



A Study on the Barriers to Education for Children with Disabilities in Sierra Leone

May 2018



KEY FINDINGS

- **Stigma and discrimination** reported to be the top barrier to education for children with disabilities, by 44% of children with disabilities, and 46% of adults surveyed in the study.
- Discrimination is often compounded by other factors, including **gender and ethnicity**; girls with disabilities are particularly vulnerable.
- **Accessibility of education** was the second highest barrier, both of school facilities, and of learning materials, reported by 28% of participants.
- **Household poverty** was the third highest barrier, reported by 19% of participants.
- **91% of out of school children with disabilities** who spoke to us for the study, **want to be in school**.
- **27% of children surveyed had an impairment**, and **7.5% of children** surveyed were reported to **have a physical impairment**, according to the Washington Group Short Set of Questions on Disability (including learning, social and physical impairments).
- **Teachers and caregivers** must be key target audiences for combatting stigma and discrimination; children reported discrimination both in the home and at school.

“Children with disabilities are a great burden in the classroom.” Teacher, 27, Kambia district

“My parents don’t consider me as a normal being.” Boy, 14, Bombali district

FOREWORD

Every child deserves the opportunity to go to school, whether they are disabled or not, whether they live in a city or a hard-to-reach community. Unfortunately, children with disabilities in Sierra Leone are often denied their right to education. Many families keep their children out of school and when children with disabilities are enrolled in school, they often face complex barriers; negative attitudes amongst teachers and other parents, a lack of resources and specialist teachers, huge class sizes, the child's disability or poor healthcare and structural barriers all compound to make the reality of a local inclusive education for most children with disabilities unlikely.

For many disabled children, their marginalisation is so great that, by the time they reach adulthood, they have lost all hope of living the life of their choosing. As UNICEF points out (*State of the World's Children Report 2010*), children with disabilities are not only 'substantially less likely to be in school', but also even where they are in school, they are less likely to complete their primary education and make a successful transition to secondary school.

At WESOFOD, one of the 'go to' organisations serving people with disabilities in Sierra Leone, we believe that this Street Child report will help to provide information on the scale of the issues affecting the education of children with disabilities. The data can also be used to back up anecdotal evidence, support advocacy work and for the design of activities. Knowing how many children with disabilities attend school or what barriers people with disabilities face in accessing social protection schemes, for example, will allow us to build a strong evidence-based, advocacy campaign.

Alongside the results from the research, the research process described in this report was important for achieving social change goals; people with disabilities were part of the research teams and this provided positive role models to communities and children, challenging dominant views that people with disabilities are usually not able to contribute positively to their communities

While the Government of Sierra Leone in its 'New Direction' is planning to make education and healthcare free for all children, as usual there is no plan to cater for the needs of children with disabilities. We therefore hope that, following up on the 2018 Global Disability Summit, the international community will read this report and support our struggle to see rights realised - to give every child with a disability the chance to go to school, stay in school and finish school.

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ABBREVIATIONS

CRPD	United Nations Convention on the Rights of Persons with Disabilities
CWD	Children with Disabilities
DPO	Disabled Persons' Organisation
FGD	Focus Group Discussion
IDA	International Disability Alliance
PWD	Persons with Disabilities
SC	Street Child
SCoSL	Street Child of Sierra Leone
WESOFOD	Welfare Society for the Disabled

ABOUT STREET CHILD

Street's Child's vision is a world where every child has the opportunity to access a quality basic education.

121 million school-aged children are currently out of education worldwide. Millions more children are in school but failing to learn. Street Child believes that achieving universal basic education is the single greatest step that can be taken towards the elimination of global poverty. Street Child prides itself on being willing to go to the world's toughest places where others won't, including remote, hard-to-reach areas and fragile, disaster-affected states.

We recognise that the barriers to education are complex and interlinked, and our projects focus on a combination of education, child protection and livelihood support to address the social, economic and structural issues that underpin today's education crisis. We use evidence to drive learning and the constant refinement and scale-up of programmes that create maximum impact for the most children at the lowest cost.

Wherever we work we partner with local organisations and communities and take an outcome-led approach. In 2018, Street Child merged with Children in Crisis, a UK-based organisation, which has been supporting the development of inclusive disability services and rights-based approaches in the Northern Province of Sierra Leone, in partnership with the Welfare Society for the Disabled (WESOFOD). All Street Child's work with people with disabilities in Sierra Leone is now delivered in partnership with national partner

organisations Street Child of Sierra Leone (SCoSL) and the Welfare Society for the Disabled (WESOFOD).

In Sierra Leone, Street Child works in close collaboration with the UK Department for International Development, the Government – including the Ministry for Education, Science and Technology (MEST), and the Ministry of Social Welfare, Gender and Children's Affairs (MSWGA), and other partners to contribute to the national schools' initiatives. It is also works in close partnership with local community groups, such as Child Welfare Committees, to help them identify, refer and protect particularly vulnerable categories of children.

EXECUTIVE SUMMARY

Children with disabilities have the same rights as everyone, including to a quality education.

Yet despite promising moves by the Government of Sierra Leone to adopt rights-based legislation, **children with disabilities in Sierra Leone are still being systematically excluded from education.**

Street Child is committed to working in partnership with national networks, community organisations, Government officials and other key stakeholders to change this, so that **every child with a disability in Sierra Leone has equal opportunity** to access a quality basic education.

The planning of new inclusive education services is being hampered by **a lack of reliable data on education and disability** in Sierra Leone. To help address this challenge, Street Child has conducted both primary and secondary research on barriers to education for children with disabilities in Sierra Leone.

Together with our local partner organisations, we conducted focus groups, interviews and surveys in **39 communities in 5 districts** in northern Sierra Leone. We also drew on a wider body of evidence built up through secondary research, our previous work with persons and children with disabilities, and the expertise of our partners in the disability sector.

Our research found that **stigma and discrimination** are the principal barriers to education for children with disabilities (reported by 46% of respondents) - followed by a **lack of accessibility** in and out of the classroom, **household poverty** and the need for **medical and specialist services.**

Evidence from Street Child's own research and several years of working with disabled persons organisations indicates that **stigma and discrimination is an under-recognised and under-supported** issue that prevents children with disabilities from accessing a quality education in Sierra Leone. Girls with disabilities may be particularly disadvantaged.

"My parents think [children with disabilities] are a waste of money, if they are sent to school"

Boy with a disability, 10,
Bombali district

There is **limited data on prevalence of disability** amongst children in Sierra Leone. A 2015 national census stated prevalence of 1.3% in the general population – however Sierra Leone’s disability movement believes this is an underestimate. Street Child’s own survey of households in 3 districts indicated that, according to the Washington Group Short Set of Question, **27% of children reported having an impairment of some kind**, of which 7.5% were physical impairments.

There is a significant moment of change occurring both nationally in Sierra Leone - with the change in Government - and, at the global level, with the UK Government co-hosting the Global Disability Summit in July 2018.

It is timely for Street Child and its two partners in Sierra Leone, grassroots organisation, the Welfare Society for the Disabled (WESOFOD) and national NGO, Street Child of Sierra Leone (SCoSL), to **call upon national and international actors to contribute to developing more evidence on the needs and rights of children with disabilities in Sierra Leone** - and globally.

During the recent Ebola crisis in Sierra Leone, WESOFOD learnt how to put the most marginalised person first in an emergency - including children with disabilities - showing real determination to **‘leave no-one behind’**, even before this global commitment in Agenda 2030.

Now Street Child and its partners, WESOFOD and SCoSL, are ready to act again - this time to ensure that no child in Sierra Leone is denied an education or left behind in future years.

1. BACKGROUND

Disability: a human rights issue in Sierra Leone

It is both timely and critical to champion disability inclusion in Sierra Leone, to achieve inclusive education for children with disabilities and to ensure dignity and respect for all persons with disabilities living in the country.

Across the world, disability is now viewed as a human rights issue. The United Nations Convention on the Rights of Persons with Disabilities (CRPD) and its Optional Protocol was adopted on 13 December 2006 at the United Nations Headquarters in New York. The CRPD is a landmark international treaty. It is a comprehensive human rights convention and international development tool and is recognised to be ‘at the heart of the disability rights movement’ (*International Disability Alliance*).

The Government of Sierra Leone ratified the UN Convention on the Rights of Persons with Disabilities (CRPD) on 4th October 2004 and signed, but did not ratify, the Optional Protocol on 30th March 2007. Since 1991, the Constitution of Sierra Leone has contained provisions explicitly protecting the rights of persons of disabilities, in the areas of care and welfare and educational opportunities. However, the Constitution does not mention disability as a

prohibited ground for discrimination, implicitly allowing for violations of this key principle of the CRPD (*UNIPSIL, Moving Forward Together, 2011*).

A further stride forward in strengthening the legal framework for protecting and promoting the rights of persons with disabilities came when the Government of Sierra Leone adopted The Persons with Disability Act 2011, a measure referred to in Article 4 of the CRPD. This reinforced the commitment that, 'State Parties undertake to a.) adopt all appropriate legislative, administrative and other measures for the implementation of the rights recognized in the Convention; and b.) take appropriate measures, including legislation, to modify or abolish existing laws, regulations, customs and practices that constitute discrimination against persons with disabilities.' The Act defines the concept of discrimination on the grounds of disability, although only prohibits discrimination in specific circumstances (education, employment, access to public premises, services and amenities) rather than as a general clause (*UNIPSIL, 2011*).

The small, but passionate, civil society movement of persons with disabilities in Sierra Leone welcomed the new Act and there have been pockets of progress in realising the rights of persons with disabilities in Sierra Leone since 2011. For example: from 2013-7, Street Child provided 300 amputee children with social work support and education; Sightsavers is currently pioneering inclusive education for blind and partially sighted children; and World Hope International and Enable the Children have been working to provide case work support and physiotherapy to individual children. There are also organisations, such as Deafkidz International, working alongside deaf children.

