Independent Evaluation of the Girls' Education Challenge Phase II –
Evaluation Study 4: Educating Girls with Disabilities in GEC II

Final Report

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- Research and Equitable Access and Learning (REAL) Centre at the University of Cambridge

- Fab Inc.

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This document has been approved for submission by Tetra Tech International Development Project Director, based on a review of satisfactory adherence to our policies on:

- Quality management;
- HSSE and risk management;
- Financial management and Value for Money (VfM);
- Personnel recruitment and management;
- Performance Management and Monitoring and Evaluation (M&E)

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Acknowledgements

Acronyms

AGES	Adolescent Girls Education in Somalia
CAMFED	Campaign for Female Education
CBE	Community-Based Education
CFM	Child Functioning Module
CRPD	Convention on the Rights of Persons with Disabilities
CRW	Community Resource Workers
CSU	Cheshire Services Uganda
CtC	Child to Child
CWDs	Children with Disabilities
DTL	Distance Teaching Learning
EGDUE	Empowering Girls with Disabilities in Uganda through Education
EGMA	Early Grade Mathematics Assessment
EGRA	Early Grade Reading Assessment
EIES-GWDs	Expanding Inclusive Education Strategies for Girls with Disabilities
EMIS	Education Management Information System
ENGAGE	Empowering a New Generation of Adolescent Girls with Education
ESWG	Evaluation Studies Working Group
FCAS	Fragile and Conflict-Affected Settings
FCDO	Foreign, Commonwealth and Development Office
FGD	Focus Group Discussion
FM	Fund Manager
GATE	Girls' Access to Education
GEC	Girls' Education Challenge
GEC II	Girls' Education Challenge Phase II
GEC-T	GEC-Transition
GESI	Gender and Social Inclusion
GIEN	Girls Inclusive Education Network

GWDs	Girls with Disabilities
IAG	Independent Advisory Group
ID	Identifier
IDI	In-Depth Interview
IE	Independent Evaluation
IERCs	Inclusive Education Resource Centres
IP	Implementing Partner
JCE	Junior Certificate of Education
KII	Key Informant Interview
KISE	Kenya Institute for Special Education
LCD	Leonard Cheshire Disability
LMIC	Low- and Middle-Income Countries
LNGB	Leave No Girl Behind
MSCE	Malawi School Certificate of Education
NGO	Non-Governmental Organisation
NSGE	National Strategy for Girls' Education
OOS	Out-of-School
OPDs	Organisations of Persons with Disabilities
PCG	Parent/ Caregiver
PEA	Political Economy Analysis
PRT	Physical Rehabilitation Therapy
PSLCE	Primary School Leaving Certificate for Education
PVM	Participatory Visual Methodologies
RQ	Research Questions
SEGMA	Secondary Grade Mathematics Assessment
SEGRA	Secondary Grade Reading Assessment
SIP	School Improvement Plan
SOMGEP	Somali Girls Education Promotion Programme
SSHRCC	Social Sciences and Humanities Research Council

STAGES	Steps Towards Afghan Girls
TENI	Tackling Education Needs Inclusively
ToC	Theory of Change
ToR	Terms of Reference
UDL	Universal Design for Learning
UIS	UNESCO Institute of Statistics
UNCPRD	Convention on the Rights of Persons with Disabilities
VSO	Voluntary Service Overseas
WG	Washington Group
WG-SS	Washington Group Short Set
WWW	Wasichana Wetu Wafaulu

Executive Summary

The GEC II Independent Evaluation

The Foreign, Commonwealth and Development Office (FCDO) launched the Girls' Education Challenge (GEC) in 2012. Phase II of the programme (2017-2025) receives £500m to support 41 projects operating in 17 countries, managed through two windows: (1) the GEC Transitions (GEC-T) window; and (2) the Leave No Girl Behind (LNGB) window.

The two expected outcomes of the GEC II are:

- Improved learning outcomes for marginalised girls; and
- Increased transition through key stages of education, training, or employment.

The Independent Evaluation (IE) of Phase II of the GEC was commissioned by the FCDO in February 2020. The IE team is required to deliver eight individual research and evaluation studies on different thematic topics that are considered of high learning value to the FCDO, Fund Manager (FM) and Implementing Partners (IPs).

This study is the fourth in the series of the Independent Evaluation of the GEC II and has a thematic focus on Disability within the GEC II.

Study 4: Educating Girls with Disabilities in GEC II

The main objective of this study is to understand how GEC II projects have supported Girls with Disabilities (GWDs).

The specific research questions (RQs), based on the Study 4 Terms of Reference (ToR) (Annex A), are:

- **RQ1:** To what extent have GEC II projects supported GWDs (with a particular focus on learning outcomes) through their interventions, including approaches adopted during Covid-19, and what are the factors influencing these decisions?
- **RQ2:** What are the perceived and observed effects of the interventions adopted by selected GEC II projects on GWDs, their teachers/educators, families/caregivers, and communities?

Methodology

RQ1 uses secondary data analysis (both quantitative data and project documentation analysis including external policy documents) covering all 41 projects on how the projects have supported girls with disabilities (GWDs) through their interventions. RQ1 was supplemented with key informant interviews (KIIs) with 27 IPs (out of the 41 IPs).

RQ2 solely relies on in-depth primary qualitative data collected with three case study projects. The purpose of this approach was to elevate the voices of the participants, particularly girls with disabilities, to understand how the projects engaged them and the perceived and observed effects on their lives, including their inclusion in education. The primary methods utilised are **classroom observations**, **semi-structured interviews, focus groups discussions** (FGDs) **and participatory methods of photovoice and audio notes**. Data were also collected from teachers, parents/caregivers, community members and national and regional government officials. An overview of the project selection strategy for the three case study projects is provided in Section 3.

The detailed research design and methodology is provided in Annex B.

Research Question 1: To what extent have GEC II projects supported GWDs (with a particular focus on learning outcomes) through their interventions, including approaches adopted during Covid-19, and what are the factors influencing these decisions?

The first research question looked at how the 41 GEC II projects engaged GWDs in their interventions and the rationale underpinning their decisions.

Key findings

- **Forty of the 41[5] GEC II projects (approximately 98%) engaged with GWDs through their programmes,** though the extent to which the projects engaged with GWDs varied between intentional and direct targeting of GWDs (29 of 40 projects; approximately 73%) and indirect targeting of GWDs (11 of 40 projects; approximately 27%). We distinguish between the two based on the description of project activities as per their evaluation reports. Here, indirect targeting refers to IPs who mentioned GWDs as part of a broader marginalised population for whom the interventions were implemented. Direct targeting refers to IPs who explicitly included interventions specifically for GWDs. Nearly all of the LNGB projects directly targeted GWDs (13 of 14 LNGB projects; 93%), in comparison to the number of GEC-T projects which directly targeted GWDs (16 of 27 GEC-T projects; 59%).

- **These 40 projects identified girls with disabilities using survey questionnaires**. All GEC-T projects administered the Washington Group Short Set (WG-SS) questionnaires to girls to screen their disabilities. LNGB projects administered the WG Child Functioning Module (CFM) to girls, which covered 13 domains, including affective domains of depression/anxiety.[6] Eleven of the 27 IPs interviewed spoke about conducting community-level activities or household mapping as part of their initial outreach prior to enrolling girls in their projects. These were viewed as an effective means to identify, and thereby include, 'hidden' girls, particularly due to the support of female volunteers.

- **Overall, 8.6% of girls in the GEC-T sample data (across the six domains) and 14% of girls in the LNGB sample data (across the 13 domains) reported at least one disability at baseline.** A marginally higher proportion of LNGB girls reported having disabilities in domains of anxiety/depression (5.9% and 4.3%), compared with other domains of functioning (less than 2%).

- **All 29 projects which directly targeted GWDs implemented multiple, cross-cutting interventions to enable their access to, and participation in learning.** The most commonly included interventions related to teacher training (23 projects; 56%), peer activities/clubs (23 projects; 56%), community member/family engagement (22 projects; 54%) and provision of assistive devices (21 projects; 51%). The less common interventions were financial support (11 projects; 27%), adaptations to infrastructure (10 projects; 24%), engagement with other Non-Governmental Organisations (NGOs)/ disability-specific organisations (7 projects; 17%) and transport provision (4 projects; 10%). Though these interventions were implemented by a lower proportion of projects, the IP interviews highlighted their importance in mitigating the barriers GWDs face in accessing education.

- **During Covid-19, 14 out of the 27 IPs (52%) we interviewed spoke about adapting interventions during school closures to be inclusive of GWDs.** These included adapted learning materials by translating them into Braille or picture-based materials, providing psychosocial support and delivering lessons through phone calls/ WhatsApp/ radio learning or small in-person group classes. Though the remaining 13 IPs we spoke to did not specifically adapt interventions for GWDs, they stated that the Covid-19 responses were intended to reach all girls whom they targeted.

- **Based on the quantitative analysis, literacy and numeracy outcomes of GWDs have improved between baseline and midline.** In GEC-T, GWDs who received interventions have shown improvement in learning beyond GWDs who did not receive interventions, though this result is statistically insignificant when project-specific weights are added and hence may be driven by two 'high performing' GEC-T projects (BRAC and the Campaign for Female Education (CAMFED)). Compared to baseline, the midline GEC-T data showed that aspects of economic empowerment (e.g., reduction in difficulty affording schooling), life skills (e.g., reduction in feeling nervous doing maths in front of others or not focused on goals), and teaching quality had improved (e.g., less GWDs felt that their teacher treated boys and girls differently) and increased perception of safety in travelling to/from school. Reported school attendance by the caregivers, however, worsened for GWDs.

- **In the LNGB window, GWDs who received interventions improved at a similar or greater pace compared to girls without disabilities in the treatment group.** Treatment girls showed positive improvement over and above girls without disabilities in both literacy and numeracy. However, results are only statistically significant in numeracy. Despite not having projects that specifically cater only to girls with disabilities as in GEC-T, GWDs in the LNGB window managed to show learning improvements. This shows that improvements can be made within ranges of heterogenous contexts.

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[5] While one project did not include GWDs, their endline report stated that the project was conducting a monitoring exercise to be more inclusive of GWDs.
[6] We do not have sufficient information to explain the reason(s) why LNGB projects administered the Module on Child Functioning to girls while GEC-T projects administered the Short Set questionnaire with girls.

Figure 1: Learning gains of treated GWDs relative to comparison groups in GEC-T and LNGB window
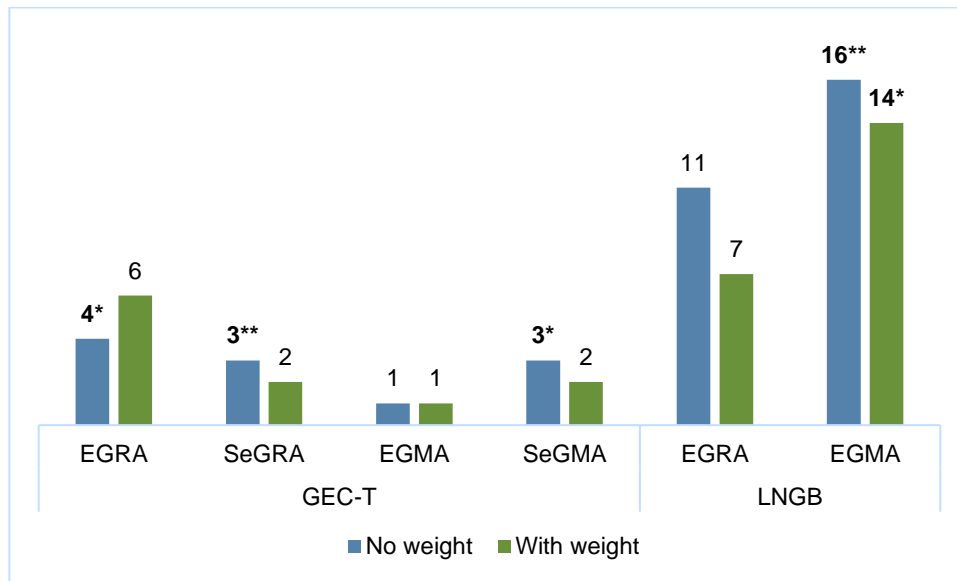
*Note: DID coefficients with two asterisks are statistically significant at the 95% confidence level (P-value lower than 0.05 = 5%). Those with one asterisk are statistically significant at the 90% level (P-value lower than 0.1 = 10%).

