled it is not a curse" and "it is one of the best ways to enter a school, given that in school the children population is large.*"

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[154] Features that entered in the comparison included whether a girl was (1) Member of C2C Clubs, (2) Girl is gets support from social worker (3) Household member member of male mentor programme (4) Girl received a School Kit (baseline and midline) (5) Girl received an Assistive Device (baseline and midline) (6) Girl received Transport Assistance (baseline and midline) (7) Girl received Psycho-social Support (baseline and midline) (8) Girl received received Rehabilitative Support (baseline and midline) (9) Girl is given extra time on exams or assessments (midline) (10) Girl given time to have a break during class if you need one (11) Girl believes materials been adapted so they are accessible to children who have disabilities (12) Girl is given the chance to sit in front of the class (13) Girl is given a bursary (14) girl has a high supportive climate.

[155] FGD C2C facilitators

Facilitators observed that prior to their enrolled in the club children with disabilities "*secluded"* *themselves, were "lonely", "get involved in fights",* did not *"play with their peers"* and not *"engage* *themselves in school co-curriculum activities"*. "*But as they continue becoming members of the* *club,*" they found that these children "*participate more in different activities in the school", "go for* *sports up to zonal levels", "feel that they are part of the school"* and *"are now able to play with* *others"*. These behavioral changes are attributed to an increased child "self-esteem".

According to FGDs, girls with disabilities appreciate the emotional, learning and **material support from the C2C club.**[156]

One participant reports that when "*we are together with those people having a disability and those* *who are not, we don't feel lonely because we are together like a family.*" Further, they perceive a strong positive affection that they highly appreciate. The club members "*love those who have a* *disability, I like it*" and they "*take care of them and love them so much.*" Overall, the club is a place where "*it is easy to make friends*".

Children report enjoying the club "*when we meet together and teach ourselves how we can help* *one another in terms of learning*", and when they "*discuss how to take care of themselves*" or "*how we can plant vegetables which can help*".

Girls with disabilities report that the club "*encourages people with disabilities to move on so that* *they can achieve their education/ their goal*" and that it "*helps girls… sometimes they come in* *torn clothes which are shameful… so sometimes they are given uniforms, sometimes one doesn't* *have a book but they buy it for her… so teachers [can] love them.*"

One girl reported that "*we were taught to be strong so that if you are approached by a boy trying* *to play with your mind, you just be strong and tell him no I'm still on with my studies. Sometimes* *when you are going home, you just follow the main road not passing through the forest because* *someone can rape you in bushy areas.*"

Girls with disabilities value that the C2C club is inclusive and provides them with the **opportunity to spend time with girls without disabilities**[157]

They enjoy this because "*when you are together it means you love one another because there is* *no way that one who is not disabled [in the club] talks badly [about me].*"

Girls without disabilities joined the club for several reasons. One child "*witnessed how it helped* *the other children by donating books, pads, panties, and t-shirts*" and as a result decided to join for the material support. Two others joined because they wanted to assist "*those unable to read*" and "*those who have mental disabilities who cannot write*".

Girls without disabilities perceive their relationship with other club members as **enjoyable and supportive.**[158]

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[156] *FGD Girls with Disabilities c2c clubs 1*
[157] FGD Girls with Disabilities c2c clubs 1
[158] FGD NON-DISABLED GIRLS IN C2C 1

Girls without disabilities shared the perception of having enjoyable and supportive relationships with other club members, reporting that "my relationship with them is good" and "all of us benefit".

They do not perceive the girls with disabilities differently. "*To me, all of us are equal whether someone has a disability so how you treat your colleague should be how you can treat yourself*". They develop friendships "*because we share things with her and reading and working together.*"

Non-disabled girls observed that C2C reduced the rate of absence of disabled girls. "*Ever since C2C club started functioning, the disabled girls have never been absent*" because previously "*those who had disability had no one to remind them of coming to school but now, they have friends that reminding her in the morning to go to school together and they find it easy to go school.*"

They are also convinced that the C2C clubs inclusion is beneficial "because here you can tell someone "*please show me how to write*" but in a special school, this would be not possible as they are the same [as me]."

There are no differences among different disability groups and their progress in financial literacy.

By midline, 51% of girls with disabilities have increased financial literacy skills (FL) [159]

To support the financial literacy (FL) of girls with disabilities the project has developed a Financial Literacy Manual and trained teachers in project schools. The manual includes modules on managing money, budgeting, saving, and setting financial goals. This program will also be delivered through C2C Clubs.

To measure financial literacy, we created a composite score based on baseline and midline results across 4-items, namely: (1) "I am confident handling money"; (2) "I often get confused when receiving change in a shop"; (3) "I think saving money is important", and; (4) "I am able to save money". Girls were classified into having financial literacy skills when their score was 4 or higher.

By midline, 51% of girls in the target group had progressed in their financial literacy skills (9% stayed the same, and 39% regressed). At baseline, 46% of girls in the target group had financial literacy skills (compared to 55% of girls in the comparison group), increasing to 60% at midline in the target group and 68% in the comparison group. These differences are significant according to chi-square tests, which shows that significantly more girls in the comparison group have financial literacy skills when compared to the target group.

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[159] Source: Girls Survey (Operationalization: % of girls who improve their financial literacy based on mean responses to financial literacy scale. The financial literacy scale used at baseline included 4 items to assess saving propensity, saving capacity, and basic management of money.) At Baseline the scale was calculated using questions GS 104-107. At midline, GS Q80-83.

At baseline, 66% of girls over 12 years old in the target were confident handling money increasing to 80% at midline. There was also an increase in the number of target girls getting confused when receiving change in a shop from 65% at baseline to 72% at midline.

By midline, 93% of girls over 12 in the target group thought that it is important to save money (compared to 80% at baseline). 65% of girls over 12 and 67% of under 12 claim to be able to save money, which does not show a great increase since baseline (which was 62% and 56% respectively).

72% of girls over 12 and 67% of girls under 12 understand how interest on loans work (which is higher than comparison girls, where 66% understand how they work).

Table 43. Financial Literacy Skills by Period and Evaluation Status (Comparison and Target)

Financial Skill		Midline								Baseline							
		Under 12				Over 12				Under 12				Over 12			
		Comp.		Tar.		Comp.		Tar.		Comp.		Tar.		Comp.		Tar.	
		N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Girl is confident handling money.	No	0	0	0	0	29	12	65	20	19	39	21	42	72	28	105	34
	Yes	0	0	3	100	218	88	265	80	30	61	29	58	186	72	205	66
Girl gets confused when receiving change at a shop.	No	0	0	0	0	39	16	94	28	18	37	20	40	57	22	109	35
	Yes	0	0	3	100	208	84	236	72	31	63	30	60	201	78	201	65
Girl thinks saving money is important.	No	0	0	0	0	20	8	22	7	5	10	11	22	35	14	61	20
	Yes	0	0	3	100	227	92	308	93	44	90	39	78	223	86	249	80
Girl is able to save money.	No	0	0	1	33	65	26	115	35	24	49	22	44	79	31	118	38
	Yes	0	0	2	67	182	74	215	65	25	51	28	56	179	69	192	62
Girl does not understand how interest on loans work.	Understands	0	0	2	67	163	66	237	72								
	Do not understand	0	0	1	33	84	34	93	28								

Results across these items between periods for the target group are shown in the figure following.

Figure 32. Changes in Financial Literacy Items Across Time
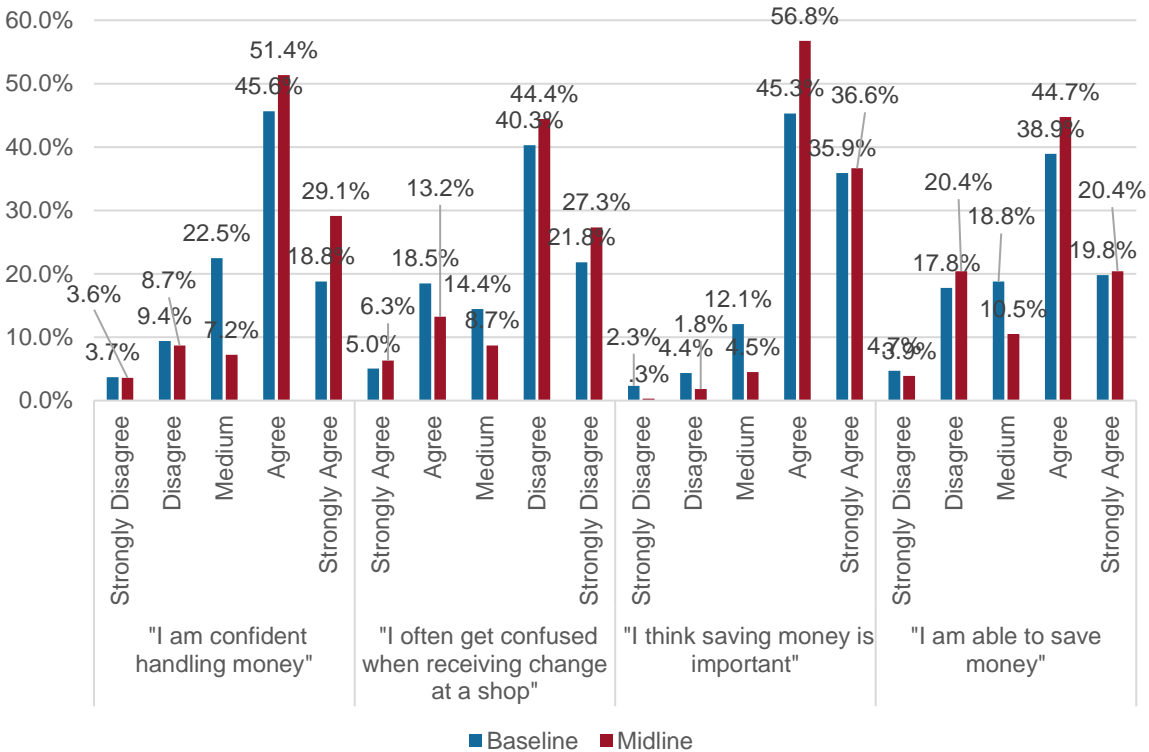
56% of girls with disabilities who get support from a social worker improved their financial literacy skills.

When evaluating what features of the project drove results[160] we find that 56% of girls who get support from a social worker progressed in financial literacy. Of the girls that did not get support from a social worker, only 46% progressed in financial literacy. Chi-square tests show that these differences are significant at the $p < .05$ level.

More girls with disabilities progressed in financial literacy when studying in a supportive climate than when they were not.

56% girls with a disability studying under a supportive climate progressed in their financial literacy compared 37% of girls studying in an unsupportive climate who progressed in financial literacy. This asserts the project's assumption that, when environments are inclusive, more girls with a disability are able to gain financial literacy skills. According to chi-square tests, these differences are significant at the $p < .05$ level.

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[160] Features that entered in the comparison included whether a girl was (1) Member of C2C Clubs, (2) Girl is gets support from social worker (3) Household member member of male mentor programme (4) Girl received a School Kit (baseline and midline) (5) Girl received an Assistive Device (baseline and midline) (6) Girl received Transport Assistance (baseline and midline) (7) Girl received Psycho-social Support (baseline and midline) (8) Girl received received Rehabilitative Support (baseline and midline) (9) Girl is given extra time on exams or assessments (midline) (10) Girl given time to have a break during class if you need one (11) Girl believes materials been adapted so they are accessible to children who have disabilities (12) Girl is given the chance to sit in front of the class (13) Girl is given a bursary (14) girl has a high supportive climate.

More girls with disabilities who live in households that received entrepreneurship training progressed in financial literacy.

59% of girls with disabilities living in households who received entrepreneurship training progressed in their financial literacy skills. In contrast, only 45% of girls living in households without this training progressed in their financial skills. According to chi-square tests, these differences are significant at the p<.05 level.

This suggests that parents could be playing an important role in transmitting financial literacy skills to their boys and girls.

Single orphans progressed in financial literacy skills comparatively more than non-orphans.

When a child is an orphan at midline, he is likely to have improved financial literacy skills. 65% of single orphans improved their financial literacy compared 47% of the non-orphans who progressed in school. This is likely the result of the child taking on additional responsibilities or being motivated to improve their financial literacy to increase self-sufficiency.

More girls improved their financial literacy from when it got harder to access materials they need for school (books, uniform, etc) or when they experienced moderate hardship

60% of girls from households that claim it is more difficult to afford school-associated costs since last year progressed in financial literacy. This shows that girls might have resorted to acquiring the necessary financial skills to be able to mitigate this barrier. Similarly, 58% of target girls from households who face moderate hardship also progressed in FL, compared to 46% of girls in other households who progressed in FL. According to chi-square tests, these differences are significant at the p<.05 level for both comparisons.

There are no differences among different disability groups and their progress in financial literacy.

By midline, 79% of girls with a disability can describe an education or career pathway to achieve their aspirations.[161]

In the Girls' Survey, girls were asked "What do you want to do when you grow up?" and then asked to describe how they would achieve this goal, step by step. Enumerators were then tasked to code 1 if the girl described a realistic way to achieve her goal or 0 if the girl did not describe a realistic way to achieve it.

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[161] Source: Girls Survey (Operationalization: Question for girls about what their aspirations are and how they expect to achieve them. % of girls who can describe education/career pathway and realistic plan for achievement.). This was not measured at BL, though at midline, it is measured through GS Q17.

Results show that 79% of girls with a disability could realistically describe an education or career pathway to achieve their aspirations. In contrast, 88% of comparison girls could realistically describe a pathway to achieve their aspirations.

The table following shows that 88% of target girls wish to have a profession requiring a university degree, followed by 8% who want a vocation that requires training, and 1% want a profession that do not require training. To 99% of girls, going to school is therefore considered important for what they want to do when they grow up and 100% of them think school is important or very important.

Table 44. Career Pathways Item Results

Career Pathway Items		Comparison		Target	
		N	%	N	%
What do you want to do when you grow up?	*Profession requiring university (teacher, doctor, lawyer).*	246	95.0%	303	88.3%
	Other vocation requiring vocational or other training.	7	2.7%	28	8.2%
	Other job (which typically requires no training)	5	1.9%	4	1.2%
	Stay at home mother / wife.	0	0.0%	0	0.0%
	Nothing mentioned.	1	0.4%	8	2.3%
Is going to school important for what you want to do when you grow up?	*No*	1	0.4%	2	0.6%
	Yes	256	98.8%	338	98.5%
	Refused	2	0.8%	1	0.3%
	Don't Know	0	0.0%	2	0.6%
How important would you say it is?	*Not Important*	1	0.4%	1	0.3%
	Important	256	99.6%	339	99.7%

In FGDs, girls mentioned it was important to come to school because:

"there's need for them to learn like other normal children for them to excel in their future lives and have a good job."

"The reason I come to school is to acquire knowledge. Like me, I want to be a doctor. I can acquire that knowledge of being a doctor and continue helping those sick people in future."

"My mother tells me like this, 'my child if I take you to school, go and learn like me I didn't go to school so, go and learn and do not remain at the stage where I am.' So, that is why I come to school and also, to have a better future."

"We get the chance to do our skills in school for example, here in Joel Omino, they do not separate children with disabilities from other children. We are all equal and our talents are being noted."

Referring to non-disabled children as "normal" denotes that the use of rights-based language is an area for improvement.

Alongside these life skills targeted by the intervention, the study reviewed the extent to which girls improved their academic self-efficacy. Academic self-efficacy can be understood to be the extent to which girls feel confident in their ability to learn in school. It is measured through a two item scale administered at both periods.

By Midline, 34.7% of girls improved their academic self-efficacy.

20.4% of girls maintained their levels of academic self-efficacy and 44.9% of girls regressed in their levels of academic self-efficacy.

Several project activities were found to support girls to improve their academic self-efficacy between periods:

- Providing a girl with disabilities with a break in class when she needs it, a key accommodation for girls who experience disabilities that affect their concentration, leads to improvements in academic self-efficacy between baseline and midline according to a linear regression (p<0.05; Beta=0.385).

- Having access to adaptive materials leads to improvements in academic self-efficacy for girls with disabilities between baseline and midline, according to a linear regression (p<0.05; Beta=0.282). This is to be expected as girls who can access the learning materials in school will likely feel more able to and confident to learn in school.

6.3.3 What barriers inhibit life skill achievements?

In terms of barriers to improved self-esteem, when girls cannot choose whether to attend or stay school, they tend to regress on self-esteem (p<.05).

Proportionally more girls regressed on self-esteem when they cannot choose to stay school relative to those that can choose.

When adults are not engaged in a girl's educational life, they also tend to have lower self-esteem.

63% of girls whose caregiver does not ask about what they do in their school or VTI regressed in self-esteem compared to 44% who regressed but whose caregiver does ask. 64% of girls with a high chore burden regressed in their self-esteem score (compared to 44% of girls who regressed but did not have a high-chore burden). This highlights the importance of parental engagement to foster improvements on self-esteem.

When girls are not respected by their community (p<.001), are not included in community events (p<.05), or not accepted by their community (p<.05) they regress on their self-esteem. This validates the project's assumption that a girl's social environment affects her appreciation of self-worth. In FGDs, girls with disabilities mentioned: *"Neighbors can say you are useless because you don't go to school, you can't walk and such"*

Likewise, when girls do not feel part of their social environment, they also tend to have regressed on their self-esteem score (p<.05). For example, girls who do not speak the language of instruction also regressed on their self-esteem. (p<.05).

When girls do not have access to sanitary pads on a regular basis (p<.05) and when no one has spoken to girl about menstruation (and she has started menstruating) (p<.05), they tend also to have regressed on their self-esteem. All married girls regressed on their self-esteem score (n=4) (p<.05).

According to chi-square tests, girls are less likely to be able to describe a realistic career pathway when:

1. She has an emotional or behavioural disorder, epilepsy, an intellectual disability, learning difficulties, or speech impairments.
2. Girl reports that she does not get support she needs from family to stay in-, and perform well in school
3. An adult does not ask about what I do in school or in my training institute
4. Over past year, it has gotten harder to access sanitary wear
5. Over past year, it has gotten harder for children to get to school
6. Over past year it has gotten harder for girl to attend school regularly
7. Girl does not feel included in community events
8. Girl does not feel accepted by community
9. Girl has low school/institute belonging
10. Girl does not speak language of instruction
11. Girl currently being bullied
12. Girl has been bullied

Fewer girls with a disability who do not feel accepted by community progressed in Financial Literacy skills

Only 38% of girls with a disability who do not feel accepted by her community progressed in FL skills, compared to 53% of girls who feel accepted who progressed in FL. According to chi-square tests, these differences are significant at the p<.05 level.

Fewer girls that were physically punished by teacher in the last week progressed in Financial Literacy

Only 42% of girls who were physically punished last week progressed in financial literacy skills, compared to 55% of girls that were not physically punished. According to chi-square tests, these differences are significant at the p<.05 level.

Fewer girls that have low sense of belonging toward school or their VTI institute progressed in Financial Literacy

Only 24% of girls with low school or institute belonging progressed in financial literacy compared to 53% of girls who feel they belong in school. These differences are significant at the p<.05 level according to chi-square tests.

Fewer girls whose household is more than 1 hour away from school improved their Financial Literacy

We asked girls how long it would take them to walk to school to determine if distance to school was a characteristic affecting Financial Literacy. Of the girls whose household is more than 1 hour away from school, only 31% progressed in financial literacy compared to 53% who live closer to school (less than one hour). According to chi-square tests, these differences are significant at the p<.05 level.

6.3.4 Are the selected indicators for life skills and targets appropriate?

Given that the indicator *% of girls with a disability can describe an education or career pathway to achieve their aspirations*" was obtained through a question in the Girls' Survey where enumerators have to make a normative conclusion of whether the pathway given is realistic or not, the indicator may suffer from inter-rater reliability problems between evaluation periods. We recommend changing this indicator to be % of girls who feel they will achieve their career goals.

The evaluator would also recommend adding an indicator specifically on academic self-efficacy.

Improvements in academic self-efficacy was shown to lead to improvements in literacy learning between baseline and midline and to lead to improvements in numeracy between baseline and midline.

This suggests that the extent to which girls feel confident in their ability to learn leads to improvements in learning. A large proportion of girls decreased in academic self-efficacy between periods (44%) and the project should actively aim to address these decreases to bolster learning improvements.

6.3.5 Conclusion: Do midline findings validate central assumptions within the project's theory of change?

Improvements in self-esteem led to improvements in literacy between Baseline and Midline.

A regression finds that improving self-esteem for girls with disabilities led to improvements in literacy between baseline and midline (p<0.05; Beta=0.223). This suggests that project activities that improve self-esteem, such as the provision of adaptive materials and C2C clubs are well placed to deliver improvements in learning.

Improvements in financial literacy led to improvements in literacy, at statistically significant levels. A relationship between financial literacy improvements and numeracy was not significant.

Linear regression results suggest that financial literacy improvements lead to improvements in literacy between baseline and midline but not in improvements in numeracy. This is somewhat surprising as one would expect girls who exhibit improvements in financial literacy to also exhibit improvements in numeracy.

Improvements in academic self-efficacy led to improvements in literacy and numeracy between Baseline and Midline for girls with disabilities.

Linear regressions demonstrate that improvements in academic self-efficacy, that is the extent to which girls with disabilities feel confident in their ability to learn between baseline and midline, leads to improvements in literacy (Beta=0.258) and numeracy (Beta=0.204), at statistically significant levels ($p < 0.05$).

6.4 Attitudes and Perceptions Families, communities and peers proactively support girls with disabilities to go to school

6.4.1 High-level findings

Table 45. Attitudes Families, Communities and Peers indicators from the Logframe

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
Attitudes and Perceptions Families, communities and peers proactively support girls with disabilities to go to school	4.1 The extent to which families, community and peers demonstrate positive actions that support girls with disabilities to go or stay in school.	N/A	Target: 60% of Families, communities and peers can identify at least 2 positive actions they have taken to support girls with disabilities to go or stay in school	81% girls report that their families communities and peers can identify at least 2 positive actions	Y	85%	Y

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
	4.2 % of girls with disabilities who feel included in community events	50.8%	60%	76.7%	Y	75%	Y
	4.3 % of other male parents (not male mentors) supporting girls with disabilities to go to secondary and/or VTI	N/A	30%	84.8%	Y	88%	Y
Main qualitative findings							
▪ Qualitative evidence suggests children with disabilities face discrimination and abuse from their peers, from teachers, from parents and from their community members. A large proportion of boys and girls in focus group discussions and interviews detailed cases of discrimination. While there have been some improvements this suggests the projects needs to put in place additional supports and active measures to reduce discrimination and bullying.							

6.4.2 How did the project perform against targets? What supported the project to improve the attitudes and perceptions of parents, caregivers and community members towards children with disabilities?

The proportion of girls with disabilities who feel included in community events increased between evaluation periods. At Baseline 50.8% of girls with disabilities felt included in community events, compared to 76.7% at Midline.

Results for this indicator are summarized in the figure below. As shown, the proportion of girls with disabilities who feel included in community increased. This is highlighted by the shift to the right between both periods in the figure. Community events include religious ceremonies, like attending church, weddings or funerals as well as other cultural community celebrations.

Figure 29. Girls with disabilities: I feel included in community events
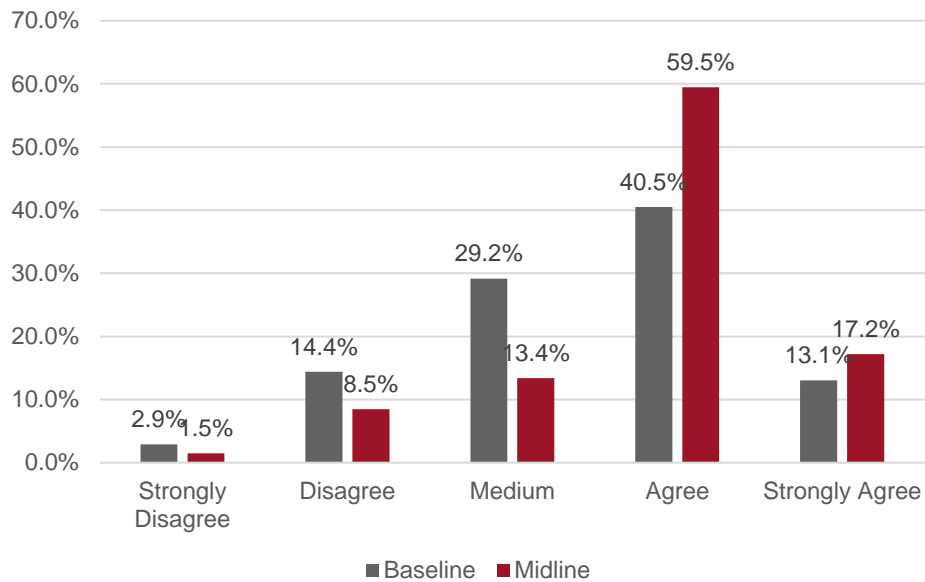
To understand changes further, we calculated the proportion of girls who improved, stayed the same, or lowered their perceptions of the degree to which they felt included in community events between Baseline and Midline.

46.3% of girls improved the extent to which they feel included in community events between Baseline and Midline. 24.2% girls decreased the extent to which they feel included in community events.

Changes in this indicator by county is reported in the figure following. Relatively similar proportions of girls with disabilities increased the extent to which they feel included in community events between periods across counties: between 48% and 54%. Homabay had the largest on average decrease with 29.7% of girls feeling less included in community events at Midline than at Baseline.

Figure 30. Changes in Extent to which Girls with disabilities feel Included in Community Events
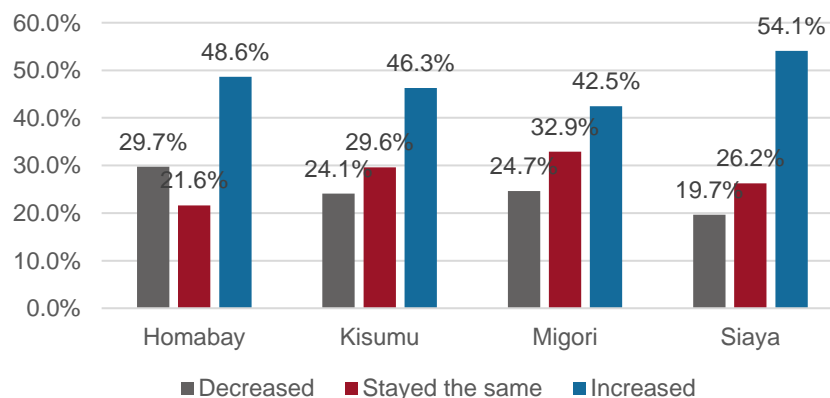
Parents involved in the Parent Support Groups observe changes in the extent to which their children were a part of the community.