Sierra Leone, however, is one of the least developed countries in the world (UN HDI, 2017), with very high levels of extreme poverty, illiteracy and un- and under-employment. As well as continuing to recover from decades of civil war, which only ended in 2001, Sierra Leone is currently recovering from the 2014/ 2015 Ebola crisis that severely damaged the country's economy and led to a 9-month closure of all schools as the Government battled to control the spread of the disease.

*"Education is a privilege,
not a right"*
President Momoh, 1991

"School is not for us"
Girl with a disability, 10,
Bombali disdistrict, 2018

As Joseph Kamara, the Founder and Director of the Welfare Society for the Disabled (WESOFOD) in Kambia District, noted in November 2017, it is taking time for Sierra Leone to recover from the Ebola crisis because the country's economy collapsed; *"Six years after my members thought that a new law, The Persons with Disability Act, would change our lives - well, we're still waiting!"*.

In remote, rural Kambia District, where WESOFOD now counts over 360 members with disabilities, he describes how some children with disabilities, who could not go to school during the Ebola crisis, never went back because of poverty. Moreover, in Sierra Leone, where 21% of primary age children do not go to school and some people still consider that education is not a right, many other children with disabilities have never enjoyed an opportunity to go to school at all. They remain disproportionately 'out of school', excluded from mainstream school settings due to a number of factors, including: discrimination,

which is rife; inaccessible buildings, which cannot be entered if children use a wheelchair; a lack of teachers trained to support students with disabilities in mainstream classrooms; and insufficient learning materials in accessible formats, such as Braille or large print.

The continuing exclusion of children with disabilities from education comes despite WESOFOD and Sierra Leone's disability movement calling for Article 24 of the CRPD on Education to be realised across the country for every child with a disability;

“Without a quality, inclusive education,” asks Joseph Kamara, “How can the aspirations of children with disabilities to have a job in the future ever be realised in Sierra Leone? How can WESOFOD’s younger members ever train to become a lawyer or an accountant?”

His words reflect a generally held belief, which was captured in a 2009 study by Leonard Cheshire Disability (LCD). This study found that all respondents - whether disabled or not - believed that persons with disabilities enjoy the same rights as all Sierra Leoneans. This must include the right to education and economic empowerment.

The stark contradiction between people's stated beliefs and the way in which persons with disabilities are generally treated in Sierra Leone is increasingly recognised by the disability movement and other actors as an opportunity for creating social change through awareness-building activities. It also provides the foundation for most rights-based programmes, including within UNICEF. Indeed, rights-based approaches have enabled WESOFOD and its members to make some headway in achieving disability inclusion at a low cost in areas such as the delivery of local rehabilitation and physiotherapy services to children with disabilities and the provision of counselling and support to their families. WESOFOD's members also report that telling families that their children with disabilities have a right to an inclusive education is starting to make a real difference.

However, progress in achieving widespread inclusive education remains slow, despite welcomed moves within the Ministry of Education, Science and Technology (MEST) to draft and invest in an Inclusive Education Strategy and Action Plan for the future. One of the main reasons is the significant stigma and discrimination, which exists at every level of society in Sierra Leone. This is something that studies with a focus on the financial barriers to education of children with disabilities (addressing poverty, lack of physical access to education facilities and learning materials) and even exclusion of persons with disabilities in society have so far failed to fully capture.

One of the other reasons for the lack of progress in achieving inclusive service provision for persons with disabilities across the country is that reliable, up-to-date data on disability remains very scarce and there has been limited research into the barriers which children with disabilities in Sierra Leone face in accessing education. Such data is essential for purposes of planning new inclusive education services and identifying children with disabilities who remain out of school.

While Sierra Leone's 2015 census indicates that 1.3 % of the school going population have disabilities, Sierra Leone's disability movement considers this to be an underestimate, due to

persons with disabilities being ‘hidden’ from society because of stigmatisation (UNFPA, 2015; GoSL / UNICEF, 2016). One survey found prevalence of 5% in the out of school children population (GoSL/ UNICEF, 2016). However, our survey indicated as many as 7.5% of children of school-going age in the Northern Province have a physical impairment.

The World Bank’s 2009 report, *‘Escaping Stigma and Neglect; People with Disabilities in Sierra Leone’* analyses policy and programmes in relation to the status of people with disabilities. It finds that developing countries *‘systematically estimate disability prevalence at a much lower rate than do developed countries’*. With disability in Sierra Leone being caused by diseases and accidents which might be prevented or cured in developed countries, it follows that the prevalence of disabilities could reasonably be expected to be significantly higher.

Even the Government of Sierra Leone agrees that disabilities are more prevalent than the 2015 census suggests, as officials found that 1.4% of children enrolled in school reported some form of disability.

*...given the number of children with disabilities who are seen out of school in villages and towns, **there is every reason to believe that more children with disabilities are out of school than enrolled in school***’ (p16)

*In fact, **5.4% of respondent children** interviewed whilst collecting data for the 2016 GoSL and UNICEF National Assessment of the Situation of Out of School Children in Sierra Leone gave disability as a reason for being out of school* (p20)

Ministry of Education, Science and Technology (MEST), Sierra Leone
Education Sector Plan 2018 – 2020

2. INTRODUCING STREET CHILD’S RESEARCH

This research was conducted by UK-based INGO Street Child UK, Sierra Leone NGO, Street Child of Sierra Leone (SCoSL) and Sierra Leonean NGO, WESOFOD. The goal of the consultation was to understand more about the barriers to education for children with disabilities in Sierra Leone. As part of this report, the team conducted primary and secondary research.

The primary research was undertaken in the northern districts of Koinadugu, Kambia, Tonkolili, Port Loko and Bombali and consisted of 24 focus group discussions (FGD) and 138 interviews, including 60 interviews with children with disabilities. Participants consisted of in-school and out-of-school children with disabilities, as well as teachers and caregivers (parents and guardians), who helped us to understand the key issues around disability and education. Additionally, a sample of 1,247 children in 236 houses (containing many more

households) in 3 districts (63% rural, 37% urban) was surveyed to gain an indication of prevalence of type of disability.

3. RESEARCH FRAMEWORK

3.1. Research Objectives

Through the assessment, we aimed:

- To understand the status of disability among children, aged 5 - 17, both in and out-of-school, in terms of numbers affected and levels of functioning;
- To understand how disability is a barrier to a child accessing education and to what extent and in what ways the barriers are experienced by children with different impairments;
- To understand intersecting barriers - for example, whether gender, ethnic group, religion, economic hardship or age intersects with disability to reduce or improve children's access to education;
- To understand what causes children with similar impairments to have different levels of access to education and different learning outcomes: for example, comparing two children with similar impairments, which affect them to a similar degree, one child may be in school and the other may be kept at home;
- For children with disabilities in school, to understand what barriers they experience to learning; and
- To identify the most effective strategies for addressing any such barriers.

3.2. Research questions

The assessment was designed to address the following questions:

- What is the status of disability among children in northern Sierra Leone?
- What are the barriers to going to school for children with disabilities?
- How do other elements of a child's identity intersect with his/ her disability to affect access to education?
- Why are some children in school and some out of school, when they have similar impairments?
- What are the barriers to learning for in-school children with disabilities?
- How can we most effectively address barriers to education of children with disabilities?

39 communities in the Northern Province of Sierra Leone were consulted.

3.3. Research Ethics – including child protection and safeguarding

Compulsory ethics training was provided for all researchers to ensure a consistent approach to communicating with, and about, children - particularly, children with disabilities - and to ensure disability-sensitive data collection. This measure aimed to ensure the dignity, wellbeing and safety of children and, in support of this research, the training was provided by WESOFOD - the local organisation supporting persons with disabilities, as described above.

It was made clear to all stakeholders that their participation was voluntary and that the information they gave us is confidential. We also managed expectations by explaining that the research was intended to create evidence and strengthen future programme design.

3.4. Research limitations

i.) Timeframe

The timeframe for implementing the consultation was one week. The co-ordinators for each district received training on the research methods, research questions and ethics and then went on to disseminate the training methodology to their teams locally. Inevitably, the short timeframe and relative inexperience of the enumerators meant that some of the messages and information were diluted along the way. The social workers and family business officers conducting the local research sometimes did not fully grasp the research methodologies or the meaning of some questions, and were unable to translate them into robust practice or to interpret them as accurately, as envisaged for participants. Where identified mistakes were made, data has been discounted, accounted for in the findings and explained transparently at relevant points in this report.

ii.) Traditional beliefs

Witchcraft is widely blamed for injuries, disease, mental illness and congenital disabilities in Sierra Leone, and we found that the beliefs held by members of the field research teams were no exception. This can sometimes limit qualitative research because alternative explanations are not sought or explored in discussions and interviews, once witchcraft has been identified by the respondent as the cause of an impairment or condition..

We were also made aware during our research that the Washington Group's Short Set of Questions on Disability did not cover diabetes or epileptic seizures. The latter is particularly significant in this context because we also found in Focus group discussions and interviews that epilepsy and seizures are commonly considered to be contagious, resulting in social exclusion.

Finally, Sierra Leonean research staff and senior management alike often found it difficult to grasp the concept of physical disability, frequently asking whether certain (invariably, physical) impairments would be included under the term. International staff could benefit from better understanding of local concepts, which describe physical and psychological disabilities, as well as supporting local staff in understanding the Western concepts and

approaches, which are necessary when working with international donors and international partner organisations.



Children participating in a focus group discussion, Kambia district.

4. RESEARCH METHODOLOGY

4.1. Sampling

For the survey, villages and defined geographical urban areas were randomly identified and every house in each area was surveyed in order to obtain a snapshot of the status of disabilities and severity of impairments among children.

The participants for focus group discussions and individual interviews were identified using Street Child UK's network of Disabled Persons' Organisations, local chiefs and community stakeholders and teaching staff.

4.2. Data collection

Data was collected using a mixed methods approach, through a combination of focus group discussions (FGDs), structured interviews and house-to-house quantitative surveys. The interviews and focus group discussions contained integrated qualitative and quantitative data.

In all, 418 participants, including 212 children with disabilities, were consulted in focus group discussions and interviews.

280 participants were consulted in 24 urban focus group discussions, including 152 children with disabilities, in urban areas across 5 districts.