- **All 27 IPs we interviewed were motivated to target and support GWDs due to the 'double discrimination' GWDs face.** These IPs consistently stated that GWDs have the same right to education as all girls but are often the most excluded from educational spaces due to their gender and disability status.

- In addition to recognising the importance of educating GWDs as a rationale for including them in education-based programming, **four of the 27 IPs (15%) spoke of internal organisational policies which mandated the inclusion of GWDs, and three IPs (11%) referenced the FCDO's increased focus on disability in 2018 and FCDO requirements to target GWDs** as additional factors which influenced their organisation's decision to target GWDs.

- **However, six of the interviewed IPs (22%) who targeted GWDs stated that they faced organisational limitations,** including financial/resource constraints and limited technical or specialist expertise. These affected the extent to which they could support all GWDs, particularly, girls with severe or multiple disabilities.

Research Question 2: What are the perceived and observed effects of the interventions adopted by selected GEC II projects on GWDs, their teachers/educators, families/caregivers, and communities?

The second research question focused on the effects of the GEC II project interventions on the lives of GWDs and those around them in three case study projects: VSO Empowering a New Generation of Adolescent Girls with Education (ENGAGE) (Nepal); Link Education International's TEAM Girl (Malawi); and VIVA CRANE's Building Girls Live, Learn, Laugh and SCHIP in Strong, Creative, Holistic, Inclusive, Protective Quality Education (Uganda).

Key findings

- **In all three contexts, all sampled GWDs reported an increase in their literacy skills i.e., their ability to read and write, and numeracy skills.** GWDs spoke about the role of assistive devices, classroom adaptations (use of Braille, sign language) and teaching support (extra attention, encouraging attitudes) in contributing to their increased ability to read and write. This increase in GWDs' abilities to read and write was corroborated by other stakeholders, such as teachers/educators and parents/caregivers.

- GWDs in all three contexts also reported an increase in their socio-emotional skills including their self-confidence and positive social interactions with their peers, neighbours and community members. This improvement in GWDs' socio-emotional skills was also reported by parents/caregivers, teachers/educators, and community members in all three contexts. In particular, GWDs in Nepal and Uganda who were earning income as a result of the vocational training they received from the projects expressed feelings of empowerment and increased confidence due to their newly gained financial independence.

- **In the three project contexts, community members noted an increased awareness about the need to educate GWDs.** Community members also indicated that perceptions about girls' education in general have become more positive. In Nepal, the involvement of 'Big Sisters', was a particularly noteworthy community-based intervention. These 'Sisters' were from the same communities as GWDs and held a multi-faceted role – from motivating the girls with their learning, to engaging with parents and facilitating community awareness sessions. Their importance was recognised by all interviewed stakeholder groups in Nepal.

- Teachers emphasised their improved knowledge in supporting GWDs in the classrooms, such as giving extra attention to students with disabilities, changing seating arrangements, etc. However, teachers felt they needed more support to cater to the needs of GWDs and expressed the desire for more effective continuous professional development (such as their knowledge of Braille and sign language).

Figure 2: The roof in my school

- Nonetheless, fundamental barriers that hampered the inclusion of not just GWDs, but all girls, were highlighted in all three contexts. These include physical barriers, such as a lack of transport to and from the schools/ learning centres; as well as infrastructural barriers, including inaccessible and unclean toilets. In Malawi, basic facilities such as desks/chairs were unavailable, which affected all students. Figure 2 below shows lack of a thatched roof in a school, as presented through a photovoice activity with one of the GWDs in Malawi.

- Finally, in all three contexts, the use of participatory methods of photovoice and audio notes proved particularly useful in elevating the voices of GWDs and providing a tool to conduct in depth interviews with them. Many of the barriers mentioned by girls were highlighted through the photos and audio notes.

Conclusions

These conclusions are based on learnings from the portfolio review of 41 GEC II projects as well as the in-depth primary qualitative data collected from the three shortlisted GEC II projects in Nepal, Malawi and Uganda.

- Using surveys such as the CFM, which cover a wider range of domains, is likely to mitigate the risk of some GWDs being missed by project interventions compared to using only the six domains common to the WG-SS.

- The strongest motivation for including GWDs in the interventions, according to the IPs, was a clear recognition of the multiple disadvantages that GWDs faced in their communities. Nonetheless, decisions about inclusion appear to be influenced by the type and severity of a girl's disability, as girls with severe and cognitive disabilities were most likely to be left behind.

- Across the portfolio, there was an improvement in the learning engagement and outcomes of GWDs, particularly their ability to read and write over the course of the interventions.

- A small number of IPs provided inclusive accommodations for GWDs during the baseline learning assessments (for instance, through provision of large-print materials, a scribe, additional time for task completion). This is particularly important to consider when GWDs are required to undertake standardised measurements (e.g., national examinations) where such accommodations might not be automatically available.

- GWDs in all three case study projects reported an improvement in their socio-emotional skills such as confidence levels. GWDs who received vocational training, and consequently, were able to earn income, reported additional feelings of financial independence.

- Interventions which included increased engagement with family and community members were found to be particularly effective, as specifically seen in our case study projects.

- The most common intervention undertaken by the projects was teacher training, and some improvements were noted in teaching practices across the portfolio. However, specialist teaching skills, such as the use of Braille and sign language, were lacking. Teachers also faced barriers in catering to the needs of girls with severe and cognitive difficulties.

- While the interventions were largely successful in catering to the needs of GWDs, some basic aspects, such as clean toilets, transport to and from school, remained a challenge.

- Finally, the use of participatory methods of photovoice and audio notes, proved to be particularly useful in elevating the voices of GWDs, making them feel comfortable with the facilitators and in identifying issues faced by them.

Recommendations

These recommendations are based on learning from the portfolio review of 41 GEC II projects as well as the in-depth primary qualitative data collected from the three shortlisted GEC II projects in Nepal, Malawi and Uganda. The three projects were identified as having a stronger focus on disability in their interventions. These recommendations are targeted towards the FM, IPs and the FCDO to take into consideration when designing future girls' education interventions.

Sector wide recommendations:

- Donors and policymakers should concentrate efforts, and provide adequate resources in an effective way, to enable programmes to focus on the inclusion of girls and children with complex multiple needs and ensure that every child is a part of the education system.

Programme design/modality:

- Programme implementers should incorporate a life skills or vocational training component, which has been shown to be pivotal in improving feelings of financial empowerment for GWDs in the case study projects.
- Programmes should focus on holistic interventions that target community members as well as GWDs and their families.
- Programme implementers should incorporate accommodations for GWDs during learning assessments (through large-print stimuli, Braille assessments, alternative modalities of assessments) to ensure their performance is not affected by standardised assessment processes, especially in contexts where such accommodations may not be automatically available.
- IPs, donors, and national governments need to adopt a twin track approach to address general barriers that hinder girls' education, as well as disability-specific barriers that specifically hinder the education of girls with disabilities.

Programme implementation: beneficiary selection

- We recommend that projects use both surveys and community engagement/mapping exercises (where possible) to identify girls with disabilities.
- Projects should be encouraged to use the Washington Group-Child Functioning Module rather than simply relying on the WG-Short Set questions.

Programme implementation: support to girls and teachers

- Programme implementers, donors and national governments need to ensure that teachers and students have access to accessible and adaptable teaching-learning materials and resources that cater to a broad range of educational needs for girls with disabilities.
- Specialist support for teachers within classrooms (such as having sign language experts in the classrooms) is recommended particularly for supporting girls requiring the use of sign language and Braille.
- It is recommended that inclusive teacher training modules based on the principles of Universal Design for Learning (UDL) be designed by IPs and incorporate mechanisms for providing greater support to GWDs in the classrooms.

Recommendations for programme Monitoring, Evaluation, Research and Learning (MERL):

- Programmes should centre girls' voices in monitoring data through use of participatory methods, which this study has shown offer very valuable insights through capturing GWDs' voices and articulating their needs.

1. Introduction

This report sets out the findings, conclusions, and recommendations of the fourth evaluation study, completed by the Independent Evaluation (IE) team, led by Tetra Tech, for the Girls' Education Challenge Phase II.

The Foreign, Commonwealth and Development Office (FCDO) launched the Girls' Education Challenge (GEC) in 2012. Phase II of the programme (2017-2025) receives £500m to support 41 projects operating in 17 countries, managed through two windows: (1) the GEC Transitions (GEC-T) window; and (2) the Leave No Girl Behind (LNGB) window.

The two expected outcomes of the GEC II are:

1. Improved learning outcomes for marginalised girls; and
2. Increased transition through key stages of education, training, or employment.

The independent evaluation of Phase II of the GEC was commissioned by the FCDO in February 2020 and the IE team is required to deliver approximately eight individual research and evaluation studies on different thematic topics that are considered of high learning value to the FCDO, Fund Manager (FM) and Implementing Partners (IPs). Study 4 specifically focuses on GEC Phase II projects' engagement with, and effects on girls with disabilities' (GWDs) in education.

This report comprises the following sections:

1) **Section 2** draws on background literature to provide an overview of key concepts and evidence in relation to education of girls with disabilities that have informed this study.
2) **Section 3** provides an overview of the research approach and methodology. Further detail on the methodology is provided in the accompanying document (Annex B).
3) **Sections 4 and 5** address the two research questions in turn.
4) **Section 6** presents the main conclusions based on findings from the two research questions.
5) **Section 7** builds on these findings and conclusions to provide recommendations for the FCDO, FM and IPs and the wider academic practitioner community.

In addition, this report is accompanied by a separate set of annexes, which provides further detail on the methodology and ethics and safeguarding procedures; the research tools used for this study; and expanded quantitative findings. These comprise the following annexes:

1) Annex A: Study 4 TORs;
2) Annex B: Research Design and Methodology;
3) Annex C: Additional Quantitative Analysis; and
4) Annex D: Details of Case Study Projects.

1.1. Disability in the GEC

The GEC follows the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) mandate in promoting a human rights approach to disability and takes into account the Washington Group Short Set (WG-SS) (GEC, 2019; GEC, 2020). Persons with disabilities are defined as:

'…*those who have long-term physical, mental, intellectual, or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others*' (Article 1, UNCRPD).

This concept of disability moves away from the traditional solely medical-based perspective characterised by a focus on physical deficits (impairments), to one that encompasses the attitudinal, environmental and institutional barriers that limit or exclude people with impairments from participation.

In the context of the GEC, GWDs have the right to participate in all activities as active members of their communities. Therefore, individual projects (both in LNGB and GEC-T) adapted their interventions for the inclusion of GWDs. IPs were also required to examine the barriers faced by GWDs in their individual contexts and undertake steps to mitigate these. The emphasis for inclusion in education is placed on reducing barriers and promoting

opportunities for participation, rather than expecting girls with disabilities to 'fit in' as best they can (GEC, 2019; GEC, 2020).