One reports that:

"*My child like now she can freely interact with fellow children and she is no longer alone, when they are given something to do, they do it together. She is not feeling different even in class they are just participating together. She can read she can do everything. So, I'm seeing remarkable changes in my child and I proudly feel that I have made steps forward with this child because now she feels included.*"[162]

Another one reports that:

"*My child had a severe hearing impairment but now, she can hear a little bit. She learns together with fellow pupils, she plays together with them and they are interacting well. So, that is why I am seeing that she is doing well in school.*"[163]

Parents were motivated to join the PSGs to improve their knowledge on how to better support their children.

One parent joined because:

"*Persons with disabilities are usually discriminated [against] and are not allowed to interact with other people so, when persons with disabilities join this group, they find a place where they are happy and where they work closely with other people*".

Another parent joined to enable their:

"*Children with disabilities to interact freely with other children without disabilities so as to be happy people by learning on how to bring our children together, so that they do what other children also do.*"

Two other participants joined because the LC team visited their schools and "*taught us parents with disabled children valuable things.*" [164]

One parent was attracted by the practical help by the:

"*exchange of ideas, for example, if my child has a disability and another person's also, she would tell me how she manages her child and I would also share with her how I manage my child. That is what lured me so much.*"[165]

According to qualitative evidence, parents improved their financial literacy and knowledge as to how best to provide support to their children.[166]

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[162] FGD Members of PSG

[163] FGD Members of PSG

[164] FGD Members of PSG

[165] 84 FGD with PSG Facilitators BARKODHIAMBO Angela - Simeon(T)

[166] FGD Members of PSG

Parents report they "*have been taught how we can make savings, doing table banking, that is, we borrow money and we repay, how we should live with our children with disabilities, how we should take care of them, how they should be in the school… and we have been practicing.*", " *how to call them, , how to make savings to support their education in future, how to ensure that they go to school, and how they should dress up because if they don't dress well, they might think that they are mistreated because of their disability.*" Overall, parents felt satisfied with their learning from the PSG, as they "*have been taught everything*".

Qualitative evidence suggests that due to the PSGs parents changed their attitudes to be more accepting of their children's circumstances. [167]

One parent noticed that:

"Because LC came and taught us how to manage them, our hearts have now found peace. Even if your child's disability was so severe, you take courage and your shock is reduced and you feel okay."

Another one observed that they "*became angry at her believing that she is tough headed and even fellow children mistreated her thinking that she is uncooperative but now we learnt that she was not doing it willingly; it was because of her disability.*"[168]

Quantitative evidence supports the role of the parents' support group in improving parental attitudes towards disability inclusion in schools.

Parents and caregivers were asked 3 items to assess their attitudes towards disability inclusion in schools at Baseline and Midline. To assess improvements in parental attitudes, we averaged these items into a 5-point scale for both periods and subtracted the baseline value from the midline value. This creates a first difference variable, where a positive number would demonstrate an improvement in parental attitudes towards inclusion, and a negative number represents a decrease in parental attitudes towards inclusion. To understand whether being a member of a PSG leads to improved parental attitudes we ran a regression with PSG membership as the dependent variable and the first difference in parental attitudes as the dependent variable.

According to linear regression, being a member of a PSG leads to improvements in parental attitudes towards inclusion. This finding indicates that the project has successfully supported PSG members to improve their attitudes towards inclusion.

The model was statistically significant ($p<0.05$) with being a member of a PSG resulting in an average improvement in parental attitudes towards inclusion (Beta=0.339).

[167] FGD Members of PSG

[168] 84 FGD with PSG Facilitators BARKODHIAMBO Angela - Simeon(T)

In interviews, male mentors report that they are a driver of reduced stigma because they changed their own attitudes, persuaded others to follow their example, and facilitated more socially acceptable behavior amongst children with disabilities. [169]

Mentors are convinced that they helped by disclosing "*information about children with disabilities who were hidden at home" and persuading other people "that children with disabilities could do what other children without disabilities do.*"

Also, mentors report that they became more inclusive because before some used to "*be rude to the mentally challenged but ever since I became a male mentor, I learned that I wasn't doing it right", "to refer to the disabled as per their conditions e.g, deaf, blind, dumb, but that is no longer the case as people have realised they are just human beings as others and deserve equal rights and therefore must be referred to using their names e,g. Atieno, Okeyo*"

Overall, they "*have changed for the better… our minds have broadened. We used to refer to them as wild cats but that changed with time as we realised it's not right.*"

Ultimately, male mentors think helping their children be more socially adapted reduced stigma. One reports that "*before this programme started, these children with disability used to be very wild and rude because they were still on denial but that changed after we started this programme.*"

Qualitative evidence suggests that the increased visibility of disabled role models will further lead to reductions in stigma.

One parent and male mentor is "*happy because our children found help from NGO*" and hopes for his children to "work *hard and be placed in better places, so in future they would be role models to others…I think that would reduce stigma.*" [170]

Parents observe that children with disabilities are aware of successful disabled people and are motivated by that.

One parent notice that her child is aware and motivated by the possibility of being "*just like other disabled people who have also secured big offices.*"[171]

Parents in qualitative sessions report a reduction in peer stigmatization between Baseline and Midline.

One participant reports that "*she is happy and comfortable …. This is because she is free among her peers and she is just taken just like other pupils who don't have any disability. And again how she is treated based on her disability so she is just ok and she feels comfortable.*"[172]

One other parent goes even further by saying that "what makes her go to school daily is that if she is with others, she feels like she is not disabled. She plays with them even if she is a slow

[169] FGD MALE MENTORS
[170] FGD MALE MENTORS
[171] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1
[172] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1

learner. So even if you tell her not to go, she still feels that happiness of being in school to learn."[173] Some other participant observed that boys have a more positive attitude as "girls are sometimes vulnerable but I'm happy that the boys around have understood disability and they don't interfere with them."[174]

This also holds true regarding themselves. One noticed that "in the community here we just live harmoniously. I have not seen some strange behavior from members of the community or people we live with in this area. We are just okay."[175]

Parents noticed a positive change in their own attitudes and behaviors based on the assistance they received from LC.

Parents reports the following attitudinal and behavioral change from "me as her mother, I would call her names based on her disability but the Leonard Cheshire team made me change from that"[176]. Further, "they are treated the same because we've gone for trainings and we have as well trained them on disability. They have to do every type of work other children are doing to make them equal and to allow them appreciate who they are."[177] This lead to "that nowadays they have liked going to school and all duties they have been given they have been doing without fuming. There are times in the past when my daughter used to refuse to be sent but nowadays she accepts to run errands just like any other child."[178]

6.4.3 What barriers inhibited improvements to community and parental attitudes and perceptions?

Results by assessed disability type are shown in the figure following.

The greatest improvement in the degree to which girls with disabilities feel included in community events was experienced by girls with intellectual disabilities between periods. By Midline 75% of girls with intellectual disabilities, felt more included in community events.

This was followed by girls with emotional and behavioural disorders: 50% of whom improved the degree to which they feel included in community events.

The group to improve the least between baseline and midline in the extent to which they feel included in community events was girls with epilepsy. By Midline 75% of girls with epilepsy felt less included in community events than at Baseline.

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[173] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1
[174] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1
[175] FGD Members of PSG
[176] FGD Parents & Caregivers of Girls with Disabilities Attendance & Attendance barriers GJ 1
[177] FGD Parents Stigma & Acceptance 1
[178] FGD Parents Stigma & Acceptance 1

The project should review why this may be the case and what additional supports for girls with epilepsy should be put in place to reduce stigma faced by this group of girls.

Figure 31. Included in Community Events by Disability Type
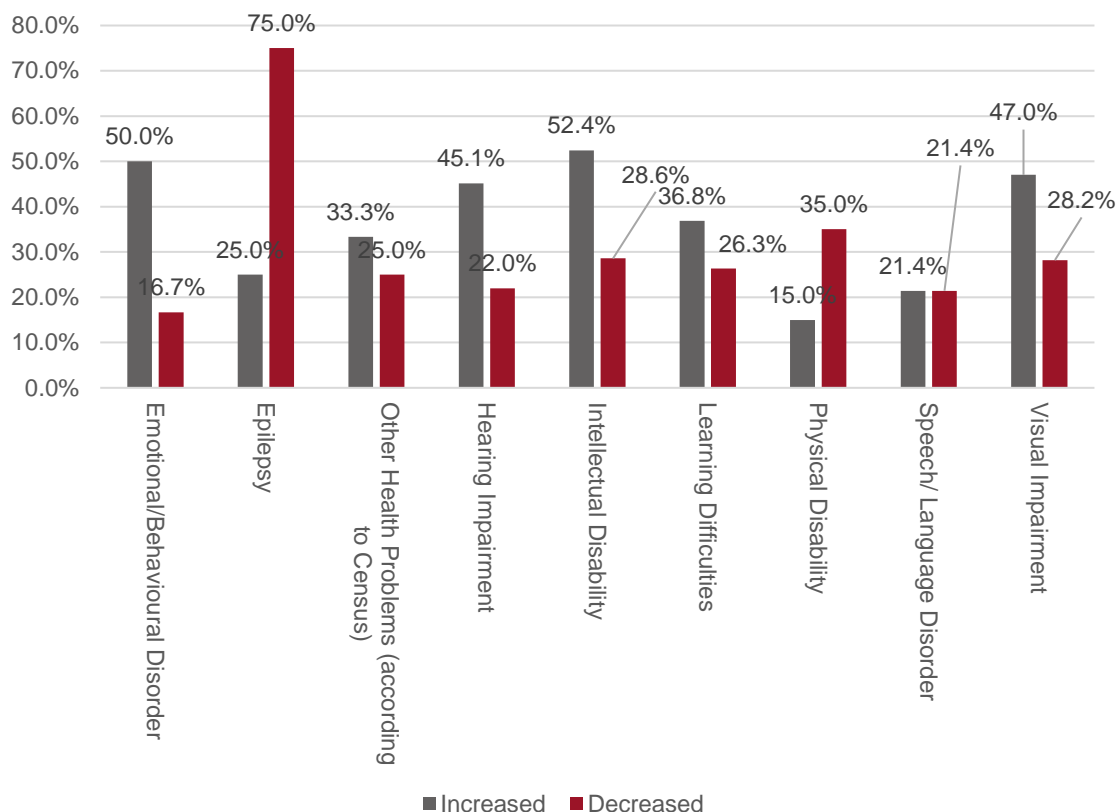
Qualitative evidence suggests that barriers still exist to the full integration of children in communities.

In qualitative sessions, girls with disabilities report mixed community attitudes towards children with disabilities.

One reports that in her community *"they are treated well"*, while another says "*in my village they are not treated well.*"[179] One child reports that it is harder for a disabled person to get a job in her community "*due to corruption, the disabled can't get jobs like security officers*" [180]

One girl with a mobility impairment reports she does not get along with some of the community members because:

"They look at you as disabled so it's like you turn them down. They tell you to go and rest in the house so they want to walk and do their things alone"[181].

Another one commented that:

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[179] LCD GEC girls with disabilities community acceptance 1
[180] LCD GEC girls with disabilities community acceptance 1
[181] FGD Girls Mobility Impairments 1

"*They love me because we play together and we even go for outings together.*"

Others still report cases of abuse from community members:

"*Community members were laughing at me so I wasn't feeling good at all. So this made me not to walk around. I was just staying indoors - from school to the house and I stay there, even if I'm sent to the shop I don't go because people thought I was pregnant and in real sense there was no pregnancy.*" [182]

Some report that they "feel safe" while other do not "*feel safe in the community because nowadays there are those boys who rape girls and they even cut people but last year was good".* [183]

Qualitative evidence suggests that some parents still stigmatize their children with disabilities.

One local leader observed that parents prefer their non-disabled children. For example, when "*you may give a child something. Let's say you've donated clothes to the disabled child but the parents take these clothes and gives to their other child who is not disabled showing that the disabled child should not put on nice clothes. Sometimes you give food to the child with disability but the same parent gives the food to their other normal children.*"[184]

One County Director of Education further observed that a majority of parents still "*do not think those children should be taken to school and even if they bring them to schools, after three weeks, the children stop coming and when we go look what is happening, we see the parents have given up on their children.*"[185] One school board member reported an extreme case where the "*mother tied her disabled child's leg up.*" [186]

Based on reports from children, one headteacher concluded that "*most of the parents see disabled children as tools to use. They don't have the understanding.*" For example, "*at one point they were telling me about these girls whose parents were telling them to go and sleep with men to get money, … sometimes they come and tell you, "mum is always telling me to go with this and that man will come home and give mommy money." So, you see the problem starts … at home.*" And "*sometimes [they] beat their children if they can't comply.*"

Another headteacher observed that parents "*switch off their phones so that you don't access them. Those parents don't have any idea on how to handle these kids.*" [187]

Girls with disabilities report that "*sometimes parents stigmatize a disabled child and do not let him or her go to school.*"[188]

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[182] FGD Girls Mobility Impairments 1
[183] FGD Girls Mobility Impairments 1
[184] FGD local leaders
[185] KII SUB COUNTY DIRECTOR OF EDUCATION 2
[186] FGD School Board Members 1
[187] FGD Headteacher - primary schools, secondary schools, TVET
[188] LCD GEC girls with disabilities community acceptance 1

One local leader noticed that the assistance provided to disabled children might be misused by their peers. For example, "*when you donate a wheelchair but later find the other children without any disability sitting on the bike and riding. And sometimes you find that a disabled child walking with scratches [crutches] is being snatched the scratches]crutches] by a normal person and testing him or her to walk normally as other people walk.*"[189]

Other reports indicate that some teachers still stigmatize children with disabilities.

One headteacher observes that teachers still "*group children as normal and abnormal and this really makes these children with disabilities feel discriminated from the others and where they are seated the other children are treated differently from them and they feel they are out of the topic or conversation that is going on.*"[190]

Girls with disabilities report incidents of teacher's discriminatory behaviors. For example, "*some teachers help when others go for consultations but when those with disabilities go, they ask them to go back to class*" and "*teachers prefer fast to slow learners and that is very discriminative*."[191] Some girls with disabilities believe they are sometimes ""*being despised at school*"[192]

Boys with disabilities report mixed degrees of support from the peers, parents, community and teachers. [193]

Several boys report low community support. For example, one explains that "*in our village there are those who do not care about you even if you are not feeling well and even sometimes if you can't walk well, s/he sees you as a different thing … an animal. They look at you like rubbish that shouldn't have been in that village or community*".

Another boy reported that his "*rights were not respected because when you are in the village they just see you there like someone who shouldn't have been born in that community, someone who cannot help or assist the community with anything*".

In addition, family members may face community stigmatization because of their disabled child or sibling. As one boy reported, "*in the village those who have a disability are not loved by the villagers but they are only loved in the family. Sometimes if one differs with your family member, s/he can be abused by the disability you have*".

One participant reports mixed attitudes in his village:

"*There are those who respect and those who don't respect [you]... Even if you tell them that you have hearing problem, they will still abuse you so most of them don't respect people but there are those who respect people. Some who had already known your problem, some of them who understand you, can listen to your problem, and [can] even be willing to assist you… even if you need exam money from them*".

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[189] FGD local leaders

[190] FGD Headteacher - primary schools, secondary schools, TVET

[191] LCD GEC girls with disabilities community acceptance 1

[192] LCD GEC girls with disabilities community acceptance 1

[193] FGD Boys with disabilities Community acceptance, stigma and attitudes

Multiple boys with disabilities observed that some parents are supportive while others degrade their children.

One observed that:

"*Some parents, like our neighbors, do not understand the needs of a child. Sometimes they lack money for buying a wheelchair so it would mean that this child cannot be put on a wheelchair but will just be carried in and out the house*".

Another boy reports that

"*Some parents understand but others are very cruel in that they don't even want to hear anything from you and he doesn't care whether you are sick or not until the situation gets worse … when he realizes that he is sick.*"

In another instance, a boy reported that

"*sometimes you can be a bit far, maybe you are in the kitchen and your mum calls you twice or thrice and you fail to hear so sometimes she thinks that you don't get her and she can even come with a cane to cane you thinking that you don't respect her*".

Given the earlier findings reported on the prevalence of corporal punishment, as perpetrated by parents, this suggests that some parents may not be sensitive to the needs of their children with disabilities.

Several boys with disabilities reported that some teachers are helpful while others humiliate them. For instance, one boy reported that, "in *school there are teachers who understand and those who cannot understand what you need and they tend to think that you don't respect them*". Another boy observed that, "*some understand but some do not understand and they cane you seriously claiming that you are pretending not to understand but in real sense you have a disability.*"

Several children agreed with the statement that "*there are some parents and teachers who are very cruel in that even approaching them when you have something to tell them is an issue.*"

Similarly, to girls with disabilities, boys believe some of their peers see them as inferior.

One boy reports that "*those with disabilities wish to know how those without disabilities play. Those without disabilities know they are better than those with disabilities.*" In addition, peers act physically aggressive towards them when, for example, "*those with disabilities borrow books or anything from those without disabilities… they abuse them.*"[194]

One participant reports that "*those who don't have disability like calling them by nicknames that don't make them happy so sometimes they sit alone and feel sad most of the time… so this can lead to dropping out.*"

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[194] FGD Boys With Disabilities Teaching Quality 2

Girls and Boys with disabilities are fearful of being shamed by the community.[195]

Shame related to acts of bullying was a recurring theme for boys with disabilities. One observed that some of his peers "*feel ashamed because they use crutches*" and "*people will see them and they will be laughed at*" or "*they pretend that they love him but later they imitate how he walks and this makes him feel ashamed and drop out.*"

Another child reports that "*some boys get ashamed of going to school because when they are in school their peers who can walk normally will use their wheelchair so you will see that they are not important to other friends so they will get ashamed.*"

Boys with disabilities believe that their parents need to be active inclusion ambassadors in their communities. [196]

One boy reports the case where the "mother cares for him and this even made the villagers understand and also care for the child." Another one describes a more detailed experience when "In the village, at home or in the family, there are those who are good but others even if you have done nothing wrong, they can give you a nickname that can spread around the village to an extent of everyone starting to call you using the same name. The main cause of this problem, you cannot be abused when your mum hears and she is just keeping quiet. If mum cares for her child, she needs to take her time to talk to people and teach them how to understand persons with disability and they should not abuse them."

Some boys have seen some positive change in communities and families. [197]

One participant reports that in his "*village they now understand disability and do not see him as a outcast anymore.*" Another one noticed that his family members become more supportive when "*my uncles wife called me but I did not respond so she caned me, I told her that I usually have hearing problem and she never understood so when my uncle came back, I told him that she caned me because she called me but I didn't hear or respond because I have hearing problem. She was called and she was told how we should be and how we should talk because I have hearing problem. From that even if she would call me and I miss to hear, she would come near to where I am.*" A third one observed that the "*family members who before they understood they were not seeing me as someone even if they come at home they would talk to my brother and just see me there. One day when I asked him why he doesn't love me, he told me that it is because I don't understand what I'm told. My mother talked to him and he understood well that I have a hearing problem. Since he likes talking in a loud voice, my mum told him that I do not understand all that so from that day he understood and now he loves us in the same rate.*"

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[195] FGD Boys with disabilities Community acceptance, stigma and attitudes
[196] FGD Boys with disabilities Community acceptance, stigma and attitudes
[197] FGD Boys with disabilities Community acceptance, stigma and attitudes

6.4.4 Are the selected indicators for attitudes and perceptions of families and communities appropriate?

The EE does not propose changing the first indicator or its targets. Based on poor performance for girls with epilepsy and girls with physical disabilities, however, we would suggest adding separate sub-indicators specifically targeting these girls.

The second indicator is difficult to operationalize in its current form and we would suggest changing this indicator to: % of (male/female) parents and caregivers with positive attitudes towards the education of girls with disabilities. This indicator could be reported for both sexes based on scales established at Midline.

6.4.5 Conclusion: Do midline findings validate central assumptions within the project's theory of change?

Several assumptions were assessed by the study as part of the review of this intermediate outcome, namely:

1. Parent Support Groups improve parental awareness and attitudes towards disability and inclusion.

2. Positive parental attitudes support children with disabilities to attend school, learn in school and successfully transition.

3. Being included by ones' community supports girls to attend school, learn and successfully transition.

Quantitative evidence demonstrates that being a member of a PSG results in an average improvement in parental attitudes towards inclusion (Beta=0.339). This validates a central project assumption and speaks to the effectiveness of PSGs in promoting positive attitudes towards children with disabilities amongst parents and caregivers.

The study additionally tested the role that improving parental attitudes has on learning, attendance and transition. While improvements between baseline and midline in parental attitudes towards inclusion did not have a direct effect on learning and transition, it did have an effect on attendance improvements between periods.

Improving parental attitudes by 1 point in the scale, lead to an improvement of 2.7% in attendance between baseline and midline.

This suggests that positively changing parental attitudes towards inclusion results in improved attendance outcomes.

No direct statistically significant relationships were found between feeling included in community events or being respected by ones' community and learning between baseline and Midline, at statistically significant levels. However, it is likely these relationships are mediated by other variables.

The extent to which girls with disabilities feel included in community events at midline is a statistically significant predictor of whether a girl experienced a successful transition.

This finding suggests that improving the extent to which girls feel accepted by and included in community events, supports their ability to successfully transition, validating a central project assumption.

6.5 Improved policy environment at school, county and national level to support inclusive education for children with disabilities

In order to create long-term, sustainable change, project staff work with stakeholders at the school, county and national level to raise awareness of disability issues and increase understanding and knowledge of inclusive education.

At the school level, the project works with Boards of Management (BOM) and trains them in inclusive education, governance and resource mobilization to support girls who experience disabilities. BoMs raise funds for the school; make decisions about the allocation of those funds in consultation with headteachers and the parents association and act as an intermediary between parents and teachers. The project also aims to strengthen existing child protection initiatives at school level including supportive supervision with the MoEST and strengthen the case management practices of school stakeholders, EARC officers and social workers.

At the county level, the project conducts targeted advocacy through four County Working Groups (CWGs): Migori CWG for Kuria and Migori Sub-counties, Homa Bay CWG for Mbita sub-county, Kisumu CWG for Kisumu East sub-county, and Siaya CWG for Siaya sub-county.

The CWGs are comprised of a wide spectrum of community leaders and institutional representatives which come together regularly to advocate for improved legislation and to build upon the policy achievements supported through GEC1. These include advocating for resources that will improve the lives of girls and boys with disabilities such as physical accessibility at home, and rehabilitation or transport solutions to schools. CWGs advocate for financial support to EARC centres to ensure the sustainability of child assessments beyond the life of the project. CWGs work from the grassroot level to sensitize county heads and policy stakeholders on issues affecting girls with disabilities. This includes presenting inclusive education activities during education days to create awareness. Activities are taken forward through technical and reference groups who are working on introducing policies to be passed at county level, including early childhood development policies, disability policies, social protection policies, bursary policies and public participation bills.

At the national level, the project advocates for the effective implementation of existing policies on disability inclusion and inclusive education. This involves sharing learning and best practices throughout project implementation, as well as providing technical expertise in the areas of disability and inclusive education and research. Several resources will be published through project activities, including the Life Skills Manual as well as evaluation and learning findings to promote replication.

6.5.1 High-level findings

Table 46. Improved policy environment to support inclusive education for children with disabilities indicators from the Logframe

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
	# of action plans in place towards implementing inclusive education practice within the special education policy and teacher training curriculum	0	1	1	Y	2	Y
	# of policies/strategies introduced by county government and other stakeholders as influenced by the project	0	5	4	N	7	Y
	% of trained BOM have incorporated inclusive education strategies (including child protection) in the school development plans. (e.g. physical adaptations, capacity building, adaptation of teaching and learning materials, etc.)	N/A	50%	91%	Y	92%	Y
	The extent to which the project's learning has informed	N/A	At midline will be able to identify some learning so	The project has continued to partner with other INGOs such as World	Y	Key learnings are shared with stakeholders and clear	Y

IO	IO indicator	BL	ML Target	ML	Target achieved? (Y/N)	Target for next evaluation point	Will the IO indicator be used for next evaluation point? (Y/N)
	stakeholders' practice		far that can be shared with stakeholders and partners to influence practice and engagement with the project	Vision and Plan International to mainstream disability within their programs The project has also conducted a national training on disability in schools and mainstreaming during the Gender, Disability and Child Protection Training for Teachers Service Commission (TSC) County Directors		examples given how this has shaped stakeholders practice	

Main qualitative findings

Qualitative evidence suggests that the project is continuing to work at the national, county and school level with trainings and the dissemination of the Sector Policy, meeting and supporting County working groups and trainings and discussing with BoMs to support the adoption of inclusive policies at these three levels. However, findings suggest that awareness raising and sensitization activities should continue as well as better definition and communication of responsibilities and commitments.

6.5.2 How did the project perform against targets? What supported the project to meet these targets?

LC works to improve the policy environment at the school, county and national level and support inclusive education for children with disabilities.

At the national level, the project supported the government to introduce a Sector Policy on the Provision of Education and Training for Learners and Trainees with Disabilities. Additionally, the project has conducted trainings with the Teacher Services Commission on Gender, Disability, and Child Protection.

The Ministry of Education passed the Sector Policy on the Provision of Education and Training for Learners and Trainees with Disabilities (incl. Implementation Guidelines)[198] in May 2018.

Through membership of the technical committee on inclusion, LC has a seminal role in supporting the Ministry of Education to draft and deliver the policy. Based on consultations with project staff, LC consulted on the drafting of the policy and provided technical advice to the Ministry on its implementation. According to the quarterly project report from March 2018, the project supported the national validation workshop of the Special Needs Education Policy and sits in all Technical Committee meetings that review the policy.

In addition, in the 2018 quarterly reports the project reports that dissemination of the Sector Policy for Learners and Trainees with Disabilities have taken place regularly through engagement and training of education managers.

According to the quarterly project report from December 2018, implementation of the policy and resource allocation is occurring at a slow pace. Resources have yet to be committed at the national level to realizing policy objectives.