138 participants were consulted in individual structured interviews (71 female, 67 male), including 60 children with disabilities (33 female, 27 male), in 39 rural and urban communities across the 5 districts.

4.3. Quantitative survey

The survey was administered to every house in defined geographical areas and a form with questions on impairments was filled in for every child. The children themselves completed these forms wherever possible. Each form asked the status of a list of impairments for each child, with the options being 'none', 'mild', 'medium' and 'severe'. This method was used to counter the tendency in Sierra Leone for only severe mobility impairments to be considered as disabilities. Consequently, we asked about the full range of mental and physical disabilities developed by the Washington Group and UNICEF for research purposes. The questions are designed to assess:

...functional difficulties in different domains including hearing, vision, communication/comprehension, learning, mobility and emotions. [...] The purpose is to identify the sub-population of children who are at greater risk than other children of the same age or who are experiencing limited participation in an unaccommodating environment. [...] The module has undergone extensive review by experts and testing in several countries to determine the quality of questions being asked and ascertain cultural understanding by respondents.

(UNICEF, 2018)

However, to better suit the context, we simplified some of the questions and removed others which would have produced misleading data. For example, 'Does [name] use a hearing aid?' would not have told us anything because of the limited access that children with hearing impairments in Sierra Leone have to a hearing aid. See Appendix 1 to view the Washington Group Short Set of Questions on Disability and Appendix 2 for our survey.

The survey was designed to answer these research questions:

- What is the status of disability among children in northern Sierra Leone?
- How do other elements of a child's identity intersect with his/ her disability to affect access to education?
- Why are some children in school and some out of school, when they have similar impairments?

Limitations of the survey data include:

- The survey was conducted incorrectly in 2 districts, Bombali and Koinadugu, where houses were selected randomly rather than every house being surveyed in a defined area. The team in Koinadugu additionally targeted communities with a high prevalence of disabilities - for example, those close to schools for children with specific disabilities or villages where people with disabilities congregate to escape

discrimination. We have therefore excluded their data from the quantitative findings in this report, whilst still providing it for information in Appendix 3;

- We gathered data on how many boys and girls were affected by an impairment but did not record gender for each impairment type; and
- Due to data entry errors, we do not know the gender of some children with impairments.

4.4. Qualitative research

FGDs were used in urban areas; individual structured interviews for rural areas. We selected this split approach due to concerns about finding enough focus group discussion participants in rural areas, as well as the difficulties faced with transport to get them to a central meeting point. When additional participants arrived for already fully attended FGDs, they were interviewed individually.

The individual interviews contained the same questions as the FGDs, with the exception of the children's focus group drawing exercise, which was eliminated from the interviews.

Focus group discussions and interviews were designed to answer the following research questions:

- What are the barriers to going to school for children with disabilities?
- How do other elements of a child's identity intersect with his/ her disability to affect access to education?
- Why are some children in school and some out of school, when they have similar impairments?
- What are the barriers to learning for in-school children with disabilities?
- How can we most effectively address barriers to education of children with disabilities?



Teachers in Koinadugu discuss barriers to learning for children with disabilities in a focus group discussion at Kabala School for the Blind, 21st May 2018

5. RESEARCH FINDINGS

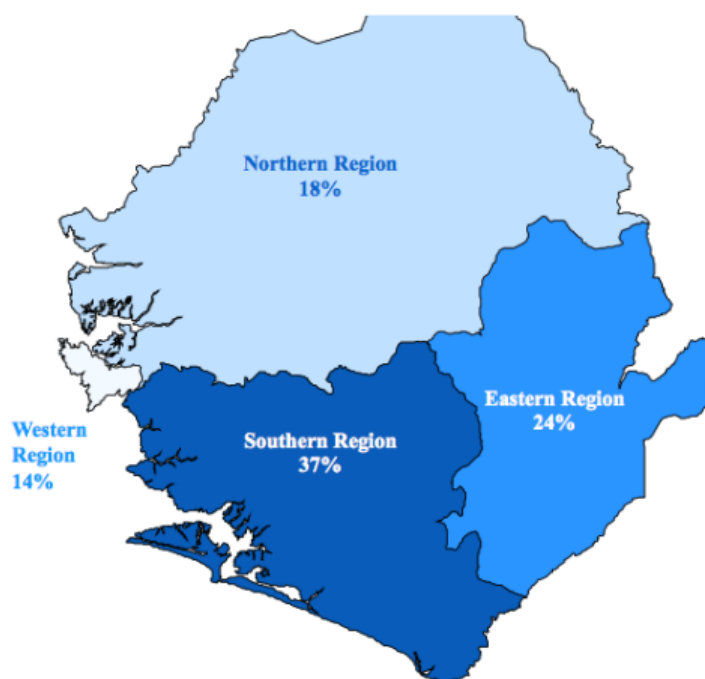
5.1 DATA ON PREVALENCE AND TYPE OF DISABILITY

5.1.1 Prevalence

National data indicates that 1.3% of the population has a disability (Government of Sierra Leone census, 2015). However, other data indicates that this may be an under-estimate.

Leonard Cheshire Disability (LCD) used some of Washington Group's Set of Questions for their urban screening in Sierra Leone and found that 17% of sample respondents experienced some degree of difficulty, ranging from some to constant (Trani *et al*, 2009, p6). When the Washington Group itself carried out a survey in 2011, they found that between 14% and 37% of children surveyed has an impairment of some kind (shown below - 18% for Northern Province).

Differentials by region: Sierra Leone



Prevalence of impairments among children aged 2-9, according to multiple indicator cluster surveys by UNICEF, government agencies and partner organisations, using screening based on the Washington Group questions (CDC & Washington Group, p18).

When Street Child asked every child in randomly selected communities about whether, and to what degree, they were affected by any physical, sensory, learning and psychological impairments, we found that 27% of children have some form of impairment, with 7.5% of

children reporting a physical impairment. 61% of houses surveyed (some containing more than one household) had one or more children with disabilities living there.

Street Child’s data set is smaller than those in the aforementioned research and indicative only. More detailed and extensive quantitative and qualitative data is required.

However, combined with the data described above, it may be said that there is evidence to suggest that disability may be a greater issue for children than indicated in the 2015 national data set.

5.1.2 Type of Disability

The survey data suggests that more children are living with psychological impairments (learning and social impairments, anxiety and depression) than with physical ones.

Breakdown of impairment type, with number and percentage of children who reported them:

Physical Impairments

Sight	46 (4%)
Hearing	46 (4%)
Speech	52 (4%)
Walking	55 (4%)
Use of hands/ writing	49 (4%)
Self-care, e.g. washing, dressing.	100 (8%)

Learning Impairments

Learning	86 (7%)
Memory	80 (6%)
Concentration	96 (8%)

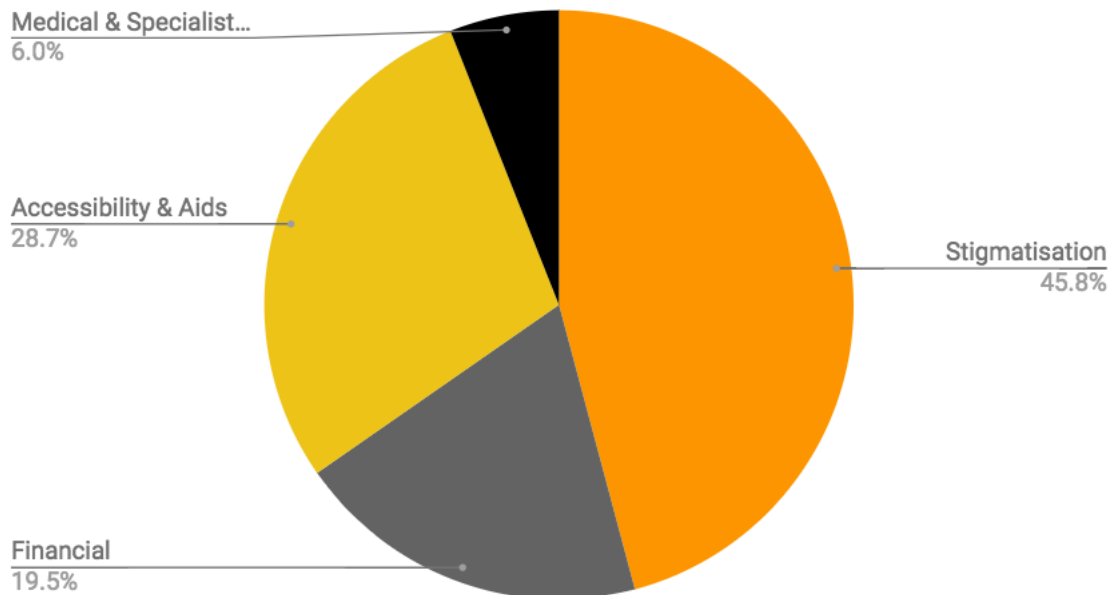
Social Impairments

Coping with changes to routine	69 (6%)
Control of own behaviour	84 (7%)
Making friends	143 (11%)

We also found that 12% of children experience difficulties with anxiety and 6% with sadness or depression.

5.2 BARRIERS

In its analysis of responses from structured interviews and FGDs, the study found that the principal barriers to education are **stigmatisation and misconceptions; lack of accessibility** (lack of disability teaching and learning aids and physically inaccessible classrooms, toilets and libraries); **household poverty** and **lack of access to medical and specialist services**.



The above diagram illustrates responses from all participants about perceived barriers to education and suggested solutions, as a way of identifying patterns and underlying causes of children with disabilities' low access to education and to answer the following research questions:

- What are the barriers to going to school for children with disabilities?
- Why are some children in school and some out of school, when they have similar impairments?
- What are the barriers to learning for in-school children with disabilities?
- How can we most effectively address barriers to education of children with disabilities?

Overall, across focus group discussions and interviews, stigmatisation comprised 44% of the barriers from children with disabilities and was highlighted by them as the main factor to be addressed as a solution for improving access to education. When teachers' and caregivers' views are added, stigmatisation increases to 45.8% of barriers and solutions. **Both groups of adults appear to be very aware of the deeply entrenched discrimination faced by children with disabilities**, even though some of them - as we heard - may be complicit.