1.2. Purpose, scope and objectives of Educating Girls with Disabilities in GEC II

The primary objective of this study was to understand in what ways GEC II projects have engaged with GWDs through their interventions, and the perceived and observed effects of these approaches on their learning and socio-emotional wellbeing outcomes, including their engagement with peers, teachers/ educators, and caregivers/ families.

The specific research questions, based on the Study 4 Terms of Reference (ToR) (Annex A), were:

a) **RQ1:** To what extent have GEC II projects supported GWDs (with a particular focus on learning outcomes) through their interventions, including approaches adopted during Covid-19, and what are the factors influencing these decisions?

b) **RQ2:** What are the perceived and observed effects of the interventions adopted by selected GEC II projects on GWDs, their teachers/educators, families/caregivers, and communities?

The primary stakeholder audiences for this study are the FCDO (GEC II Programme Team, FCDO Education Advisors, Regional Education Advisors, Girls' Education Department), the FM, and project IPs. The secondary stakeholder audiences for this study are other international donors, Organisations of Persons with Disabilities (OPDs), Ministries of Education and other governmental agencies working on disability and stakeholders working in and investing in girls' education and disability inclusion more generally.

2.   Review of Existing Evidence on Inclusion of Girls with Disabilities (GWDs) in Education

This section provides a brief overview of key evidence and issues to frame and contextualise Study 4. This review used a purposive search strategy to identify recent research evidence in relation to the education of GWDs. Evidence from the past 10 years was examined using multiple sources ranging from academic literature (journal articles, book chapters etc.) to project evaluation reports published by Non-Governmental Organisation (NGOs) and International NGOs and policy reports published by UN agencies.

2.1.   Why are educational interventions focusing particularly on GWDs important?

There is a lack of research on the educational needs, experiences and outcomes of GWDs (Wallace et al., 2018) owing to lack of funding for disability programmes and data collection (UNESCO, 2019). Based on primary research in Vietnam as well as a review of secondary global evidence, Nguyen (2020) emphasises how GWDs are among the world's most marginalised groups of society, resulting from social norms and cultural bias around gender and disability. Yet, an explicit focus on GWDs is missing from most national and international frameworks (Nguyen and Mitchell, 2014). While the global community has started recognising the situation of children with disabilities (CWDs) in the context of the UNCPRD (United Nations, 2006), there is little focus on the intersection between disability and gender. As Nguyen (2020) stresses, specific reference to GWDs is entirely absent from the legal provisions for Children with Disabilities in Article 23 of the United Nations Convention on the Rights of the Child (UNCRC) (United Nations, 1989). **GWDs are often highlighted as having the 'double disadvantage' of experiencing marginalisation on multiple levels -** gender and ability (Moodley & Graham, 2015; Sheldon, 2014; UNESCO, 2017). The intersection between class, disability, age and gender can result in multiple levels of disadvantage and discrimination against GWDs (Nguyen and Mitchell, 2014). Multiple research studies using primary qualitative data (interviews, focus group discussions (FGDs)) based in low- and middle-income countries (LMICs) discuss how poverty can also intersect with gender and disability to amplify the educational inequalities faced by girls and women with disabilities in education (Naami, Hayashi and Liese, 2012; Maroto, Pettinichio and Patterson, 2019; UNESCO, 2019). The role of poverty is particularly relevant in rural areas, as approximately 70% of women with disabilities reside in rural areas within LMICs (United Nations Enable, 2011). Furthermore, in Ortoleva and Lewis' (2012) review of secondary evidence on violence against women, gender and disability were also seen to intersect with race, particularly in conflict affected countries, resulting in multiple levels of exclusion for GWDs.

There is a dearth of education enrolment and outcome statistics for GWDs (UNESCO, 2020). Most statistics focus on differences between children with and without disabilities. For instance, the Global Education Monitoring Report (2020) shows that children with sensory, physical or intellectual disabilities were 4, 7 and 11 percentage points more likely to be out of primary, lower secondary and secondary schools respectively as compared to their peers without disabilities (UNESCO, 2020: 64). Similarly, a UNESCO Institute of Statistics (UIS) study based on statistics from 37 countries showed that CWDs were more likely to be out of school as compared to children without disabilities (UIS, 2018). United Nations Girls Education Initiative's (2017) review of educational interventions targeting GWDs in LMICs (using secondary data and interviews) highlighted how education enrolment and retention rates are often lower for girls as compared to boys with disabilities. These learning outcome differences (i.e., numeracy, literacy) between girls and boys are also dependent on location, poverty/wealth level, type and severity of disability, and ethnicity, with disparities often reinforced by gender stereotyping (UNGEI, 2017). However, there remains a lack of education related data on disability, particularly data that is disaggregated according to gender (UNESCO, 2020). Following a review of 11 sub-Saharan African ministries, the GEM report (UNESCO, 2020) indicated how some countries, such as Cameroon and Nigeria, did not even have basic data on disability (such as enrolment of children with disabilities in schools).

Multiple barriers to the inclusion of GWDs within schooling systems exist, including stigmatising attitudes towards disability and gender; unequal power relationships with GWDs' communities and families; lack of access to education and disability services; and financial instability (Carew et al., 2019; Carew et al., 2020; UNGEI, 2017). While gender and access to schooling is a concern in many countries, it is further amplified for GWDs. Evidence from interviews and focus group discussions with GWDs (Groce, Gazizova and Hassiotis, 2014) highlights that GWDs may also suffer from particularly concerning issues such as sexual abuse in school which can hinder their access to schooling or early marriage. Similarly, Don, Salami and Ghajarieh (2015) identified safety and security of GWDs in

schools and on their way to schools in rural Iran as an important factor influencing GWDs' access to education. Other barriers within the classrooms include bullying by peers which can impact GWDs' confidence (Schutz, Schipper and Koglin, 2022). A lack of accessible and/or separate toilets and washing facilities place a particular burden on GWDs who may need assistance with the use of toilets, and in menstrual hygiene management. Girls' need for help with such personal tasks is concerning especially in societies where modesty is emphasised (Clarke and Sawyer, 2014).

An important barrier for GWDs' access to education is a lack of transport to and from school. Issues around access to school buildings and moving around recreation spaces and teaching and learning areas (e.g., classrooms, library, science laboratories) contribute further to GWDs' exclusion from education. Some girls are dependent on family members to carry them, or escort them to and from school for safety and cultural reasons, which is restrictive with respect to time investment and costs, especially when GWDs belong to poor households (Mafa, 2012; Hammad and Singal, 2015).

Teachers often lack effective training to cater to the needs of GWDs. In many countries, teachers do not have the pedagogical skills to teach in an inclusive manner (Dziva and du Plessis, 2020; Stromquist 2018). A learning achievement survey administered to participants of an inclusive teaching programme across 10 Sub-Saharan African countries showed that only 8% of grades 2 and 6 teachers received inclusive education training (Wodon et al., 2018). Furthermore, Groce and Kett (2014) found that GWDs in Kenya were less likely to receive additional educational support from teachers in comparison to boys. Using a quasi-experimental design to estimate the impact of an inclusive education design in the Lakes region of Kenya, Carew et al. (2020) showed how due to the practice of school personnel identifying 'special educational needs', boys tended to be on teachers' radar with behavioural issues and were subsequently identified with perceived learning difficulties. Girls usually did not act out at school due to cultural pressures and were often neglected by teachers (Carew et al., 2020).

Additionally, *The State of the World's Children* (UNICEF, 2013) discussed how **GWDs are more likely to become caregivers to their siblings, and as a result can potentially become socially excluded from educational contexts.** The report highlighted how social exclusion can result in low self-realisation, autonomy, and self-advocacy. Similarly, Lindstrom, Harwick, Poppen, and Doren, (2012), highlighted how GWDs, more so than their male peers were seen as having inadequate knowledge around their strengths and needs, available career options and resources to support transition from school to work.

Finally, the Covid-19 pandemic may potentially exacerbate the issues faced by GWDs. Some research has called attention to the increased consequences for GWDs' safety, with the predicted increase in gender-based violence within all populations seeming to be mirrored for women and GWDs, particularly on their way to schools (Greer and Pierce, 2021). Singal et al. (2021) highlight how in Malawi, parents noted fears of their girls with disabilities being unsupervised at home during the pandemic and the heightened danger of being vulnerable to sexual exploitation.

Given the range of issues faced by GWDs, and the potential exacerbation of these issues during Covid-19, educational interventions targeted towards children with disabilities require additional components to be effective for GWDs. Nguyen (2020) argues that both disability and gender are significant factors for exclusion, yet the focus of attention has mostly been on either one or the other. The next section reviews the existing evidence on educational interventions directly targeting GWDs.

2.2. What is the nature and effectiveness of educational interventions supporting GWDs?

A review of evidence from the last 10 years on educational interventions supporting GWDs shows that interventions ranging from child-to-child activities (CtC) to community awareness campaigns are being used in LMICs, particularly in Africa, to foster the inclusion of GWDs.

Fostering positive community attitudes about educational provision has proven to be beneficial for increasing enrolment of GWDs in schools and countering stigmatising attitudes towards gender and disability. Scior et al. (2016) highlighted the role parents and community members of children with intellectual disabilities can play in reducing stigma towards intellectual disabilities. Similarly, community members can play an active role in engendering positive attitudes towards the educational needs and provision for GWDs. An important way of fostering positive community attitudes towards GWDs involves raising awareness about both disability and gender issues amongst caregivers and communities to challenge traditional stereotypes about people with disabilities in general and GWDs in particular (Carew et al., 2020). For instance, Plan International in Sierra Leone and Leonard

Cheshire Disability (LCD) in Bangladesh used radio advertising, billboards and promotional videos depicting GWDs, which helped raise awareness around their rights and their ability to be at school and learn (UNGEI, 2017).

Community resource workers (CRW) can be particularly useful in raising awareness, as indicated by an LCD project in Bangladesh. In this project, CRWs worked closely with families, communities, and schools to support the attitudinal and practical side of the enrolment of all children, especially GWDs. They were able to build good relationships with families to assuage their fears concerning the safety of their daughters and succeeded in providing information and arguments for the right to and potential benefits of education for GWDs (UNGEI, 2017).

Interventions focusing on the development of CtC approaches (after school clubs and peer support etc.) can be useful for promoting social inclusion. Using a household survey to examine the intersection between education and disability in Darfur (Sudan), Trani et al. (2011) found that interactive spaces for children such as after-school clubs operated both to educate as well as protect children through play, socialisation and learning. These clubs also provided extra food, information, and vaccination campaigns. Girls were more often enrolled than boys because boys were expected to help with tasks such as minding cattle and agricultural chores. Though useful, only a few CWDs were reported to attend, most often because of factors such as parents' lack of awareness, ill health of children, stigma around disability and lack of transport etc.

CtC approaches and activities such as after-school clubs can also be helpful for providing girls with mentors. Using interviews and participatory visual methods, a study in Vietnam found that GWDs meeting older women with disabilities at after-school clubs provided important mentoring opportunities between generations based on lived experiences (SSHRCC, 2016). They also provided a more positive experience of socialisation in schools for GWDs. One impact evaluation of the Tackling Education Needs Inclusively (TENI) project in Ghana pointed out that girls' clubs and science, technology, math, innovations and education camps were effective for retention as well as transition of GWDs in schools due to an increase in their confidence (Associates for Change, 2013).

Further, CtC activities can be useful for developing inclusive behaviours among children without disabilities. UNGEI (2017), using interviews with AbleChild Africa's Child-to-Child Inclusive Education Programme Managers in Uganda, showed that encouraging school-going children to identify and engage with out-of-school children in spaces such as after school clubs were useful for developing inclusive practices and alternatives to behaviour based on gender and disability bias for children without disabilities. In this safe and supported environment, GWDs expressed an increase in their self-assertion and self-confidence due to an increase in interactions and opportunities to discuss lived experiences and issues with other girls and boys with and without disabilities. Further participatory research on the effectiveness of such interventions can be used to understand the potential effects on GWDs beyond the classrooms and schools (ibid).

