

CASE STUDY:

Leave No Girl Behind! Lessons from Promoting Inclusive Primary Education for Girls with Disabilities in Nilphamari, Bangladesh



By Benoy Peter, Baishali Goswami, Shivaram Deshpande, Revathy Rugmini and M. Abdus Salam



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KEY FINDINGS:

- The programme enrolled 887 girls, equivalent to 2.4 percent of girls with disabilities enrolled in mainstream schools in Bangladesh during 2013.
- More than 70 percent of girls with disabilities would not have made it to school in the absence of the intervention.
- The percentage of children with disabilities enrolled regularly in school in Nilphamari rose from 17.9 percent in 2012 to 97.7 percent in 2014.
- Among the girls with disabilities enrolled, 94 percent appeared for final examinations during 2014 and 91 percent cleared their respective grades.
- A comprehensive girls' education strategy within a larger programme targeting both boys and girls ensures gender equity and cost efficiency.

This case study examines how Leonard Cheshire Disability (LCD) addressed barriers to access to inclusive primary education for girls with disabilities in Bangladesh.

Introduction

Girls and children living with disabilities are recognised among the specific groups that require renewed attention to achieve universal primary education (Way 2015). Nine in ten children with disabilities in developing countries are out of school and the majority are girls, who experience multiple discrimination related to both their gender and disability. Estimates of the number of children with disabilities in Bangladesh vary widely— from approximately 805,000 to 10 million (UNICEF 2014). Though Bangladesh claims to have achieved near universal primary enrolment, only about 11 percent of children with disabilities receive some form of education (CSID 2002). While more girls than boys enrol and complete primary education in Bangladesh, the majority of girls and boys with disabilities remain out of school.

Inclusive education in Bangladesh

Inclusive education is still evolving in Bangladesh. The Primary Education Development Programme (PEDP) of the Ministry of Primary and Mass Education (MOPME) has accelerated its pace by setting up an

“Access and Inclusive Education Cell” under the Directorate of Primary Education (DPE). Enrolling children with special needs and ensuring universal access are key priorities under the PEDP III (2011-2016).

Promoting rights through community action

Leonard Cheshire Disability’s (LCD’s) intervention “Promoting rights through community action: Improved access to inclusive education for children with disabilities” offers important insights that have significant operational and policy implications in universalising inclusive primary education for girls with disabilities. With local partner Gana Unnayan Kendra, it addressed the barriers to accessing inclusive primary education by girls and boys with disabilities, promoted rights through a participatory community empowerment process and advocated for policy changes.

About the case study

This case study highlights the lessons learned on promoting inclusive education for girls with disabilities in Bangladesh and provides an analysis of data collected predominantly through qualitative research and review of programme documents. The analysis reveals that promoting rights through community empowerment, as per the project’s approach, is a quick and cost-effective strategy in the long run for scaling up inclusive education. However, it requires significant, gender-sensitive investments, without which boys tend to benefit more because of prevailing gender norms.

Intervention

Through a multi-pronged approach engaging children with disabilities, their families, schools, civil society, departments of primary education, Health and Social Services and other local government agencies, the intervention addressed issues related to the demand and supply of quality inclusive education and helped create an enabling environment.

Based on the experience of supporting nearly 20,000 children globally, LCD evolved an inclusive education model implemented during 2012-2014 in Nilphamari district in Rangpur Division, which has a 42.35 percent poverty rate (World Bank et al., n.d.). The European Union provided 75 percent of the funds and LCD mobilised the rest. It complemented the PEDP III, contributing to universal access to primary education. The overall goal was to create a conducive environment for the promotion of inclusive education.



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Yasmin’s mother carries her to school everyday from their house in East Chatnai village on the banks of the Teesta River, as it is difficult to negotiate a wheelchair through the sandy road. Yasmin, who studies in Grade 3, has multiple disabilities.

The intervention adopted a rights-based, participatory approach and targeted both girls and boys without gender-specific objectives and activities. However, gender-disaggregated data was monitored as a measure of promoting girls education and gender equality.

Barriers to education for girls with disabilities in Nilphamari

Parents of girls with disabilities were concerned about the safety of the girls outside the home. Fear of sexual abuse and teasing on the way to school and whilst at school were major causes of worry. Unavailability of a family member to escort girls with mobility constraints also reduced chances of such girls going to school. Most schools did not have separate accessible toilets for girls, which was another deterrent. The teachers also discouraged the parents, as it was an extra burden for them to ensure the safety of girls in schools. Many girls with disabilities who were out of school were already in puberty and parents were apprehensive that given their disabilities, the girls would not be able to manage menstruation without assistance while in school. Many parents preferred for their daughters to marry rather than going to school. The elders in many families were also against sending girls with disabilities to school, as traditional gender roles required them to remain at home. According to these elders, there was no use for a girl with a disability to go to school since she cannot “work and

earn.” People favoured sending boys with disabilities to school more so than girls. Many girls with disabilities were assigned household chores which the family and community perceived as the best engagement for a girl with disabilities.