This was followed by 26.9% of barriers and solutions around accessibility, disability aids and assistive devices, 22.5% financial and 6.6% for medical and specialist services.

“Lack of parental care”, “Single parents” or “Parent/s had died” were also cited as common reasons as to why children with disabilities have difficulty in accessing education.

Participants’ favoured solutions for addressing barriers, as follows:

- Teacher training;
- Financial support for caregivers;
- Provision of disability aids;
- Provision of learning aids and materials in accessible formats; and
- Making school buildings accessible

Attitudes towards school

91% of out-of-school children with disabilities interviewed said they wanted to be in school, and only one focus group of out-of-school children with disabilities had a mixed response to this question. The rest of the groups stated that they wanted to go to school.

The following reasons were given by children with disabilities for why they want to go to school:

For an equal opportunity to a quality education -

“I am intelligent in school”... “To learn like others do”... “To avoid early marriage”

For personal benefit and safety -

“To be independent”... To learn how to take care of myself” ... “Improve standard of living”... To be safe from abuse”

To be an active member of society, especially around disability -

“To be a part of decision making in the society” ... “To become an important part of society” ...“To have a positive impact on my community” ... “Have a positive impact on society”... “To change the mind set of Sierra Leoneans on the negative perception of disability issues”

For a positive future -

“To have a better life”... “I want to be somebody in the future” ...“To get a good job”



5.2.1. Stigmatisation

Stigma and discrimination prevail at all levels of society in Sierra Leone and lead to persons with disabilities being shunned and treated like ‘invisible’ citizens. Studies with a focus on the financial barriers to education of children with disabilities (poverty, lack of physical access/ aids) and even exclusion of persons with disabilities in society have not brought home the extent of the extreme stigmatisation faced by persons with disabilities in Sierra Leone. For children, this means severe bullying (called ‘provocation’ in Sierra Leone) by peers and teachers alike, additional corporal punishment, isolation, neglect, abandonment, abuse at home and unpaid manual labour in lieu of school – all children in focus group discussions and 88% of those interviewed gave bullying and abuse as a barrier to going to school and learning.

The use of stigmatising and discriminatory terms, such as ‘retarded’ and ‘hump-back’ is the norm among teachers, caregivers, children and society as a whole.

Participants in interviews tended to suggest more barriers and solutions around stigmatisation than those in FGDs, implying that people feel able to be more open about their experience of stigmatisation in the more private interview environment.

CASE STUDY: FINDA

Finda has quadriplegic cerebral palsy. She was living with an aunt because her parent abandoned her at the age of five, when they finally realised she has a ‘sickness’ (disability) that could not be cured. Finda’s father blamed her mother for the child’s condition. He then abandoned both the child and her mother.

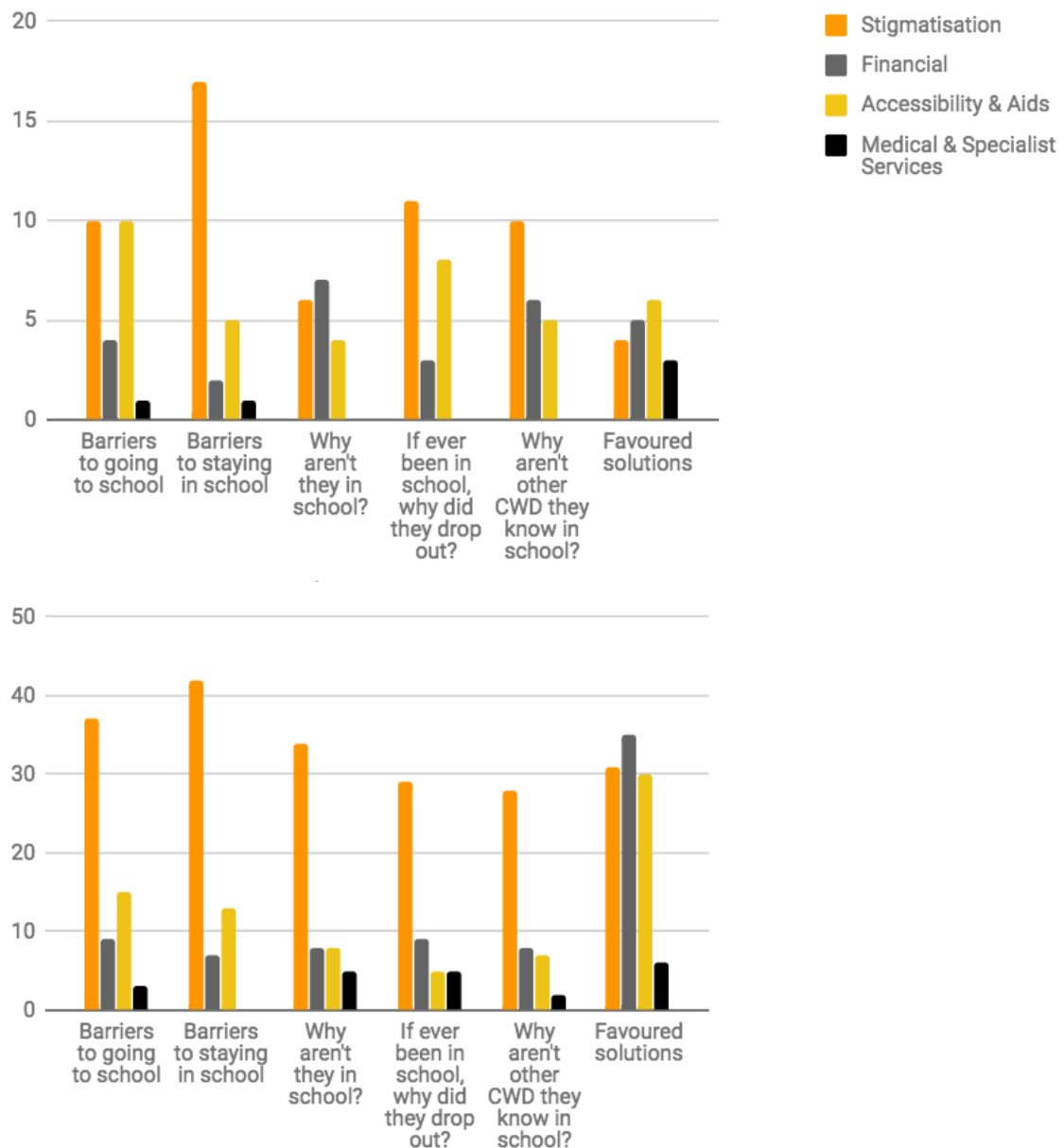
Many men expressed an interest in remarrying Finda’s mother, but as soon as they realised she was the mother of Finda, they would quickly leave. Finda’s mother then disappeared. One of Finda’s aunts visited and asked to take Finda to a large town to send her to school.

This aunt visited WESOFOD and had Finda registered. WESOFOD provided Finda with a wheelchair. But instead of sending Finda to school, her aunt sent her out to beg on the streets. When the team found Finda begging in one of the fuel stations they took her home and asked her aunt to stop sending the child out to beg.

The aunt replied, *“I cannot feed her and send her to school; she must also contribute,”* and continued to make Finda beg - she had become the breadwinner for her new family. After several attempts to put an end to this situation, WESOFOD’s management team decided to send Finda to a home for children with disabilities. *“I now have a chance to go to school and at least make friends,”* said Finda.

Through WESOFOD’s monthly social evenings, Finda is now able to make lots of friends from both the school and the wider community. When asked what she likes about school, she replies ‘friends’. Every morning, her friends come to collect her to go to school and bring her home after school.

Focus Group Discussions



Individual Interviews

The difference between responses given by children with disabilities in focus group discussions and interviews is striking. Even though the FGDs did indicate that out-of-school children with disabilities suffer significantly more stigmatisation and are more concerned with it than in-school children with disabilities, all children (in and out of school) in individual interviews gave us markedly more barriers and solutions around stigmatisation – especially those not in school. This is clearly visible when comparing the orange columns on the graphs. (See Appendix 5 for all charts.)

“Nobody in the school compound will give me help when I have the attack.”

Girl, 9, Kambia district

A significant additional driver of stigmatisation is that disabilities are often thought to be infectious. For example, it is widely believed that the saliva of an epileptic person is infectious, if trodden on, as explained by several coordinators during our research. This leads to children being left alone when they have a seizure at school, because no-one wants to go near or touch the child.

i) Stigma / discrimination at home

We found that some parents feel stigmatised by their child's disabilities and, in response, increase stigmatisation of children with disabilities by distancing themselves from their son or daughter. Some felt that fathers are more prone to this stigmatisation than mothers. Others, who are lone caregivers, are under too much time and financial pressure to be able to care for children with disabilities adequately.

"My father is always telling me I am not intelligent and I should learn tailoring."

Boy, 14, Port Loko district

When disabled children are orphaned and taken in by other families, they become more vulnerable to neglect and abuse at home and are more likely to be seen as a burden on household resources.

It was found that children with disabilities are often put to work in farming for the family, instead of going to school. It seemed illogical to researchers that children were deemed unfit for school, but able to undertake manual labour. However, in many cases, this is because the education of children with disabilities is not valued as much as for other children; they are seen as "a great burden" (teacher, 27, Kambia) with no future prospects, so there is little point in investing in their education.

"My parents decided that I should stop going to school because I am not useful there"

Boy, 14, Port Loko district

As one 12-year old boy from Bombali said, his parents think children with disabilities are "a waste of money if they are sent to school".

Children with disabilities told us they want to be self-sufficient when they grow up and not be dependent on their families, but a lack of education will make this very difficult.

Not sending children to school because they are a burden is self-perpetuating: they will have little chance of not being viewed as a burden to families, communities and society, if they are unable to enjoy an education like other children do or look forward to higher education opportunities.

We also heard from parents who take their children with disabilities along with them to work in the fields because they feel it is the only way to protect them from harm. They do not trust schools or teachers to look after their children or protect them from bullying, and it seems from the testimonies we gather that their fears are currently justified.