Issues of transport and accessibility have been addressed by some interventions through a focus on accessible learning environments (including building of ramps, provision of assistive devices such as wheelchairs and hearing aids, provision of teaching and learning materials) (HRW, 2010; Trani, 2011; Kett and Deluca, 2016; Carew et al., 2020). Research into transport and access to inclusive education in Zimbabwe, for instance, found that the issue of transport is crucial for access to education but also quite complex (Kett and Deluca, 2016). During the intervention, questions arose around road safety, influences of rainy seasons, maintenance costs for purchased vehicles and hiring drivers with training of drivers to assist CWDs and keep them safe during the journey, especially with regards to GWDs, being a particular cause for concern (Kett and Deluca, 2016).

Finally, teacher training and gender- and disability-responsive pedagogy is essential for providing quality inclusive education for GWDs (Carew et al., 2018). Dziva and du Plessis (2020) emphasise the usefulness of including disability modules in inclusive teacher training curricula in Zimbabwe in capacitating teachers and other staff members in schools to deliver gender and disability sensitive inclusive education. Training in child-centred pedagogy is particularly useful for fostering enabling environments for GWDs in schools. For instance, a review of inclusive education practices in Uganda by Enable-ed emphasised the transition to a child-centred teaching methodology in which children are not just recipients but actively participate in lessons through, for example, group work or peer-to-peer learning. In particular, the review showed how attaining a balance between study and play time particularly benefits GWDs (Enable-ed, 2017). Further, an evaluation of the Save the Children Inclusive Project in Malawi (2019) found that the organisation had supported teacher training colleges to include a module on inclusive education so that as teachers graduate, they should have the skills to effectively teach learners with special needs instead of having special training for special needs teachers (Save the Children, 2021).

There is also evidence that training has an impact on attitudes and supportive behaviour, but less evidence exists on the actual changes in teaching. For instance, the UNGEI (2017) global review of interventions focusing on GWDs found seating boys and girls with visual/hearing impairments at the front of the class is often cited as a good example

of inclusive education and forms an important aspect of teacher training models. While these arrangements can potentially foster integration in the classrooms, there is a lack of evaluation in terms of how effective this model is for inclusion of students and their learning outcomes. This raises the question, to what extent there is agreed best practice for teachers and to what extent pedagogical approaches need to be adapted on the ground, particularly considering the contextual realities of different geographical spaces. There is a lack of in-depth and girls-specific research on the application of effective inclusive teacher training on GWDs. **Qualitative studies that highlight the voices of GWDs can play an important role in bringing out data that illustrates these complexities and the overall usefulness of interventions targeting GWDs.**

2.3. What does the literature say in relation to highlighting the voices of GWDs?

The perspectives and voices of GWDs are not monolithic, which necessitates the recognition of the heterogeneity of their experiences. Differences may exist in the way GWDs perceive and communicate what works well or less well for them in educational settings. For instance, Nguyen (2020), engaging in participatory research with 21 GWDs involved in the project Monitoring Educational Rights for GWDs in Vietnamese schools showed how some girls with intellectual disabilities found it difficult to express their perspectives around their inclusion and exclusion in education in writing while others articulated well in writing but participated less in social spaces. Singal et al. (2021) noted how during Covid-19 school closures in Nepal, GWDs' parents reported that these girls were more likely to engage in formal learning in comparison to parents of boys with disabilities. Additionally, parents were more worried about girls falling behind in their learning due to lack of accessible materials and lack of technological familiarity, while parents of boys with disabilities were more worried about the impact that school closures would have on employment opportunities later in their child's lives.

Democratising and participatory methodologies are essential for understanding how GWDs perceive their lives and the factors which support or hinder their development and well-being. In this regard, participatory research methods of semi-structured interviews, observations and FGDs have been used as important methods of data collection and representation for GWDs in different contexts (Don, Salami and Ghajarieh, 2015; Wallace, Karangwa, Bayisenge, 2018; Forber-Pratt and Lyew, 2019; Nguyen, 2023). Participatory visual methods (such as drawing) are also critical for empowering the voices and perspectives of GWDs. Goodley and Runswick-Cole (2012), drawing on field experience from in-depth case studies of GWDs in Derbyshire, for instance, propose placing girls' perspectives through participatory methods such as photovoice and drawing at the centre to give girls a chance to use their voice and to see through their eyes. Participatory visual methodologies (PVM), such as *cellphilming* (filming using a cell phone), also provide an opportunity to GWDs to resist dominant narratives of disability from which GWDs themselves are absent (Nguyen, 2020). PVM provides an opportunity for participants to actively contribute towards research on their lives and serves as an important tool for empowerment, voice, and/or agency (Gonick, 2017). Singal (2010) notes how the lived experience of CWDs/young persons with disabilities are often overlooked in literature with adult perspectives brought to the forefront. In order to be useful, research methods need to be disability sensitive and context specific and need to centre the voices of GWDs (Singal, 2018). For some forms of disability, PVM may not be suitable and for some contexts, methods such as *cellphilming* may not be appropriate (due to lack of cell phone availability).

Overall, it is critical to create new discursive spaces for visibility, representation, and voice for girls to engage with their own competencies, meaning making and the construction of worlds from their own perspectives as GWDs.

3. Research Design and Methods

3.1. Overview of research design and project sampling

This section presents a short description of the research design and methods for this Study. For the full research design and methods please refer to Annex B (Research Design and Methodology).

The study focused on two key research questions (RQs). These questions were selected following an iterative consultation process with the FCDO and FM to maximise relevance to FM and FCDO activities:

- **RQ1**: To what extent have GEC II projects supported GWDs (with a particular focus on learning outcomes) through their interventions, including approaches adopted during Covid-19, and what are the factors influencing these decisions?
- **RQ2**: What are the perceived and observed effects of the interventions adopted by selected GEC II projects on GWDs, their teachers/educators, families/caregivers, and communities?

3.1.1 Sampling strategy for case studies

Three projects were chosen as case studies for RQ2. The following criteria were used to identify these projects:

1) Strong focus on disability (this includes only projects directly targeting GWDs through specific interventions such as provision of assistive devices);
2) Availability of stakeholder groups needed for the sample, specifically;
   a) Girls with disabilities;
   b) Parents/ caregivers of GWDs;
   c) Teachers/ educators;
   d) Community members;
   e) Government stakeholders;
3) Ability to identify GWDs;
4) Reasonable size of potential sample of GWDs;
5) Feasibility of primary data collection activities;
6) Variation in project countries;
7) Capacity and willingness to engage with the IE team; and
8) Diversity in the proportion of GWDs in the target beneficiaries.

The full process is given in a flow chart in the Research Design Report (Annex B). The three projects shortlisted as case studies were:

- Voluntary Services Overseas (VSO) Empowering a New Generation of Adolescent Girls with Education (ENGAGE) (Nepal);
- Link Education International's Transformational Empowerment for Adolescent Marginalised Girls in Malawi (TEAM Girl) (Malawi); and
- VIVA CRANE's Building Girls to Live, Learn, Laugh and SCHIP in Strong, Creative, Holistic, Inclusive, Protective Quality Education (Uganda).

The main characteristics of the projects are provided in Table 1 below:

Table 1: Details of the three case study projects

Project	Key beneficiaries	Key Interventions	Geographical Spread	Duration
Empowering a New Generation of Adolescent Girls with Education (ENGAGE) (Nepal)	• Out of School girls (including GWDs, married girls) • Parents/ caregivers • Teachers	• Bridge Classes • Transition to Resource Classes/Mainstream schools/vocational training/livelihood classes • Provision of resources (cash and in kind) • Big Sisters • Teacher Training • Community Outreach • Engagement with the government	Three Districts in Nepal (Banke, Parsa and Sarahi)	2017-2023
TEAM Girl (Malawi)	• Out of School girls (including GWDs, married girls) • Parents/ caregivers • Teachers	• Complementary Basic Education • Girls Clubs • Vocational Training • Teacher Training • Community Outreach	Three districts in Malawi (Mchinji, Lilongwe, and Dedza).	2017-2023
Building Girls to Live, Learn, Laugh and SCHIP in Strong, Creative, Holistic, Inclusive, Protective Quality Education (Uganda)	• Out of School girls (including GWDs, married girls) • Parents/ caregivers • Teachers	• Creative Learning Centres • Mother daughter clubs • Vocational training • Teacher Training • Community Outreach • Engagement with the government	Five districts in Uganda (Kampala, Wakiso, Mukono, Nakaseke, Buikwe.	2017-2024

3.2. Overview of research methods

3.2.1. Research Question 1

RQ1 used three sources of data: secondary quantitative data (through baseline, midline and endline external evaluation reports), secondary qualitative data (project monitoring reports, Covid-19 response reports, external evaluation reports) for all 41 projects supplemented by key informant interviews (KIIs) with the project IPs (one per project).

The secondary data analysis methods include both quantitative data analysis and project documentary analysis. The quantitative methods for this Evaluation Study relied on secondary project-level data collected by projects' external evaluators at baseline and midline (or endline), while the qualitative analysis of the project documentation covered baseline, midline, endline evaluation reports, monitoring reports and Covid-19 response plans. Based on descriptive statistics and regression analyses, the quantitative analysis focuses on two areas: (1) *profiling beneficiary* girls in terms of their functioning disabilities and main characteristics of GWDs; and (2) *examining changes* in girls' learning and intermediate outcomes. We complement descriptive statistics with a statistical comparison of averages, through t-tests of group differences, specifically comparing GWDs and girls without disabilities as well as GWDs and all girls in the portfolio. We also take a 'difference-in-difference' approach when examining changes in learning over time, in comparison to a non-treated group. Where this is not possible (due to a lack of non-treated group in the LNGB window), learning changes were instead compared between disabled and non-disabled girls. The full quantitative background paper is presented in Annex C.

Girls with disabilities are identified using the Washington Group (WG) tools. A girl is considered to have a disability when she answers "a lot of difficulty" or "cannot carry out the action at all" in any one domain of disability, or when she replies "daily" for depression and anxiety. For examining changes in outcomes over time using panel analysis (the same girls being followed over time), disability status is fixed at baseline. That is, a girl who was identified as being disabled at baseline will be considered to still be disabled at midline. These definitions and decisions are discussed in detail in Annex C.

An important aspect of RQ1 is understanding the reasons underpinning the IPs' decisions to target and support the GWDs through their interventions, which the IP interviews helped to explore. We were able to conduct 27 interviews with project IPs between October – December 2022.[7]

3.2.2.   Research Question 2

RQ2 used primary data which were collected across different stakeholder groups: GWDs, their parents/ caregivers, teachers, community groups and government or national agency representatives. This multi-stakeholder approach ensured multiple, diverse perspectives from relevant groups and individuals on the perceived and observed effects of projects' interventions on GWDs and those around them. A range of primary qualitative methods (semi-structured interviews, participatory methods, FGDs and observations of educational arrangements) were used to collect data for RQ2 from Nepal, Malawi and Uganda, as shown in Table 2 below.