The project met its target by putting 1 action plan in place towards implementing inclusive education practice within the special education policy and teacher training curriculum at the national level.

At the County level, the project has dedicated efforts to draft of policies to support children with disabilities. As part of GEC-1 the project introduced disability bills in all 4 counties. This highlights the strength of the County Working Groups in bringing together a diverse range of stakeholders to work strategically with the government.

In 2016, LC and the Migori CWG provided logistical meeting support to draft and refine the Disability Bill for Migori. The meetings brought together a variety of members including members of the County Assembly from selected departments and committees. The Disability Bill greatly contributed to equity in the county resource allocation to support persons with disability.

The table below outlines the policies enacted with the support of the project in GEC-1

Table 44. Enactments and Draft Policies Supported by the Project at the County Level in GEC-1

County	Policy

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[198] Available here: http://www.education.go.ke/index.php/downloads/file/516-special-needs-education-guide-2018

Kisumu County	1. Draft: Early Childhood Development (ECD) Policy (GEC-1)
Homa Bay County	1. Enactment of the Disability Act (GEC-1) 2. Early Child Development Act (GEC-1) 1. Education Bursary Fund Act (2015, GEC-1)
Migori County	1. Enactment of the Disability Act (GEC-1)
Siaya County	1. Draft: Pre-primary Education Bill (GEC-1) 2. Draft: Education Bursary Fund Bill (GEC-1)

Since the start of the GEC-T, the project has supported county governments to enact 1 policy on inclusion: the ECD and Education Bill in Migori in 2018. LC has also actively contributed to the enactment of the Disability Bill to an Act in Kisumu and Siaya (both in 2018). In addition, since 2017, LC has participated in the drafting of 7 policies and another 2 initiatives aiming for more and better strategies for inclusion.

The list of the policies and strategies supported by the project at the County level as part of GEC-T, are presented in the table following.

Table 45. Enactments and Draft Policies/Strategies Supported by the Project at the County Level since the start of GEC-T.

County	Policy
Kisumu County	1. Enactment of the Disability Act 2. Draft: County Bursary Policy Other: Creation of a County Disability Technical Committee
Homa Bay County	2. Draft: Homabay County Child Welfare and Protection Policy 3. Draft: Homabay County Internship Policy
Migori County	1. Enactment of the ECD and Education Bill 2. Draft: Education Support Policy (incl. Bursary Policy) 3. Draft: Sexual Gender Based Violence Policy 4. Draft: Vocational Education Policy
Siaya County	1. Enactment of the Disability Act 2. Draft: Quality in Teaching and Learning Bill Other: Draft Version of New Curriculum

During GEC-T, the project met its Midline target of 5 policy/strategies uptakes or influences.

However, despite a relatively positive policy environment, evidence suggests that policies face or will face implementation constraints at various levels. The project should aim to ensure that all the policies drafted since GEC-1 are enacted by the end of GEC-T.

Concrete advances were made with the enactment of the ECD and Education Bill in Migori, as well as of the Disability Act in Kisumu and Siaya.

LC supported the county government of Migori to draft and push for the enactment of the ECD and Education Bill 2018. This bill seeks to ensure equitable and practical educational resource allocation for inclusion. Additionally, the policy aims to support schools to be child-friendly, to support additional teacher capacity building on inclusion, to support school accessibility, and the provision of resources for inclusive infrastructure.

In 2017, the project contributed to the passing of the Disability Bill into an act in Kisumu County. LC was proactive in providing technical input in the draft disability bill through the CWG. The project supported meetings between the CWG representatives and strategic members of the County Assembly and County Executive Board where the inputs were shared. This process contributed towards the enactment of the Disability Act – again highlighting the role and responsibilities of the County Government in promoting the rights of persons with disabilities.

LC also supported the drafting of the Disability Bill in Siaya County through its County Working Group and by supporting disabled people organizations in lobbying for the reforms. The project supported various meetings between representatives of the CWG and strategic members of the county assembly and county executives. Issues of disability were raised, and amendments made to the bill. Moreover, a public consultation was held by DPOs and county assembly representatives. These two approaches contributed immensely to the enactment of the disability act which promotes the rights of people with disabilities. LC negotiated for the county's bursary act to include automatic allocation for the provision of bursaries to learners with disabilities. Under this policy, hearing and visual aids must be budgeted for to ensure that children with disabilities can effectively participate in the classroom.

Based on interviews with County Working Group members, Siaya and Kisumu County are pushing an Early Education Policy.

Homa Bay County passed an Early Education Bill during GEC-1 and Migori in 2018. The other two counties are currently in the process (together with LC) of drafting and developing the enactment of an Early Childhood or Pre-primary Education Bill. The bill seeks to ensure equitable and practical educational resource allocation and distribution in all schools to support the development of child friendly schools, teacher capacity building, school accessibility and the provision of learning resources to all public schools. Key actors include the Education, Gender and Social Services committee as well as selected representatives from Child/Education supporting CSOs.

All CWGs, except for Homa Bay are working on a Bursary Policy.

Homa Bay County passed a Bursary Bill during GEC-1. In Migori and Kisumu County, discussions were taken up by the Stakeholder's Forum in December 2018 regarding a "County Bursary Policy, Corporate Sponsorships and Enhancement of Household Economic Capacities for parents of children with disabilities" as a part of the "Education Support Policy".

The policy will ensure that all children with disabilities transitioning to secondary schools and VTIs have access to financial and educational support through a well-established and funded County Kit. The policy seeks to put in place management structures, beneficiary qualifications including academic pass points and special considerations for learners with disabilities. Similarly, in Siaya a series of meetings were organized by the County Working Group to give input to the Bursary policy draft.

Homa Bay and Migori CWG are advocating for a Social Protection Policy.

Starting in 2018, Leonard Cheshire facilitated the development of the "Homa Bay County Child Welfare and Protection Policy". Through the County Working Group, Public participation and various partner meetings a policy draft was collectively developed. It is currently due for public validation. Moreover, as of March 2019 LC is involved in the review of the "Sexual Gender Based Violence (SGBV) Policy" since a Public Participation Meeting in Migori County. Various stakeholders including CSOs supporting PWDs, DPOs, the Ministry of Education, the Ministry of Health, Women Groups, the local administration, various government bodies and SGBV victims took part. The policy advocates for the establishment and strengthening of systems and structures to address the increasing rate of SGBV, which the project believes has an effect on children with disabilities to greater degrees in Migori County[199].

Homa Bay and Migori County provide additional support for vocational training.

In May 2019, LC participated in a Stakeholders Inception Meeting for the update of the Homa Bay County Internship Policy. LC is leveraging support from the County Government of Homa Bay to assist Children with Disabilities after completing their vocational and technical training. In Migori County, LC was involved at the Policy Influencing Meeting of the Vocational Educational Policy, where selected representatives from the children and education sector took place. The policy seeks to put in place and address issues of resource mobilization, management structures as well as establishing limits of county engagement, identifying support programs, staff qualification and special considerations for learners with disabilities.

Kisumu has created a County Disability Technical Committee.

LC together with the County Government of Kisumu - Department of Social Services conceptualized an avenue to bring in all stakeholders in Kisumu working to support persons with disabilities. This forum aimed to identifying the various challenges and innovative solutions to providing services and advocacy for persons with disabilities. Over 90 stakeholders were represented and the outcome of the forum was the formation of a County Disability Technical Committee, where LC is represented, to spearhead innovative solutions for addressing the needs of persons with disabilities in the County.

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[199] Interview with Child Protection Officer, Kisumu, Leonard Cheshire Office

Siaya has dedicated efforts on a Quality in Teaching and Learning Bill, along with specialists and stakeholders as well as on a **draft version of a local teacher training New Curriculum.**

For inclusive education to be embraced in schools, there is a need for constant, targeted and deliberate sensitization of School Boards of Management.

BoMs hold a lot of sway in ensuring that the schools they manage implement IE strategies and a couple have incorporated them. An example mentioned in the Q8 Report from LC was that the Board of Management of Ngiya Girls High School decided to shift a Form 2 classroom from the first floor to the ground floor to enable a Form 2 girl with disability to access the classroom with ease.

Several BoM members mentioned, that they "facilitated the membership of the children with disabilities (such as parents of children with disabilities). "So, I think we'll be in a position to hear first-hand information (…) *Also he can give us ideas on how to cope with the girls and boys with disabilities so that's the advantage that we have.* In fact, it has become a government requirement that the composition of the board should consist of one person with disability.

As EARC officers mentioned during the interview: "*for inclusive education to work, there is a need for all schools to be sensitized. Teachers should be sensitized to accept these children and know that these children don't belong to special schools. What these children need is just their needs to be addressed and then they survive".* "*To know that they are able, and that disability is not an inability"* mentioned another EARC officer*. (…) Let everybody be brought on board for inclusive education to work. Everybody; parents, teachers, pupils - name it- everybody. And let them know that these children don't belong to special schools they can do well in regular schools only if those things are put in place".*

The most recent annual report mentioned that the total estimated funds raised by schools Board of Management during year 1 came to a total of Ksh. 5,017,000. Most of this was raised for completing a primary school dormitory to resolve issues of long distances to schools, renovation of ramps constructed by GEC 1, renovating classrooms including reroofing, installation of translucent sheets and painting of classrooms to improve learning environments.

95 Board Members (50 Male, 45 Female) were trained (target 100) on Inclusive Education, Governance and Resource Mobilization by LC.

School Board members from Homa Bay County remembered: "*Yes we had training, I think it was last December, we had a training organized by Leonard Cheshire on disability in Homa Bay. Board members were taken through different types of disabilities and how they could be helped".* Another member recalls, *"There was a time that they provided us with money, and we built latrines for persons with disabilities. Yes, it was around last year. (…) I think they have been supported with crutches, hearing aids; some of them have been given wheelchairs".*

46 Headteachers were interviewed by the project to understand whether the schools they work for have priorities and development plans that include adaptations to make schools more accessible and inclusive. 91% stated that they have these plans, while 9% proceeded to say that they do not have any. Adaptations addressed by schools included: building of adapted toilets, ramps, widening of windows, widening of doors as well as putting in place translucent roofing sheets to improve visibility for the low vision students.

Out of the 91% who stated that they have priorities and development plans that include adaptations, 4% indicated that they have not actualized the plans at all, 15% indicated that they have fully actualized the development plan and priorities while 72% of the school have partially actualized the priorities and development plans.

Based on this engagement and considering that the total BoM trained was 95 (until Q7), there is inconclusive data to say whether the project met its target of 50% of trained BOM incorporating inclusive education strategies (including child protection) in the school development plans. Nevertheless, it is a good indicator that the BOMs have been trained and that the big majority of those who have been interviewed are taking concrete actions of inclusion on their schools.

Various measures were introduced to strengthen the capacity of child protection systems.

In 2017 various measures were taken to strengthen the capacity of community child protection systems with the support of the Department of Children's Services. Participants included Sub-County Children's Officer, Assistant County Commissioner, EARC representative, prison wardens, administration officers, police officers etc. In addition, two locational Area Advisory Councils were trained. In AAF all project staff participated in training on child protection and policy guidelines in order to enhance their knowledge on child protection, detection, prevention and reporting of abuse. Two Cheshire Disability Services Kenya staff were taken through Child Protection Policy Training. Moreover, 39 police officers were trained on child protection. LC supported five children's officers through logistical facilitation to enable them to follow up on cases of child abuse in the five sub-counties.

In May 2019, LC participated of the Gender, Disability and Child Protection Training of County Directors, which brought together 47 County Teachers Service Commission Directors and/or their deputies/representatives, as well as various representatives from the Kenyan government and other NGOs. The meeting focused on improving and enhancing the educational experience of learners and teachers by addressing the areas of Gender Based Violence, Gender mainstreaming, Child Protection Prevention, Detection, Reporting and Response (Case management). Disability in Schools and Mainstreaming was also covered by LC representatives.

It clearly emerged that there are serious documented instances of violation of human and children's right in schools. This acts mostly target girls, with some of these girls being girls with disabilities.

During sensitization of school managers, it was observed that there is a need to train more Beacon Teachers (teachers committed and trained in child protection) to continue sensitizing on child safeguarding at school levels and also for sustainability. This presents an opportunity for partnership with the Teacher Service Commission (TSC).

Moreover, LC in partnership with SAFARICOM LTD has registered a 24-hour toll free public line for reporting all cases of children in need of care and protection. The line is managed by the Child Protection Officer.

According to the project's quarterly report from September 2018 (GEC-T Q6 Report), two whistle blowing policies were developed by Ability Africa Foundation (AAF) and the Social Impact Institute (SII). The policy outlines employee protection upon disclosure, confidentiality, anonymous

reporting, handling of untrue allegations, disclosure procedures, complaints timescales as well as investigating procedures and closures.

LC helps share learning on a national level and informs stakeholders' practices

According to the annual report of 2018, the project has continued to partner with other INGOs such as World Vision and Plan International to mainstream disability within their programs. LC is still a member of Action for Children with Disability (ACD) and Elimu Yetu Coalition (EYC) and works with these networks and KISE to share learnings on a national level, alongside the then Leonard Cheshire Disability and Inclusive Development Centre (LCDIDC). The Sub-County Director of Education added that *"it would be helpful to sensitize other NGOs so that they can be able to understand more about inclusive education so that we are able to include more institutions as opposed to the few that we are currently working with"*.

According to the project's quarterly report from September 2018, LC has held several trainings with members of the Area Advisory Council, Court users committees, County Department heads, Male mentors, County Education Directors on inclusive approaches and child protection. In particular, the project has trained 257 Area Advisory Council Members out of an annual target of 250.

The project has also conducted a national training on disability in schools and mainstreaming during the Gender, Disability and Child Protection Training for Teachers Service Commission (TSC) County Directors in May 2019. LC Nairobi Office was one of the main financial supporters. with the Teacher Service Commission and other government stakeholders. This resulted in several policy commitments. It consisted of 4 days of training and sensitization for 47 County Directors of Education and or their deputies/representatives, 16 Departmental Heads from selected Counties, and 3 Regional Directors of Education.

Based on these engagements the project has met its target for midline to be able to identify some learning that can be shared with stakeholders and partners to influence practice and engagement with the project.

6.5.1 What barriers inhibited improvements in the policy environment?

The roll-out of the national teacher training curriculum is challenging due to a lack of trained personnel, mixed signals from government stakeholders, and no clear direction, according to stakeholders interviewed at Midline.

The project is continuing with the work on influencing the review of the Teacher Training Policy Curriculum as a member of the taskforce. A Sub-County Children Officer further emphasized the importance of this objective by stating, that:

"*it would be helpful, if not just specific teachers but all teachers are trained on handling children with disability (..) that it becomes part of the curriculum".*

Regarding the implementation of the new curriculum, the project report from December 2018 outlines that there are very mixed signals and a lack of clear direction on the rollout of the new curriculum.

In a focus group interview a teacher from Kisumu mentioned, that the Kisumu School Council is implementing the competency based curriculum (CBC), however "*the government appears to not be very ready with the implementation of the CBC and it (…) doesn't want to accept that it is failing in providing the instructional materials. According to the government, this is already in place but so far, the instructional materials are not there*".

The Sub-County Children Officer made clear that schools and teachers have no choice: "*Do they have a choice? It is a government policy that should be effective that children with disability are also given opportunity like any other child, so it is not an option. The only problem is that are the facilities adequate to accommodate these children with disabilities?*". He also mentioned that there is no opposition, however the problem is *"the schools' inadequacy of staff, inadequacy of teachers who are trained on special education is a hindrance"*.

The success of the policy-passing process relies heavily on the activity and interest of individuals in inclusive education, including elected officials. It takes time and needs to factor in the electoral cycle.

The Project Officer from Kisumu mentioned that they "*had the advantage that our CWG has been very active because many partners (…) are very willing to bring in the issues of inclusion (…). The disability bill was championed by a nominated Member of the County Assembly (MCA) who had a disability and she was very willing to engage*". Moreover, the "*department of social services had a very good interest in what we do as LC and they have come to us on quite a number of occasions"*.

A key challenge throughout all counties includes the slow progress on Policy reviews since it involves government officials and elections. Project officers mentioned that they start engaging with specific county executives and MCAs in the policy, who are very positive and pushing for the same as the county. But once elections come, they are exchanged by other people with little knowledge about the previous discussion and own interests. Passing policies takes time and needs to take politics into consideration. The late start of the project (May) due to the contracting processes and coupled with the unstable election activities especially in the region have posed a big challenge of activity backlog.

There is a need for persistent training and sensitization.

In Focus Group Discussions members of CWGs mentioned they require technical support and that it takes a lot of persistence.

One member described it as: "*Disability is a cold case like post-polio is also a cold case because it doesn't make someone feel the daily pain everyday so it will take its own story until it dies its natural death*". If the CWGs and other stakeholders don't persist, it is easy to be ignored.

Another member mentioned, that with regards to the national government: "it's not that they don't know the whereabouts of these (children with disabilities) but it's a matter of negligence or what-they tend to assume bearing in mind that the persons living with disability are just a minimal number so they tend to concentrate on these other aspects yet forgetting the persons with disability so it's not that they don't know but if they are pushed a little bit I know they are capable of supporting that".

Implementing inclusive education strategies takes time at the school level and BoMs face various other challenges and funding priorities according to interviews at Midline.

Firstly, one school board member in Kisumu mentioned: "*we have to take all students into account. The needs of students cut across the board and, in our situation, we believe that, say, establishing of a dormitory is more important [than disability inclusion]. Now, that this thing (inclusive education) has been sensitized, in our next phase, maybe this is an eye opener we will have to create a fundraiser or any infrastructure that is suitable for the disabled. But so far to date, apart from the assistance we obtained from Leonard Cheshire, our fundraisers just cut across-the-board. Whether the laboratory, or classrooms or, but necessarily geared towards girls. Now we're sensitized, any future activity for that facility should take care of that*".

The member furthermore added that it is harder to establish additional or extra facilities for persons with disabilities, but now that they are "sensitized" and will take the issue of inclusive education into account when constructing new dormitories. This signals that there have been improvements in stakeholder thinking, although this has yet to manifest into specific outcomes.

According to the Sub-County Director of Education schools face a lack of personnel trained in inclusion and funding: "*People to really push for this inclusive education and when it comes to funding again has also been a challenge. We would see schools needing to modify-to adapt the environment, but they lack the funding or the capacity to do it*".

One Sub-County Director added: *"you know most of the teachers in our school are what you would call regular teachers they trained to teach regular students and of course teaching students with disabilities is still a challenge to them such that a teacher would come in and a teacher is not very sure of how to handle them so, I think that one is still a problem in a number of schools here".*

Additionally, he stated: *"In some schools, learners have not fully accepted these kids, there is still need for more sensitization".*

With regard to child protection and corporal punishment, the Child Protection Officer mentioned: *"Teachers were raising concerns, Yes it was banned, but there were no alternatives given and at the same time, parents are also encouraging it, so it's a very sensitive issue, it's a challenging one (…) Imagine a parent supporting the issue of corporal punishment. They should be in the fore front for fighting for it to be abolished in the schools! What we are doing now (…) We mobilized all the principals and deputies in the project schools, that is with the support from the Regional Coordinators office just to sensitize them (the parents) on the issue of positive discipline as opposed to corporal punishment.* Many changes require a change in attitude and have been done a specific way for decades".

In a FGD with members of Migori's County Working Group (CWG) participants mentioned that one of the main barriers to influence the current county budget and budget allocation is the fact that despite active efforts to identify children with disabilities in the communities, many are still *"hidden within their houses"* and excluded from accessing schools.

This leads to the fact that there is no clear number of children with disability, nor a relation of the severity of the disability and this is directly connected to a lack of evidence for advocating for more budget. This was pointed out as a gap in the Disability Policy, as a participant of the FGD mentioned: "*(…) in Migori County, that's why I was talking about the hitch in the disability policy*

that it is not easy to regularize it to give a regulation to know on how many persons with disabilities in Migori County at the moment. So, the basis of knowing the number, we may also not know the cost. Because there is the number and the cost, because the number and the type and the severity of the disability will then define the cost but that's still not yet in Migori county".

Misuse of the Social Protection discredits Inclusive policies.

Another challenge mentioned during the FGD regarded the misuse of the Social Protection benefit: *"The social protection one. You find that persons who are targeted don't use the money that is given to the targeted person, and the targeted persons don't use the money because that money has been used by the caregiver. So that is a big challenge".* For members of the CWG the policies and benefits lose credibility in the event of such cases.

6.5.4 Are the indicators to measure improvements in policy outcomes appropriate?

With regards to the policy changes at the county level, this indicator aims to measure the number of policies/strategies introduced by county government and other stakeholders as influenced by the project. However, this does not clearly account for drafted policies. The EE would recommend that the project re-assess its target, through listing all the Bills and Policies that have been drafted in each County and include as target for the Endline the enactment of each one of them. In addition, the study team has created a policy uptake tool for the project to track policy changes between Midline and Endline. Project staff should utilize the tool so uptakes and policy influences can be properly tracked and documented alongside key sources of evidence to be reviewed at Endline. The EE suggests the project to use this tool to also include a designed a detailed action plan for the process of enactment of each policy. This action plan needs to be trackable and go beyond only mentioning the participation in an event or discussion. This must be an action plan with activities, results and next steps which progress can be seen and tracked.

The indicator on the percentage of BoMs that have incorporated inclusive education strategies in school development plans was not recorded by project staff between Baseline and Midline. On reports it was possible to see the project was more focused on collecting data on *"% of trained stakeholders reporting increased knowledge about inclusive education approaches".* The EE consider the following as being a smarter indicator: "*% of trained stakeholders reporting increased knowledge and concrete actions/policies within schools on inclusive education approaches"* for this indicator. In any case, the EE will develop a tool in collaboration with project staff to ensure this indicator is measured between Midline and Endline through on-going monitoring activities.

Lastly, regarding the indicator that looks at the extent to which the project's learning has informed stakeholders' practice, the EE suggest the project to have a tool to report and register the activities related specifically on this regard, specifying institutions, number of trained people, profile, date, subject of the training, among others.

7 Conclusion & Recommendations

7.1 Conclusions

Was the project successfully designed and implemented?

The project was designed and implemented to support girls with disabilities, including those who are most marginalized. To understand whether the project was successful in this, we reviewed the extent to which it met desired achievements for girls with disabilities and specific sub-groups of these girls who are likely to face increased vulnerability and exclusion from educational opportunities.

The majority of girls with disabilities improved their literacy and numeracy between baseline and midline: 63.2% of girls with disabilities improved their literacy and 66.2% of girls with disabilities improved their numeracy. Several of these improvements are likely to be attributable to the project's work to make the teaching and learning environment more inclusive based on effectiveness findings.

However, linear modeling also identified specific sub-groups of girls with disabilities who were more likely to experience reduced outcomes between baseline and midline. This included girls with disabilities who have been pregnant, girls with disabilities who do not feel included in community events or do not feel accepted by their community, girls with disabilities who do not speak the language of instruction, and girls with disabilities who do not have an adult ask them what they do in their school or institute. Aggregate mean learning score comparisons by functional difficulty suggest that in general girls with functional difficulties improved their learning between periods. However, girls with functional difficulties in hearing, remembering, learning, concentrating as well as girls who are likely to be depressed or anxious, on average did not improve their learning outcomes between periods. The project should consider how it can better support these groups of girls between midline and endline.

Findings for transition suggest that there are few differences in transition levels across pathways for girls with disabilities at baseline and at midline. There is, on average, a decrease in the transition rates between girls with disabilities at baseline and at midline from an average successful transition rate of 91% at baseline to 88% at midline. Additionally, the midline identified several sub-groups of girls with disabilities who were less likely to experience a successful transition. These included girls with disabilities who have been pregnant who do not believe girls have a right to go to school, who report not getting enough family support, who report facing discrimination in their communities, who do not receive a meal in school, and those who attend schools where teachers use physical punishment or 'shouting' to as a means of discipline. These findings signal that the project needs to further consider how it can redress disparities in transition for all girls with disabilities, and these groups in particular.

With regards to attendance, girls with disabilities reported reductions in several key barriers. A majority of girls with disabilities reported that the way the community thinks about children with disabilities has improved, that it has gotten easier to access sanitary wear, and that it has gotten easier to get to school. These findings suggest the project has played a role in reducing barriers

associated with reduced attendance outcomes. However, in a review of underlying assumptions of the theory of change, the midline found that there is no direct relationship between reported reductions in these barriers and attendance improvements. Additionally, only 30.1% of girls with disabilities improved their attendance levels between Baseline and Midline. Whilst a large proportion of girls with disabilities maintained their attendance levels (44.5%), a large proportion decreased their attendance levels: 25.3%.

Qualitative evidence suggests that a significant barrier to attendance is bullying and the way girls and boys with disabilities are treated by their teachers. Focus group discussions also highlighted that a high chore burden for both boys and girls with disabilities negatively influences attendance improvements. The quantitative review of key barriers demonstrated that several sexual and reproductive health related barriers also inhibited attendance outcomes for girls with disabilities: not having been spoken to about menstruation, having been pregnant or cohabiting with a man if married or as if married. The project should consider how it can address these specific barriers between midline and endline.

Additional analysis highlights that there is a mutually reinforcing relationship between school belonging and attendance. This is an area the project should consider targeting to further bolster attendance outcomes. With regards to project activities, predictive testing conducted at Midline finds that having your household approached by a male mentor led to an increase of 5.2% in attendance levels between periods. This suggests that the male mentorship programme has successfully delivered attendance improvements for girls with disabilities.

With regards to improvements in teaching quality, a higher proportion of lessons at Midline have adopted improved inclusive education practices than at Baseline. There are significant differences across inclusion dimensions between lessons in target and comparison schools. Additionally, the majority of teachers surveyed in target schools (64.6%) have positive attitudes towards inclusion, a pre-requisite for the adoption of inclusive practices in an expected model of behaviour change. Findings across dimensions of inclusion, however, also indicate there is still room for improvement. Only 41% of lessons met the criteria of having an inclusive lesson at Midline, which suggests that most girls still attend lessons that are not inclusive. Overall, a minority of lessons are planned with the learning of all students in mind, provide opportunities for collaboration, and encourage the participation of all students. This may explain why teaching quality improvements have not yet delivered improvements in learning outcomes for girls with disabilities compared to girls without disabilities.

With regards to the two life skills targeted by the project, by midline, most primary and secondary school girls with disabilities had experienced self-esteem improvements: 54.5% of girls with disabilities in primary school and 58.1% of girls with disabilities in secondary school. Additionally, by midline 51% of girls with disabilities have increased financial literacy.