For future research, much deeper insights would be gained by asking whether the siblings of children with disabilities, working the fields instead of going to school, are attending school or not, and whether they are providing manual labour primarily because the family is worried for their disabled children's safety at school, or because the family is essentially exploiting them as a labour resource.

ii) Stigma / discrimination in school

Bullying at school was given by children in every FGD and 65% of interviews as a reason for children with disabilities not going to school or not being able to learn in class and for dropping out of school. Teachers were identified as the perpetrators of bullying in some cases, and/or failing to prevent or stop bullying by classmates and peers

"[I do not go to school because of] fear of the teacher"

Boy, 12, Kambia

Discrimination against children with disabilities is common amongst teachers and children in a number of different ways. For example, children and teachers told us that children with disabilities are often booed at when trying to answer a question in class. A 17-year old girl in Port Loko reported that her teacher tells her to stand up in class if she does not know an answer. Teachers' participation in - and condoning of - bullying is seen to exacerbate the issue. Children with disabilities reported being taunted with derogatory name-calling, excluded, physically assaulted, laughed at and mocked.

Teachers were the most common stakeholders to report behaviour of children with disabilities as a problem in class and barrier to learning: *'playfulness'*, *'too playful'*, *'hot-tempered'*, *'stubborn'*, *'attention problem'*, *'lack of focus'*, *'troublesome'*. Difficult behaviour in children with disabilities is seen as a symptom of disability, rather than as caused by stigma experienced by the child. Any instances could be a direct result of psychological impairments, whether the reaction of children with disabilities to the way they are treated (stigmatisation) or due to discriminatory perceptions, i.e. confirmation bias, or any combination of these. Therefore, these were not added to the stigmatisation category for analysis, in case some were genuinely due to impairments.

"Telling teachers about my problems, they do nothing about it"

Girl, 15, Bombali district

Nevertheless, they are useful indicators of potential discrimination and demonstrate that teachers need support to better understand disability perspectives. Shyness, 'communication', withdrawal, lack of self-confidence and lack of self-esteem were also identified as barriers to learning. They were not counted under stigmatisation either, but can clearly be caused by it and/ or could be improved with a reduction

in stigmatisation.

A small minority of children with disabilities said they would prefer skills training to school because of not feeling they could cope at school, due to feelings of shame. There were also concerns about age if children were to go back to school after a long absence or having never been to school, as they would have to be placed in classes with much younger children.

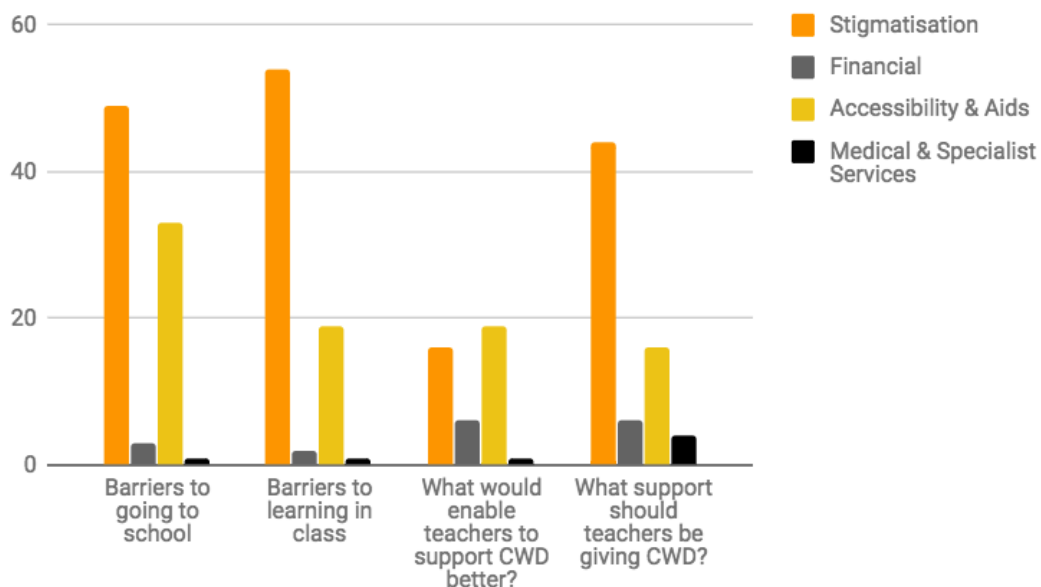
Proposed solutions

Though we were told by all groups of participants that teachers often bully children with disabilities and/ or do not stop bullying by peers, teachers in both the focus group discussions and interviews identified stigmatisation as by far the biggest barrier to education for children with disabilities, and solutions were centred around this, too.

Children and teachers alike requested teacher training and sensitisation (43% children's focus group discussions; 60% teachers' focus group discussions; 72% child interviews; 24% teacher interviews). Two teachers in interviews suggested the introduction of laws against bullying and 'provocative words'.

One in-school, 9-year old girl in rural Kambia, feels a solution to bullying would be for her teachers to simply tell the other children not to bully her, "*By advising them to stop calling me handicapped girl in class. Based on this, I will feel comfortable.*"

Teachers' focus group discussion



Two teachers suggested assigning 'leadership roles' to children with disabilities. One focus group discussion of in-school primary children with disabilities told us their classrooms are filthy and lots of their solutions for improving learning for children with disabilities centred on improving their school environment and facilities. The children's secondary school counterparts suggested setting up community organisations for persons with disabilities.

Putting these sets of feedback together, both groups of children could be supported to create their own organisations and take control over their environments. This could be beneficial not only in practical terms, but also to boost their self-confidence and self-belief, as well as others' perceptions of children with disabilities.

Teachers wanted information from parents about children with disabilities. This was mentioned in two focus group discussions and indicates a need to build trust and communication between teachers and caregivers.

iii) Intersectional discrimination

Gender

Intersectional discrimination means that the teachers and caregivers we spoke to (60% focus group discussions; 24% interviewees) felt girls' gender exacerbates the abuses and difficulties experienced because of disability - for example, making them more likely to be targets for sexual abuse, or vulnerable due to lack of safe, accessible toilet facilities.

Stigmatising assumptions and misconceptions are common not just in terms of disability, but also gender, creating another layer of intersectionality. For example, participants told us that girls' disabilities are made more challenging due to their gender, because, "*Girls are weaker*", "*Girls are shy*" and "*Girls can't learn skills like a blacksmith's*"

Girls in Sierra Leone are vulnerable to sexual abuse during their unaccompanied journeys to school and back, with disability increasing vulnerability. One chief in rural Bombali explained that his community has a high rate of teenage pregnancy, which he blamed on the children's long walk to the nearest school, several miles away. He told us that girls with disabilities were disproportionately represented among those who had become pregnant and that pregnancy increases the likelihood that a child will become a victim of early marriage. It is a complex situation in which vulnerabilities and abuses are noticeably exacerbated by disability.

Ethnicity

A few respondents also felt that children with disabilities were discriminated against further, if they were from a particular tribe. Anecdotally, we know this to be the Fula tribe. Known as business people, the Fula are apparently starting to shift on sending girls to high school having traditionally removed them from school at 13, but still have a reputation for not valuing formal education. This lingering perception of the tribe could, of course, be the result of prejudice: Fula people would need to be consulted on whether they are culturally more likely not to send children with disabilities to school and how best to address the phenomenon, before any work could be done on tackling it.

5.2.2. Accessibility

For the purposes of data analysis, we grouped the following suggested barriers and solutions to address them under accessibility, to reflect the importance of Article 9 on Accessibility in the CRPD :

- Physical access to buildings and classrooms;
- Physical position in classroom (e.g. view of blackboard);

- Access to assistive devices/ aids (e.g. wheelchairs, crutches, hearing aids, glasses); and
- Access to teaching and learning aids (e.g. recording devices or Braille machines for blind children or large print materials for children with visual impairments).

Specific difficulties mentioned in this category:

- Classrooms too noisy for those with hearing impairments;
- Children with visual impairments not helped to see the blackboard;
- Blind children need recording devices to take notes;
- Children with speech impairments need speech therapy;
- Lack of suitable transport and money for transport to school;
- Lack of disability aids (e.g. wheelchairs, hearing aids, glasses);
- Lack teaching and learning aids (e.g. recording equipment, Braille materials); and
- Inaccessible school buildings, including classrooms, library and toilet facilities;

We found that in-school children with disabilities were naturally more concerned with school building accessibility and learning aids, than those not going to school (30% of barriers and solutions given by in-school children; 23% by out-of-school children), but out-of-school children with disabilities are often prevented from attending school due to a lack of mobility aids (such as wheelchairs or crutches) or transport to get to a school.

Being physically unable to get to school is a major barrier to education for children with disabilities in Sierra Leone. If there is no school nearby, as well as no transport (or no road), even a child, who has managed to acquire a wheelchair, will struggle to find peers or adults to push them several miles to school and back again over rough ground. A caregiver in Port Loko explained that their child, "Loves going to school and is ready to learn", but a 'walking disability' makes going to school very difficult.

One caregiver in rural Kambia told us that badly constructed ramps at school were a concern because she feared children with disabilities 'falling down'. This illustrates that the few schools, which do have ramps, may not have adequate or well-designed ones. The implication is that for programming, ticking a 'ramp' box is not enough: schools, which do have ramps and other accessibility provisions, should to have their facilities checked for safety and to assess whether they are fit for purpose.



Drawing in focus group discussions with children with disabilities, Kambia district

Poor or non-existent toilet facilities are a well-documented barrier to education for girls across sub-Saharan Africa. A lack of accessible toilet facilities can be a serious issue for girls and boys with physical disabilities but, for girls, it also intersects with universal gendered impacts of lack of access to toilet facilities to create a more severe difficulty.

For in-school children, impairments, which would not pose a serious challenge (or be considered a disability) in more developed countries, can make learning difficult in Sierra Leone due to both lack of appropriate aids and lack of teacher sensitivity and knowledge on the additional needs and rights of disabled pupils. For example, a short-sighted child, without access to glasses, may be deliberately seated at the back of the class so that the child cannot see what is written on the blackboard. In this instance, discrimination by teachers and a lack of aids comprise barriers to learning.