Table 2: Summary of methods and respondents

Stakeholder Group	Method	Sample per school/ learning centre	Sample per Project	Total for all three projects
GWDs	FGDs	2	8	24
	Semi structured interviews	6	24	72
	Photovoice/audio notes	2	8	24
	Classroom Observations	3	12	36
Parents/Caregivers	Semi structured interviews	6	24	72
Teachers/educators	Semi structured interviews	2	16-24	48-72
Community Groups	FGDs		8	24
National level respondents	Semi structured interviews		2	6
Regional level respondents	Semi structured interviews		2	6

Participatory methods of photovoice and audio diaries were used to stay true to the objective of the study - to listen to the voices of GWDs. Photovoice is a participatory technique that allows participants to record and present photographs where the photograph represents information, feelings, or memories (Shaw, 2020). In this study, GWDs were prompted and asked to present photographs based on those prompts such as 'What do I like about my school?'. In this sense the photographs provided an opportunity to act as a tool to conduct an interview. Similarly, solicited audio notes, especially with girls who were unable or did not wish to use a camera, allowed a closer look into the lives and perceptions of GWDs. Audio-recorded diaries have the advantage of being more appropriate in contexts where there is a prioritisation of the oral culture.

The IE team selected **two districts** for each project. These sites were selected after consultation with individual IPs and national data collection partners. For each district: **two schools/learning spaces were selected**. This means for each project **four schools/learning spaces were** selected resulting in a **total of 12** schools/learning spaces for the study. Each of the schools/learning spaces were selected from different municipalities and in consultation with the IPs.

Analysis of data

This Evaluation Study involves multiple approaches to qualitative analysis, including content and thematic analysis to bring rich contextual detail to findings drawn from the individual case studies, and to bring multiple voices to the research questions and overarching area of inquiry.

The focus of analysis and reporting for RQ2 is on the three GEC II projects using primary qualitative methods. The analysis focuses on developing contextually nuanced insights into shortlisted projects. While data is presented thematically, and around key research questions and findings, the analysis is conducted primarily at the level of the project.

Coding was undertaken by the Study 4 team. Coding was conducted in three stages:

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[7] We were unable to complete 14 interviews due to non-response from IPs or challenges in scheduling an interview in time.

1) Open coding (where initial codes were assigned to the data collected);
2) Axial Coding (where initial codes were reviewed to see which ones were being frequently used); and
3) Thematic coding (where axial codes were reviewed to generate themes from the data).

Analysis of the primary qualitative data (transcripts) was supported through the computer-assisted qualitative analysis software, NVivo. A team of six coders, including Dr Laraib Niaz and Romanshi Gupta from the study team, collaborated through Cloud Collaboration. This enabled multiple coders to simultaneously code all 337 transcripts gathered for the study.

All 337 transcripts were distributed across members of the coding team. To improve intra-coder reliability and efficiency, coders were allocated the entire set of one type of transcript (arising from a particular tool), for instance, one coder was responsible for coding the semi structured interview transcripts with GWDs while another focused-on semi structured interview transcripts with parent/caregivers.

Coding frameworks were provided to the team and codes were generated keeping this framework in mind and also inductively, where new codes based on patterns or key themes emerging from the data would be developed by the coders. Separate coding frameworks were developed for each of the tools.

Where one GWD participated in multiple methods (for instance in photovoice, classroom observations and interviews, FGDs), multiple transcripts relating to one respondent were generated. Transcripts were linked via unique IDs through a classification sheet that was created through NVivo. These subsets of transcripts could then be analysed to compare for instance what a teacher says about their teaching practices against what practices they were observed implementing in the classroom.

GWDs were also linked to their parents/caregivers and teachers/educators to allow for triangulation between the various participants. The study team also focused on triangulating responses to similar questions by different participants. For instance, the coding frameworks for GWDs, parents/caregivers, teachers/educators as well as community members all have codes for challenges faced by GWDs and these responses were collated and analysed.

The study incorporates political economy analysis as a cross-cutting theme across this entire report. The political economy analysis (PEA) specifically allows for an understanding of the key barriers and enabling factors influencing the extent to which GEC II projects can support GWDs, what the effects of these interventions are as well as programmatic and policy implications. This also includes understanding the incentives, relationships, and distribution of power between different stakeholders involved in the delivery of education and the decision-making processes for girls with disabilities. The PEA for the three short-listed country contexts has been informed by secondary data analysis based on evidence gained from a literature review, country and regional contextual research, documentary analysis (programme reports, documentation, national reports, etc.) and through interviews with regional and national level government officials.

3.3.   Limitations

A few limitations should be noted in interpreting the findings of this study, including:

- Delays in obtaining fieldwork permissions and disruptions in fieldwork time (September-December) that impacted project timelines. We allowed sufficient time in the work plan to obtain all relevant permissions and to account for any unexpected disruptions in the field.

- Limited availability of project data impacted the type of analyses possible to assess changes over time. Triangulations of quantitative and qualitative data was used to fully respond to the research questions.

- Sampling issues both for RQ1 (where 27 IPs out of 41 agreed to participate) and RQ2 where it was not possible to include girls with all types of disabilities in our qualitative sample.

- Some limitations existed for the quantitative data such as differences across projects in terms of the tools (WG-SS or CFM set) used to collect data on disability and the level of difficulty carrying out an action considered by projects, which prompted decisions to ensure consistency in this study. Details of mitigation strategies are provided in Annex B and C.

- Given the timelines of the study, there was limited time for coding which meant that coders could not cross-code across different tools to compare the coding outcomes from different coders. Several mitigation strategies were used to redress them such as training sessions and weekly check ins by the study team with the team of coders.

A detailed discussion of limitations and mitigation strategies is available in Annex B (Research Design and Methodology).

4. GEC II projects' engagement with GWDs

This section addresses the first research question:

Research Question 1: To what extent have GEC II projects supported GWDs (with a particular focus on learning outcomes) through their interventions, including approaches adopted during Covid-19, and what are the factors influencing these decisions?

The section covers all 41 GEC II projects (27 GEC-T, 14 LNGB), and draws from the project documentation (e.g., baseline/midline evaluation reports and monitoring documents), external evaluators' quantitative data and data from key informant interviews with 27 of the IPs (of whom, 14 were GEC-T IPs and 13 were LNGB IPs).

This section first provides an overview of how many projects focused on GWDs as a target group and how they identified GWDs. It then describes how IPs engaged with GWDs through their interventions and how learning outcomes and intermediate outcomes have changed between baseline and midline. It also includes adaptations made during the Covid-19 pandemic, and the factors that influenced project teams' decisions regarding targeting and support to GWDs.

4.1. How many projects targeted GWDs?

The review of external evaluation baseline reports indicates that 40 of the 41 GEC II implementing partners (approximately 98% of projects) had targeted GWDs in their projects: either by directly targeting them through disability-specific interventions, or by explicitly mentioning GWDs as part of a wider group of marginalised girls that the project intended to target.[8] Projects varied in the extent to which they engaged with girls with disabilities, as discussed in Section 4.4.

4.2. How did projects identify girls with disabilities?

GEC II projects were requested by the FM in 2018 to collect data about disability using the Washington Group (WG) questions and to use this data to inform decisions around inclusion of GWDs. While LNGB projects were required to use the WG questions, it was a retrospective ask of GEC-T projects.

The review of external evaluation reports show that all projects used the Washington Group Short Set Questionnaire (WG-SS)[9] with girls (irrespective of their age), to identify their 'functioning' in the following six domains: seeing, hearing, walking, self-care, communication and remembering. However, for the primary caregiver survey, projects were recommended to choose between the WG-SS and the Child Functioning Module (CFM), depending on whether more than half of the baseline sample consisted of girls aged 12 or older.[10]

In addition, **all LNGB projects administered the Washington Group/ UNICEF (WG/ UNICEF) Module on Child Functioning[11] to girls[12]** to identify and screen them on additional domains: learning, concentrating, accepting change, controlling behaviour, making friends, anxiety, and depression. Only one LNGB project, "Biruh Tesfa for All" (Ethiopia), used the Patient Health Questionnaire on depression (PHQ-9) in addition to the WG, to identify the prevalence of anxiety and depression amongst girls. Girls reported on their own level of functional difficulty, while primary caregivers reported on the level of functional difficulty of the girl. Table 3 below summarises the main disability tools used in the two GEC II windows.

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[8] While the project – Girls' Education Finance: Empowerment for Girls' Education (Uganda) - did not directly or indirectly target girls with disabilities, their endline report mentioned that the project was undertaking a monitoring exercise to be more inclusive of girls with disabilities.
[9] This questionnaire uses the World Health Organisation's International Classification of Functioning, Disability, and Health as a conceptual framework. Available at https://www.who.int/standards/classifications/international-classification-of-functioning-disability-and-health .
[10] More details about how GEC-T projects surveyed GWDs are included in a re-analysis of the baseline data, available here.
[11] The Child Functioning Module was asked to parents/caregivers by 10 GEC-T projects. However, for the purpose of this study, we rely on girls' self-reported data for both GEC-T and LNGB projects.
[12] We do not have sufficient information to explain the reason(s) why LNGB projects administered the Module on Child Functioning to girls while GEC-T projects administered the Short Set questionnaire with girls.

Table 3: Disability tools used in the quantitative datasets[13]

Windows	WG report	Tools used	For data analysis
GEC-T	Girl-reported	WG-SS (6 cats)	Used 6 categories from WG-SS
	PCG-reported	WG-SS (6 cats)	Not used for quantitative analysis
		CFM (13 cats)	
LNGB	Girl-reported	CFM (13 cats)	Used 13 categories from CFM
	PCG-reported	WG (6 cats)	Not used for quantitative analysis
		CFM (13 cats)	

While using the Washington Group Questionnaires in the communities, **projects translated the questions to be context-specific and worked closely to support their enumerators with the terminology**. However, two projects reported challenges with the translations. For instance, the STAGE project (Ghana) discussed how local translations were not disability-friendly in themselves, stating that '*another issue that we have with the Washington Group set of questions [is] that…you got to find appropriate words for certain impairments and often words used in local language are not really positive.*' Whereas Education for Life (Kenya) noted how the use of the word difficulty was better than using the word disability '*…we used 'difficulty' – i.e., difficulty seeing, hearing, walking, etc…what I noticed [was that] at the community, they were not comfortable with the word disability. So, we had to use a humble way by asking those who have difficulty in different areas, and that's when they were more willing to open up.*' Though these two projects did not explicitly reference these challenges affecting their ability to identify girls with disabilities, these reflections suggest that language-based translations may not always be adaptable, or suitable to each context.

Eleven projects[14] conducted activities at the community-level to identify GWDs. These included household mapping to identify whether there were any GWDs in a household who were not in school or 'door-to-door' campaigns to visit families where the Implementing Partner knew they had children with disabilities.

These community outreach activities or household visits in the eleven projects involved female volunteers from the local areas. They were viewed as important stakeholders in identifying GWDs, particularly in reaching 'hidden' girls or accessing GWDs within the homes due to familiarity with the families. One IP (Biruh Tesfa for All, Ethiopia) elaborated on this during our interview, stating that it was '*house-to-house recruitment that brought in most of the girls because the other way of doing it, just through [disability organisations'] associations that's [being] highly selective, [and including] elite and advantaged girls with disabilities, not the ones that you know people don't want to participate, in public,*' (such as domestic workers or girls who were restricted from leaving their homes). This aligns with wider literature about the role of community volunteers in building rapport with GWDs' families (UNGEI, 2017).

Thirteen IPs stated that they conducted follow-up assessments after Washington Group Questionnaire screening in partnership with local health clinics, or disability organisations. These assessments were used to determine the type of support or assistance that the GWDs they screened required, facilitate access to this support (if the implementing partner could not directly provide it) and where necessary, referral on to other specialist services. This ranged from issuing eye prescriptions for girls with mild visual difficulties to referring girls with severe disabilities to hospitals or medical practitioners, and helping families make modifications to their homes.