Key intervention strategies

The intervention reviewed the primary school and teacher training curricula and textbooks for inclusivity. Based on the findings and implementation experience, the programme advocated with the MOPME for revision of the curricula and scale-up of inclusive primary education. Girls and boys with disabilities were identified and their parents were motivated to enrol them in schools. The programme assessed each child and a rehabilitation plan was prepared and monitored at the individual level. Caregivers were trained to build their capacities for the provision of sustained therapeutic services.

The programme made assistive devices and rehabilitation services available to the needy and set up 10 Inclusive Education Resource Centres (IERCs) to provide therapeutic services and training locally. Need-based additional coaching was provided and schools were made accessible for girls and boys with various impairments. Rigorous training strengthened teacher capacity and teachers were given learning materials that facilitate inclusive teaching. The programme sensitised local authorities and key officials from the various departments, set up Child to Child clubs, parents’ groups and advocacy alliances of non-state actors, and provided capacity development. Safe and sustainable transport was provided on the basis of need.



The original design was to cover 2,100 children across 100 schools. Since 2,100 children with disabilities were not available in the catchment area of 100 schools, the number of schools targeted was expanded to 262. The programme enrolled 2,128 children, of whom 2,039 were retained at a total intervention cost of \$636 per child. While the intervention was effective and efficient in its multi-faceted approach, quality was compromised because staff were overburdened without additional human resources to support the expansion.

Measures to promote education for girls with disabilities

Although the design was not gender-sensitive, the intervention made conscious efforts to address gender issues under each strategy.

Involving women as frontline workers: Half of the community trainers and most of the specialists recruited were women, since they were expected to closely interact with girl children. All volunteers recruited to manage the IERCs were women in an attempt to encourage girls, mothers, and grandmothers to frequently visit and utilise the IERCs. Preference was given to women when extra teachers or volunteers were recruited. Most of the tuition teachers recruited were also women to help ensure the safety and security of the girls. The female staff played a key role in convincing the parents of girls with disabilities to participate.

Intensive engagement with families and communities: The team visited each hesitant father and mother, listened to their reservations, and convinced them of the importance of sending girl children to school. Parents of girls with disabilities with leadership qualities were identified and through them parents of other girls were motivated and enrolled.

Gender sensitive information, education, and communication (IEC): The IEC materials were designed to promote girls’ education. The billboards, promotional videos, and paintings on school walls portrayed prominent images of girls with disabilities going to school.

Empowering mothers and grandmothers: Through rigorous training, the programme developed the awareness and capacity of mothers and grandmothers as primary caregivers to provide regular therapy to the children.

Addressing reproductive health issues: Girls with disabil-

ities in puberty and their mothers were provided training on reproductive health and how to manage menstrual cycles.

Ensuring safe transport to school: The programme organised safe transportation services to address parents' reservations about the safety of girls with disabilities commuting to school.

Making schools accessible and ensuring gender-sensitive water, sanitation, and hygiene (WASH) facilities: Separate, accessible toilets were constructed for girls in 85 schools.

Promoting leadership of girls: Leadership positions were reserved for girls with disabilities in the Child-to-Child clubs to promote their leadership skills.

Promoting equal opportunities: The programme gave equal opportunities to girls and boys to access therapeutic services, free and subsidised transport, and additional coaching. Girls benefited more than boys from the assistive devices provided.

Training women teachers: Women constituted 40 percent of the teachers trained on inclusive education.

“ I have heard kids who were unable to speak when they initially came, singing. I have witnessed a kid who was unable stand up later walking without help. Convinced about the potential of IERC, the Parishad decided to sustain it beyond the project. ”

Chairperson, Union Parishad

Impact

The intervention demonstrated the feasibility of an inclusive education model in the context of government primary schools in Bangladesh. Evaluation shows it to be a unique model of integration and inclusion by preparing the child, the family, and the school (Chowdhury and Gomes 2015).

Experience revising the Inclusive Education Module of DPE to incorporate intervention experience: The module was revised to consider the requirements of children with autism, those with cerebral palsy, Down Syndrome, blindness, deafness, and mental illness, in addition to existing categories. As part of DPE's effort to scale up inclusive education

in Bangladesh, the intervention trained 25 senior officials as master trainers in inclusive education to train the DPE staff.