“The teacher does not place me in front of the class, instead at the back”

Boy, 10, Kambia

Equally, noisy classrooms can continue to present a challenge to children with hearing impairments and a lack of teachers or teaching assistants who use sign language.

5.2.3. Poverty

Household poverty is linked to lack of access to healthcare, to the additional costs of disability and learning aids and it is driver of stigmatisation. Financial factors can also cause disability - when preventable and curable conditions are left untreated and aids to assist permanent impairments are too expensive for caregivers to provide.

As described in the 2009 World Bank report,

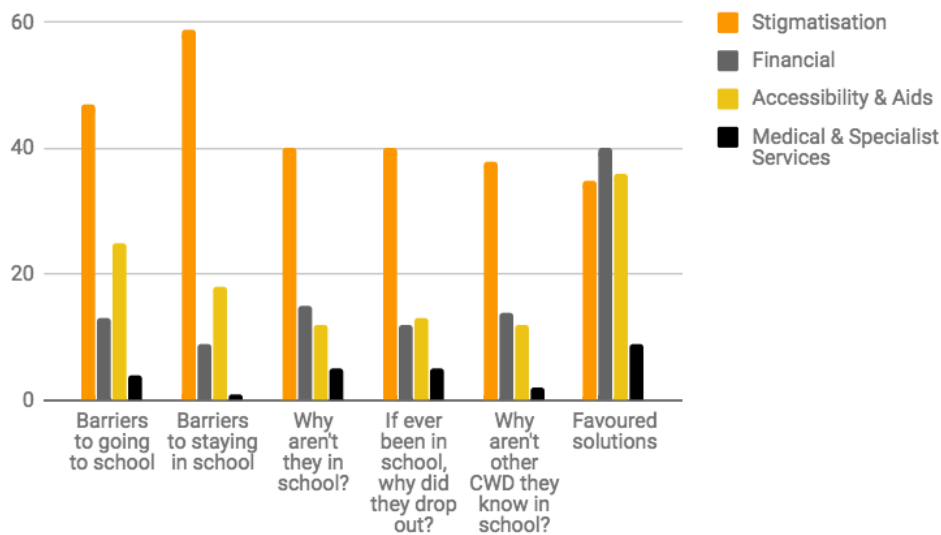
...poverty is both a cause and consequence of disability. Poverty and disability reinforce each other, contributing to increased vulnerability and exclusion. Children with disabilities are more likely to die young, to be neglected, malnourished, uneducated, and poor. People with disabilities who are denied educational opportunities are subsequently less able to find employment, driving them deeper into poverty. (p5)

Leonard Cheshire Disability (LCD) found that 69% of disabled people of working age reported having no income at all in urban areas, while 28% of disabled people live in households, which report having no income at all: this compares to 20% of households with no persons with disabilities (Trani *et al*, 2009, p8). Indeed, over twice as many persons with disabilities (16.4%) have no access to healthcare, compared to 7.1% non-disabled people, according to LCD's findings (Trani *et al*, 2009, p8).

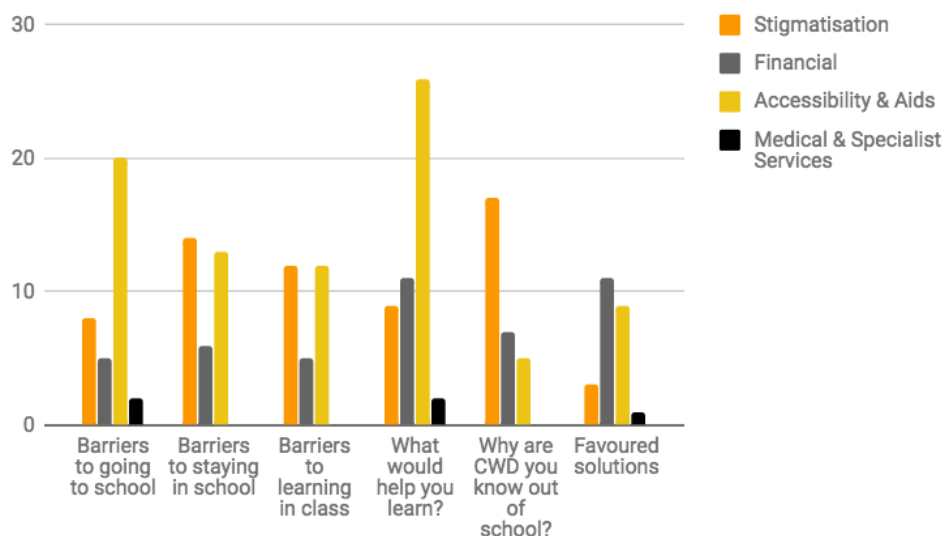
We found that although poverty was identified by every focus group discussion as a barrier to education for children with disabilities, financial assistance accounted for only 15% of solutions mentioned by the groups and 25% in interviews. This may be because, while poverty can be a cause of disability, the reason why children with disabilities experience financial discrimination (for example, school fees being found for their siblings, but not them) is not poverty itself, but stigma and discrimination. Other research has found this to

be a major barrier for all out-of-school children in Sierra Leone, for example UNICEF’s 2016 out of school children study and Street Child’s 2015 girls education study.

Barriers & Solutions; All Out-Of-School CWD



Barriers & Solutions; In-School CWD - FGDs



When child participants were asked to choose their preferred three solutions for addressing barriers to education for children with disabilities from a list (see Appendix 6), 83% chose the items tackling poverty and providing financial assistance for caregivers of children with disabilities, either in the form of grants or a micro-finance and savings scheme. This implies that while stigmatisation and accessibility are perceived as the main barriers to education for children with disabilities, child respondents believe that improved family finances could resolve the problems they face.

Lack of drinking water and food (*'no lunch'*; *'hunger'*; *'no clean water to drink'*) reported as a barrier to education, and provision of food and water suggested as a solution, were counted

in the financial category. Although children with disabilities may find it more difficult to get food and water, a lack of drinking water provision at school is clearly a facilities issue and a serious problem for all children, rather than an accessibility issue for children with disabilities.



On the question of why some children with disabilities whom participants know are not in school, loss of parents was sometimes given as a reason. This indicates that if one or both biological parents die, children with disabilities face increased discrimination and interlinked financial hardship.

One focus group of out-of-school children with disabilities in Kambia gave a reason for not being in school as, *'street begging to get food'* and a reason for dropping out of school as *'loss of parents'*. This resonates with Street Child's findings in its National Consultation on Adolescent Girls' Education: in structured interviews, loss of a caregiver was the third reason given for girls dropping out of school, after poverty and teen pregnancy.

Although loss of parents does not fit in any of the four categories, it certainly results in increased poverty and vulnerability - the reasons why many children in Sierra Leone cannot go to school. It would be reasonable to assume that children with disabilities are disproportionately affected by loss of parents because they face more discrimination outside the family and are often more dependent on their parents than children without disabilities, including when it comes to them bearing the additional costs associated with disability.

5.2.4. Medical & Specialist Services

Although many children are suffering from conditions that could be significantly improved with the correct treatment, relatively few barriers and solutions were suggested around medical and specialist services, although specific impairments were frequently listed as barriers to education.

This might be due to the limited availability in Sierra Leone of treatment for certain medical conditions, which can lead to disablement, as well as to the fact that many people remain unaware of the range of specialist services that their child might benefit from, such as speech therapy or physiotherapy.

An exception to this is epilepsy, which children and their caregivers want medication for, but are unable to pay for it or get hold of it. There also appear to be some gaps in knowledge on

what epilepsy is, with the condition being described by caregivers and children with disabilities as a 'learning difficulty' and 'frequent falls', leading researchers to think they were looking at a learning impairment or mobility issue, before finding that it was epilepsy. Similarly, epilepsy was 'diagnosed' through the described symptoms, such as, *'His hand is another problem, when it is affected (shivering) makes him fall to the ground.'*

Children with visual and hearing impairments suggest glasses (and to be placed close to the blackboard) and hearing aids, which should fall under 'Accessibility'. It is, however, possible that some of these of these children could be treated medically - for example, if hearing loss is being caused by a chronic ear infection - but we did not find suggestions of referrals for their treatment.

Specialist services, such as speech therapy, physiotherapy, sign language lessons or a place at a special school came under this category because such services would not be routinely supplied in Sierra Leone but may assist children with specific impairments.



6. RECOMMENDATIONS

6.1. Programming

As noted above, it is envisaged that this research can inform both our own programming and that of other organisations working in the disability sector. With that in mind, we have formulated a set of general recommendations to strengthen future programmes and start to tackle the barriers to education experienced by children with disabilities in Sierra Leone – as follows:

1. To achieve education rights for every child with a disability in Sierra Leone, **we must foster stronger partnerships** between civil society organisations and Government education and other officials at national and district levels. It is a great step forward that MEST is preparing a new inclusive education strategy and action plan – but, through joined up advocacy, the disability movement must call

strongly for them to be implemented, if the right to education (CPRD, Article 24) is to be achieved for every child with a disability in Sierra Leone - including girls with disabilities;

2. To plan new education services, **improved research and accurate data on children with disabilities will be essential**. We know that researching, assessing and supporting the unmet needs of children living in remote places will be a challenge. Ebola demonstrated how broken physical and healthcare infrastructures are in Sierra Leone, but we must find ways to meet disabled children's healthcare and full range of support needs, through provision of rehabilitation services, assistive devices and other appropriate aids, if they are to be enabled to learn in the classroom on an equal basis to other children;
3. **A holistic approach to programming is crucial**, and must include awareness-raising and sensitisation activities, designed to counter stigmatisation within communities - whether targeting caregivers, other children in schools, teachers or key stakeholders, including local, religious and 'secret society' leaders, and other civil society actors;
4. **Resource centres**, for example, created by local organisations such as WESOFOD, designed to offer information on all aspects of disability to the above-mentioned stakeholders would be a valuable investment;
5. We need **more disability champions in communities and schools, who are passionate about achieving disability inclusion and rights at the grassroots**. They have a vital role to play in equipping communities: to understand the rights of children with disabilities to enjoy equal treatment and an education like other children do; to transform stigma into respect and dignity for all; and to combat discrimination against children with disabilities, whenever they face it;
6. **Tackling underlying problems, including poverty and how it affects children with disabilities**, will be crucial, if families are to be able to afford to send their disabled sons and daughters to school along with other siblings;
7. If every child with a disability is to be given the opportunity to learn in a mainstream classroom setting, we will need: **schools buildings and facilities that are accessible to all** - including children with physical disabilities; a wide range of learning materials in accessible formats; **training for teachers in inclusive methodologies; and to harness the potential and power of technology - including assistive technology;**
8. To ensure that education leads to economic empowerment for those children whose current needs have been mapped by this research, **we need to plan for their higher education and future skills development now**. To ensure access to relevant Technical and Vocational Education and Training (TVET) for students with disabilities and to make future workplaces accessible, we must engage strongly with government officials and private sector partners;
9. The findings of this research should be used **as an evidence-base and campaigning tool** to drive joined up, local and national level advocacy for inclusive service provision, both in the Northern Province and across Sierra Leone; and finally
10. For the future, we would like **persons with disabilities, including children, to be involved in participatory action research**, designing, implementing and analysing

research in order to build their skills, confidence and status and to acquire richer and more accurate qualitative data.