4.3.   Baseline characteristics of sampled GWDs in GEC II projects

This section uses the analysis of the external evaluators' quantitative data to provide descriptive characteristics of the GWDs in the baseline samples.

In this analysis, we focus on girls' self-reported data rather than caregivers. We use the 'cut-off' recommended by the Washington Group, which is based on girls who self-reported having "a lot of difficulty" or that they "cannot do at all" in each domain and "daily" experiences of depression and anxiety.[15]

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[13] The quantitative analysis only uses girl-reported data on disabilities; see the section on limitations and full quantitative background paper in Annex C.
[14] PEAS Uganda, TEAM Girl Malawi, AGES Somalia, Biruh Tesfa for All Ethiopia, Excelling Against the Odds Ethiopia, CBE-MG Afghanistan, Education for Life Kenya, ENGAGE Nepal, SOMGEP-T Somalia, STAGE Ghana, CHANGE Ethiopia.
[15] While we use the term 'disability' throughout this report (and it is used as such in all the GEC II documentation) this is in no way indicative of a medical diagnosis. As the Washington Group acknowledges, depending on the purpose of the survey, medical identification should be followed if giving a diagnosis is the main aim (for a more detailed reflection on this, the following WG references are useful: Singal, et al., 2018; Malik et al., 2020).

4.3.1.   Prevalence and types of disabilities

This sub-section presents the overall prevalence of GWDs in the GEC II projects' sample data, the distribution by project and the types of disabilities reported (see Annex C for more details). The baseline GEC-T sample data with information on girls' disability was collected between December 2017-July 2019 in 13 countries of sub-Saharan Africa, Afghanistan, and Nepal. The GEC-T sample includes 34,030 girls from 23 projects.[16] The baseline LNGB sample data includes 13,296 girls with disability information from 10 projects.[17] It was collected between September 2019–March 2021 in six countries in sub-Saharan Africa (Ethiopia, Kenya, Malawi, Sierra Leone, Somalia, Zimbabwe), Nepal, and Pakistan.

GEC-T

Overall, 9% of girls in the GEC-T samples self-reported having at least one disability. The distribution of prevalence across these projects ranged from less than 2% to over 10% (see Table 4). Nearly half of the projects' treatment samples included 2-6% girls who self-reported at least one disability. Of the seven projects which had over 10% GWDs, three[18] were at the upper end of the range, with the highest proportion being 43% of the sample self-reporting at least one disability.

Table 4: Distribution of disability prevalence across GEC-T projects and LNGB projects' cohorts[19]

GEC Funding Window	Proportion of girls with disabilities in treatment sample	Number of country projects (GEC-T) / cohorts (LNGB)
GEC-T	<2%	6
	2-6%	11
	6-10%	2
	>10%	7
LNGB (6 common domains)	<2%	9
	2-6%	9
	6-10%	0
	>10%	5
LNGB (13 domains)	<2%	4
	2-6%	3
	6-10%	4
	>10%	12

Using the cut-off of 'a lot of difficulty' or 'cannot do at all', we do not see much variation in the type of disability girls' reported (see Figure 3). There are, however, variations in girls reporting some level of difficulty. 16% of girls reported having some level of functioning difficulty in remembering, which is higher than other domains. Since none of the GEC-T projects asked the girls the questions from the Child Functioning Module, other domains, such as anxiety and depression, are not known.

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[16] Due to a lack of data on disabilities, four projects (Avanti, Save the Children DRC, Varkey, and VIVA) and one country-project (CAMFED Zambia) were not included in the quantitative analysis. For instance, at baseline, neither VIVA nor Save the Children DRC collect disability data from the girls, only from their caregivers. Varkey dropped the disability data collected from girls at baseline for anonymisation purposes. In addition, because of the younger ages of girls within the project in Zambia, these questions were asked to the primary care givers (not girls) during the household survey.

[17] Data from two of the LNGB projects was not available at the time of writing this report. These are: AKF (Afghanistan) and Population Council (Ethiopia)

[18] These three projects were STAGES Ethiopia, EIE-GWDs Kenya and EGDUE Uganda.

[19] The GEC-T window has 27 projects, of which two are multi-country. For simplicity and given the differences in prevalence of disabled girls within those two multi-countries, Table 4 treats each country project as a separate project. Out of 31 country projects, five GEC-T projects (Avanti, CAMFED Zambia, STC DRC, Varkey and Viva) do not have girls' reported disability data. Similarly, Since the LNGB window was designed with a cohort approach and projects had the flexibility to adapt their interventions for new enrolling cohorts, we treat each cohort separately.

Figure 3: Disability status of GEC-T baseline treatment girls (based on girls' self-reported data)
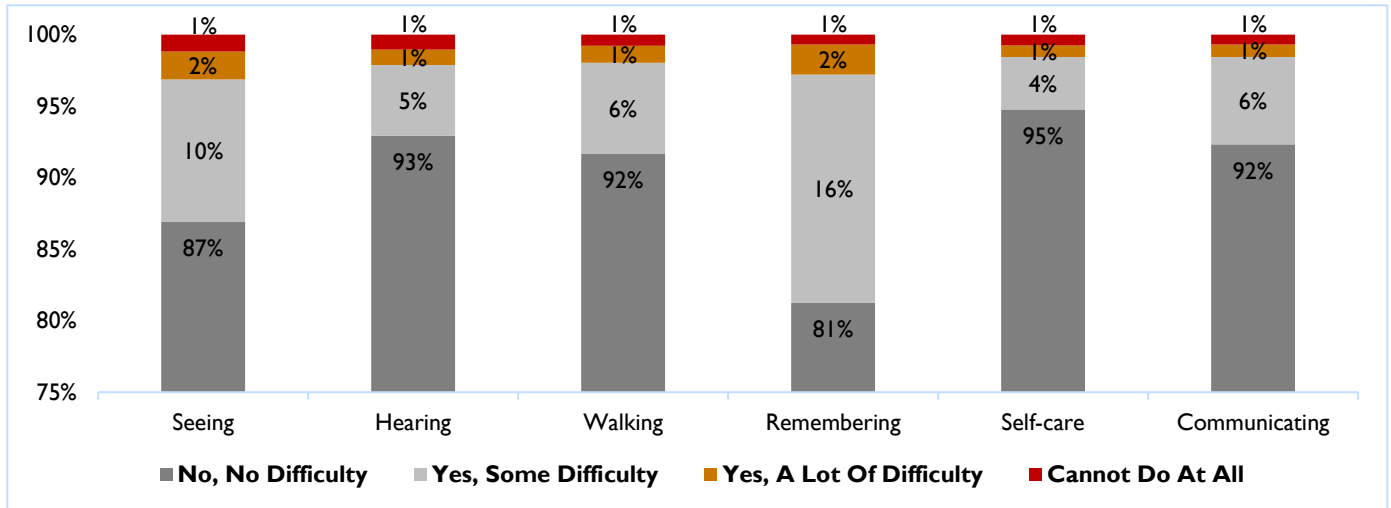
LNGB

Across 10 of the 23 LNGB projects, 4.9% of the girls in the external evaluators' baseline samples self-reported having a disability when we look at the six domains which are common to those measured by the WG-SS (see Figure 4).

Figure 4: Disability status of LNGB baseline treatment girls – Short Set (based on girls' self-reported data)
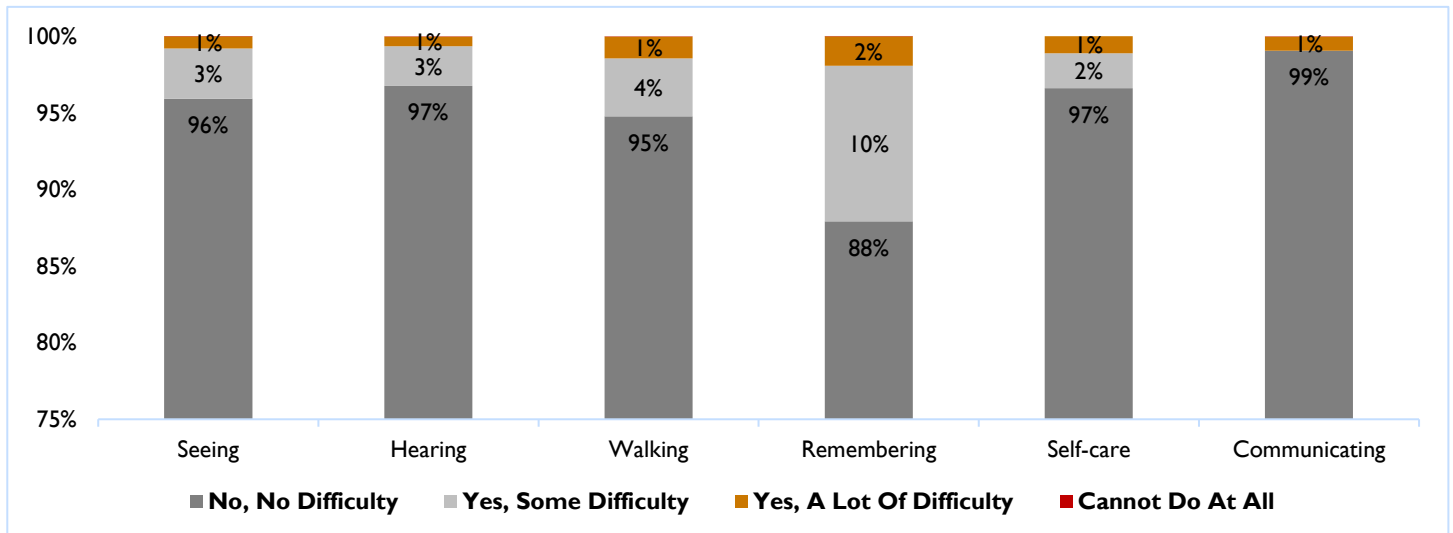
The proportion of LNGB girls reporting at least one disability increases to 14% when we include all 13 domains in the Child Functioning Module. As shown in Figure 4, girls in LNGB projects report having more difficulties in affective domains than other domains, with 5.9% and 4.3% of girls in the samples reporting that they faced affective challenges such as feelings of anxiety and depression on a daily basis at baseline, respectively. A high prevalence of affective challenges has also been consistently witnessed in other global literature on disability prevalence (Singal et al., 2018). Yorke, et al. (2021), for instance, show how socio-emotional learning has particular relevance for girls and students with disabilities and was an important area for concern during the pandemic.