Evidence suggests that the project is likely to have improved the self-esteem and academic self-efficacy of girls with disabilities, by increasing their access to adapted teaching and learning materials and, in so doing, improving their independence to learn and their self-worth. Support from Community Social Workers and the entrepreneurship training given to households has also

contributed to improving the financial skills of girls with disabilities. However, the use of physical punishment, is a salient barrier for both self-esteem and financial literacy and needs to be addressed by Endline.

With regards to community attitudes, by Midline a higher proportion of girls feel included in community events such as celebrations, weddings, funerals, market days, and religious activities. Qualitative evidence, however, suggests that while stakeholders have improved their attitudes towards children with disabilities, there are still cases where children with disabilities feel discriminated against by their peers, community members, parents and teachers.

Several findings were made in relation to parental engagement and parental attitudes towards inclusion, supporting project assumptions. When no adult in the household asks a girl with disabilities about what she does in school or at her training institute, this has a negative effect on her learning in both literacy and numeracy, suggesting that parental engagement plays a role in supporting learning. Additionally, improving parental attitudes towards inclusion was shown to lead to improvements in both self-esteem and academic self-efficacy at statistically significant levels. For self-esteem the model was able to explain 9.6% of variance in the data and for self-efficacy the model was able to explain 10.1% of variance. The high degree of variance that this explains, indicates that parental attitudes towards inclusion plays a significant role in supporting girls to build their self-worth and confidence to learn. Given that both self-esteem and academic self-efficacy predicted learning improvements, parental attitudes towards inclusion is a key area the project should continue to target between Midline and Endline. At Midline, being in a member a Parent Support Group predicted improvements in attitudes towards inclusion, indicating that this intervention activity has successfully resulted in improvements in parental attitudes.

What works to facilitate the learning and transition of children with disabilities?

The midline study aimed to contribute to the growing evidence base on what works to deliver improved learning and transition for girls with disabilities in the project's context by testing specific underlying assumptions of the project's theory of change.

The relationship between attendance and learning, and attendance and transition, was largely validated. Improvements in attendance predict improvements in English literacy standardized score and Numeracy standardized score. The more a girl with disabilities improves her attendance, the higher her improvement in English literacy between periods and the higher her improvement in numeracy between periods. The project is therefore appropriately targeting attendance outcomes to improve learning outcomes.

Additionally, improvements in attendance lead to a higher likelihood that a girl with disabilities will successfully experience an in-school transition A linear regression finds that improving attendance between baseline and midline improves a girl with disabilities likelihood to successfully transition within school to the next grade level. This supports the projects assumption that improving girls with disabilities' attendance rates will support them to transition.

To assess the extent to which teaching quality led to improvements in learning, several tests were conducted. Findings indicate that improvements in the extent to which the learning climate is supportive leads to improvements in both literacy and numeracy standardized scores. Based on

predictive testing, when girls with disabilities have caring interactions with their teachers, are provided with individual assistants, and feel respected and supported, they are more likely to improve their literacy and numeracy levels.

Several relationships were found between life skills and learning. Improvements in self-esteem and financial literacy led to improvements in literacy between baseline and midline for girls with disabilities. Interestingly, there was no direct relationship between financial literacy and numeracy. Additionally, improvements in academic self-efficacy between baseline and midline were found to lead to improvements in literacy and numeracy. It is likely this relationship is mutually reinforcing.

Finally, with regards to community attitudes, the extent to which girls with disabilities feel included in community events at midline is a statistically significant predictor of whether a girl experienced a successful transition. This finding suggests that improving the extent to which girls feel accepted by and included in community events, supports their ability to successfully transition, validating a central project assumption.

What impact did GEC funding have on closing the gap in transition and learning between girls with and without disabilities?

This project has set a high goal in aiming to close gaps between girls with and without disabilities across outcomes and intermediate outcomes. Findings at Midline provide evidence of several project successes and improvements since Baseline for girls with disabilities. Findings also suggest areas for improvement and additional barriers the project can target to bolster its impact by Endline.

The literacy gap between girls with disabilities and girls without disabilities has begun to narrow, driven by improvements by girls with disabilities who were in grade 6 and grade 7 at baseline. This suggests that with additional exposure to the intervention, literacy outcomes may continue to close between the target and comparison groups. Two thirds of girls with disabilities experienced improvements in literacy and numeracy between baseline and midline.

Between grade levels, a review of performance against expected curriculum competencies demonstrates that teachers struggle to deliver the literacy curriculum in grades 5 and 6 but are successfully delivering the curriculum, particularly for girls with disabilities in grades 7 and 8. Grade 5 teachers face difficulties supporting children with disabilities who repeat grade 5 to meet curriculum expectations for literacy. Given that the largest proportion of girls who repeat grade levels were in grade 5, these teachers require additional supports. The new pilot programme on differentiation will likely enable teachers to deliver the curriculum to children of different ability levels, and the project should consider supporting teachers to identify children who have repeated the grade as they build various ability-level groupings to differentiate to. A majority of girls with and without disabilities failed to meet expected curriculum competencies in grade 6 for advanced reading comprehension, further suggesting that teachers need additional support teaching girls with and without disabilities how to decode meaning from advanced written texts.

For numeracy, between baseline and midline, the gap between girls with and without disabilities has widened on average. This suggests that additional supports need to be put in place to

strengthen teacher's capacity to deliver the numeracy curriculum in an accessible way to children with disabilities.

Based on a review of performance against expected curriculum competencies for numeracy, teachers in upper primary need particular support with building numeracy skills of girls with disabilities. In grade 7 and 8, more than double the proportion of girls without disabilities meet expected curriculum competencies than girls with disabilities.

The fact that the gap has widened in learning between girls with and without disabilities, is likely due to the higher number of barriers that girls with disabilities face in accessing and learning in school. Across outcomes, girls with disabilities consistently face a higher proportion of barriers than girls without disabilities.

At Midline the gap in transition between girls with and without disabilities is still present, with girls without disabilities being more likely to successfully transition at statistically significant levels. However, Child to Child Clubs and receiving support from a social worker are important drivers to transition. Considering the barriers that affect transitions, a greater emphasis may be placed to ensuring girls understand their right to an education, as well as SRH rights. Other salient barriers found is the fact that girls witness corporal punishment in schools, which is still prevalent in intervention areas. The study also found that witnessing corporal punishment in the classroom is associated with reduced transition outcomes.

How sustainable are the activities funded by the GEC?

At midline, the evaluator rated the sustainability of the project as emergent on the sustainability score card. This is a one category increase from baseline (latent). The emergent category is followed by the "becoming established" category which is followed by the "established" category. The project has mainstreamed thinking about sustainability throughout its approaches to ensure achievements can continue after the end of GEC-T. Sustainability was rated at the community-, school-, and system-levels.

Evidence suggests there have been some changes in the extent to which the community accepts girls with disabilities. Stakeholders report that sensitization activities have been successful in changing some attitudes at the community level. Additionally, a higher proportion of girls with disabilities report feeling accepted by their community and included in community events than at baseline: 76.7% at midline compared to 50.8% at baseline. However, a critical mass of stakeholders at the community level have yet to change their attitudes, suggesting additional in roads need to be made by the project before funding ends, so as to ensure achievements can be sustained.

At the school level, evidence suggests that the project has supported to teachers to improve the adoption of inclusive educations strategies in their lessons. Whilst at baseline 33.3% of lessons had adopted inclusive education practices, at Midline 40% of lessons have done so. However, teachers report that they lack a critical number of teachers at their school to scale up the implementation of inclusive education at the school level, and that the training time is not sufficient to deepen their understanding of IE.

At the system level, the project has made several steps to support the scale up of improvements in IE delivery. This has included support provided to introduce the Sector Policy on the Provision of Education and Training for Learners and trainees with Disabilities and trainings conducted with the Teacher Services Commission. However, the government has yet to make resource commitments in line with scaling up the approaches piloted by the project or replicating them more broadly.

7.2 Recommendations

1. The project should consider how it can support government stakeholders to enforce corporal punishment rules and promote positive discipline practices amongst teachers and parents/caregivers of girls with disabilities. A higher proportion of girls with disabilities at Midline report being physically punished by their teacher than at baseline. Qualitative evidence suggests that this has an impact on attendance outcomes, particularly during exam periods when corporal punishment is more prevalent. Furthermore, parents and caregivers of girls with disabilities are more likely to use corporal punishment to punish their girls than parents and caregivers of girls without disabilities, at statistically significant levels. While project staff may report that this is the responsibility of regional and county government, as target girls are being affected by this, the project can consider modifying relevant components of teacher training to more fully address this and/or conducting additional sensitization activities in target schools and communities.

2. The project should provide tailored support to girls with disabilities who have been pregnant, and girls with disabilities who have given birth. Several barriers intersect with having been pregnant; additionally, girls who have been pregnant had demonstrably reduced learning and attendance outcomes. Girls with disabilities who have been pregnant and girls with disabilities who have given birth, are less likely to feel accepted and respected by their community or feel included in community events. They have lower degrees of school belonging, have a higher chore burden, do not believe school is important for their future and find it difficult to attend school while menstruating. The project should ensure activities are tailored to support these girls to ensure they do not drop-out of school or face added barriers. Additionally, the project should consider how it can better support girls to access SRH information to prevent early pregnancy. This could include providing additional support in schools to support sexual and reproductive health knowledge, attitudes and behaviors.

3. The project should consider providing teachers with explicit training in improved instructional practices for numeracy; this could combine wider IE practices with specific lessons to cover numeracy skill gaps identified at Midline. While gaps in literacy have started to narrow, gaps in numeracy have widened between periods. Additionally, there are significant discrepancies in the proportion of girls with disabilities and girls without disabilities who meet expected curriculum competencies, especially in grade 7 and 8.

4. The project should consider offering remedial lessons or extended learning opportunities in Child to Child Clubs for girls with disabilities who do not speak the language of instruction. Girls with disabilities who do not speak the language of instruction at Midline have reduced literacy and numeracy aggregate outcomes and on average experienced less improvements than their peers in numeracy between periods. These Girls with disabilities are likely struggling to access the wider curriculum at school beyond literacy and numeracy.

5. The project should consider how it can better support girls with intellectual disabilities. According to chi-square tests, this is the group that is least likely to transition when compared to other groups. Additionally, 42.9% of girls with intellectual disabilities decreased their attendance rates between baseline and midline. This was the lowest performing group of all assessed disability types reviewed for attendance.

6. The project should consider how to establish mechanisms to monitor attendance and drop-out and follow-up with girls and their families when they are found to have dropped out or repeated grade levels. This is most relevant in Grade 5, which is the grade level where most repetitions are found and for Grade 8, where most dropouts occur.

7. The project should consider how it can better support girls with epilepsy. Girls with epilepsy were less likely to be able to describe their desired career pathway, were more likely to not feel included in community events and were less likely to successfully transition between Baseline and Midline.

8. The project should consider how it can better support children with disabilities to report bullying. Qualitative evidence suggests some boys and girls are bullied at school and do not report it. Additionally, some children report cases where they are being bullied by their teachers. The project should improve awareness of reporting mechanisms for bullying to support children with disabilities to report these cases.

9. Many girls and boys with disabilities reported cases of discrimination and verbal abuse perpetrated by their parents, community members, peers and teachers. Based on the high degree of prevalence to which this was mentioned in qualitative sessions the project should consider how it can scale up activities focused on reducing discrimination against children with disabilities. Child to Child Clubs, Parent Support Groups, Male Mentors, and other actors should be mobilized to conduct widespread messaging on this to ensure changes can be realized by Endline. The project should consider additional outreach and sensitization activities to further reduce stigma towards children with disabilities in communities. The project should consider developing a manual or additional guidance to train and equip Parent Support Group Members, Male Mentors and other community actors to conduct wider sensitization.

10. The project should review how it monitors the adoption of inclusive education practices and how this can be linked to support teachers to reflect on their practice. Lesson observations could involve county officials or teacher mentors to promote sustainability.

Lesson observation data is not centralized, and this can inhibit the ability of the project to inform future training activities. Additionally, teachers are not provided with coaching following lesson observations conducted by the project. Teacher mentors and county officials could be trained in providing coaching to support teachers to better reflect on their practices and promote increased adoption of IE techniques in the classroom. At Midline, only 37.3% of teachers in target schools could outline adaptations they had made to their lesson to make it more accessible to children with disabilities.

11. Teachers have suggested that they should receive a certification for participating in training. The project should consider whether it can provide certification following IE training to teachers. This would likely motivate teachers to attend and actively participate in training. This certification could be linked with demonstrated adoption of IE techniques through a visit or a number of reflective practice sessions with Teacher Mentors or County officials.

12. Parent engagement was shown to support learning outcomes through predictive models as part of this study. The project should consider how it can disseminate messaging on the importance of parental engagement in school through existing platforms such as Parent Support Groups.

13. Improvements in parental attitudes towards inclusion led to improvements in self-esteem and academic self-efficacy between Baseline and Midline. Improvements in both academic self-efficacy and self-esteem led to improvements in learning between Baseline and Midline. This suggests that the project should consider how it can further support parents and caregivers to improve their attitudes towards inclusion. The project additional should consider adding an indicator on academic self-efficacy to the life skills intermediate outcome and an indicator in parental attitudes towards inclusion to the parental attitudes' intermediate outcome.

14. The project should consider how it can support trained BoM members to identify funding supportive for infrastructure improvements. The project should consider developing a manual or additional guidance material on how this could be done to ensure BoMs are able to commit to making investments in infrastructure improvements for children with disabilities.

15. The project should consider how it can better target girls with disabilities in households facing extreme hardship and households with no formal education. Based on a review of barriers girls with disabilities in these households face additional barriers. Girls with disabilities in households facing extreme hardship are more likely to have a high chore burden, to believe girls do not have a right to go to school, and to not have access to sanitary wear on a regular basis. Girls with disabilities in households facing extreme hardship and girls with disabilities in households with no formal education are more likely to not have an adult in their household help them with their homework and are more likely to report that over the last year it has gotten harder to access sanitary wear. Girls with disabilities in households with no formal education additionally are more likely to not have

an adult ask them what they do in school or in their institute, are more likely to report that their family does not support them to stay in school, are more likely to report that it has gotten harder to attend school in the last year, and are more likely to believe that going to school is not important for their future.

Annex 1. Midline Evaluation Submission Process

Please submit all Midline reports and accompanying annexes via Teamspace, an online file-sharing platform. Both the External Evaluator (EE) and Project should have access to their respective Teamspace folders, however please reach out to your EO if you do not.

Please note, Annexes can be uploaded to Teamspace for FM review separately and before the midline report analysis is completed. We advise Projects and EEs to follow the sequence outlined below to speed up the review process and avoid unnecessary back and forth. Where possible, we also advise that projects and EEs do not begin their ML report analysis until Annex 13 is signed off by the FM.

Annexes to submit for FM review any time before the ML report is completed:

- Annex 2: Intervention roll-out dates.
- Annex 3: Evaluation approach and methodology.
- Annex 4: Characteristics and barriers.
- Annex 7: Project design and interventions.
- Annex 9: Beneficiaries tables.
- Annex 10: MEL Framework.
- Annex 11: External Evaluator's Inception Report (where applicable).
- Annex 12: Data collection tools used for midline.
- Annex 13: Datasets, codebooks and programs.
- Annex 14: Learning test pilot and calibration.
- Annex 15: Sampling Framework.
- Annex 16: External Evaluator declaration.
- Annex 17: Project Management Response (this can be revisited following feedback from the FM).

Annexes to finalise after Annex 11 "Datasets, codebooks and programs" is signed off by the FM:

- Annex 5: Logframe.
- Annex 6: Outcomes Spreadsheet.
- Annex 8: Key findings on Output Indicators.

Annex 2. Intervention Roll-out dates

Table 47. Intervention roll-out dates

Intervention	Start	End
Teacher Training: The project will train teachers across primary and secondary schools in inclusive education practices.	September 2017	September 2021
Teacher Mentorship: The teacher mentorship programme will support teachers to adopt inclusive education practices in the classroom.	Aug 2017	June 2020
Teaching & Learning Materials: The project will provide schools with teaching and learning materials that are accessible to children with disabilities.	July 2017	September 2021
Psycho-social support will be provided education social workers who will conduct both home-based and school-based activities to support girls with disabilities on a one-to-one basis. The mentorship programme will be run in secondary schools to link girls with positive role models.	July 2017	June 2019
Financial Literacy: Financial literacy training aims to improve girls' practical skills with budgeting, savings, and setting financial goals. The project delivers this training through C2C Clubs.	July 2017	Dec 2018
Livelihood Activities: The project conducts several livelihood support activities with Parent Support Groups. These aim to reduce the economic barriers preventing parents from supporting girl's education.	June 2017	March 2022
Peer Education: The C2C Club and Mentorship programmes will aim to improve girl's self-esteem and competencies in communication, inter-	August 2017	Nov 2021

Intervention	Start	End
personal relationships, sexual and reproductive health, amongst other areas. This will in turn improve the self-efficacy of girls. Peer education will also promote understanding amongst others in school as to the needs of girls who experience disabilities.		
Parent & Community Initiatives: Negative community and parental attitudes result in discrimination towards girls who experience disabilities. The project will establish the Male Mentorship Programme as well as conduct several initiatives to increase awareness of the community and parents and caregivers of the needs of girls who experience disabilities.	July 2019	March 2020
Direct Support: The project will provide bursaries to support girls to attend secondary school and TVETs. The project will additionally provide scholastic kits and assistive devices to girls. In Kisumu, the project will provide a school bus to take girls to school.	June 2017	April 2022
Capacity Building: The project will conduct capacity building activities with several school stakeholders including EARC Officers and BoMs. The project will additionally conduct an accessibility audit in target schools. The project will also train TVET facilitators on inclusive education practices. The project is also working with Ministry of Education quality assurance teams in the region to build their capacity in monitoring and supporting of schools with	Oct 2017	Dec 2020

Intervention	Start	End
various inclusive education interventions.		
Influencing /Advocacy Activities: The project will continue to conduct advocacy activities at the county level with County Working Groups and at the national level with relevant stakeholders including MoEST to improve the implementation of existing policies and promote the adoption of new policies in support of inclusive education.	May 2017	March 2022
Publication & Dissemination: The project will publish several manuals and technical guidance to encourage replication of successful practices. The project will additional disseminate learning and research findings.	April 2017	Sept 2019

Annex 3. Midline evaluation approach and methodology

The central descriptions of the evaluation's approach and methodology can be found in the project's MEL Framework and the External Evaluator's inception report. These have ben uploaded to the PwC SharePoint to further elaborate on this summary.

The table following outlines the project's outcomes, intermediate outcomes and their respective indicators, in line with the project's logfRAMA.

Table 48. Outcomes for measurement

Outcome	Level at which measurement will take place, *e.g. household, school, study club etc.*	Tool and mode of data collection (please specify both the quantitative and qualitative tool used)	Rationale, *i.e. why is this the most appropriate approach for this outcome*	Frequency of data collection, *i.e. per evaluation point, annually, per term*	Who collected the data?	Discuss any changes from BL (including whether this indicator is new)
Literacy indicator Girls with disabilities have increased literacy skills (0.25 SD, close the gap between comparison and intervention)	*Generally, at school, unless girl is out of school in which case assessments are conducted at the household level. Additionally, if girl was sick / absent on day of school visit learning assessment may have taken place during the household visit*	*Quant: EGRA / SeGRA* *Qual: FGDs and KIIs to further understand drivers of and barriers to literacy improvements*	The literacy assessments were designed to closely align with the national curriculum and were piloted at baseline to be of comparable levels of difficulty. They incorporate Oral reading fluency which is widely understood to be the standard measure of literacy acquisition	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator is set by the Fund Manager based on portfolio wide targets
Numeracy indicator Girls with disabilities have increased numeracy skills (0.25 SD, close the gap between comparison and intervention)	*Generally, at school, unless girl is out of school in which case assessments are conducted at the household*	*Quant: EGMA / SeGMA* *Qual: FGDs and KIIs to further understand drivers of and barriers to*	The numeracy assessments were designed to closely align with the national curriculum	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator is set by the Fund Manager based on portfolio wide targets

Outcome	Level at which measurement will take place, *e.g. household, school, study club etc.*	Tool and mode of data collection (please specify both the quantitative and qualitative tool used)	Rationale, *i.e. why is this the most appropriate approach for this outcome*	Frequency of data collection, *i.e. per evaluation point, annually, per term*	Who collected the data?	Discuss any changes from BL (including whether this indicator is new)
	level. Additionally, if girl was sick / absent on day of school visit learning assessment may have taken place during the household visit	*numeracy improvements*	and were piloted at baseline to be of comparable levels of difficulty. They			
Outcome 2: Transition indicator **Girls with disabilities transition from primary school to other forms of education or vocational training**	*Generally, at school, unless girl is out of school in which case assessments are conducted at the household level. Additionally, if girl was sick / absent on day of school visit learning assessment may have taken place during the household visit*	***Quant:*** *Girls Survey; Household Survey* ***Qual:*** *FGDs and KIIs to further understand drivers of and barriers to successful transition*	In the girls survey we ask all girls what they were doing this year, and for two years before. This allows us to assess transition even when the cohort has not been tracked. Responses from the girls' survey are validated against similar questions asked in the household survey.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	This indicator measures the average proportion of girls who successfully transition. This is the same indicator measured at various evaluation points.
Outcome 3: Sustainability **% of girls with disabilities who confirm their male parent/guardian is taking an active interest in their education/training**	*Generally, at school, unless girl is out of school in which case assessments are conducted at the household level. Additionally, if girl was sick / absent on day of school visit learning assessment may have*	**Quant**: Girls Survey ***Qual:*** *FGDs and KIIs with girls*	The girls survey specifically asks girls whether they believe their male caregiver takes an active interest in their education.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	This indicator was not measured at baseline and was added prior to the midline.

Outcome	Level at which measurement will take place, *e.g. household, school, study club etc.*	Tool and mode of data collection (please specify both the quantitative and qualitative tool used)	Rationale, *i.e. why is this the most appropriate approach for this outcome*	Frequency of data collection, *i.e. per evaluation point, annually, per term*	Who collected the data?	Discuss any changes from BL (including whether this indicator is new)
	taken place during the household visit					
% of intervention schools that allocate resources to support the implementation of inclusive education and child protection policie	At the school level.	**Quant**: Headteacher's Survey; School checklist (at Baseline) *Qual: Interviews with Headteachers and members of BoMs*	Headteachers at midline were asked whether they are doing this.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	At Baseline, this was measured through a review of school plans at project schools. However, due to resource constrains this was not possible at Midline. At midline, this was gathered with the support of the project from headteachers directly.
Outcome 3 Sustainability: **% national education funding that is allocated towards implementing inclusive education practice within the special education policy and teacher training curriculum**	Desk-based indicator	**Quant**: review of education budget	The education sector budget was reviewed and the proportion allocated towards inclusive education (SEN) was reported.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	This was calculated after a review of the national education budget for 2017 and 2018.
Intermediate Outcome 1: Attendance **% of girls with disabilities attending at least 80% of available school (primary, secondary and VTI) days**	*At school*	**Quant:** Attendance tool **Qual:** specific sessions on attendance	The attendance tool measures attendance for a calendar month not affected by the seasonal conditions for 2018 and 2019. This	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	This indicator is the same as at baseline.

Outcome	Level at which measurement will take place, *e.g. household, school, study club etc.*	Tool and mode of data collection (please specify both the quantitative and qualitative tool used)	Rationale, *i.e. why is this the most appropriate approach for this outcome*	Frequency of data collection, *i.e. per evaluation point, annually, per term*	Who collected the data?	Discuss any changes from BL (including whether this indicator is new)
			allows us to calculate the historical attendance data of girls who are not tracked.			
"**The extent to which Girls with disabilities report a reduction in the 6 main resource barriers that inhibit attendance** **Barriers** **1. School fees** **2. Scholastic materials,** **3. Sanitary wear** **4. Transport** **5. Assistive devices** **6. Stigma**	At school or home / with girls survey admjinsitration	**Quant**: Girls Survey **Qual**: focus group discussions on attendance barriers	Girls were asked whether in the last year they had thought these specific barriers had changed.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	This is a new indicator to measure changes in barriers thought to negatively effect attendance.
Intermediate Outcome 2: Teaching Quality **% of trained teachers achieving overall 'good' application of IE techniques in the classroom**	At school	**Quant**: Lesson observation; **Qual**: focus group discussions with teachers and other stakeholders	Inclusive education was understood to encompass 3 more domains:	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	Although we have calculated and reported the indicator using the old (baseline) methodology, for midline to endline comparisons we will report the revised results from the revised methodology to set the indicator.
The extent to which girls with disabilities feel their learning needs are	With the girls survey	Quant: Girls Survey Qual: Focus group discussions and key	Supportive climate has been shown to lead to improvements in academic	Per evaluation period (Baseline, Midline,	External Evaluator (One South)	The indicator was the same for both periods.