Without the key challenges, highlighted by our research, being addressed with urgency and strong commitment across partners in the wake of the Global Disability Summit 2018, we foresee that children with disabilities in Sierra Leone will wait a further 6 years before they see The Persons with Disability Act 2011 bringing any noticeable, rights-based change to their lives – including a chance to learn on an equal basis with their peers.

6.2. Future Research

Street Child of Sierra Leone is keen to see this study used to direct further research. There is so little existing data on children in disabilities and their unmet educational needs in Sierra Leone that it adds significantly to the current body of research. However, it also highlights the gaps in rights-based service provision and indicates where and why more in-depth research is required urgently, if inclusive education is to be planned and achieved for every child with a disability. The last nationwide survey was carried out in 2011 and this was on persons with disabilities in general - not focused on statistics and experiences of children with disabilities or their education. Our study demonstrates the need to assess every child in chosen survey areas for physical and psychological impairments, if appropriate support is to be provided to every child in mainstream classrooms across the country.

7. CONCLUSION



While there is consensus among the people of Sierra Leone and their Government that children with disabilities have the same rights to education as other children, this study has found that children with disabilities are being denied both their basic human rights and the additional support they need to contribute positively to their communities and society, as full and equal citizens.

The Ministry of Science, Technology and Education (MEST) is making efforts to reduce the current levels of stigma and discrimination, experienced by children with disabilities and their families, by sending positive messages about disability. Officials are also committed to implementing rights and inclusion - for example, by ensuring all new school buildings are accessible to children with disabilities, but they do not have the resources to make existing buildings accessible.

They would also like to be supply a full range of assistive technology, specialist equipment and learning materials in accessible formats, required by different groups of children with special needs, as well as training to teachers in inclusive teaching methodologies. However, currently, these aspirations to achieve disability inclusion remain well out of grasp for an institution, which is already struggling to provide basic materials and training for standard education.

New partnerships must be now built across a range of key stakeholders - whether civil society actors, Government agencies or community leaders - with engagement of the private sector as well, if disability rights on paper are to be translated into new service provision and

inclusion across Sierra Leone. More in-depth research, building on this consultation, will be key to developing a strong evidence-base to drive future campaigning by the disability movement and partnerships of this type. Every community must be also assisted, as a matter of priority, to challenge stigma and discrimination against children with disabilities, for example, through trained disability champions, who stop at nothing less than achieving the full dignity and respect of children with disabilities and enabling them to be included in all aspects of community life and education provision.

As part of our commitment to the Charter, Street Child has made the following pledges in line with the key themes of the 2018 Global Disability Summit:

- We commit to invest in the full participation of people with disabilities, by funding and supporting the capacity development of representative organisations and networks. Specifically, we will commit to continuing our funding and capacity development for current representative organisations, and to identifying and supporting 5 new representative partners and networks by January 2021;
- We commit to targeted resources and investment to support 5,000 children with disabilities and children affected by disability to access quality education, and to build the capacity of 2000 staff and teachers to deliver and sustain school wide inclusive education in every country we work in. We commit to meet these targets across our country portfolio by January 2021;
- We commit to continuing to deploy resources to generate or support the generation of data on education and disability, and to produce disability disaggregated ourselves, continuing to use the Washington Group Disability Question Sets. We commit to generating or supporting data on disability and education in 5 additional countries by January 2021;
- We commit to collecting data and designing and implementing programming for children with disabilities that recognises and responds to gender-specific discrimination and challenges. We commit to supporting 2500 girls with disability or affected by disability to access quality education and learn by January 2021; and
- We commit to collecting data and designing and implementing programming in humanitarian contexts that recognises and responds to the needs of children with disabilities, including through capacity building of implementing partners, teachers and national stakeholders.

In the wake of the Global Disability Summit, July 2018, we also count upon a strengthened commitment by the Government of Sierra Leone to invest in, and plan for, inclusive education for children with disabilities. CRPD Article 24 on Education must be realised across the country - with no child left behind. To achieve this, the disability movement in Sierra Leone will mobilise, locally and nationally, to hold Government officials to account for finding solutions to overcome those barriers, highlighted in this report, and to deliver new, inclusive education services for all.

As Helen Keller reminds us, 'Alone we can do so little, together we can do so much!'

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APPENDICES

Appendix 1 - Child Functioning for Children Age 5 to 17 by the Washington Group and UNICEF

CHILD FUNCTIONING (AGE 5-17)		
<p>CF1. I WOULD LIKE TO ASK YOU SOME QUESTIONS ABOUT DIFFICULTIES YOUR CHILD MAY HAVE.</p> <p>DOES (<i>name</i>) WEAR GLASSES OR CONTACT LENSES?</p>	<p>Yes</p> <p>No</p>	<p>2⇒CF3</p>
<p>CF2. WHEN WEARING HIS/HER GLASSES OR CONTACT LENSES, DOES (<i>name</i>) HAVE DIFFICULTY SEEING?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	<p>1⇒CF4</p> <p>2⇒CF4</p> <p>3⇒CF4</p> <p>4⇒CF4</p>
<p>CF3. DOES (<i>name</i>) HAVE DIFFICULTY SEEING?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	
<p>CF4. DOES (<i>name</i>) USE A HEARING AID?</p>	<p>Yes</p> <p>No</p>	<p>2⇒CF6</p>
<p>CF5. WHEN USING HIS/HER HEARING AID, DOES (<i>name</i>) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	<p>1⇒CF7</p> <p>2⇒CF7</p> <p>3⇒CF7</p> <p>4⇒CF7</p>
<p>CF6. DOES (<i>name</i>) HAVE DIFFICULTY HEARING SOUNDS LIKE PEOPLES' VOICES OR MUSIC?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	
<p>CF7. DOES (<i>name</i>) USE ANY EQUIPMENT OR RECEIVE ASSISTANCE FOR WALKING?</p>	<p>Yes</p> <p>No</p>	<p>2⇒CF12</p>
<p>CF8. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (<i>name</i>) HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>name</i>) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	<p>3⇒CF10</p> <p>4⇒CF10</p>
<p>CF9. WITHOUT HIS/HER EQUIPMENT OR ASSISTANCE, DOES (<i>name</i>) HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY (<i>name</i>) HAS: SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	

<p>CF10. WITH HIS/HER EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	<p>3⇒CF14</p> <p>4⇒CF14</p>
<p>CF11. WITH HIS/HER EQUIPMENT OR ASSISTANCE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	<p>1⇒CF14</p>
<p>CF12. COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 100 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 1 FOOTBALL FIELD. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	<p>3⇒CF14</p> <p>4⇒CF14</p>
<p>CF13. COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY WALKING 500 YARDS/METERS ON LEVEL GROUND? THAT WOULD BE ABOUT THE LENGTH OF 5 FOOTBALL FIELDS. [OR INSERT COUNTRY SPECIFIC EXAMPLE].</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	
<p>CF14. DOES <i>(name)</i> HAVE DIFFICULTY WITH SELF-CARE SUCH AS FEEDING OR DRESSING HIM/HERSELF?</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	
<p>CF15. WHEN <i>(name)</i> SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE INSIDE OF THIS HOUSEHOLD?</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	
<p>CF16. WHEN <i>(name)</i> SPEAKS, DOES HE/SHE HAVE DIFFICULTY BEING UNDERSTOOD BY PEOPLE OUTSIDE OF THIS HOUSEHOLD?</p> <p>WOULD YOU SAY <i>(name)</i> HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty</p> <p>Some difficulty</p> <p>A lot of difficulty</p> <p>Cannot do at all</p>	
<p>CF17. COMPARED WITH CHILDREN OF THE SAME AGE, DOES <i>(name)</i> HAVE DIFFICULTY LEARNING THINGS?</p>		

<p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty Some difficulty A lot of difficulty Cannot do at all</p>	
<p>CF18. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY REMEMBERING THINGS?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty Some difficulty A lot of difficulty Cannot do at all</p>	
<p>CF19. DOES (<i>name</i>) HAVE DIFFICULTY CONCENTRATING ON AN ACTIVITY THAT HE/SHE ENJOYS DOING?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty Some difficulty A lot of difficulty Cannot do at all</p>	
<p>CF20. DOES (<i>name</i>) HAVE DIFFICULTY ACCEPTING CHANGES IN HIS/HER ROUTINE?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty Some difficulty A lot of difficulty Cannot do at all</p>	
<p>CF21. COMPARED WITH CHILDREN OF THE SAME AGE, DOES (<i>name</i>) HAVE DIFFICULTY CONTROLLING HIS/HER BEHAVIOUR?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty Some difficulty A lot of difficulty Cannot do at all</p>	
<p>CF22. DOES (<i>name</i>) HAVE DIFFICULTY MAKING FRIENDS?</p> <p>WOULD YOU SAY (<i>name</i>) HAS: NO DIFFICULTY, SOME DIFFICULTY, A LOT OF DIFFICULTY OR CANNOT DO AT ALL?</p>	<p>No difficulty Some difficulty A lot of difficulty Cannot do at all</p>	
<p>CF23. HOW OFTEN DOES (<i>name</i>) SEEM VERY ANXIOUS, NERVOUS OR WORRIED?</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>Daily Weekly Monthly A few times a year Never</p>	
<p>CF24. HOW OFTEN DOES (<i>name</i>) SEEM VERY SAD OR DEPRESSED?</p> <p>WOULD YOU SAY: DAILY, WEEKLY, MONTHLY, A FEW TIMES A YEAR OR NEVER?</p>	<p>Daily Weekly Monthly A few times a year Never</p>	

Appendix 2 – Our Survey

This paper version was also produced as 2 digital forms (p1 and p2) for the Kobo Collect app.