Figure 5: Disability status of LNGB baseline treatment girls – Child Functioning Module (based on girls' self-reported data)
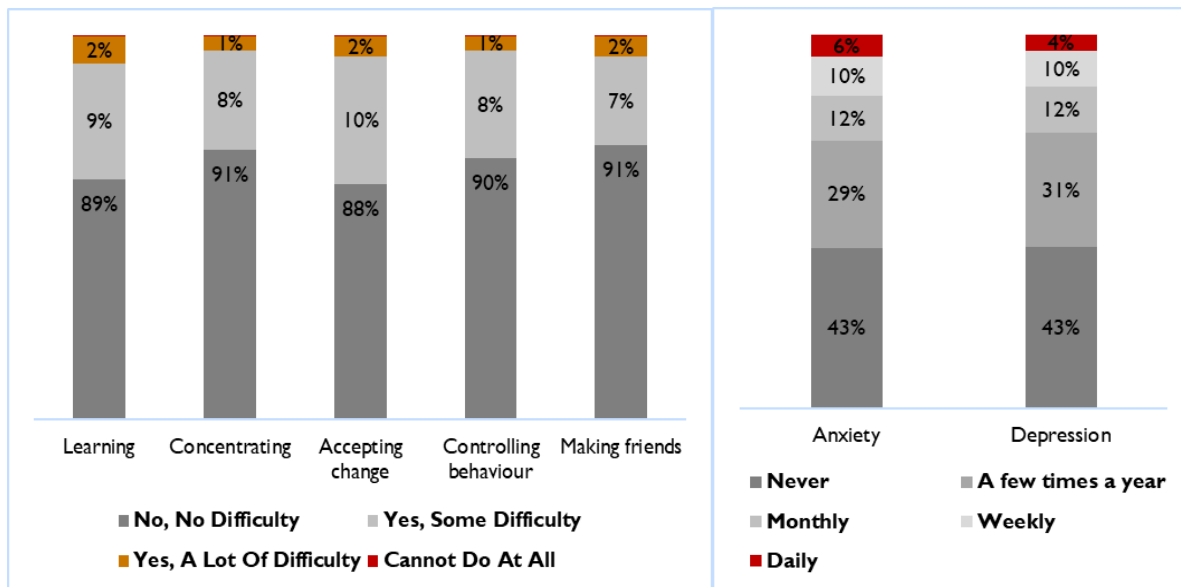
The share of girls' reporting depression and anxiety at any time is noticeably high – with only 43% reporting they never experience these. Moreover, 5.9% and 4.3% of girls reported having difficulties with anxiety and depression daily. To put these numbers in context, results from UNESCAP (n.d.)'s WG tool testing in six low- and middle-income countries show 76% and 84% of youth and children age under 18 reported never experiencing anxiety and depression, while 3.0% and 1.3% reported experiencing anxiety and depression daily. Compared to this, share of LNGB girls reporting anxiety and depression can be considered very high. These findings further highlight the need to assess and incorporate measures related to mental health in future programme design.

4.3.2. Age distribution of GWDs

The average (mean) age of GWDs in the baseline samples is 15 years old, which does not differ significantly from girls without disabilities. Between GEC-T and LNGB projects, the only difference seems to be that there are a higher proportion of GWDs aged 17 years old and above in the LNGB projects. However, this could be a matter of design, as LNGB projects intended to target adolescents who had been out of school aged 10-19 years with vocational skills being given to girls above 14. This is further verified in the quantitative data that the girls targeted for formal schooling are between the ages of 10-14 while those transitioning to vocational training are older than 14 in the LNGB projects.

The age distribution for all GEC-T girls and GEC-T GWDs at the beginning of the projects is shown in Figure 6 below. The youngest GWDs in the sample are 7 years old, and the oldest girls with disabilities are older than 20 years old.[20]

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[20] No specific age was provided beyond the cut-off of 20+ years old.

Figure 6: Age distribution of GEC-T girls
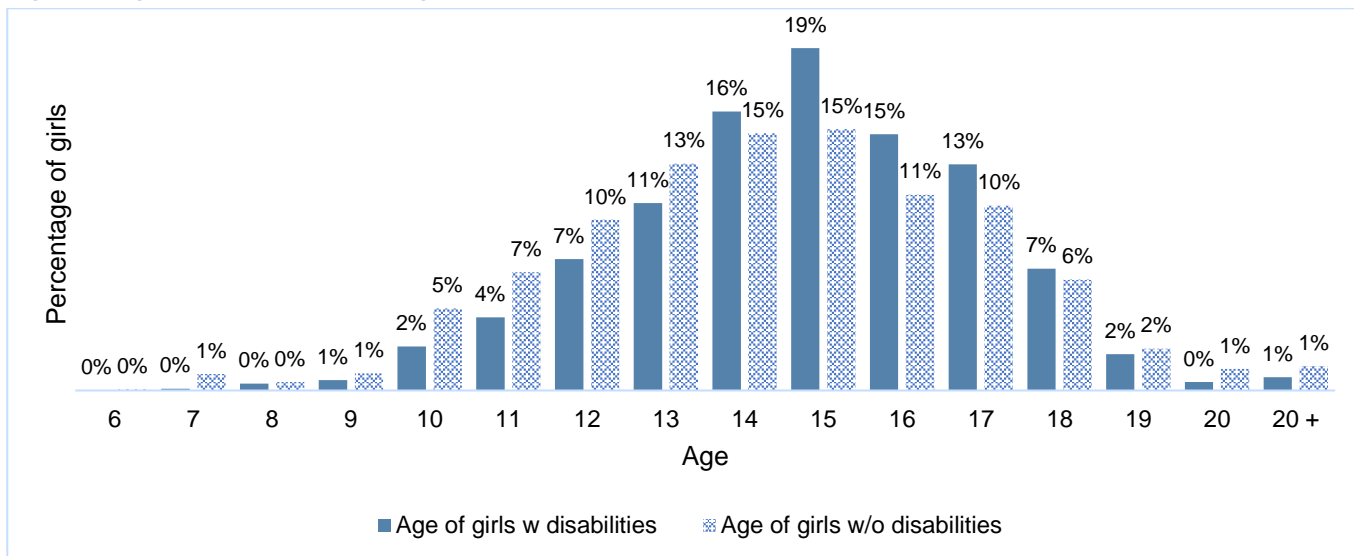
In the LNGB sample, as shown in Figure 7, the youngest girls with disabilities are 8 years old, and the oldest girls with disabilities are over 26 years old at the beginning of the projects. The age distribution of girls in the sample is more uneven than those in the GEC-T sample, though we see that the majority of the girls are in the 10-19 years old age category. As mentioned above though, LNGB projects targeted adolescents aged 10-19 years old.

Figure 7: Age distribution of LNGB girls
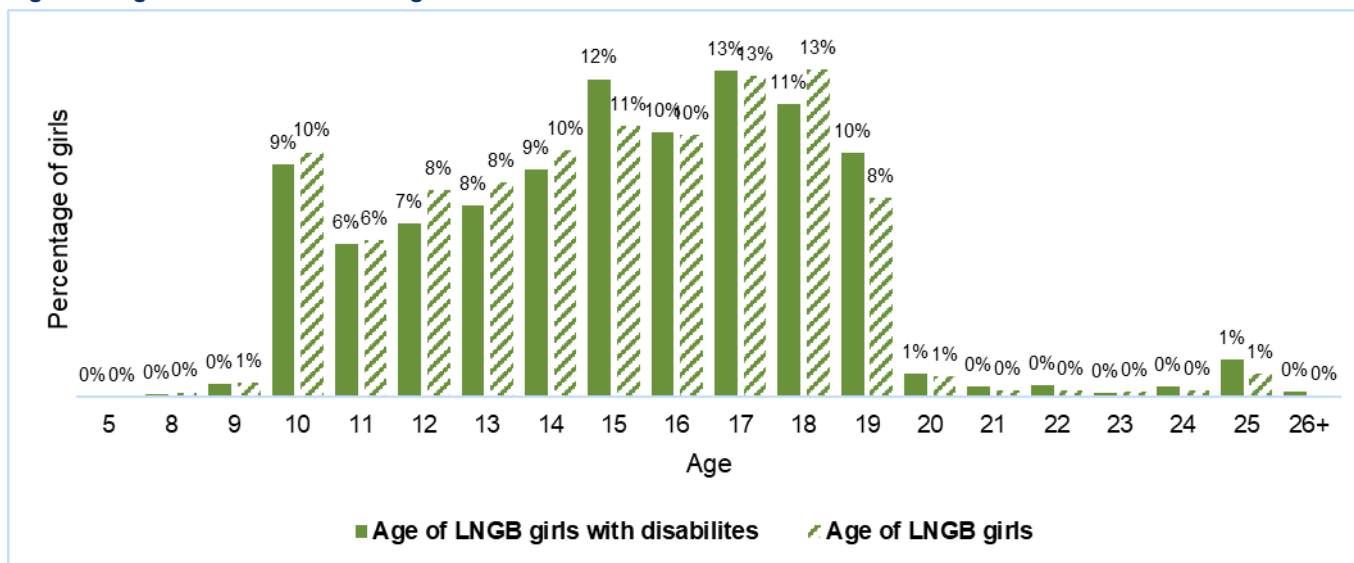
We do not find that GWDs from the GEC-T sample were "overage" for their grade (based on a definition of girls who were one or two years older than the official predicted age for the grade). A lower proportion of GWDs were "overage" - 33% of GWDs considered "overage" compared with 41% of girls without disabilities at the beginning of the projects.

Figure 8: Repetition and overage status of GEC-T girls
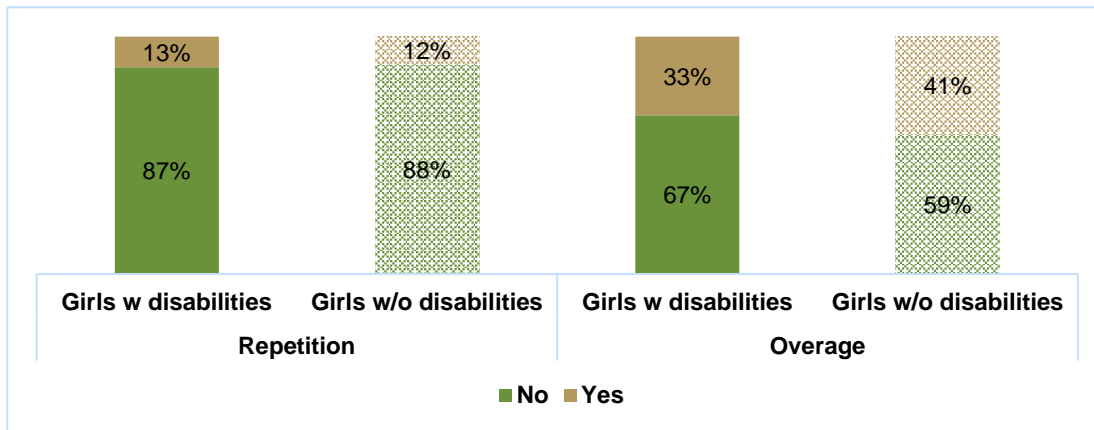
An equal proportion of GWDs and girls without disabilities in the GEC-T samples reported repeating a grade (see Figure 8).

As the LNGB window targeted out-of-school girls, we are not able to provide baseline enrolment, grade repetition or overage characteristics for this window.

4.3.3.   Pre-enrolment status of GWDs

At the time of baseline data collection, 95% of the GWDs in the GEC-T baseline samples were enrolled in school, 4.2% were in community-based education (CBE), and only 0.5% of these girls were out of school. As shown in Figure 9, the proportion of GWDs in the sample who were enrolled in school or CBE is similar to the proportion of girls without disabilities in the sample.

Figure 9: Enrolment status of GEC-T girls
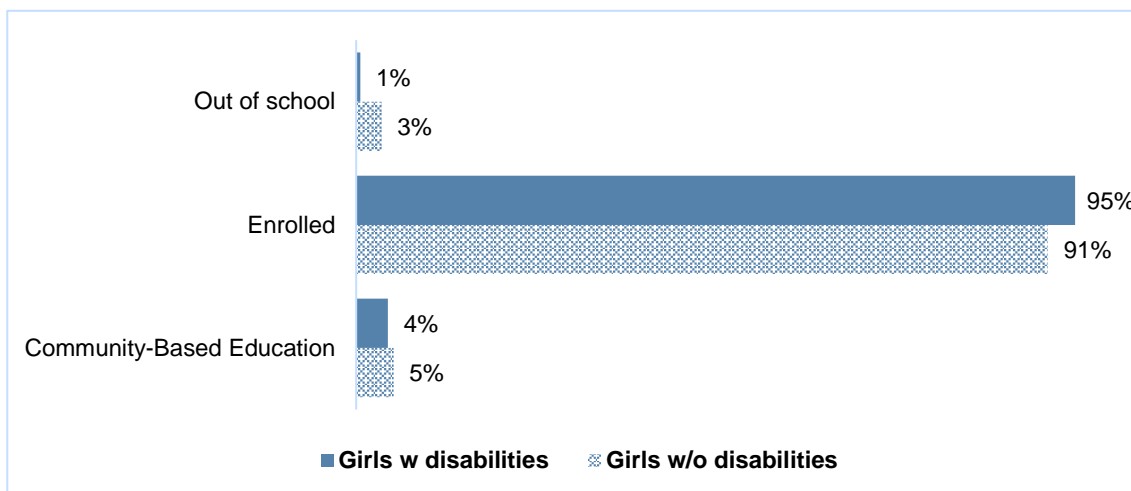
4.4.   How did GEC II projects support GWDs?