Outcome	Level at which measurement will take place, *e.g. household, school, study club etc.*	Tool and mode of data collection (please specify both the quantitative and qualitative tool used)	Rationale, *i.e. why is this the most appropriate approach for this outcome*	Frequency of data collection, *i.e. per evaluation point, annually, per term*	Who collected the data?	Discuss any changes from BL (including whether this indicator is new)
supported by their teachers		informant interviews	self-efficacy and learning.	and Endline)		
Intermediate Outcome 3: Self-esteem **% of primary and secondary school girls with disabilities report an increase in self-esteem**	With the girls survey	Quant: Girls Survey Qual: Focus group discussions and key informant interviews	Self-esteem is measured through the Rosenberg self-esteem scale included in the girls' survey	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator was the same for both periods.
% of girls with disabilities have increased financial literacy skills	With the girls survey	Quant: Girls Survey Qual: Focus group discussions and key informant interviews	Financial literacy was measured through a series of questions designed to see if some of the main messaging of the FL curriculum had been absorbed.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator was the same for both periods.
The extent to which girls with disabilities can describe an education/ career pathway to achieve their aspirations.	With girls survey	Quant: Girls Survey Qual: Focus group discussions and key informant interviews	Girls were asked to describe a career pathway and how they would achieve it. Enumerators assessed whether the pathway was logical.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	This indicator was only measured at Midline.
% of girls with disabilities who feel comfortable participating in the classroom	With girls survey	Quant: Girls Survey Qual: Focus group discussions and key informant interviews	Girls were asked if they felt comfortable asking questions in class .	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator was measured at same periods.
The extent to which families, community and	Household	Household survey	The project provided a list of 6 actions	Per evaluation period	External Evaluator	The indicator was measured at

Outcome	Level at which measurement will take place, *e.g. household, school, study club etc.*	Tool and mode of data collection (please specify both the quantitative and qualitative tool used)	Rationale, *i.e. why is this the most appropriate approach for this outcome*	Frequency of data collection, *i.e. per evaluation point, annually, per term*	Who collected the data?	Discuss any changes from BL (including whether this indicator is new)
peers demonstrate positive actions that support girls with disabilities to go or stay in school.			that are supportive of girls education and these were listed for respondents in the household survey.	(Baseline, Midline, and Endline)	(One South)	same periods.
% of girls with disabilities who feel included/accepted by the community	With girls survey	Quant: Girls Survey Qual: FGDs and Kiis with girls	Girls were asked whether they feel included or accepted in community events during the girls survey	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator was measured at same periods.
% of other male parents (not male mentors) supporting girls with disabilities to go to secondary and/or VTI	Household	Household survey	The project provided a list of 6 actions that are supportive of girls education and these were listed for respondents in the household survey.	Per evaluation period (Baseline, Midline, and Endline)	External Evaluator (One South)	The indicator was measured at same periods.

Evaluation methodology

The detailed methodology is outlined in the project's MEL Framework and the External Evaluator's Inception report.

The full methodology is presented in the evaluation inception report and inception brief (Annex 11), the project's Monitoring and Evaluation Framework (Annex 10), and in Annex 3 (Midline Evaluation Approach and Methodology).

The evaluation sampled both girls with disabilities and girls without disabilities. This was to enable to study to determine the extent to which the project closed the gap in learning and transition outcomes. Girls without disabilities form the study's "**comparison group**" and girls with disabilities form the study's "**target group**".

Girls in the target group girls are supported by Leonard Cheshire, are in schools and vocational institutes targeted by the project and have been assessed for a disability by the EARC. Girls in the comparison group at Midline are girls without disabilities who were sampled from comparable schools, not targeted by the project. Girls in the comparison group at Midline were screened for disabilities using the Washington Group Short set, with girls in the comparison group identified as having a functional difficulty not sampled by the evaluation.

Error! Reference source not found. displays the composition of the sample by original cohort membership (i.e. a girls' grade level at baseline) and by evaluation group.

Table 49. Evaluation Sample (tracked cohort in the target group)

Cohort Membership (Grade at BL)	Baseline		Midline		
	Target	Comparison	Target (only recontact)	Target (including replacement)	Comparison
Grade 5	83	59	75	81	66
Grade 6	91	69	82	103	72
Grade 7	96	61	86	96	67
Grade 8	58	47	50	47	54
Total	**328**	**236**	**293**	**327**	**259**

Attrition rate for the target group between baseline and midline = 8.93% (only target group tracked)

At Baseline, in consultation with the Fund Manager, the evaluation sampled a group of girls without disabilities in target schools. This group was the original 'comparison group'. Originally, as agreed with the FM, this group would only be sampled at Baseline to allow the evaluation to determine the extent to which the project has closed the gap in outcomes between girls with and without disabilities.

However, at Midline, after additional discussions on how best to measure project impact on closing the gap, and because the sample size for girls in upper grade levels at Baseline was small in the comparison group, the evaluation team, in consultation with the project and the FM, decided to sample a cohort of girls without disabilities in comparison schools not targeted by the project. Therefore, a sample of 259 girls without disabilities, which matched the original sample in terms of their age, grade level, and sub-county in which they live, was randomly taken from comparison schools at Midline. Comparable schools were selected based on a

nearest neighbour algorithm relying on various characteristics to ensure the most similar schools within the same sub-county were chosen as target schools.

To ensure girls in the target group were tracked at Midline the study implemented several quality assurances processes to monitor attrition throughout data collection. This resulted in an attrition rate of 8.93% between evaluation periods. Replacement rules were closely followed to supplement the sample for tracking purposes between midline and endline.

Quantitative tools administered included the attendance tool, which collected historical attendance data for each girl in the comparison and target group, the Girls survey, the Household Survey, numeracy assessments (EGMA/SeGMA) and literacy assessments (EGRA/SeGRA). All girls in both the target and comparison group completed the full package of quantitative assessments.

Qualitative sessions were conducted with stakeholders to further unpack intervention assumptions, expand upon, complement, and contradict quantitative approaches. A full package of qualitative discussion guides is included in Annex 12 (Data Collection Tools used for Midline). All qualitative sessions were recorded, transcribed, and translated into English. Transcripts were coded to analyse findings thematically. Coding following a top-down descriptive coding scheme and a bottom up eclectic coding method by EE specialists in inclusion, gender, and education.

A full list of qualitative sessions by region is shown in the file attached:

LC Qualitative
Sessions.xlsx

Quantitative enumerators attended a 4-day training workshop which covered best practices in tool administration, probing techniques, disability research, research ethics and child protection, learning assessment administration, cohort tracking, replacement rules and daily and weekly reporting requirements. Enumerators were trained to closely adhere to quality assurance guidelines prepared by the evaluator. Sessions included a mix of taught lectures and dramatization exercises.

Several quality assurance processes were put in place during and after training. On the final day of training, enumerators visited a pilot school in Kisumu, where they administered the full package of assessments to two girls. Supervisors completed one on one observations with each enumerator, scored them, and provided individualized feedback. To ensure consistent administration throughout, trends were identified and discussed in a plenary session. During data collection, field supervisors were required to conduct 2 quality assurance visits with each enumerator following a similar approach. Quality assurance findings were grouped and shared in morning briefing sessions before the quantitative team visited sample sites.

Qualitative Research Assistants (QRAs) completed a 2-day training which included sessions on qualitative research in practice, probing techniques, note-taking, the main research questions, reporting requirements, disability research, session recruitment, sampling techniques, research ethics and child protection.

As well as recording all qualitative sessions, QRAs completed daily debriefing forms which were reviewed by the consultant team to provide on-going feedback and to inform adaptations made to sessions guides, based on domains where the study had reached data saturation. In debriefing forms, QRAs were encouraged to reflect on their research and their role their role and position in line with a critical and reflexive research approach.

The evaluation closely followed LC's Child Protection Policy and One South's Research Ethics Guidelines. If child protection violations were identified, enumerators reported these to both their field supervisor, and in line with LC's CPP, to the LC Child Protection Officer in Kisumu. A few cases of child marriage were identified and reported. Additionally, all cases of corporal punishment identified have been reported to project staff.

Attrition for the target group is shown in the table below. The comparison group was not tracked at Midline as per the approach described above. Attrition averaged 10.67%, well within the 30% attrition buffer for the target group.

Girls with disabilities in Grade 8 at Baseline had the highest attrition rate of 14%. This is likely because after Grade 8 girls transition to secondary school or do not continue with school..

Table 19: Midline sample and attrition

Cohort group	Midline sample (treatment)	Re-contacted (treatment)	Attrition (treatment)
Grade 5 at BL	83	75	**10%**
Grade 6 at BL	91	82	**10%**
Grade 7 at BL	96	86	**10%**
Grade 8 at BL	58	50	**14%**
Total	328	293	**10.67%**

To understand how closely the replacement cases matched the lost girls, we compared replacement girls to lost girls in terms of disability type, grade level, age and school.

Table 50. Comparison of Lost and Replacement Girls (target group) by Key Characteristic

Category	Percentage of Replacement Girls
Matched original girl on grade level, school or institute, age, and disability type	82.2%
Did not match	17.8%

To understand the 17.8% which differed on key characteristics, we summarized which characteristics differed in the table below.

Table 51. Differing Characteristics of 17.8% of Replacement Girls to Lost Girls (Target Group)

What differed	Percentage of those who did not completely match original lost girl characteristics (n=8)
Age	25%
Age and disability type	12.5%
Disability type	12.5%
Grade	25%
School	12.5%
School and Age	12.5%

Of the 8 replacement girls whose characteristics differed 1 had a different disability type to the original girl. The original girl in this case had an intellectual disability and the replacement's EARC assessment according to the project database was "health problems".

Sample size by the child functioning set for the target group at Midline is shown in the table following.

Table 52. Child-functioning Results for Target Group at ML

Group	Proportion	Sample (n)
Visual impairment	14.1%	48
Hearing Impairment	7.3%	25
Mobility Impairment	1.5%	5
Selfcare Impairment	0.9%	3
Learning impairment	6.1%	21
Concentrating impairment	2.6%	9
Anxiety	3.8%	13
Depression	2.6%	9
With functional difficulty	30.3%	104

Sample size by region is shown in the table following.

Table 53. Sample by County at ML

County	Comparison		Target	
	N	%	N	%
Homabay	34	13.1%	39	11.4%
Kisumu	38	14.7%	66	19.2%
Migori	136	52.5%	161	46.9%
Siaya	51	19.7%	77	22.4%

Additional methodological information can be found in the project's MEL Framework and the External evaluators inception report.

Transition Achievement Results

The table below describes overall transition results and achievement over targets

Table 54. Overall Transition Results

Period	Transition Rate	Success Rate	n
Baseline	*Target*	91%	348
	Comparison	94%	267
Midline	*Target*	88%	336
	Comparison	99%	259
Achievement	*Target[200]*	Bridge Gap or 99% (+8%)	
	% of target achieved	-11%	
	Difference over and above comparison[201]	-8%	

Data quality, verification and validation

We collect learning test data through paper surveys that are later transferred to electronic form using mobile phone technology. This is because learning tests are specifically designed to be carried out in paper form, due to the expected manipulation of the clipboard, use of the stop watch, and administering the test itself. As such, using paper surveys reduces missing data to a high degree, makes the administration of the surveys more comfortable to local staff and builds better rapport with participants. Data collectors later input each case data into an online app using their own mobile phones.

The project will explore conducting other surveys directly through mobile platforms to save time and resources spent on paper surveys for non-learning surveys.

To ensure all tools were completed successfully and correctly prior to data entry, One South conducts a two-stage quality check on paper surveys.

For each enumerator, eight full cases are selected randomly from the paper copies from each enumerator. In stage 1 these cases are checked for completeness and correctness. This involves a check that all responses were filled in correctly across all surveys, including a check on the manual addition of totals for the learning subtask scores. Enumerators will then be given the opportunity to make corrections based on their mistakes through entering the data onto a second online version of the survey.

In stage 2, the eight cases will be checked against the final endline dataset produced by the electronic data entry, with adaptations made to the dataset for data entry mistakes. If two

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[200] The target is obtained automatically from the outcome spreadsheet provided by the Fund Manager

[201] Refers to T2-T1-C2-C1 where T and C are treatment and control respectively and 2 and 1 are midline and baseline scores.

copies had consistent errors in stage 1 and 2, an additional eight paper copies will be checked from the same enumerator until no mistakes are found.

Once the data is entered, One South performs extensive data quality checks as part of the verification and validation process. These may include:

- Range checks to ensure that all variables in the data has a valid range of values.
- Skip checks to verify whether skip rules and other filtering patters were followed correctly by data collectors.
- Consistency checks to verify that the information provided to one question is consistent with the information provided for related questions.
- Typographical checks to identify typographical mistakes occurring during data entry such as digit transposition.
- Label checks to ensure scales follow the appropriate coding method.

To ensure the anonymity of participants, the main data set does not personal information attached to survey or learning responses. Instead, the project will employ a reference system based on unique IDs to connect participant results to personal information in separate, password-protected, and secured file. This file is known as the *cohort tracking dataset* and should contain all relevant tracking information for the participant.

Ethics and Child Protection

Given the vulnerable status of target beneficiaries and possible conditions of hardship it is crucial to pay close attention to the potential to do harm by conducting research. LCD will make sure that research parties commit to taking great care when involving vulnerable persons in MEL activities in a manner consistent with accepted ethical principles to protect participants from exploitation, to build capacity, and to promote wellbeing. In doing so, One South has used the guidelines of the British Sociological Association for Ethical Practice in Research.

Special attention has been given to the fact that children belonging to vulnerable groups and their caregivers will be participating in the study. Of these children, the majority will be girls or boys in the ages of 11-14. Based on these standards and the wellbeing of participants, One South will ensure that the entire evaluation team withhold the following guiding principles for ethical research:

1. **Autonomy:** It is a moral requirement that individual participants should (1) be treated as autonomous agents and (2) that persons with diminished autonomy are entitled to protection. One South will respect the autonomy of participants by giving weight to autonomous persons' considered opinions and choices while refraining from obstructing their actions unless it is detrimental to others. One South will aim to select a location for interviews that is accessible to all participants, and that appropriate adaptations are made to data collection processes to accommodate the needs of participants with impairments.

2. **Competence:** All field personnel and project staff will abide by the principles set out in this ethical framework. Given the sensitivities arising from research of vulnerable populations, particularly of marginalized children, all enumerators will be female and fluent in the language of the survey instrument being administered. An incident response protocol will be created for review ahead of the start of fieldwork, and its implementation will be monitored during fieldwork.

3. **Understanding, Consent and Voluntariness:** All participants are expected to provide oral or written consent before research takes place. Participation in research activities will be voluntary. Participants will be given the information that they need to make an autonomous and informed decision about taking part in the study with consideration given to age-appropriate assent processes.

4. **Beneficence and non-maleficence:** The principle of beneficence asserts the duty to help others further their important and legitimate interests. One South is aware of the possible consequences of MEL work. Wherever possible the project will attempt to anticipate, and to guard against, consequences for research participants that can be predicted harmful. This is important where research gives rise to intrusive conversations, uncalled-for self-knowledge, or unnecessary anxiety. Where possible, proxies in survey indicators will be used to provide sensitive item formulations.

5. **Justice:** The selection of subject participants for the study follow project participation status, which ensures that the sample data was meaningfully chosen for reasons directly related to the problems being studied. One South understands that the assessment carried out throughout the study will help the wider public understand issues of risks and vulnerability and how these affect the life of marginalized children and their education. One South understands justice as the ability to provide advantages to these groups outside the present study. Participants will be given information on how to access research results and we recommend that results are disseminated through LCD planned activities.

6. **Anonymity and Disclosure:** One South will ensure the anonymity of responses using pseudonyms in any narratives as well as a unique ID to each participant for all assessments. A separate file containing ID numbers attached to personal information will be kept separate, password protected file and in restricted access. One South will put in place LCD's own child protection mechanisms at the suspicion of abuse or harm done to research participants

7. If photovoice workshops are conducted for qualitative data collection as suggested, a comprehensive visual and participatory ethics framework is necessary. This will be developed on the basis of the guidelines suggested in these publications:

- GUBRIUM, A. C., HILL, A. L. and FLICKER, S. 2014. A Situated Practice of Ethics for Participatory Visual and Digital Methods in Public Health Research and Practice: A Focus on Digital Storytelling. American Journal of Public Health. 104(9), pp.1606-1614.

- WANG, C. C. and REDWOOD-JONES, Y. A. 2001. Photovoice Ethics: Perspectives from Flint Photovoice. Health Education & Behavior. 28(5), pp.560-572.

- BLACKMAN, A. and FAIREY, T. 2014. The Photovoice Manual. London: PhotoVoice. Available from: https://photovoice.org/wp-content/uploads/2014/09/PV_Manual.pdf

Additional documentation on impact analysis for is included below;

We used a cross-sectional approach as well as an "individual" approach with constructed BL data for the comparison group based on previous group performance. In consultation with the FM it was decided that a cross-sectional approach will be used to determine project impact on closing the gap between BL and ML. At EL, the standard DiD approach will be possible as the comparison group will be tracked from ML to EL.

In the cross-sectional approach the following independent variables were used to predict learning levels (dependent variable):

- Time (Baseline = 0; Midline =1)
- Treatment (Comparison = 0; Target=1)
- Interaction (Time x treatment)

For the constructed "individual" level approach created a constructed baseline score for girls in the comparison group at midline group by setting the "baseline" learning score for comparison girls at midline, as the mean score of the grade level they would have been at baseline (according to baseline comparison group means). We asked girls at Midline what grade they were at baseline (GS question 10 at ML) and this allowed me to identify which grade level at BL was the appropriate mean to use.

This individual "constructed" approach created a first difference variable and used treatment (comparison=0; target =1) to predict the first difference in scores.

Detailed syntaxes are provided for replication in the files attached.

LC Syntax-   LC Regression   LC Regression
Constructing an artificLearning Approach 2 Learning Approach 1.

Contamination and Exposure

The only likely contamination to be taking place would the result of the project's policy work on inclusive education outcomes at the county and national level and if teachers are transferred to comparison schools. No evidence of this was found at Midline.

Additionally, in selecting comparison schools, the project supported us to access county level datasets which included information on whether any intervention was taking place in the school. No schools with current interventions taking place were included in the comparison group. However, some schools at Midline in the comparison group were found to be delivering school feeding programs which may affect results between midline and endline. 5% of girls in the comparison group receive food through a school feeding program. This can be controlled for as part of the DiD model at Endline.

Transition Stage Tables

Table 55. Sample Proportions by Transition Stage (2019)

Stage		Comparison		Target		All	
		N	N %	N	N %	N	N %
2019	1 Grade 1	0	0.0%	0	0.0%	0	0.0%
	2 Grade 2	0	0.0%	0	0.0%	0	0.0%
	3 Grade 3	0	0.0%	0	0.0%	0	0.0%
	4 Grade 4	0	0.0%	0	0.0%	0	0.0%
	5 Grade 5	0	0.0%	8	2.4%	8	1.3%
	6 Grade 6	68	26.3%	83	24.5%	151	25.3%
	7 Grade 7	70	27.0%	97	28.6%	167	27.9%
	8 Grade 8	66	25.5%	90	26.5%	156	26.1%
	Subtotal: % in Primary School	204	78.8%	278	82.0%	482	80.6%

		N	N%	N	N%	N	N%
	9 Form 1	55	21.2%	50	14.7%	105	17.6%
	10 Form 2	0	0.0%	0	0.0%	0	0.0%
	11 Form 3	0	0.0%	0	0.0%	0	0.0%
	12 Form 4	0	0.0%	0	0.0%	0	0.0%
	Subtotal: % in Secondary School	55	21.2%	50	14.7%	105	17.6%
	13 Vocational Training / TVET (Passed Primary School)	0	0.0%	2	0.6%	2	0.3%
	14 Employed (paid)	0	0.0%	1	0.3%	1	0.2%
	16 Employed (unpaid)	0	0.0%	0	0.0%	0	0.0%
	17 Inactive	0	0.0%	0	0.0%	0	0.0%
	18 Pregnant/Nursing Child	0	0.0%	2	0.6%	2	0.3%
	19 Domestic Activity	0	0.0%	2	0.6%	2	0.3%
	20 Vocational Training / TVET (Did not Pass Primary School)	0	0.0%	3	0.9%	3	0.5%
	23 University Y1	0	0.0%	0	0.0%	0	0.0%
	24 University Y2	0	0.0%	0	0.0%	0	0.0%
	25 University Y3	0	0.0%	0	0.0%	0	0.0%

Table 56. Sample Proportions by Transition Stage (2018)

	Stage	Comparison		Target		Total	
		N	N %	N	N %	N	N %
2018	1 Grade 1	0	0.0%	0	0.0%	0	0.0%
	2 Grade 2	0	0.0%	0	0.0%	0	0.0%
	3 Grade 3	0	0.0%	0	0.0%	0	0.0%
	4 Grade 4	0	0.0%	0	0.0%	0	0.0%
	5 Grade 5	59	25.7%	82	25.0%	141	25.3%
	6 Grade 6	65	28.3%	89	27.1%	154	27.6%
	7 Grade 7	62	27.0%	97	29.6%	159	28.5%
	8 Grade 8	44	19.1%	59	18.0%	103	18.5%
	Subtotal: % in Primary School	230	100.0%	327	99.7%	557	99.8%
	9 Form 1	0	0.0%	0	0.0%	0	0.0%
	10 Form 2	0	0.0%	0	0.0%	0	0.0%
	11 Form 3	0	0.0%	0	0.0%	0	0.0%
	12 Form 4	0	0.0%	0	0.0%	0	0.0%
	Subtotal: % in Secondary School	0	0.0%	0	0.0%	0	0.0%
	13 Vocational Training / TVET (Passed Primary School)	0	0.0%	0	0.0%	0	0.0%
	14 Employed (paid)	0	0.0%	0	0.0%	0	0.0%
	16 Employed (unpaid)	0	0.0%	0	0.0%	0	0.0%
	17 Inactive	0	0.0%	0	0.0%	0	0.0%
	18 Pregnant/Nursing Child	0	0.0%	1	0.3%	1	0.2%
	19 Domestic Activity	0	0.0%	0	0.0%	0	0.0%
	20 Vocational Training / TVET (Did not Pass Primary School)	0	0.0%	0	0.0%	0	0.0%
	21 Special Unit (Passed Primary School)	0	0.0%	0	0.0%	0	0.0%
	22 Special Unit (did not pass primary school)	0	0.0%	0	0.0%	0	0.0%
	23 University Y1	0	0.0%	0	0.0%	0	0.0%
	24 University Y2	0	0.0%	0	0.0%	0	0.0%
	25 University Y3	0	0.0%	0	0.0%	0	0.0%

Annex 4. Characteristics and Barriers

Submitted as a separate excel document (Annex 4. Characteristics and Barriers)

Annex 4.
Characteristics and Ba

Annex 5. Logframe

Submitted as a separate excel document (Annex 5. Logframe)

Annex 5. GECT
logframe 20191031.xl

Annex 6. Outcome Spreadsheet

Submitted as a separate excel document (Annex 6. Outcome Spreadsheet)

Annex 6. GEC-T
Outcomes Spreadshe

Annex 7. Project Design and Intervention

Table 57. Project design and intervention

Intervention types	What is the intervention?	What output will the intervention contribute to?	What Intermediate Outcome will the intervention will contribute to and how?	How will the intervention contribute to achieving the learning, transition and sustainability outcomes?
Teacher Training	The project will train teachers across primary and secondary schools in inclusive education practices.	OUTPUT 2: The environment, teaching and learning materials are more inclusive for girls with disabilities	Teaching Quality: Adoption of IE practices will lead to improvements in teaching quality for all learners. Attendance: Improved teaching quality will lead to improved motivation to attend school.	Learning: Improvements in teaching practices will result in improved learning opportunities for girls with disabilities. Eventually translating to improved literacy and numeracy for the targeted boys and girls.
Teacher Mentorship	The teacher mentorship programme will support teachers to adopt inclusive education practices in the classroom.	OUTPUT 2: The environment, teaching and learning materials are more inclusive for girls with disabilities	Teaching Quality: Adoption of IE practices will lead to improvements in teaching quality for all learners. Attendance: Improved teaching quality will lead to improved motivation to attend school.	Learning: Improvements in teaching practices will result in improved learning opportunities for girls with disabilities. Sustainability: The mentorship programme will lead to sustained improvement in teaching practices after the project ends.

Teaching & Learning Materials	The project will provide schools with teaching and learning materials that are accessible to children with disabilities.	OUTPUT 1: Girls with disabilities have the resources and tools* they need to attend schools	Teaching Quality: More accessible teaching and learning materials will improve the quality of teaching for girls with disabilities. Attendance: This will in turn lead to improved attendance and lessons become more accessible.	Learning: Improved accessibility of curriculum content will lead to improved learning in the areas of literacy and numeracy. Sustainability: teaching and learning materials will continue to be used after the conclusion of the project. It is aimed that the target group will be equipped with more skills so as to improve their levels of engagement with society so as to eventually properly integrate them to be useful members of their communities.
Psycho-social Support	Psycho-social support will be provided education social workers who will conduct both home-based and school-based activities to support girls with disabilities on a one-to-one basis. The mentorship programme will be run in secondary schools to link girls with positive role models.	OUTPUT 4: Increased disability awareness and knowledge among families, community and other school children	Life Skills & Self-esteem: Psycho-social support will provide girls with individualized support to manage how they experience disability on a social and emotional level. This will lead to improved self-esteem. Attendance: Individualized support will enable girls to	Transition: improved life skills and self-esteem amongst girls will led to their successfully transition through relevant pathways (in-school, VTI).

			access and attend school.	
Financial Literacy	Financial literacy training aims to improve girls' practical skills with budgeting, savings, and setting financial goals. The project delivers this training through C2C Clubs.	OUTPUT 3: Girls with disabilities have increased awareness and knowledge in life skills	Life Skills & Self-esteem: This component aims to improve the practical life skills of girls with disabilities and equip them with financial competencies.	Transition: it is expected that improved financial literacy will lead to improved chances of marginalized girls to transition to employment.
Livelihood Activities	The project conducts several livelihood support activities with Parent Support Groups. These aim to reduce the economic barriers preventing parents from supporting girl's education.	OUTPUT 1: Girls with disabilities have the resources and tools* they need to attend schools	Attendance: The project expects that reduced economic barriers will lead to improved access and attendance of girls with disabilities in school.	Learning: The project expects that improvements in attendance will lead to improved learning outcomes due to increased time spent in the classroom. Transition: The project expects that girls who improve their attendance are more likely to transition to later years of school or to other opportunities.
Peer Education	The C2C Club and Mentorship programmes will aim to improve girl's self-esteem and competencies in communication, inter-personal relationships, sexual and reproductive health, amongst other areas. This will in turn improve the self-efficacy of girls.	OUTPUT 2: The environment, teaching and learning materials are more inclusive for girls with disabilities	Life Skills & Self-esteem: Attendance: Improved self-esteem, understanding of disability, and other life skills will be targeted through peer education. Attendance: improved self-esteem and	Learning: Improved attendance is expected to lead to improved learning outcomes due to increased time spent in the classroom. Transition: improved self-esteem, self-confidence, and life skills will lead

	Peer education will also promote understanding amongst others in school as to the needs of girls who experience disabilities.		confidence will likely lead to improved attendance.	to girls transitioning to later schooling or TVET or other opportunities.
Parent & Community Initiatives	Negative community and parental attitudes result in discrimination towards girls who experience disabilities. The project will establish the Male Mentorship Programme as well as conduct several initiatives to increase awareness of the community and parents and caregivers of the needs of girls who experience disabilities.	OUTPUT 4: Increased disability awareness and knowledge among families, community and other school children	Attitudes and Perceptions: Through the male mentorship programme and community sensitization activities the project aims to address these negative attitudes and perceptions. Attendance: Improved support for girls at the community and family level will lead to improved attendance.	Learning: Improved attendance is expected to lead to improved learning outcomes due to increased time spent in the classroom. Transition: improved support for girls at the community and family level will encourage them to successfully transition to later years of schooling, TVET, or other opportunities.
Direct Support	The project will provide bursaries to support girls to attend secondary school and TVETs. The project will additionally provide scholastic kits and assistive devices to girls. In Kisumu, the project will provide a school bus to take girls to school.	OUTPUT 1: Girls with disabilities have the resources and tools they need to attend schools	Attendance: This will counter the economic and physical barriers associated with girls with disabilities attending school and promote improved attendance.	Learning: Improved attendance is expected to lead to improved learning outcomes due to increased time spent in the classroom.
Capacity Building	The project will conduct capacity building activities	OUTPUT 5 : National and County	Attendance: This will result in	Learning: Improved

	with several school stakeholders including EARC Officers and BoMs. The project will additionally conduct an accessibility audit in target schools. The project will also train TVET facilitators on inclusive education practices. The project is also working with Ministry of Education quality assurance teams in the region to build their capacity in monitoring and supporting of schools with various inclusive education interventions.	government and NGO Stakeholders in education and child protection have increased knowledge to incorporate inclusive education approaches	improved capacities of schools to accommodate girls with disabilities, and in turn result in improved attendance. School Governance & Policy: This will result in improved school governance to promote inclusive policies and practices.	attendance is expected to lead to improved learning outcomes due to increased time spent in the classroom. Transition: As schools and TVETs adopt more inclusive policies and practices, girls will be encouraged to successfully transition. Also, by building the capacity of MoE officials on monitoring and support of inclusive education, the project will be able to embed IE methods within the routine MoE work.
Influencing /Advocacy Activities	The project will continue to conduct advocacy activities at the county level with County Working Groups and at the national level with relevant stakeholders including MoEST to improve the implementation of existing policies and promote the adoption of new policies in support of inclusive education.	OUTPUT 5 : National and County government and NGO Stakeholders in education and child protection have increased knowledge to incorporate inclusive education approaches	School Governance & Policy: These activities will promote the implementation of existing policies and the adoption of new policies.	Sustainability: This will in turn ensure that project achievements are sustainable, and implementation of existing and newly developed policies can be continued.