DISABILITY & EDUCATION SURVEY PAGE 1

Fill out one form per house.

1. Introduce yourselves, your colleagues, the name of your organisation and the reason for the survey: “We want to understand the barriers to children with disabilities’ access to education, so that we can work out how best to remove the barriers and support children in going to school and learning.
2. Explain that an initial step in the process is to go house-to-house to fill out surveys, so we can get a clear picture of child functioning in the area. Would they mind answering a few quick questions? We would be very grateful for their input.
3. The survey is **voluntary**, they do not have to participate if they do not want to. It is also **confidential**, so their names will not be recorded and their contributions will be compiled generally in a report and so will not be traced back to any one individual. If any questions make them feel uncomfortable they do not have to answer.

District	
Rural or urban?	
Number of people living in the house	
Number of children under 18 living in the house at the moment	
Number of children living in the house who are in school	
Ethnic group/ Tribe	
Religion	
<i>Social worker to choose the word that best describes: Perceived economic status (e.g. no. meals eaten per day; living conditions)</i>	Comfortable Average Deprived

To be filled out AFTER the next page on impairments:

Number of children with impairments in the house	
Genders of children with impairments in the house	
Are they in school?	
If not, why?	
Caregivers - what additional needs do you have in caring for your CWD?	
Are there any adults in the house with disabilities? (Number and disability)	

Appendix 2 cont'd...

DISABILITY & EDUCATION SURVEY PAGE 2

What kind of impairments do children have? Circle all those that apply, for children aged 5-18.

Fill out one of these for every child in each house and attach to the house's first page.

"Does the child have any problems with..."

Impairment:	None	Mild	Medium	Severe
Sight	None	Mild	Medium	Severe
Hearing	None	Mild	Medium	Severe
Speech	None	Mild	Medium	Severe
Walking	None	Mild	Medium	Severe
Use of hands/ writing	None	Mild	Medium	Severe
Self-care, e.g. washing, dressing, eating.	None	Mild	Medium	Severe
Learning	None	Mild	Medium	Severe
Memory	None	Mild	Medium	Severe
Concentration	None	Mild	Medium	Severe
Coping with changes to routine	None	Mild	Medium	Severe
Control of own behaviour	None	Mild	Medium	Severe
Making friends	None	Mild	Medium	Severe
Anxiety	None	Mild	Medium	Severe
Sadness/ depression	None	Mild	Medium	Severe

Remember to thank participants very much for their time and the help with our research.

Appendix 3 - Our Survey: Figures and Findings

Surveys completed for each house:
houses:

District	Rural	Urban	Total
Bombali	60	4	64
Kambia	50	25	75
Koinadugu	62	35	97
Portloko	40	21	61
Tonkolili	59	41	100
Total	271	126	397

Surveys completed for each child within

District	Rural	Urban	Total
Bombali	269	27	296
Kambia	376	133	509
Koinadugu	180	127	307
Portloko	156	97	253
Tonkolili	275	210	485
Total	1256	594	1850

Figures for the status of impairments among children, including all surveys:

District	Children with no impairment	Children with impairment	Total children	% children with impairment
Bombali	179	117	296	40%
Rural	154	115	269	43%
Urban	25	2	27	7%
Kambia	465	44	509	9%
Rural	356	20	376	5%
Urban	109	24	133	18%
Koinadugu	81	226	307	74%
Rural	46	134	180	74%
Urban	35	92	127	72%
Port Loko	170	83	253	33%
Rural	104	52	156	33%
Urban	66	31	97	32%
Tonkolili	281	204	485	42%
Rural	178	97	275	35%
Urban	103	107	210	51%
Total	1176	674	1850	36%

Figures for the status of impairments among children, excluding Bombali and Koinadugu districts:

District	Children with no impairment	Children with impairment	Total children	% children with impairment
Kambia	465	44	509	9%
Rural	356	20	376	5%
Urban	109	24	133	18%
Port Loko	170	83	253	33%
Rural	104	52	156	33%
Urban	66	31	97	32%
Tonkolili	281	204	485	42%
Rural	178	97	275	35%
Urban	103	107	210	51%
Total	916	331	1247	27%

Figures for types of impairments among children:

Impairment/ Severity	Mild		Medium		Severe		Total with impairment*	
	No.	%	No.	%	No.	%	No.	%
Sight	44	2.38	59	3.19	13	0.7	116	6%
Hearing	36	1.95	60	3.24	30	1.62	126	7%
Speech	44	2.38	40	2.16	25	1.35	109	6%
Walking	34	1.84	54	2.92	26	1.41	114	6%
Use of hands/ writing	51	2.76	27	1.46	16	0.86	94	5%
Self-care, e.g. washing, dressing, eating.	97	5.24	38	2.05	12	0.65	147	8%
Learning	101	5.46	51	2.76	12	0.65	164	9%
Memory	90	4.86	38	2.05	20	1.08	148	8%
Concentration	151	8.16	53	2.86	8	0.43	212	11%
Coping with changes to routine	90	4.86	38	2.05	7	0.38	135	7%
Control of own behaviour	106	5.73	40	2.16	5	0.27	151	8%
Making friends	172	9.3	27	1.46	6	0.32	205	11%
Anxiety	249	13.46	65	3.51	9	0.49	323	17%
Sadness/ depression	189	10.22	112	6.05	15	0.81	316	17%

**Of 1850 children surveyed*

Figures for types of impairments among children, excluding Bombali and Koinadugu districts:

Impairment/ Severity	Mild		Medium		Severe		Total with impairment*	
	No.	%	No.	%	No.	%	No.	%
Sight	26	2%	17	1%	3	0.2%	46	4%
Hearing	21	2%	13	1%	12	1%	46	4%
Speech	22	2%	17	1%	13	1%	52	4%
Walking	16	1%	23	2%	16	1%	55	4%
Use of hands/ writing	26	2%	15	1%	8	1%	49	4%
Self-care, e.g. washing, dressing, eating.	73	6%	22	2%	5	0%	100	8%
Learning	52	4%	30	2%	4	0.3%	86	7%
Memory	47	4%	25	2%	8	1%	80	6%
Concentration	56	4%	37	3%	3	0.2%	96	8%
Coping with changes to routine	36	3%	30	2%	3	0.2%	69	6%
Control of own behaviour	61	5%	21	2%	2	0.2%	84	7%
Making Friends	125	10%	17	1%	1	0.1%	143	11%
Anxiety	131	11%	17	1%	0	0.0%	148	12%
Sadness/Depression	45	4%	25	2%	5	0.4%	75	6%

*Of 1247 children surveyed

Appendix 4 - Qualitative Data Collection Figures

Number of participants in focus group discussions:

Group/ District	Bombali	Kambia	Koinadugu	Port Loko	Tonkilili	Total
CWD in school primary	10	14	10	5 (primary & secondary combined)	14	53*
CWD in school secondary	10	11	10	5 (primary & secondary combined)	12	48*
CWD out of school	10	12	10	10	9	51*
Caregivers	10	10	20	12	18	70
Teachers	10	10	10	11	7	48
Total	50	57	60	53	60	280

*So, 152 CWD consulted in Focus group discussions

Number of participants in individual structured interviews:

Group/ District	Bombali	Kambia	Koinadugu	Port Loko	Tonkilili	Total
CWD in school	8 (3F, 5M)	6 (3F, 3M)	10 (5F, 5M)	4 (2F, 2M)	6 (4F, 2M)	34* (17F, 17M)
CWD out of school	8 (4F, 4M)	1 (1M)	10 (7F, 3M)	4 (2F, 2M)	3 (3F)	26* (16F, 10M)
Caregivers	11 (5F, 6M)	8 (5F, 3M)	11 (8F, 3M)	4 (2F, 2M)	7 (5F, 2M)	41 (25F, 16M)
Teachers	9 (1F, 8M)	8 (2F, 6M)	10 (5F, 5M)	4 (2F, 2M)	6 (3F, 3M)	37 (13F, 24M)
Total	36 (13F, 23M)	23 (10F, 13M)	41 (25F, 16M)	16 (8F, 8M)	22 (15F, 7M)	138 (71F, 67M)

Key: F = female, M = male *So, 60 CWD interviewed; 33 female, 27 male.

In all, 212 children with disabilities consulted in focus group discussions and interviews.

Appendix 5 – List of Solutions

In interviews and FGDs, children with disabilities were asked:

If you were to design a programme to help children with disabilities stay in school, what would you include? Please rank these solutions - what are the top 3?

- Aids for children with disabilities
- Training teachers to understand the needs of children with disabilities and address them adequately in the classroom
- Financial support for caregivers of children with disabilities
- Referral to specialist services (e.g. medical; specialist schools) for children with disabilities who require it
- Improving physical access for children with disabilities (e.g. ramps, accessible latrines etc)
- Training and sensitisation of caregivers on caring for children with disabilities
- FBS to support caregivers financially
- Social events, like those run by WESOFOD (to encourage peer support of children with disabilities' additional needs)