Findings from the review of curricula considered for the next revisions: The recommendations from the review of the primary school curriculum included making accessible textbooks available in schools, inclusive evaluation modalities, and accommodating alternate modes of communication and learning in the curriculum. Introducing a separate paper on teaching techniques addressing students with diverse impairments and training on alternate communication methods were two of the recommendations to revise the teacher training curriculum. The recommendations are being considered by the MOPME for the next revision of the curricula.

“ Before we had received the training we had no idea that children with disabilities could be mainstreamed. ”

Primary school teacher

IERC recognised as a model and is being considered for national scale-up: IERCs provided much needed assessment, training, and therapeutic services to children and caregivers and the results have been significant. The MOPME is considering setting up IERCs at the subdistrict level.

Enabling environment created to nurture inclusive education for girls: Although the intervention was only three years in duration, its holistic, participatory, and results-oriented approach transformed the perspectives of all stakeholders and created an environment in Nilphamari conducive to promoting inclusive education. This has enabled girls with disabilities to enjoy their right to education on an equal basis with others.

Enrolment, retention, and learning outcomes of girls with disabilities improved significantly: The evaluation survey revealed that more than 70 percent of girls and boys with disabilities who attended mainstream schools in Nilphamari district in 2014 would not have made it to school in the absence of the intervention. The intervention enrolled 887 girls with disabilities across 262 mainstream schools during 2012-2014. Among the girls with disabilities enrolled, 94 percent completed their grades during 2014 and 91 percent of girls cleared their respective grades at the final examinations. The percentage of children with disabilities who were regularly

attending school rose from 17.9 percent in 2012 to 97.7 percent in 2014.¹ However, the dropout rate of girls with disabilities enrolled by the intervention, although low at 5.7 percent, was almost double the 3.1 percent dropout rate of boys. Safety and security constraints and beginning puberty were cited as the major reasons for dropout.

// My friends read out books for me, write notes and involve me while playing. //

Girl with visual impairment

Schools are better equipped to promote inclusive education:

Including 186 women, 402 teachers trained by the intervention now have the skills, confidence, and teaching aids to manage inclusive classes and can facilitate a joyful learning experience for girls and boys with and without disabilities. Such an immense change in the capacities and attitudes of teachers can help sustain the initiative. Gender-sensitive and barrier-free access is a reality in 85 government primary schools, which now have functional, accessible, and separate WASH facilities for girls.

Rehabilitative services and additional coaching transformed lives:

The need-based provision of assistive devices, gender-sensitive additional coaching, provision of safe transport facilities, and tracking individual rehabilitation plans significantly improved mobility, academic performance, and attendance in school. Child-to-Child clubs brought children with and without disabilities closer. According to parents and teachers, children with disabilities who used to be aloof and disconnected are now active and socially connected. Girls and boys without disabilities have become more sensitive and proactive in appreciating the requirements of girls with disabilities. Girls in puberty are now better aware of how to manage their menstrual cycles.

Parents are now collectivised and caregivers are empowered to sustain efforts:

Through fostering 100 parents' groups, the intervention ignited sustained activism to ensure retention and promotion of girls and boys with disabilities. Many parents have become strong advocates of inclusive education and were instrumental in enrolling several other girls. Caregivers are now better able to understand the needs of the girls and are capable enough to respond to their therapeutic needs and also manage menstruation.

¹ The impact may not be solely attributable to the intervention— baseline and evaluation surveys were not designed to capture the impact of the intervention statistically.

Select Performance Indicators

Figure No. 1 Girls with disabilities enrolled by the project by schooling outcome - 2014, N:887

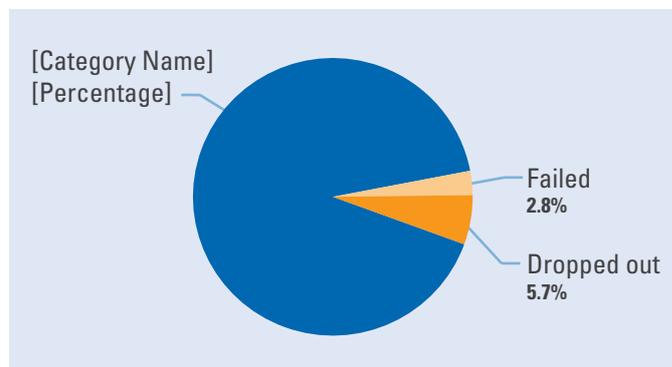


Figure No. 2 Children with disabilities in school by potential chances of enrolment in the absence of the project, 2014, N:215