Publication & Dissemination	The project will publish several manuals and technical guidance to encourage replication of successful practices. The project will additional disseminate learning and research findings.	OUTPUT 5 : National and County government and NGO Stakeholders in education and child protection have increased knowledge to incorporate inclusive education approaches	School Governance & Policy: These activities will encourage the replication of successful project components and support schools and other stakeholders to replicate best practices.	Sustainability: This will document best practices and encourage the replication of these components amongst wider stakeholders, thus supporting the project to ensure its achievements are sustained.

Annex 8. Key findings on Output Indicators

Table 58. Output indicators

Logframe Output Indicator	Means of verification/sources	Collection frequency
Number and Indicator wording	List all sources used.	E.g. monthly, quarterly, annually. NB: For indicators without data collection to date, please indicate when data collection will take place.
Output 1: Girls with disabilities have the resources and tools* they need to attend schools		
Output 1.1: # & % of girls with disabilities provided with resources as per assessment and recommendations to go to school.	Beneficiaries' lists, Activity Reports, Photos, Medical reports, Medical Prescriptions, Medical assessor's reports, Assistive distribution lists, EARC Referral and assessment forms	Monthly (After completion of the activity)
Output 1.2: # and % of parents report improved income to financially support children with disabilities to go to school.	Participants lists, Pictures, Activity report, Baseline and Midline reports	Bi-Annual
Output 1.3: # & % of girls with disabilities receiving psycho-social support as per assessment recommendations.	Beneficiaries' lists, Counsellor's reports, Activity Reports, Photos	Quarterly
Output 2: The environment, teaching and learning materials are more inclusive for girls with disabilities		
Output 2.1: % of trained teachers who have the knowledge to adapt their teaching practice to be	Classroom Observations	Annually

Logframe Output Indicator	Means of verification/sources	Collection frequency
inclusive for girls with disabilities		
Output 2.2: % of adaptations implemented in schools based on the schools (BOM's) priorities and development plans	Spot checks survey reports, Pictures, Activity reports, Copy of BoM School Plans	Annually
Output 2.3: % girls with disabilities reporting they have access to the literacy and numeracy learning materials appropriate to their needs within the classroom	Spot checks survey reports, Pictures, Learning materials distribution lists, Activity reports	Bi-Annual
Output 3: Girls with disabilities have increased awareness and knowledge in life skills		
Output 3.1: % of trained secondary and primary school girls with disabilities report increase knowledge and awareness in life skills (according to the life skills manual)	Spot checks survey reports	Bi-Annual
Output 3.2: % of girls with disabilities report an increase in knowledge, skills to report cases of bullying and abuse	Spot checks survey reports	Bi-Annual
Output 3.3: # and % of girls who have reported bullying and abuse to a duty bearer	Spot checks survey reports	Bi-Annual
Output 3.4: % of trained Girls with disabilities over the age of 10 that report being able to make informed decisions about their sexual reproductive health	Spot checks survey reports	Bi-Annual
Output 4: Increased disability awareness and knowledge among families, community and other school children		
Output 4.1: % of community members surveyed at Inclusive education events	Participants lists, Pictures, Activity report	Annually

Logframe Output Indicator	Means of verification/sources	Collection frequency
report increased disability awareness and knowledge		
Output 4.2: # of other/new male parents reached through trained male mentors per year	Male mentors outreach reports, Participants lists, Pictures, Activity report	Monthly
Output 4.3: % of parents feel confident to support their child's aspirations post education/vocational training	Participants lists, Pictures, Survey/FGD Reports	Bi-Annual
Output 5: National and County government and NGO Stakeholders in education and child protection have increased knowledge to incorporate inclusive education approaches		
Output 5.1: # number of inclusive education policy dialogues supported by the project with national government stakeholders	Participants lists, Pictures, Activity report, Minutes of the meeting	Quarterly
Output 5.2: # number inclusive education policy dialogues supported by the project with county government	Copy of Policy developed/reviewed, Participants lists, Pictures, Activity report, Minutes of the meeting	Quarterly
Output 5.3: % of intervention school SMCs reporting increased knowledge about inclusive education approaches	Survey reports	Annually

Table 59. Midline status of output indicators

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
Number and Indicator wording	What is the contribution of this indicator for the project ToC, IOs, and Outcomes? What does the midline value/status mean for your activities? Is the indicator measuring the right things? Should a revision be considered? Provide short narrative.	What is the midline value/status of this indicator? Provide short narrative.
Output 1: Girls with disabilities have the resources and tools* they need to attend schools		
Output 1.1: # & % of girls with disabilities provided with resources as per assessment and recommendations to go to school.	1868 CWD (67%)	The 3 types of assessments i.e educational, functional and medical serve to track the usefulness of the interventions including medical support, assistive devices and support at school such as preferential sitting positions for learners with hearing and visual impairments. Assessment are therefore seen a means for either medical rehabilitation or assistive devices that are provided to the children. Therefore, at any one time not all children assessed are provided with adaptive support.

Identification of these beneficiaries is done by the field teams in close |

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		collaboration with the guardians/parents, the Child to child Teachers and the EARC Officials.

Medical cases are attended to on a need basis based on the referral. |
| Output 1.2: # and % of parents report improved income to financially support children with disabilities to go to school. | 70% | 70% of the respondents interviewed stated that during the time they have been in the parent support group, they feel that they have improved financial capacity(income) to support their CWD to go to school.

One parent went ahead to state that, "Am doing my business well and the profit am making helps me a lot in supporting my family" Another parent stated that, "I am now able to Buy school items like books, school uniforms among other things"

30% stated that they still fell that they do not have improved financial capacity(income) to support their CWD to go to school. These respondents went ahead to give reasons such as: they have not joined the group, the SME started is still small and does not produce enough profit for her to support school fees for her CWD and school fees for secondary is still too high. |
| Output 1.3: # & % of girls with disabilities receiving psycho-social support as per assessment recommendations. | 972 CWD (35%) | Psycho-social support is aimed at addressing psycho-social wellbeing of the girls and the family members. The purpose of this activity is to counsel children going through various challenges at the home and at school level, to create awareness |

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		and sensitize families on child protection issues and provide emotional support to the children. The action is envisaged to support the academic progress of the girls and improve their performance in school.
		The session provides CWD'S with competencies and capacities to cope with life's demands and stresses and Provides the CWD'S with relevant life skills that include; problem solving, planning and decision making, stress management, negotiation, assertiveness, using culturally appropriate coping mechanisms, and bring out strengths.
		The activity is usually conducted by paying home visits where Parents/Guardians are also involved.
Output 2: The environment, teaching and learning materials are more inclusive for girls with disabilities		
Output 2.1: % of trained teachers who have the knowledge to adapt their teaching practice to be inclusive for girls with disabilities	41.2%	At Midline a higher proportion of lessons have adopted inclusive education practices than at Baseline. While 33.3% of lessons observed at Baseline adopted inclusive education practices, at Midline 41.2% of lessons had adopted inclusive education practices.
		At Midline, 37.3% of lessons in the target schools are planned and executed with the learning of all

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		students in mind, compared to 20% of lessons comparison schools. Across sub-domains of this indicator reviewed, the largest difference was exhibited in the extent to which teachers could explain and justify plausible adaptations they had made for children with disabilities to the lesson observer after the lesson. Teachers in upper primary and early secondary in the target group were better able to explain plausible adaptations made for children with disabilities, than teachers in lower primary.
Output 2.2: % of adaptations implemented in schools based on the schools (BOM's) priorities and development plans	87%	In Q-10, 46 Headteachers were interviewed from the 46 Project primary schools. The gender distribution of the 46 school heads interviewed stood at 20% for female and 80% for male. When the headteachers were asked if they had any school priorities and development plans that revolved around adaptations, 9% proceeded to say that they do not have any prior while 91% stated that they have these plans. Adaptation plans stated by the headteachers included: building of adapted toilets, ramps, widening of windows, widening of doors as well as putting in place translucent roofing sheets to improve visibility for the low vision students. Out of the 91% who stated that they priorities and development plans that revolve around

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		adaptations, 4% indicated that they have not actualized the plans at all, 15% indicated that they have fully actualized the development plan and priorities while 72% of the school have partially actualized the priorities and development plans.
Output 2.3: % girls with disabilities reporting they have access to the literacy and numeracy learning materials appropriate to their needs within the classroom	87%	In Q-9, 87% of the of the children interviewed felt that the teaching and learning materials are appropriate based on their disability and that they had access to them, compared to Q-7 where only 73% reported that the teaching and learning materials are appropriate based on their disability. Some of the teaching and learning aids that are used in the classroom as mentioned by the beneficiaries were: Visual drawings and texts, charts, blocks, practical experiments, text and story books etc.
Output 3: Girls with disabilities have increased awareness and knowledge in life skills		
Output 3.1: % of trained secondary and primary school girls with disabilities report increase knowledge and awareness in life skills (according to the life skills manual)	99%	In July-August 2019, the MEL Department conducted a 'Life skills and SRH' survey in the project schools. The survey was voluntary and conducted at school level. Beneficiaries reached were requested to complete the survey. A total of 357 CWD were reached. Questions asked revolved around decision making, friendship, communication, assertiveness, future goals, self-esteem and financial literacy.

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		There was a series of 20 statements asked where the responses were; Agree, Not Sure and Disagree. Respondents who managed to check Agree as the answer to 10 statements and above were considered to be able to have had an report increase knowledge and awareness in life skills
Output 3.2: % of girls with disabilities report an increase in knowledge, skills to report cases of bullying and abuse	96%	Out of the 342 girls interviewed in Q-9, 96% of the respondents stated that they are aware on where, to who and how you can report cases of abuse/bullying that could have happened to themselves or another student. Majority of the respondents stated that they would report these cases to the teachers, head teachers and principal.
Output 3.3: # and % of girls who have reported bullying and abuse to a duty bearer	62 CWD (18%)	This is an extrapolation from the survey rolled out in Q-10. The MEL Toolkit administered was School Student Interview on Teaching- MEL Tool No. IE9 where, Out of the 342 girls interviewed in Q-9, 96% of the respondents stated that they are aware on where, to who and how you can report cases of abuse/bullying that could have happened to themselves or another student, while only 18% went ahead to state that the have actually ever reported a case of bullying to a duty bearer.
Output 3.4: % of trained Girls with disabilities over the age	89%	In July-August 2019, the MEL Department conducted a 'Life skills and SRH' survey in the project

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
of 10 that report being able to make informed decisions about their sexual reproductive health		schools. The survey was voluntary and conducted at school level. Beneficiaries reached were requested to complete the survey. A total of 357 CWD were reached. Questions asked revolved around knowledge on SRH, Knowledge on HIV/AIDs and STIs, how to report cases of rape, body hygiene among others. There was a series of 14 "Yes or No" questions asked. Respondents who managed to check "Yes" as the answer were considered as being being able to make informed decisions about their sexual reproductive health.
Output 4: Increased disability awareness and knowledge among families, community and other school children		
Output 4.1: % of community members surveyed at Inclusive education events report increased disability awareness and knowledge	99%	100% of the respondents interviewed stated that having information on children with disability RIGHTS is useful in the community. However, 99% of the same respondents stated that it is important to share CWD rights with other community members. 98% of the respondents stated that children with disability deserve equal opportunities (education) as children without disability. The 2% who disagreed that children with disability do not deserve equal opportunities(education) as a children without disability went ahead to sated the following reasons as to why they do not deserve equal

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		opportunities, "They are different," "Those with disabilities be treated special depending on the need," "The child with disability has difficulty to learn and many parents complicate their life more coz if they have little disability the parents make them to be more disabled," "Children with severe disability are not able to study because they are not able to read, write and understand, hence they do not have equal right" and "Government should find ways to help educate those with severe disability."
Output 4.2: # of other/new male parents reached through trained male mentors per year	6720	This is an extrapolation from reports submitted by the male mentors in Q-9 where they reached 1680 male parents, therefore if this is an average across 4 quarters, hence it is an estimation that they reach 6720 male parents in a year.
Output 4.3: % of parents feel confident to support their child's aspirations post education/vocational training	70%	70% of the respondents interviewed stated that during the time they have been in the parent support group, they feel that they have improved financial capacity(income) to support their CWD to go to school. One parent went ahead to state that, "Am doing my business well and the profit am making helps me a lot in supporting my family" Another parent stated that, "I am now able to Buy school items like books, school uniforms among other things" 30% stated that they still fell that they do not have improved financial

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		capacity(income) to support their CWD to go to school. These respondents went ahead to give reasons such as: they have not joined the group, the SME started is still small and does not produce enough profit for her to support school fees for her CWD and school fees for secondary is still too high**.**
Output 5: National and County government and NGO Stakeholders in education and child protection have increased knowledge to incorporate inclusive education approaches		
Output 5.1: # number of inclusive education policy dialogues supported by the project with national government stakeholders	5	5 IE policy dialogues were conducted as follows; **Sector Policy on the Provision of Education and Training for Learners and Trainees with Disabilities:** passed by the Kenyan Ministry of Education in May 2018 into laws at the county level. Activities include the sensitization of policy makers, opinion leaders, teachers and the community on disability issues, advocating for the rights of all persons with disabilities as well as mobilizing resources. **Revision of the teacher training curriculum** -supporting inclusive education practices are pushed forward by LCD and other stakeholders. **TVETA Pre-Conference:** This was a preconference organized by TVETA and other lead institutions in TVET as a build-up activity, ahead of a national conference on the 16th

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		August 2019 on enhancing inclusion. This was a policy dialogue whose main aim was to understand inclusion in the context of TVET and generate strategies of closing the equity gaps to equalize training and transitions to work opportunities for all Kenyan youth.
		TVETA Conference: This was a policy dialogue whose main aim was to understand inclusion in the context of TVET and generate strategies of closing the equity gaps to equalize training and transitions to work opportunities for all Kenyan youth. Expanding inclusion in TVETs by the government will support the project initiatives both in terms of learning, sustainability and transition.
		Gender, disability and child protection training for TSC county directors: The meeting focused on improving and enhancing the educational experience of Learners and teachers by addressing the areas of Gender Based Violence at the workplace, Gender mainstreaming, Impact of School Related Gender Based violence on Education, Child Protection, Emerging Child protection Violation, Prevention, Detection, Reporting and Response (Case management).
Output 5.2: # number inclusive education policy dialogues	12	The County Working Group meeting is focused on developing sustainability synergies, policy

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
supported by the project with county government		amendment to suit CWD/PWD, resource mobilization to support CWD/PWD and favourable IE Policies through incorporation of strategic partners both from National & County Governments. With the indication of improved disability mainstreaming initiatives at both levels of government, it is deemed important to move the focus on enhancing the forum to cross-share outcomes of the different initiatives, identify gaps and come up with cooperative solutions. Among the key partners incorporated in the working group include; Children Services, National Council for Persons with Disabilities, Department of Social Development (National Government), Department of Gender & Social Services (County Government), Ministry of Health and Education (Assessment).
Output 5.3: % of intervention school SMCs reporting increased knowledge about inclusive education approaches	96%	49 School committee members from various project schools were interviewed. All the school management committee members interviewed stated that the SMC training was beneficial to their role as member of BoM/SMC. From the data, 96% of the SMCs interviewed were knowledgeable on issues of inclusive education while 2% were not knowledgeable. Further, All the schools represented have adopted inclusive education practices

Logframe Output Indicator	Midline status/midline values Relevance of the indicator for the project ToC	Midline status/midline values
		Out of the 49 SMCs, 82% stated that disability is not inability while 14% of the respondents said that disability is inability. 4% gave their response as both Yes and No. All the respondents also indicated that the children in their specific schools need to be sensitized on inclusive education. Of the 49 board members, 96% stated that they are ready as a BoM to invest in capacity building to teachers, sensitization to children as well as school environment adaptations, while 4% stated that they are not ready to invest in the capacity building, sensitization and environment adaptation and this was due to shortage of funds for all the cases.

Table 60. Output indicator issues

Logframe Output Indicator	Issues with the means of verification/sources and the collection frequency, or the indicator in general?	Changes/additions
Number and Indicator wording	E.g. inappropriate wording, irrelevant sources, or wrong assumptions etc. Was data collection too frequent or too far between? Or no issues?	E.g. change wording, add or remove sources, increase/decrease frequency of data collection; or leave as is.

Output 1: Girls with disabilities have the resources and tools* they need to attend schools		
Output 1.1: # & % of girls with disabilities provided with resources as per assessment and recommendations to go to school.	N/A	N/A
Output 1.2: # and % of parents report improved income to financially support children with disabilities to go to school.	N/A	N/A
Output 1.3: # & % of girls with disabilities receiving psycho-social support as per assessment recommendations.	N/A	N/A
Output 2: The environment, teaching and learning materials are more inclusive for girls with disabilities		
Output 2.1: % of trained teachers who have the knowledge to adapt their teaching practice to be inclusive for girls with disabilities	N/A	N/A
Output 2.2: % of adaptations implemented in schools based on the schools (BOM's) priorities and development plans	N/A	N/A
Output 2.3: % girls with disabilities reporting they have access to the literacy and numeracy learning materials appropriate to their needs within the classroom	N/A	N/A
Output 3: Girls with disabilities have increased awareness and knowledge in life skills		
Output 3.1: % of trained secondary and primary school girls with disabilities report	N/A	N/A

increase knowledge and awareness in life skills (according to the life skills manual)		
Output 3.2: % of girls with disabilities report an increase in knowledge, skills to report cases of bullying and abuse	N/A	N/A
Output 3.3: # and % of girls who have reported bullying and abuse to a duty bearer	N/A	N/A
Output 3.4: % of trained Girls with disabilities over the age of 10 that report being able to make informed decisions about their sexual reproductive health	N/A	N/A
Output 4: Increased disability awareness and knowledge among families, community and other school children		
Output 4.1: % of community members surveyed at Inclusive education events report increased disability awareness and knowledge	N/A	N/A
Output 4.2: # of other/new male parents reached through trained male mentors per year	N/A	N/A
Output 4.3: % of parents feel confident to support their child's aspirations post education/vocational training	N/A	N/A
Output 5: National and County government and NGO Stakeholders in education and child protection have increased knowledge to incorporate inclusive education approaches		
Output 5.1: # number of inclusive education policy dialogues supported by the project with national government stakeholders	N/A	N/A

Output 5.2: # number inclusive education policy dialogues supported by the project with county government	N/A	N/A
Output 5.3: % of intervention school SMCs reporting increased knowledge about inclusive education approaches	N/A	N/A

Annex 9. Beneficiary Tables

Table 61. Direct beneficiaries

Beneficiary type	Total project number	Total number of girls targeted for learning outcomes that the project has reached by Endline	Comments
Direct learning beneficiaries (girls) – girls in the intervention group who are specifically expected to achieve learning outcomes in line with targets. If relevant, please disaggregate girls with disabilities in this overall number.	[This should align with the total beneficiary numbers reported in the outcomes spreadsheet]: **2063 Girls**	[This may equal the total project number in the outcomes spreadsheet and in the column to the left, or may be less if you have a staggered approach]: **2063 Girls**	[Projects should provide additional information on who they are and the methodology used. If the numbers have changed since Baseline, an explanation should be provided]: **At Baseline, we reported 2262, hence the project has had an attrition of 199 girls due to various reasons including; death, relocation from project area, transferred to an unknown school, Transferred to a non-project school.**

Table 62. Other beneficiaries

Beneficiary type	Number	Comments
Learning beneficiaries (boys) – as above, but specifically counting boys who will get the same exposure and therefore be expected to also achieve learning gains, if applicable.	740	N/A
Broader student beneficiaries (boys) – boys who will benefit from the interventions in a less direct way, and therefore may benefit from aspects such as attitudinal change, etc. but not necessarily achieve improvements in learning outcomes.	18,254	N/A
Broader student beneficiaries (girls) – girls who will benefit from	23,076	N/A

Beneficiary type	Number	Comments
the interventions in a less direct way, and therefore may benefit from aspects such as attitudinal change, etc. but not necessarily achieve improvements in learning outcomes.		
Teacher beneficiaries – number of teachers who benefit from training or related interventions. If possible /applicable, please disaggregate by gender and type of training, with the comments box used to describe the type of training provided.	**676**	**N/A**
Broader community beneficiaries (adults) – adults who benefit from broader interventions, such as community messaging /dialogues, community advocacy, economic empowerment interventions, etc.	**10,000+**	**N/A**

Table 63. Indirect and Direct Beneficiaries by Specific Intervention Components

Category	Number
# of teachers trained by the project	676
# of club leaders trained	344
# of beneficiaries benefited from provision of school fees	1640
# CWD who have benefited from medical assessment and rehabilitation	2277
Number of HH reached during Psychosocial support	1023

Table 64. Target groups - by school

School Age	Project definition of target group (Tick where appropriate)	Number targeted through project interventions	Sample size of target group at Baseline
Lower primary	√	127	83
Upper primary	√	794	245
Lower secondary	√	241	0
Upper secondary	√	146	0
HBC	√	3	0
VTI	√	63	0
To be Confirmed	√	9	0
Total:		2063	[This number should be the same across Tables 32-35]

Table 65. Target groups - by age

Age Groups	Project definition of target group (Tick where appropriate)	Number targeted through project interventions	Sample size of target group at Baseline
Aged 6-8 (% aged 6-8)	√	34 (2%)	0
Aged 9-11 (% aged 9-11)	√	208 (10%)	50
Aged 12-13 (% aged 12-13)	√	342 (17%)	136
Aged 14-15 (% aged 14-15)	√	389 (19%)	64
Aged 16-17 (%aged 16-17)	√	267 (13%)	29
Aged 18-19 (%aged 18-19)	√	90 (4%)	5
Aged 20+ (% aged 20 and over)	√	55 (3%)	4
To be Confirmed	√	678 (33%)	
Total:		2063	[This number should be the same across Tables 32-35]

Table 66. Target groups - by sub group

Social Groups	Project definition of target group (Tick where appropriate)	Number targeted through project interventions	Sample size of target group at Baseline
Disabled girls (please disaggregate by domain of difficulty)	√	2063	**328**
Orphaned girls	√	313	
Pastoralist girls	N/A	N/A	
Child labourers	N/A	N/A	
Poor girls	N/A	N/A	
Other (please describe)	N/A	N/A	
Total:		2063	[This number should be the same across Tables 32-35]

Table 67. Target groups - by school status

Educational sub-groups	Project definition of target group (Tick where appropriate)	Number targeted through project interventions	Sample size of target group at Baseline
Out-of-school girls: have never attended school	**N/A**	**N/A**	
Out-of-school girls: have attended school, but dropped out	**N/A**	**N/A**	
Girls in-school	These are girls in the intervention group who are specifically expected to achieve learning outcomes in line with targets.	**2063**	**328**
Total:		**2063**	[This number should be the same across Tables 32-35]

Table 68. Beneficiaries matrix

Outcomes	Direct beneficiaries			Indirect beneficiaries				
	In-school girls (6-10 grade)	OSG (6-9 years)	OSG (18-25)	In-school boys	HT/Teachers	Parents	SMC/PTA	Local government
Learning	✔			✔	✔	✔		
Transition	✔	✔	✔	✔	✔	✔		
Sustainability	✔	✔	✔		✔	✔	✔	
IO 1: Attendance					✔	✔		
IO 2: Self-esteem and empowerment	✔	✔	✔					
IO3: Parental engagement	✔	✔	✔			✔		
IO4: Quality of teaching	✔				✔	✔	✔	✔
IO5: School management and governance	✔				✔	✔	✔	✔

Annex 10. MEL Framework

Submitted as a separate document (Annex 10. MEL Framework)

PDF
Annex 10. Project's
MEL Framework.pdf

Annex 11. External Evaluator's Inception Report

Submitted as a separate document (Annex 11. Evaluator's Inception Report)

PDF
Annex 11. EE
Inception Report LC.p

Annex 12. Data collection tools used for Midline

Submitted as a separate zip file (Annex 12. Data collection tools for Midline).

Annex 12- LC Midline Tools.zip

Annex 13: Datasets, codebooks and programs

Submitted in a separate folder (Annex 13. Merged Dataset) – too large to embed in word doc

Annex 14. Learning test pilot and calibration

Submitted as a separate document (Annex 14. Learning Test Pilot and Calibration Report).

Annex 14. Learning
Test Pilot & Calibratio

Annex 15. Sampling Framework

Submitted as a separate excel file (Annex 15. Sampling Framework).

Annex 15. Sampling
Framework.xlsx

Annex 16. External Evaluator declaration

Name of Project: LC Expanding Inclusive Education Strategies in Kenya's Lake Region

Name of External Evaluator: One South, LLC

Contact Information for External Evaluator: Tariq Omarshah

Names of all members of the evaluation team: Tariq Omarshah, Andres Navarrete, Eva Bolza-Schuenemann, James Gathogo, Ruth Wanja

I, Tariq Omarshah, certify that the independent evaluation has been conducted in line with the Terms of Reference and other requirements received.

Specifically:

- All of the quantitative data was collected independently (Initials: TO)
- All data analysis was conducted independently and provides a fair and consistent representation of progress (Initials: TO)
- Data quality assurance and verification mechanisms agreed in the terms of reference with the project have been soundly followed (Initials: TO)
- The recipient has not fundamentally altered or misrepresented the nature of the analysis originally provided by (One South, LLC) (Initials: TO)
- All child protection protocols and guidance have been followed (Initials: TO)
- Data has been anonymised, treated confidentially and stored safely, in line with the GEC data protection and ethics protocols (Initials: TO)

Tariq Omarshah

Founding Partner & Senior Consultant

One South, LLC

September 13th, 2019

Annex 16. Evaluator's
Declaration-signed.pc

Annex 17: Project Management Response

The project is pleased that the evaluation has shown some clear links between our programme design, its intended outputs and the intermediate outcomes.

LEARNING

In between baseline and Midline there was an improvement of girls literacy and numeracy levels although overall the gap between girls with disability and girls without disabilities learning outcomes has only slightly closed for literacy scores from a gap of 0.30 to 0.25 and widened for numeracy scores between baseline and midline . The improvements in learning can be attributed to various factors that are highlighted in the report and demonstrates a link between our outputs and intermediate outcomes. These include: 35 % increased attendance of girls with disabilities in primary and secondary mainstream schools and vocational institutions; improved availability of school resources and tools to attend school; acceptance by the community members; self-esteem and support by peers within the school environment, the evaluation identified a strong correlation between the male mentorship programme and increasing attendance rates for girls with disabilities and other resources and tools such as; providing books, uniforms, sanitary wear, transport.

The project is aware that there is a possibility of the above happening, mainly because the inclusive education model does not go deep into the technical delivery of different subject matters such as numeracy as required of S/EGMA. However, the project commits to strengthen and put in place additional measures to try and reduce the barriers to learning (and specifically in numeracy) and close the gap in learning between children with disabilities and children without. This will include strengthening the quality of teacher training by utilizing education trainers from the TUSOME and PRIDE cohort implemented by the Ministry of Education. These programmes provide additional training for teachers with proven methodologies in teaching numeracy and literacy lessons to children in a friendly and interactive manner. The project believes by working and linking with these programmes and trained teachers, the children will be supported in the specific subtasks that they are currently struggling with. The project also proposes to involve more learners in literacy and numeracy material development during the C2C activities at school level to deepen their learning. Leonard Cheshire is in the process of reviewing the economic empowerment component of the project through a consultative process with the community, government and livelihood specialists. After which the project will come up with a revitalised strategy on how to improve the economic capacity of the household that was found to affect attendance and literacy; introducing new modules on parenting at the parents support groups, especially positive discipline as this was found to be a barrier to learning, and work with schools; head teachers and BOM to emphasise child protection through ant-bullying policies and procedures and emphasising alternative positive discipline. Leonard Cheshire will also re-engage the teacher service commission to apply punitive measures to teachers who continue to practice corporal punishment. despite the ban.

The project is currently piloting the differentiated curriculum that will help teachers deliver and assess learning for learners with severe disabilities. This learning model will not only focus on

numeracy and literacy as a testing measure of improved learning outcomes but also look at assessing the different capabilities and improvements made by the learners by looking at other non-academic aspects. The main mode of documentation of progress will be the Individual education plans. The project also plans to learn and leverage from the newly introduced competency based curriculum by the Kenyan government that focuses more on nurturing talents that leaners exhibit

TRANSITION OUTCOMES

Results from the ML show a decrease in the average transition rate for the target group, going from 91% at baseline to 88% at midline. The average rate in the comparison group went from 94% to 99%. Whilst the target group regressed 3% in the overall transition success, the control increased 5%. Therefore, comparison girls progressed 8% more than target girls relative to their own baseline performance. When only the tracked cohort is considered (n=288), the rate remains the same (88%).

This is disappointing, but it did not come as a surprise to the project. The report has identified a major barrier to transition for the children we work with as lack of money for school associated costs within the girl's household. The project currently works with the most vulnerable of the children with disabilities within the schools it operates, some of these children face a myriad of barriers beyond just their disabilities, they include households that have severe economic hardship, multiple disabled siblings that are not in the project, psychosocial challenges, single parent homes etc these are sometimes beyond the project's area of influence. These issues usually end up affecting the child's attendance and eventually transition in school. As time goes by some of these conditions worsen and they make it harder for the child to regularly attend and even transit from one level to another. LC intends to Identify the most vulnerable households and children at risk of not transitioning and prioritise support in the form of psychosocial support, sensitization of parents and discussions with the teachers and head teachers on the importance of transition and the government directive on 100% transition. The project has recently done a rapid needs assessment and is in the process of re-strategizing on its economic empowerment initiatives on the parents support groups and as a result it will identify new ways to strengthen the programme by intensifying the engagement strategy, providing intensive financial support, follow up monitoring and support of their businesses once the process is concluded. The project will also strengthen linkages and referrals with other organizations and partners to ensure that children are supported through various scholarship programs availed to them by the government and other actors.

TVET and Employment is still unpopular pathways for the targeted girls. The project will target specific potential children that exhibit early signs of difficulties with the mainstream schooling processes and sensitize their families with the help of teachers and other resource people at community level of the benefits of vocational training and develop an education plan together.

Transitioning through primary school has been highlighted as a challenge as 25% of girls were documented to not have transited at various stages in Primary school. High Grade repetition rate, especially in Grade 6 and drop outs in Grade 8. There is also a noted decrease in average transition rate for target group girls from 91% at baseline to 88% at midline. Hence being a target girl significantly alters the odds of being classified as a successful transition. The project

intends to work with the schools administration and board to ensure that they understand the need for transition and age appropriate classes for the children. Most schools have however pegged transition to performance in exams hence there is a lot of pressure exerted on the children to pass their exams to progress to the next grade. The project also notes that Grade 5 is amongst the early stages of upper primary school, where the learning content becomes a little more difficult and the teachers also tend to use more mature methods of teaching because the children are now considered relatively grown compared to those in lower primary, hence students that may struggle with learning tend to fall behind in terms of learning which eventually may affect their transition. The project is aware that this goes against the government's directive on compulsory transition for all children, hence a lot of sensitization needs to happen at school level with the teachers, head teachers and school boards, more specifically, the project will manage poor transition on a case by case basis hence following up with individual to understand where the challenges are and come up with tailored solutions for the specific children and the schools to ensure they transit successfully. The project will work to ensure transition will be part of the School Management Boards and Head Teachers sensitization programme and Local Education Administrators will be followed up on a one on one basis to be empowered and supported on how to monitor transition.

Another barrier identified was inadequate community level support for the girls to transition... The project will specifically develop sensitisation messages around key themes to reduce barriers of stigma and discrimination, especially on intellectual disability and epilepsy, and improving transition which will be conducted at different levels; home, community and school level. The concluded manual for male mentors will also go a long way in supporting a structured sensitization processes and follow up.

Through the teachers, the project will identify high risk children that are likely to drop-out or not transit, these children will then be followed up on a case to case basis through the male mentorship program which has been successful at improving attendance and/ or through psychosocial counselling with the project education social workers.

SUSTAINABILITY

Community level: There is evidence of stigma and discrimination against girls with disabilities affecting school attendance and transition. Through the teachers, the project will identify high risk children that are likely to drop out or not transit because of stigma in their communities. These will then be followed up on a case by case basis through the male mentorship program or psychosocial counselling. The project will also develop key messages around safeguarding and child protection that will be widely disseminated during various community sensitization events including marked days and community forums

School and Institution level: Challenges identified by the report were; some classes have not adopted IE strategies in delivering lessons, lack of enough resources to properly roll out IE, few teachers/Instructors per school/Institution trained on IE and lack of properly adapted infrastructure and equipment in the learning institution. Leonard Cheshire will conduct training and sensitization for school Boards on how to problem solve and action plan around these issues and especially Review the school development plan on a whole school approach that streamlines inclusion. This will also include regular follow-up by field staff monitoring

supported by various local education administrators to follow up on the actions that were included in the SDP and specifically on allocation of adequate resources in the institutions budget to support the inclusion strategies.

System Level: The report has highlighted some weaknesses at systems level including inadequate use of project evidence and knowledge to influence policy work, and lack of commitment by policy makers on allocation of resources to roll out IE.

Leonard Cheshire Management information system which is currently being rolled out will support the project in consolidating data and information for policy influencing at a glance. Dissemination workshops on different project publications (Male mentors and midline findings) have/will also been organized for visibility purposes

Intermediate Outcomes

***Intermediate Outcomes:* Attendance; Girls with disabilities have increased attendance in primary and secondary mainstream schools and vocational institutions.**

Although overall among the target group 35% of girls with disabilities increased attendance there was still 25% that decreased their attendance between baseline and midline. The worst performing grade level cohort was girls with disabilities in grade 5. Only 82.2% of girls in this grade level at Baseline attended school 80% of the time at Midline. Also Girls in grade 7 at baseline had an average attendance rate of 95.45% per calendar month, compared to 91.8% at Midline. This means that on average girls in grade 7 at baseline decreased their attendance by 4% per calendar month between periods. The project is impressed and happy with the overall increase in the attendance rate. However the project believes that there is more that needs to be done on the sub-group of 25% that displayed a decrease in attendance as explained below.

Girls with intellectual disabilities and epilepsy were also highlighted in the report as performing less well on attendance than others. This is mainly caused by the nature of the epilepsy, the project will hence increase its targeting on such cases through the teachers and the PSGs to ensure that these children can access the necessary medication to alleviate the effects of epilepsy.

The upcoming teacher training content to include strategies that enhance learning for girls with intellectual disabilities. Teacher mentorship to focus on teaching girls with intellectual disabilities. Strengthen differentiated curriculum pilot in Siaya and Kisumu to enhance learning of girls with intellectual difficulties.

As the male mentorship programme is an effective driver of attendance the programme will strengthen activities with families to focus on stronger messaging on the importance of attendance especially in these two vulnerable grades.

Qualitative evidence suggests that receiving an assistive device supports girls and boys with disabilities to engage in class and learn in school. The project will Provide assistive devices for girls who need them, in addition the project will conduct regular assessments and follow-up visits to assess the condition of the devises and ensure that the devises are being used correctly.

Qualitative evidence also suggests that when children with disabilities are late for school, they face punishments from their teachers. '*It is difficult because some of us are physically challenged so due to bad roads we are unable to go to school and also our schools are also far so we can't make it to school on time. Yet, the teacher will not understand and punish whoever is late*'.   Leonard Cheshire will step up its school wide sensitization programme on the needs of children with disabilities, child rights and child protection to protect them from any form of corporal punishment and to be more accommodative and understanding of the needs of children with disabilities. . Leonard Cheshire will work closely with the Teacher Service Commission (TSC) to increase teacher sensitization on (Positive discipline) alternative behaviour modification methods and stress adherence to the ban on corporal punishment. .

Qualitative evidence suggests that economic hardship results in girls dropping out or not even entering schooling because of the inability to pay the school fees. In addition, inconsistent attendance as a result of a heightened economic burden can result in on and off learning. There is also a link between economic hardship with early pregnancies which are a common reason for girls not to continue with schooling. The project has recently conducted a rapid needs assessment on Parents support groups to provide a way forward for improvement of the economic empowerment of households. Work with PSGs to increase Household income through table banking and other IGAs with a focus on improving the girls' regular school attendance.

Not having been spoken to about menstruation it leads to lower attendance. The project will strengthen awareness and sensitisation on menstruation, use of sanitary towels and personal hygiene through the Child to Child Clubs and practically support girls who have intellectual disabilities on usage of sanitary wear during menstruation as part of life skills training by care takers and teachers. The parents will be encouraged during the parents support groups on the need to talk to their Children on menstruation and other normal body changes during adolescence. The project will increase collaboration with the MoE and other Stakeholders who provide and distribute sanitary towels to provide more awareness, including disability and life skills before distribution.

Self-Esteem: Girls with disabilities demonstrate increased voice and agency to participate in mainstream education and future career opportunities

The report demonstrates a positive improvement of girls with disabilities life skills and self-esteem, over reaching our targets for financial literacy and describing an education career pathway as a result of the projects interventions such as adaptive learning materials, a supportive parental attitude and interaction with education social workers improved financial literacy. However the project was unsuccessful in achieving the target it had set for self-esteem When girls cannot choose whether to attend or stay in school, they tend to regress on self-esteem, this gives reason for the project to reflect on its interventions such as; Specifically identifying girls who are not able to choose whether to stay in school or not and target life skills and counselling session for these girls and their families. Caregivers especially those in parent support groups and the male mentorship programme will be encouraged to engage more in their girl's educational life including attendance, reduction in household chores and academic progress and this has shown to increase self-esteem. The project realises that not all parents

are registered in the PSGs for personal reasons such as; cost of transport to meetings, self-esteem, not wanting to associate themselves with the table banking, some are in multiple other groups. The project however provides other support to parents beyond the parent support groups. Every house has a monthly home visit by project staff and offered individualised support and psychosocial support by professional counsellors as required.

Attitudes and Perceptions Families, communities and peers proactively support girls with disabilities to go to school

Despite the report indicating some very positive changes in the community attitude towards disability and girls with disabilities feeling included in community events qualitative evidence from the focus group discussions suggests girls and boys with disabilities still face discrimination and abuse from their peers, teachers, parents and from their community members. The project will put in place additional supports and active measures to reduce discrimination and bullying such as; Anti-bullying training included in the peer support and life skills components and include anti-bullying activities such as drama's, posters and competitions during CTC Club meetings. Working with schools to develop/strengthen disability inclusive child protection policies and anti-bullying processes at school level. Focused engagement with teachers during teacher mentorship and supportive supervision on how to manage bullying in class and at school. Use the children's department to create awareness on disability inclusive child protection during community gatherings. Qualitative evidence suggests that the Parent Support Groups s are influential in changing parents attitudes to be more accepting of their children's circumstances and supportive of inclusion in schools. The project will identify Parent Champions from the parent support groups and train them to become community point persons on issues of disability mainstreaming within the community and also link them up to national social services programmes as 'Disability Rights Advocates'.

Improved policy environment at school, county and national level to support inclusive education for children with disabilities.

The project's approach to policy work follows a three-tier method where LC works with: Schools, to influence the BoMs to institute inclusive policies and initiatives at school level. The project also works at county government level through various working groups and like-minded stakeholders to jointly present and amend the county laws with inclusive practices. At national level the project works closely with various entities from the Ministry of Education and like-minded development partners to streamline inclusion in national level policy work and implementation to support the teaching and learning of learners with disabilities.

The project has taken the findings of the report positively as policy work at all tiers has been highlighted as a key success in the projects implementation, with the major success highlighted as taking part in the in-policy development and supporting MoE dissemination of key policies around learners with disabilities and presentation and enactment of various disability laws at county level. Despite this there has been a notable slow implementation of the policies and poor allocation of resources towards the same. In line with this the project is working with various Local Education and school Administrators to sensitize them on existing and new policies for their acceptance and buy-in. At national level the project will endeavour

to lobby through closed door meetings, conferences and various interactive forums for the allocation of resources to implement these policies.

The project also plans to work with DPOs and disability self-advocates monitoring implementation of inclusive education friendly policies. These DPOs and disability self-advocates will be trained and sensitized on existing policies that LC is working on so that they can mainstream the same in their day to day lobbying on disability matters.

Theory of Change

As the evaluation states this is quite a challenging goal to reduce the gap in learning outcomes between girls with disabilities and those without but we are pleased that there is some evidence of closing the gap in literacy in the upper primary grades and we are confident we can continue to make progress on this.

The project is pleased that the evaluation is highlighting that the main results chain outputs, intermediate outcomes and outcomes from the original design are holding true and demonstrating some clear linkages. Therefore we do not want to make any significant changes to the ToC and we are confident that we can make further progress through concentrated interventions especially on targeted teaching training interventions for IE and focusing on other barriers highlighted in the report such as; stigma and discrimination, early pregnancy and corporal punishment.

We recognise that the outcomes are influenced by a number of overlapping outputs so the ToC doesn't necessarily follow the simple linear design model presented by the visual diagram. However we would not want to adapt the diagram as the project feels this is a very easy to understand visual representation of the project.

Over time a few of the original planned activities have been reviewed, adapted and some have been removed and recent rapid needs assessments of teacher training and the parents support groups have brought learnings that will further amend some approaches in due course.

The activities that have been removed from the original design are: video learning. This component lacked a scoping exercise and guidance on how to implement it and has never taken place.

Children's vocational training with master artisans was redesigned because this was assessed as a safeguarding risk. Instead of working through master artisans the project is now providing vocational training through skills centres.

Although the financial literacy activity was implemented, teachers were trained and targets have been met this component was conducted by SII and since they have now withdraw from the project there is now little capacity to follow up on this activity.

At this stage we still strongly feel our underlying assumptions hold true and we do not want to make any changes to the ToC.

What is the project's response to the conclusions and recommendations in the report?

- The management response should respond to the each of the External Evaluator's recommendations that are relevant to the grantee organisation (see Section 6). The response should make clear what changes and adaptations to implementation will be proposed as a result of the recommendations and which ones are not considered appropriate, providing a clear explanation why.

- Does the external evaluator's analysis of the projects' approach to gender, social inclusion and disability correspond to the projects' ambitions and objectives? Please respond to opportunities highlighted by the evaluator to be more transformative in your approach.

Recommendations

1. The project should consider how it can support government stakeholders to enforce corporal punishment rules and promote positive discipline practices amongst teachers and parents/caregivers of girls with disabilities. A higher proportion of girls with disabilities at Midline report being physically punished by their teacher than at baseline. Qualitative evidence suggests that this has an impact on attendance outcomes, particularly during exam periods when corporal punishment is more prevalent. Furthermore, parents and caregivers of girls with disabilities are more likely to use corporal punishment to punish their girls than parents and caregivers of girls without disabilities, at statistically significant levels. While project staff may report that this is the responsibility of regional and county government, as target girls are being affected by this, the project can consider modifying relevant components of teacher training to more fully address this and/or conducting additional sensitization activities in target schools and communities.

The project is already in consultation with teacher's service commission to undertake capacity building on alternative positive discipline that can be applied at school level and further on applying punitive measures to teachers who continue to practice corporal punishment despite the ban in schools. This issue will also be emphasized in Leonard Cheshire's teacher training and teacher mentorship programme so that the teacher mentors can also follow up with teachers and provide support on alternative positive discipline. To further highlight this positive discipline will be mainstreamed throughout all interactions with teachers including school visits, teacher trainings on IE, supportive supervision and Teacher Mentorship sessions. Hence the teacher mentors will regularly report on this as they do their monthly returns.

Greater sensitization and added topics will be delivered among the parent support groups and with the male mentors to reinforce the negative impact of corporal punishment and teach them on alternative positive discipline as these programmes have proven very effective in changing attitudes and behavior. Through the CtC Clubs the children will be sensitized further on the various aspects of child abuse and how to report on the same, this will help to further reinforce their understanding of child abuse and how to mange it if it occurs

The project will also put in place additional supports and active measures to reduce discrimination and bullying such as; Anti-bullying training included in the peer support and life skills components and include anti-bullying activities such as drama's, posters and

competitions during CTC Club meetings. Working with schools to develop/strengthen disability inclusive child protection policies and anti-bullying processes at school level.

2. The project should provide tailored support to girls with disabilities who have been pregnant, and girls with disabilities who have given birth. Several barriers intersect with having been pregnant; additionally, girls who have been pregnant had demonstrably reduced learning and attendance outcomes. Girls with disabilities who have been pregnant and girls with disabilities who have given birth, are less likely to feel accepted and respected by their community or feel included in community events. They have lower degrees of school belonging, have a higher chore burden, do not believe school is important for their future and find it difficult to attend school while menstruating. The project should ensure activities are tailored to support boys and girls affected by pregnancies to ensure they do not drop-out of school or face added barriers. Additionally, the project should consider how it can better support girls and boys to access SRH information to prevent early pregnancy. This could include providing additional support in schools to support sexual and reproductive health knowledge, attitudes and behaviors.

Teenage pregnancy as a whole has been document as being on the rise country wide with Homabay County being 2nd according to Kenya Demographic Health survey report of 2014. It is therefore not a surprise that a region where the project is implemented has higher rates. This has called for a multi sectoral approach in handling the issue within the country government and LC will endeavor to influence the counties initiatives as we also enhance our individualized psychosocial support. As a continuing intervention the project will strengthen the life skills training by enhancing focus on SRH and have targeted interventions to support young mothers to re-enroll back into schools by sensitizing the headteachers and counseling the affected child.

3. The project should consider providing teachers with explicit training in improved instructional practices for numeracy; this could combine wider IE practices with specific lessons to cover numeracy skill gaps identified at Midline. While gaps in literacy have started to narrow, gaps in numeracy have widened between periods. Additionally, there are significant discrepancies in the proportion of girls with disabilities and girls without disabilities who meet expected curriculum competencies, especially in grade 7 and 8.

A focus on Literacy and Numeracy was an adaptation which the project adapted a few months before the midline. A number of intervention strategies on how to enhance teaching strategies in numeracy and literacy have been identified including specific focus during trainings, involvement of teachers in charge of Mathematics and English in the specific schools and focusing on educational materials geared at improving literacy and numeracy including teaching and learning aides and text books. The project is confident that the adaptations and with a focus on the affected grades and subtasks will in the long run contribute to improvement in the learning outcomes of girls with disabilities.

The project commits to strengthen and put in place additional measures to try and reduce the barriers to learning and close the gap in learning between children with disabilities and children without. This will include strengthening the quality of teacher training by utilizing education trainers from the TUSOME and PRIDE cohort implemented by the Ministry of Education which has active learning on literacy to train the focal and teachers who can then support and roll-

out the same to other teachers within the school. These will come in as facilitators in the teacher training sessions so as to strengthen the literacy and numeracy components.

4. The project should consider offering remedial lessons or extended learning opportunities in Child to Child Clubs for girls with disabilities who do not speak the language of instruction. Girls with disabilities who do not speak the language of instruction at Midline have reduced literacy and numeracy aggregate outcomes and on average experienced fewer improvements than their peers in numeracy between periods. These Girls with disabilities are likely struggling to access the wider curriculum at school beyond literacy and numeracy.

~~While this sounds like a good idea, remedial classes are not allowed by the ministry of education. Alternatively we can work on following up on the individual education plans by the teachers to improve on the learner's performance. Through the CtC clubs the project will also include integrated literacy and numeracy lessons that are interactive and meet the needs of the children. These may include field trips and outdoor practical lessons. The project will also strengthen in class peer support amongst the children by retraining the teachers on the same and sensitizing the children to do so through the CtC clubs.~~

The project will explore the option for remedial classes, however this is an activity that the project will require time to plan or find an alternative around the same. However in line with the same the project can draft a concept note and share with the FM on the various available options to address the above.

5. The project should consider how it can better support girls with intellectual disabilities. According to chi-square tests, this is the group that is least likely to transition when compared to other groups. Additionally, 42.9% of girls with intellectual disabilities decreased their attendance rates between baseline and midline. This was the lowest performing group of all assessed disability types reviewed for attendance.

The project is piloting a Differentiated Curriculum project with a keen focus on improving learning outcomes among learners with mild to severe intellectual disabilities through building the capacities of teachers. This is being piloted in 5 primary schools in Kisumu and 5 in Siaya. We will use the learning and results from this pilot to inform future practice within Leonard Cheshire and scale up within the GEC schools.

6. The project should consider how to establish mechanisms to monitor attendance and drop-out and follow-up with girls and their families when they are found to have dropped out or repeated grade levels. This is most relevant in for Grade 5, which is the grade level where most repetitions are found and for Grade 8, where most drop-outs occur.

The project has developed a real time information management system which will integrate data input from both project staff and contact teachers at the school level on a termly basis. This will provide an opportunity for the project to be able to keep track of the girls and address any arising matters within the shortest time possible.

7. The project should consider how it can better support girls with epilepsy. Girls with epilepsy were less likely to be able to describe their desired career pathway, were more likely to not feel included in community events, and were less likely to successfully transition between baseline and midline.

The project is currently keenly following up on girls with epilepsy to ensure they access their medicines and adhere to the medications. Through the CTC clubs, the project will also sensitize school communities to make sure there is sufficient awareness and understanding of how to support children with epilepsy, provide peer support. Other support includes one to one psychosocial support through the education social workers. The project will also conduct epilepsy awareness training to staff, who can then cascade the same downwards to the specific households, schools and communities that are affected. This will be aimed at empowering them to better manage the conditions and to eliminate stigma around epilepsy.

8. The project should consider how it can better support children with disabilities to report bullying. Qualitative evidence suggests some boys and girls are bullied at school and do not report it. Additionally, some children report cases where they are being bullied by their teachers. The project should improve awareness of reporting mechanisms for bullying to support children with disabilities to report these cases.

Sensitization on children rights will be conducted in schools during CTC club activities and life skills sessions to help the learners with necessary skills on how to act and report once they feel their rights have been violated by either a teacher or fellow students. The project is also accelerating child protection awareness creation at school level through CTC clubs and teachers. A toll-free number has also been issued to enable direct reporting of child protection concerns to the project through the child protection Officer. We will also introduce anti bullying week within our schools where creatively awareness on bullying will be highlighted by having key speakers, posters among others.