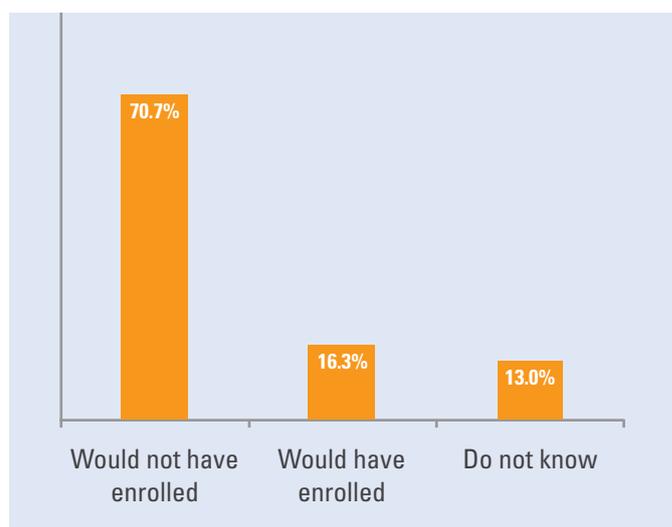
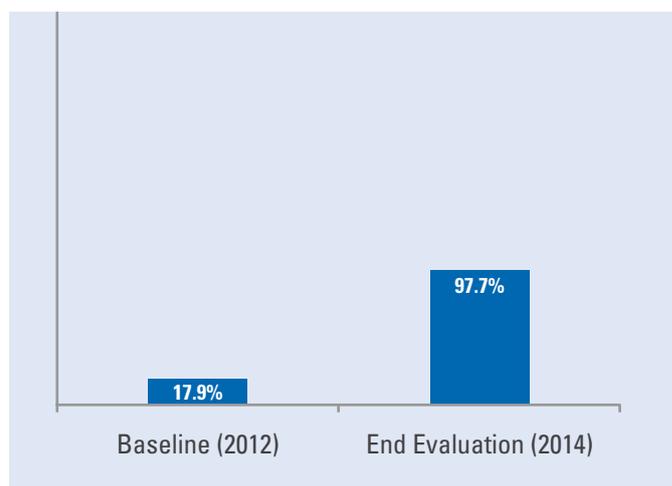


Figure No. 3 Percentage of children with disabilities in Nilphamari Schools by regularity in school



Lessons learned

The Bangladesh government's successful initiatives to promote girls' education are globally acclaimed. Similar measures are imperative to ensure that girls with disabilities have equitable access to inclusive education. The PEDP has the potential to universalise inclusive primary education in the country. However, there are policy bottlenecks that are difficult to untangle because governance of primary education in Bangladesh is vested under several ministries. The lessons learned summarised here are equally relevant for Bangladesh and other developing countries:

- Ensuring that every girl with a disability is in school necessitates a focused investment; promotion of rights through community empowerment can be a quick and cost-effective strategy. Although cost-effective in the long run, it demands significant gender-sensitive investments given the intensive and multi-layered nature of the programme. However, such investments are necessary to ensure education for all.
- Inter-ministry collaborations in partnership with civil society are essential: Given the resource constraints in developing countries and the host of behavioural, therapeutic, academic, and structural interventions required, long-term collaborations among the Ministries of Health, Education, Social Services, Women and Child Welfare and local self-government are essential to make sure that girls with disabilities are not left behind. Civil society organisations have a pivotal role in providing technical support and creating the required social capital.
- In the absence of a gender-sensitive design, boys benefit more: Having gender-specific objectives and a gender analysis at the beginning can ensure that each strategy and activity takes into consideration the



unique requirements of boys and girls. Gender-sensitive IEC materials, availability of safe transport, gender equity in access to services, and monitoring results by gender can enhance outcomes. The WASH blocks constructed under PEDP III are not physically accessible without ramps and rails and continue to be a barrier for girls with disabilities.

- Inclusive and gender-sensitive curriculum and textbooks are prerequisites. A thorough review of the textbooks and curricula in partnership with the concerned authorities and advocacy for making them inclusive and gender-sensitive are essential first steps. Although the intervention has provided recommendations for revising the existing curriculum, if the process is not expedited, inclusive primary curriculum and textbooks are unlikely to become available because the curriculum was revised only recently. Capacity building of all teachers (or at least one woman teacher per school) and providing them with the necessary teaching and learning materials should be a priority.
- Empowering parents through fostering collectives ensures realisation of rights. It is also important to connect the parents' groups with the advocacy alliances, disabled persons organisations in the locality, school management committees, and other key stakeholders so that the parents' groups can eventually take over and sustain the intervention's efforts.
- Inclusive Education Resource Centres (IERCs) are immensely useful. Setting up IERCs in partnership with local self-government institutions or upgrading existing resource centres under the Department of Education or Social Services (Upazila Resource Centres in the case of Bangladesh) can help sustain the availability of services within easy reach. ■



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