9. Many girls and boys with disabilities reported cases of discrimination and verbal abuse perpetrated by their parents, community members, peers and teachers. Based on the high degree of prevalence to which this was mentioned in qualitative sessions the project should consider how it can scale up activities focused on reducing discrimination against children with disabilities. Child to Child Clubs, Parent Support Groups, Male Mentors, and other actors should be mobilized to conduct widespread messaging on this to ensure changes can be realized by End line.

The project is keen on ensuring male mentorship strongly addresses issues of child abuse at community level including discrimination at community level. The male mentorship manual has a module dedicated to child protection aimed at empowering mentors with the skills and information necessary for community advocacy. The project is also accelerating child protection awareness creation at school level through CTC clubs and teachers. A toll-free number has also been issued to enable direct reporting of child protection concerns to the project through the child protection Officer.

10. The project should review how it monitors the adoption of inclusive education practices and how this can be linked to support teachers to reflect on their practice. Lesson observations could involve county officials or teacher mentors to promote sustainability. Lesson observation data is not centralized, and this can inhibit the ability of the project to inform future training activities. Additionally, teachers are not provided with coaching

following lesson observations conducted by the project. Teacher mentors and county officials could be trained in providing coaching to support teachers to better reflect on their practices and promote increased adoption of IE techniques in the classroom. At Midline, only 37.3% of teachers in target schools could outline adaptations they had made to their lesson to make it more accessible to children with disabilities.

The project does not entirely agree with this recommendation because the project lesson observations are centralized; the findings are brought back to the Kisumu office for analysis by the MEL staff and the inclusive education advisor and any recommendations are fed back to the teachers either individually or if there is something broader it is fed back to influence the teacher training and teacher mentorship programme. From the recent past, we have introduced joint review session with teacher mentors and the quality assurance officers who also offer supportive supervision that include classroom observation and feedback. The project is also considering working with the curriculum support officers who are responsible for monitoring the teachers from the Teachers Service Commissioner perspective. Feedback sessions after the supervision will also be organized within the schools by the team undertaking lessons observations through structured tool to be developed in consultation with the QASO and the MEL department. In addition the project is working closely with TSC so as to institutionalize teacher mentorship within the teacher professional development framework that exist at TSC. This will lead to joint development of tools and guidelines that help the teacher mentorship process to be effectively rolled out not only in project schools but even beyond.

With the adaptation approved of training another cohort of teachers in Year 4 we suggest the extension of the teacher mentor sessions which was to end by year 3 to go on up to year 4 to offer the much needed mentorship for the new cohort of teachers.

11. Teachers have suggested that they should receive a certification for participating in training. The project should consider whether it can provide certification following IE training to teachers. This would likely motivate teachers to attend and actively participate in training. This certification could be linked with demonstrated adoption of IE techniques through a visit or a number of reflective practice sessions with Teacher Mentors or County officials.

In our last Budget and work plan re-profiling we included another set of training of teachers on IE. We intend to undertake the training in collaboration with Teachers service commission and hope they will approve the certification which bears more weight when issued from them being the employer.

Additionally we will be organizing for joint supportive supervision with the ministry of education and the Teachers service commission for the certification process.

12. The project should consider additional outreach and sensitization activities to further reduce stigma towards children with disabilities in communities. Girls and boys at Midline reported that, despite improvements, they still experienced discrimination. The project should consider developing a manual or additional guidance to train and equip Parent

Support Group Members, Male Mentors and other community actors to conduct wider sensitization.

This is similar to #9 and will be implemented as discussed above.

13. Parent engagement was shown to support learning outcomes through predictive models as part of this study. The project should consider how it can disseminate messaging on the importance of parental engagement in school through existing platforms such as Parent Support Groups.

The project is increasing engagements with parents through PSGs to ensure increased involvement of parents in the educational progress of their children. The monitoring systems are able to capture the extent of knowledge and awareness of the parents on key messages and provide the same to the project teams. Through these, targeted interventions have been made and a majority of parents have already started contributing to an Educational Booster kitty through the PSG savings specifically meant for catering the educational needs of children with disabilities. The project is also sensitizing the parents on the importance of active engagement in the education of their children including attending parents meetings at schools and getting interested in the children's achievements at school.

14. The project should consider how it can support trained BoM members to identify funding supportive for infrastructure improvements. The project should consider developing a manual or additional guidance material on how this could be done to ensure BoMs are able to commit to making investments in infrastructure improvements for children with disabilities.

There are planned sessions with BOM on development of school development plans that can be implemented practically. The project in consultations with the ministry will develop guidance material/ directory with the BOM on available funding opportunities

15. The project should conduct a situation analysis on the status of the 12 policies that are currently in draft form at the county level. Some of these have been in draft form since 2015 and the project needs to actively identify how it can support CWGs to engage with policy makers at the county level and enact these bills.

A number of the documents highlighted are bills and not policies. The bills take quite some time depending on the specific county prioritization. Policies once approved are not in draft form but can only be recommended for amendment. The project reports milestones in engagements to ensure disability mainstreaming during the legislation process but does not have control on how long a bill is debated in the assemblies. We are rather suggesting a review on the indicator to track different milestone undertaken and not just the policies passed. Such as when the County Assemblies adopt recommendations on disability mainstreaming in the various bills/policies, e.g. when government departments undertake disability mainstreaming initiatives, inclusion of allocation for budgets towards disabilities initiatives, disability awareness initiatives undertaken by the different levels departments of County Governments such as training of personnel etc.

16. The project should consider how it can better target girls with disabilities in households facing extreme hardship and households with no formal education. Based on a review of

barriers girls with disabilities in these households face additional barriers. Girls with disabilities in households facing extreme hardship are more likely to have a high chore burden, to believe girls do not have a right to go to school, and to not have access to sanitary wear on a regular basis. Girls with disabilities in households facing extreme hardship and girls with disabilities in households with no formal education are more likely to not have an adult in their household help them with their homework and are more likely to report that over the last year it has gotten harder to access sanitary wear. Girls with disabilities in households with no formal education additionally are more likely to not have an adult ask them what they do in school or in their institute, are more likely to report that their family does not support them to stay in school, are more likely to report that it has gotten harder to attend school in the last year, and are more likely to believe that going to school is not important for their future.

The project proposes a review to be done to know the vulnerability status against various educational outcomes by using the Monitoring and Evaluation toolkit and MIS, this will help to assess the degree to which this sub-group is educationally marginalized and the degree to which they are benefiting from the project. This will aid in further conducting targeted interventions to cater to the needs of this group within the project resources.

- Does the external evaluator's analysis of the projects' approach to gender, social inclusion and disability correspond to the projects' ambitions and objectives? Please respond to opportunities highlighted by the evaluator to be more transformative in your approach.

The External Evaluator's analysis of GESI matches with the project's ambitions and objectives as it directly matches the most recent GESI Self-Assessment conduct by the project. To further highlight on this the self-assessment as conducted by staff concluded that most of the project activities are transformational especially considering that the project's main intervention is inclusion. Hence looking at inclusive education practices in classrooms, improved school infrastructure, and reductions in stigma for children with disabilities are likely to have effects on both girls and boys with disabilities in target schools. Additionally, boys with disabilities interviewed as part of the study report significant improvements alongside their female peers across outcomes and intermediate outcomes reviewed. Despite this the project is aware that there is a need to further work on community sensitization so as to address deep rooted cultural and contextual stigma around disability, hence the insistence on working with male mentors and strengthening peer support amongst parents through the PSGs and amongst children through the CtC clubs.

What changes to the logframe will be proposed to DFID and the Fund Manager?

- The management response should outline any changes that the project is proposing to do following any emergent findings from the baseline evaluation. This exercise is not limited to outcomes and intermediate outcomes but extends also to outputs (following completion of

The project has reflected on the logframe and is recommending the following changes to the logframe indicators and targets

Attendance IO 1.1 % of girls with disabilities attending at least 80% of available school (primary, secondary and VTI) days, Based on the findings of the midterm evaluation we are

proposing to reduce the targets at endline for this indicator from 97% to 90% This is related mainly to school fees as children with disabilities at secondary school level are residential and incurs school fees. The project had planned for the parents through economic empowerment to take on more responsibility of their children's school fees by the end of the project, however this component has not been as successful as we had hoped. The project is currently undergoing a rapid needs assessment of the economic components to see what alternative approaches we can take to improve the outcomes however to mitigate underachieving our target we wish to be more realistic and reduce the targets for endline.

IO 1.2 The extent to which Girls with disabilities report a reduction in the 6 main resource barriers that inhibit attendance. Similarly for this indicator related to additional school levies such as food and transport and the challenges we are facing with the economic component we are proposing to reduce the targets to 70% at primary school and remaining 70% at secondary school

IO 2.1 % of trained teachers achieving overall 'good' application of IE techniques in the classroom. The EE has proposed breaking this indicator down into sub-indicators while we are very happy for the analysis to be done in this way the project would prefer not to change the logframe and we are comfortable the target can be achieved.

IO 2.2 The extent to which girls with disabilities feel their learning needs are supported by their teachers. The project is comfortable with this indicated but based on midline findings we are adjusting the endline targets from 95% to 90 %

IO 3.1 % of primary and secondary school girls with disabilities report an increase in self-esteem. Based on the midline results the project proposes to revise the primary school target from 80% to 70% but the secondary school target will remain the same.

IO 3.2 % of girls with disabilities have increased financial literacy skills. The project is proposing to remove this indicator as the financial literacy programme is no longer active

IO 3.3 The extent to which girls with disabilities can describe an education/ career pathway to achieve their aspirations. The EE has recommended that we change this indicator to *'% of girls who feel they will achieve their career goals.'* But we disagree as this is such as a subjective measurement.

IO 3.4 % of girls with disabilities who feel comfortable participating in the classroom. The target wording has been changed to be more in line with the indicator description so it will now read *75% of girls with disabilities report that their Families, communities and peers can identify 2 positive actions.* But we will not change the target. The EE also suggested adding an indicator of academic self-efficacy which the project would appreciate but if the EE could capture this, however as recommended by the FM we do not want to add any more indicators as we already have many.

IO4.1 The extent to which girls report that their families, community and peers demonstrate positive actions that support girls with disabilities to go or stay in school. The project over achieved on this target and therefore we propose to adjust the target upwards from 75% to 85%.

IO 4.3 % of other male parents (not male mentors) supporting girls with disabilities to go to secondary and/or VTI. The EE has recommended we revise this indicator to the following and we agree with this change. *% of (male/female) parents and caregivers with positive attitudes towards the education of girls with disabilities*. We also suggest revising the target up to 88%

IO 5.1 # of action plans in place towards implementing inclusive education practice within the special education policy and teacher training curriculum. Following discussion the project feels that 'action plans' are not really relevant in the Kenyan context and also does not demonstrate Leonard Cheshire's contribution towards national policy change, therefore we suggest changing the indicator to *# of national policies in place that the project has contributed to that supports implementing inclusive education practice.* However the targets will remain the same.

IO 5.2 # of policies/strategies introduced by county government and other stakeholders as influenced by the project. The project feels that to measure the number of policies passed is a challenging indicator as these things can take a very long time and is beyond our control but there are definitely policies and bills that the project has been able to influence and contribute to so we are suggesting changing the indicator to: *# of county level policies/strategies that the project has contributed to that supports implementing inclusive education practice.* # of policies that LC have been able to influence to include disability issues. The target has also been revised down from 7 sub-county policies to 5 county policies which is a more realistic target.

IO.5.3 % of trained BOM's that have incorporated inclusive education strategies (including child protection) in the school development plans. (eg physical adaptations, capacity building, adapatation of teaching and learning materials etc) The project over achieved on this target at midline but as the budget for this activity is significantly reduced we don't suspect to see a much greater improvement in the % of trained BOM's, so we would prefer to change this indicator to *% of project schools that have incorporated and self-financed inclusive education strategies (including child protection) in the school development plans. (eg physical adapatations, capacity building, adapatation of teaching and learning materials etc) and revise the target just to 92%*

Annex 18. Child Functioning Set Full Responses

Full responses for the child functioning set at baseline and midline for girls in the target group are shown in the tables below.

Table 69. Functional Impairment for the Target Group by Evaluation Period

		Baseline		Midline	
		Count	Column N %	Count	Column N %
Child Functioning Status	No functional difficulty	175	60.6%	235	69.3%
	With functional difficulty	114	39.4%	104	30.7%
Visual Impairment	No functional difficulty	228	83.2%	120	43.8%
	With functional difficulty	46	16.8%	154	56.2%
Hearing Impairment	No functional difficulty	337	94.7%	266	74.7%
	With functional difficulty	19	5.3%	90	25.3%
Walking Impairment	No functional difficulty	349	96.4%	329	90.9%
	With functional difficulty	13	3.6%	33	9.1%
Self-Care Impairment	No functional difficulty	354	97.3%	337	92.6%
	With functional difficulty	10	2.7%	27	7.4%
Communication Impairment	No functional difficulty	346	95.1%	306	84.1%
	With functional difficulty	18	4.9%	58	15.9%
Learning Impairment	No functional difficulty	335	92.8%	282	78.1%
	With functional difficulty	26	7.2%	79	21.9%
Remembering Impairment	No functional difficulty	338	94.2%	279	77.7%
	With functional difficulty	21	5.8%	80	22.3%
Concentrating Impairment	No functional difficulty	352	98.3%	307	85.8%
	With functional difficulty	6	1.7%	51	14.2%
Accepting Change Impairment	No functional difficulty	351	97.8%	321	89.4%
	With functional difficulty	8	2.2%	38	10.6%
Behavior Impairment BL	No functional difficulty	348	97.5%	325	91.0%
	With functional difficulty	9	2.5%	32	9.0%
Difficulties Making Friends	No functional difficulty	353	97.5%	333	92.0%
	With functional difficulty	9	2.5%	29	8.0%
Anxiety	No functional difficulty	347	94.3%	321	87.2%
	With functional difficulty	21	5.7%	47	12.8%
Depression	No functional difficulty	348	94.6%	322	87.5%
	With functional difficulty	20	5.4%	46	12.5%

Table 70. Full responses to Child Functioning Set at Baseline

		Baseline	
		Count	Column N %
HHS - CF1 Does [GIRL] wear glasses or contact lenses?	No	338	93.1%
	Yes	23	6.3%
	Refused	2	0.6%
HHS - CF2 When wearing his/her glasses or contact lenses, does [GIRL] have difficulty seeing?	No difficulty	98	74.8%
	Some difficulty	22	16.8%
	A lot of difficulty	11	8.4%
	Cannot do at all	0	0.0%
HHS - CF3 Does [GIRL] have difficulty seeing?	No difficulty	107	42.0%
	Some difficulty	105	41.2%
	A lot of difficulty	43	16.9%
	Cannot do at all	0	0.0%
HHS - CF4 Does [GIRL] use a hearing aid?	No	343	94.0%
	Yes	22	6.0%
	Refused	0	0.0%
HHS - CF5 When using his/her hearing aid, does [GIRL] have difficulty hearing sounds like peoples' voices or music?	No difficulty	223	82.9%
	Some difficulty	36	13.4%
	A lot of difficulty	8	3.0%
	Cannot do at all	2	0.7%
HHS - CF6 Does [GIRL] have difficulty hearing sounds like peoples' voices or music?	No difficulty	196	70.5%
	Some difficulty	64	23.0%
	A lot of difficulty	16	5.8%
	Cannot do at all	2	0.7%
HHS - CF7 Does [GIRL] use any equipment or receive assistance for walking?	No	351	97.0%
	Yes	11	3.0%
	Refused	0	0.0%
HHS - CF8 Without his/her equipment or assistance, does [GIRL] have difficulty walking 100 meters on level ground? That would be about the length of 1 football field. [Or insert country specific example].	No difficulty	128	90.1%
	Some difficulty	4	2.8%
	A lot of difficulty	4	2.8%
	Cannot do at all	6	4.2%
HHS - CF9 Without his/her equipment or assistance, does [GIRL] have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example].	No difficulty	123	91.1%
	Some difficulty	3	2.2%
	A lot of difficulty	4	3.0%
	Cannot do at all	5	3.7%
HHS - CF10 With his/her equipment or assistance, does [GIRL] have difficulty walking 100 meters on level ground? That would be about the length of 1 football field.	No difficulty	124	90.5%
	Some difficulty	6	4.4%
	A lot of difficulty	3	2.2%
	Cannot do at all	4	2.9%
HHS - CF11 With his/her equipment or assistance, does [GIRL] have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.	No difficulty	123	91.1%
	Some difficulty	4	3.0%
	A lot of difficulty	3	2.2%
	Cannot do at all	5	3.7%
	No difficulty	328	90.9%

		Baseline	
HHS - CF12 Compared with children of the same age, does [GIRL] have difficulty walking 100 meters on level ground? That would be about the length of 1 football field.	Some difficulty	20	5.5%
	A lot of difficulty	8	2.2%
	Cannot do at all	5	1.4%
HHS - CF13 Compared with children of the same age, does [GIRL] have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.	No difficulty	233	87.9%
	Some difficulty	17	6.4%
	A lot of difficulty	9	3.4%
	Cannot do at all	6	2.3%
HHS - CF14 Does [GIRL] have difficulty with self-care such as feeding or dressing herself?	No difficulty	337	92.6%
	Some difficulty	17	4.7%
	A lot of difficulty	10	2.7%
	Cannot do at all	0	0.0%
HHS - CF15 When [GIRL] speaks, does he/she have difficulty being understood by people inside of this household?	No difficulty	318	87.6%
	Some difficulty	32	8.8%
	A lot of difficulty	11	3.0%
	Cannot do at all	2	0.6%
HHS - CF16 When [GIRL] speaks, does he/she have difficulty being understood by people outside of this household?	No difficulty	304	85.4%
	Some difficulty	36	10.1%
	A lot of difficulty	14	3.9%
	Cannot do at all	2	0.6%
HHS - CF17 Compared with children of the same age, does [GIRL] have difficulty learning things?	No difficulty	282	78.1%
	Some difficulty	53	14.7%
	A lot of difficulty	25	6.9%
	Cannot do at all	1	0.3%
HHS - CF18 Compared with children of the same age, does [GIRL] have difficulty remembering things?	No difficulty	279	77.7%
	Some difficulty	59	16.4%
	A lot of difficulty	21	5.8%
	Cannot do at all	0	0.0%
HHS - CF19 Does [GIRL] have difficulty concentrating on an activity that he/she enjoys doing?	No difficulty	307	85.8%
	Some difficulty	45	12.6%
	A lot of difficulty	5	1.4%
	Cannot do at all	1	0.3%
HHS - CF20 Does [GIRL] have difficulty accepting changes in his/her routine?	No difficulty	321	89.4%
	Some difficulty	30	8.4%
	A lot of difficulty	8	2.2%
	Cannot do at all	0	0.0%
HHS - CF21 Compared with children of the same age, does [GIRL] have difficulty controlling his/her behaviour?	No difficulty	325	91.0%
	Some difficulty	23	6.4%
	A lot of difficulty	8	2.2%
	Cannot do at all	1	0.3%
HHS - CF22 Does [GIRL] have difficulty making friends?	No difficulty	333	92.0%
	Some difficulty	20	5.5%
	A lot of difficulty	8	2.2%
	Cannot do at all	1	0.3%
HHS - CF23 How often does [GIRL] seem very anxious, nervous or worried?	Daily	21	5.7%
	Weekly	26	7.1%

		Baseline	
	Monthly	46	12.5%
	A few times a year	189	51.4%
	Never	86	23.4%
HHS - CF24 How often does [GIRL] seem very sad or depressed?	Daily	20	5.4%
	Weekly	26	7.1%
	Monthly	44	12.0%
	A few times a year	185	50.3%
	Never	93	25.3%
HHS - CF25 Do these difficulties make a difference to how much school work [GIRL] can do?	Yes she does LESS school work because of these difficulties	133	43.9%
	Yes she does MORE school work because of these difficulties	21	6.9%
	No the difficulties don't make any difference to how much school work she does	149	49.2%
HHS - CF26 Do these difficulties make a difference to how much [GIRL] learns?	Yes she learns LESS because of these difficulties	133	45.2%
	Yes she learns MORE because of these difficulties	24	8.2%
	No the difficulties don't make any difference to how much she learns	137	46.6%

Table 71. Full responses to Child Functioning Set at Midline

	Midline	

		Count	Column N %
HHS - Q272 Does [GIRL] wear glasses or contact lenses?	No	325	94.8%
	Yes	17	5.0%
	Refused	0	0.0%
	Don't know	1	0.3%
HHS - Q274 Does [GIRL] have difficulty seeing?	No difficulty	161	46.9%
	Some difficulty	132	38.5%
	A lot of difficulty	48	14.0%
	Cannot do at all	0	0.0%
	Don't know	2	0.6%
HHS - Q275 Does [GIRL] use a hearing aid?	No	322	93.9%
	Yes	18	5.2%
	Refused	0	0.0%
	Don't know	3	0.9%
HHS - Q276 When using his/her hearing aid, does [GIRL] have difficulty hearing sounds like peoples' voices or music?	No difficulty	8	44.4%
	Some difficulty	8	44.4%
	A lot of difficulty	1	5.6%
	Cannot do at all	1	5.6%
HHS - Q277 Does [GIRL] have difficulty hearing sounds like peoples' voices or music?	No difficulty	243	70.8%
	Some difficulty	74	21.6%
	A lot of difficulty	23	6.7%
	Cannot do at all	2	0.6%
	Don't know	1	0.3%
HHS - Q278 Does [GIRL] use any equipment or receive assistance for walking?	No	334	97.4%
	Yes	9	2.6%
HHS - Q279 Without his/her equipment or assistance, does [GIRL] have difficulty walking 100 meters on level ground?	No difficulty	1	11.1%
	Some difficulty	2	22.2%
	A lot of difficulty	1	11.1%
	Cannot do at all	5	55.6%
HHS - Q280 Without his/her equipment or assistance, does [GIRL] have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields. [Or insert country specific example].	No difficulty	1	0.2%
	Some difficulty	1	0.2%
	A lot of difficulty	2	0.5%
	Cannot do at all	5	1.2%
	99	405	97.8%
HHS - Q281 With his/her equipment or assistance, does [GIRL] have difficulty walking 100 meters on level ground? That would be about the length of 1 football field.	No difficulty	2	22.2%
	Some difficulty	2	22.2%
	A lot of difficulty	1	11.1%
	Cannot do at all	4	44.4%
HHS - Q282 With his/her equipment or assistance, does [GIRL] have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.	No difficulty	1	11.1%
	Some difficulty	2	22.2%
	A lot of difficulty	3	33.3%
	Cannot do at all	3	33.3%
HHS - Q283 Compared with children of the same age, does [GIRL] have difficulty walking 100 meters on level ground? That would be about the length of 1 football field.	No difficulty	323	94.2%
	Some difficulty	15	4.4%
	A lot of difficulty	2	0.6%

	Cannot do at all	3	0.9%
HHS - Q284 Compared with children of the same age, does [GIRL] have difficulty walking 500 meters on level ground? That would be about the length of 5 football fields.	No difficulty	318	92.7%
	Some difficulty	15	4.4%
	A lot of difficulty	7	2.0%
	Cannot do at all	3	0.9%
HHS - Q285 Does [GIRL] have difficulty with self-care such as feeding or dressing herself?	No difficulty	326	95.0%
	Some difficulty	14	4.1%
	A lot of difficulty	0	0.0%
	Cannot do at all	3	0.9%
HHS - Q286 When [GIRL] speaks, does he/she have difficulty being understood by people inside of this household?	No difficulty	319	93.0%
	Some difficulty	13	3.8%
	A lot of difficulty	6	1.7%
	Cannot do at all	2	0.6%
	Don't know	3	0.9%
HHS - Q287 When [GIRL] speaks, does he/she have difficulty being understood by people outside of this household?	No difficulty	314	91.5%
	Some difficulty	17	5.0%
	A lot of difficulty	7	2.0%
	Cannot do at all	2	0.6%
	Don't know	3	0.9%
HHS - Q288 Compared with children of the same age, does [GIRL] have difficulty learning things?	No difficulty	283	82.5%
	Some difficulty	39	11.4%
	A lot of difficulty	17	5.0%
	Cannot do at all	4	1.2%
HHS - Q289 Compared with children of the same age, does [GIRL] have difficulty remembering things?	No difficulty	278	81.0%
	Some difficulty	48	14.0%
	A lot of difficulty	14	4.1%
	Cannot do at all	3	0.9%
HHS - Q290 Does [GIRL] have difficulty concentrating on an activity that he/she enjoys doing?	No difficulty	312	91.0%
	Some difficulty	21	6.1%
	A lot of difficulty	7	2.0%
	Cannot do at all	2	0.6%
	Don't know	1	0.3%
HHS - Q291 Does [GIRL] have difficulty accepting changes in his/her routine?	No difficulty	305	88.9%
	Some difficulty	32	9.3%
	A lot of difficulty	4	1.2%
	Cannot do at all	2	0.6%
HHS - Q292 Compared with children of the same age, does [GIRL] have difficulty controlling his/her behaviour?	No difficulty	322	93.9%
	Some difficulty	15	4.4%
	A lot of difficulty	2	0.6%
	Cannot do at all	2	0.6%
	Don't know	2	0.6%
HHS - Q293 Does [GIRL] have difficulty making friends?	No difficulty	320	93.3%
	Some difficulty	19	5.5%
	A lot of difficulty	2	0.6%
	Cannot do at all	1	0.3%

	Don't know	1	0.3%
HHS - Q294 How often does [GIRL] seem very anxious, nervous or worried?	Daily	13	3.8%
	Weekly	16	4.7%
	Monthly	41	12.0%
	A few times a year	170	49.6%
	Never	103	30.0%
HHS - Q295 How often does [GIRL] seem very sad or depressed?	Daily	9	2.6%
	Weekly	9	2.6%
	Monthly	45	13.1%
	A few times a year	182	53.1%
	Never	98	28.6%
HHS - Q296 Do these difficulties make a difference to how much school work [GIRL] can do?	Yes, she does LESS school work because of these difficulties	111	32.4%
	Yes, she does MORE school work because of these difficulties	21	6.1%
	No, the difficulties don't make any difference to how much school work she does	178	51.9%
	Don't know	33	9.6%
HHS - Q297 Do these difficulties make a difference to how much [GIRL] learns?	Yes, she learns LESS because of these difficulties	114	33.2%
	Yes, she learns MORE because of these difficulties	24	7.0%
	No, the difficulties don't make any difference to how much she learns	169	49.3%
	Don't know	36	10.5%