4.4.1.   Direct vs indirect support

Across all 41 GEC II projects, 71% (29 out of 41) reported specific intention to directly target GWDs through their interventions. Two projects were designed exclusively to focus on children with disabilities (Expanding Inclusive Education Strategies for Girls with Disabilities (EIES-GWDs) in Kenya and Empowering Girls with Disabilities in Uganda through Education (EGDUE) in Uganda). The remaining 27% of projects (11 out of 41) recognised GWDs as part of the wider marginalised population of girls but did not report implementing interventions that exclusively targeted GWDs (such as provision of assistive devices). We do not see any strong associations between the prevalence of girls' self-reported disabilities in the sample and the number of interventions implemented by GEC-T projects. However, the two projects which were designed exclusively to focus on children with disabilities

(EIES-GWD Kenya, EGDUE Uganda) also seemed to implement the highest number of interventions (16 and 17, respectively).

As shown in Table 5, **nearly all of the LNGB projects directly targeted GWDs** (13 of 14, 93%) **in comparison to the number of GEC-T projects which directly targeted GWDs** (16 of 26, 59%). One possible explanation for this is that the LNGB funding window was designed to reach highly marginalised girls who dropped out or were never enrolled in school, which likely contributed to a greater focus on GWDs. In addition to this, LNGB projects were required to use the WG questions which likely enabled projects to identify girls with disabilities and thus design interventions which were targeted towards them. Secondly, the FCDO increased its focus on children with disabilities through its Disability Strategy in 2018, which coincided with the timing of the LNGB projects (2019 onwards).

Table 5: Types of interventions targeting GWDs by the projects

Theme	Interventions	LNGB	%	GEC-T	%	Total (of the 41 projects)	%
GWDs	GWDs - directly targeted through intervention	13	93%	16	59%	29	71%
	GWDs - indirectly targeted through intervention (e.g., project mentions marginalised girls such as GWDs…)	1	7%	10	37%	11	27%
Enabling access to school/learning for GWDs	Transport provision	2	14%	2	7%	4	10%
	Provision of assistive devices	10	71%	11	41%	21	51%
	Adaptations to school (e.g., accessible entrances/sanitary facilities, infrastructure)	5	36%	5	19%	10	24%
	Financial support	1	7%	10	37%	11	27%
Inclusive practices (pedagogical/ accommodation) in classroom environment	Modifications/adaptations to curricula + Teaching learning materials	3	21%	13	48%	16	39%
	Social support (including peer activities/life skills/girls' clubs)	14	100%	9	33%	23	56%
	Mental health support (including stress management techniques)	6	43%	5	19%	11	27%
	Remedial/catch-up classes	14	100%	5	19%	19	46%
Teacher training	Teacher training	8	57%	15	56%	23	56%
Advocacy and awareness	Engagement with Community Members/Families	14	100%	8	30%	22	54%
	Engagement with other non-profit/disability organisations	2	14%	5	19%	7	17%
	Advocacy/Outreach with Governments	14	100%	4	15%	18	44%

One of the most reported interventions across the portfolios was teacher training as implemented by 23 projects (56%). Teacher training was an intervention implemented by approximately an equal proportion of GEC-T and LNGB projects. A small number of IPs we interviewed spoke about partnering with the international NGO Humanity and Inclusion to deliver this training, while others spoke of adapting global standards on inclusive education or adapting guidelines from other projects (including FCDO-funded projects). TEAM Girl (Malawi) described their inclusive education approach as *'[training educators] about knowing your individual learners and knowing how they learn and how to support them, [and including] specific tips for [children with] different types of disabilities.'* The STAGE project in Ghana provided examples of how this training looks in practice during our interview: for example, with girls who have visual disabilities, they trained teachers on different teaching styles such as *"describ[ing] what you are teaching the girl… [and using] tactile [methods]…to give the girl the opportunity to feel and know really what you are talking about.'*

The importance of ensuring teachers were adequately trained to communicate with GWDs who needed Braille or sign language interpretation emerged during our interview with the Let Our Girls Succeed - *Wasichana Wetu Wafaulu* (WWW) IP in Kenya. The IP partnered with the Kenya Institute for Special Education (KISE) to provide training for teachers in Braille English and Braille Mathematics; and sign language to help teachers communicate with learners with visual and hearing impairments. This was highlighted as extremely important, so that teachers' '*capacity [was]*

built to intervene appropriately to…the girls with disabilities in the project to make impact and…to make content accessible, and not just accessible, understood and able to be interpreted and be interacted with by these learners.'

However, across the portfolio the success of these interventions was mixed. Three implementing partners reported that teaching practices had improved since the beginning of their respective projects, as teachers talked about being increasingly mindful and inclusive of learners with disabilities when designing their lesson plans and delivering the classes. However, others raised concerns about continued barriers such as how to ensure that teaching practices were inclusive of learners with disabilities. For example, the Aarambha IP (Nepal) mentioned that '*most of the time our struggle has been to adapt the curriculum itself and how do we ensure that the facilitators, the educators who run the Learning Centre are well equipped in terms of disability, inclusive languages and in terms of inclusive teaching learning methodology. So that has been our key barrier in terms of supporting the girls with inclusive pedagogical approaches.'*

23 projects (56%) also incorporated a social support component – either through girls' clubs, life skills sessions or 'buddies' (who could be peers or community volunteers). However, this proportion is primarily due to the LNGB projects, as all LNGB projects included this intervention (as shown in Table 6), compared with 9 GEC-T projects. Box 1 highlights stories shared during our interview with one project (EAGER, Sierra Leone) about how these social support interventions influence girls with and without disabilities. The importance of social support has been explored in other contexts, particularly in providing GWDs with mentors, as well as encouraging socialisation, self-confidence in safe environments (Trani et al., 2011; SSHRCC, 2016; UNGEI, 2017).

Twenty-two projects (54%) worked with family and/or community members to help them appreciate the value of schooling for GWDs and reduce harmful stereotypes that prevented GWDs from being enrolled in schools. However, this is unsurprising given that LNGB projects specifically targeted out-of-school girls, and so community and family engagement activities were used to identify and engage with target girls.

All 14 LNGB projects also engaged with the government to some degree, primarily through advocacy or outreach components, compared to 4 GEC-T projects.

Box 1: The Importance of Peer Activities for Girls' Inclusion: Sierra Leone

The EAGER project in Sierra Leone is part of the LNGB window, which targets out-of-school girls to provide basic literacy and numeracy and life skills. Part of the life skills component was delivered through girls' clubs – these offered mentoring and peer-to-peer support on various topics, including reproductive health – with the aim of improving girls with disabilities' aspirations and self-confidence.

During our interview with the project's implementing partners, the representatives shared anecdotes from their experiences in the communities during monitoring visits. These related to GWDs' access to, and participation in learning, changes in the attitudes of girls without disabilities and what GWDs went on to do after completing the programme.

GWDs were supported to access and participate in the learning centres by both girls with and without disabilities. For instance, girls without disabilities helped one GWD by providing '*some physical support that enabled that girl [with a physical disability] to get into the space…So to me that really shows a sense of solidarity between the girls and I think that's something that we're really aiming for in the project as a whole and particularly in terms of girls with disabilities being accepted and welcomed and supported however they needed to be supported and wanted to be supported.'*

Peer to peer support and learning helped GWDs in their learning and social integration. In one community, a girl with a physical disability, who was unable to write '*created that bond in the programme through the concept of the EAGER buddy with another girl who [has] a minor disability, [and is] able to participate in the sessions a bit more easily. And so apparently the two of them have become EAGER buddies. And the other girl is supporting the girl who is crawling and who is unable to write by herself to participate in the sessions, and she supported her to develop her empowerment plan.'* As mentioned in section 2.2, peer-to peer activities such as girls' clubs have proven to be particularly useful in promoting social inclusion of GWDs (Trani et al., 2011).

During our interview, the project representatives also described how they included a module on disability as part of the life skills sessions. This was seen to have been a valuable topic for the girls without disabilities and was reported to change the girls' perceptions towards GWDs: '*it was the first time for me that a girl's group mentioned disability as some of the most important things they've learned about. And telling me: how they have changed the way they look at girls with disability in their community. So, girls saying that they used to look at them in a different way before EAGER. But now, thanks to EAGER, they always make sure they come to the sessions. They involve them in their games. They will make sure that they were involved in the girls' clubs, that they will form after the programme, and this was totally their own.'*

Finally, the project representatives spoke about GWDs developing 'empowerment' plans for what they wanted to do after they completed the project. For example, one GWD used the money received by the project to set up her own small business. She would '*buy some basic items and then she sold them quite near to her house, set up a table and so forth.'* One factor that supported her in carrying out her empowerment plan was her caregiver's support in procuring the materials she needed - '*the caregiver also being part of the process to support her, to do the thing that she had decided for herself, that she wanted to do as part of her empowerment plan.'*

Twenty-one GEC II projects (51%) provided assistive devices to GWDs, which included - but are not limited to - Braille textbooks, large-print stimuli, hearing aids, medical treatment (including surgeries) and equipment, eyeglasses,

and wheelchairs. These provisions were reported to have made school more accessible for GWDs. From our interview with TEACH, Pakistan: *'…girls were homebound and after getting the wheelchairs, they were confident enough to come to the centre and after attending two or three years of the project services they have a different level of confidence.'* A representative from a different project (SOMGEP, Somalia) also reflected on the changes they saw in the girls after facilitating their access to surgeries: *'…the change in their life, then change in their participation in the school, the change in their confidence levels, it's just instant.'*

Eleven projects (27%) provided financial support to GWDs, of which one was from the LNGB window and ten were GEC-T projects (as shown in Table 6). Whilst this intervention was less common, interviews with the IPs highlighted the importance of financial support in mitigating barriers GWDs faced in attending or accessing education. The STAGES (Ethiopia) project mentioned that parents were unwilling to send their GWDs to secondary school, so '*our support for bursary is helping for those girls to continue their education.*'

Similarly, adaptations to infrastructure - though implemented by ten projects (24%) - emerged during the interviews as a first step for projects that wanted to make sure the learning spaces were safe and accessible for girls with disabilities. Our interview with PEAS (Uganda) highlighted that though '*it's often sort of forgotten or overlooked because it feels so obvious,*' welcoming infrastructural spaces plays a role in the decision-making process of sending children with disabilities to school: '*when a student is considering or parents are considering, am I going to invest a significant amount of our income…and they can see…our student isn't going to fit here, isn't going to thrive here, it's difficult for them. So, making the compounds generally very welcoming and in particular, the aspects around disabilities I think is important.*' From the interviews, the most commonly mentioned adaptations to learning spaces included widening the doorways, providing ramps, constructing disability-friendly toilets and ensuring adequate ventilation/light.

Eleven of the 27 interviewed implementing partners (approximately 41%), of which a relatively equal proportion of IPs were from both GEC-T and LNGB windows, reported that their projects provided support to GWDs' mental health. The primary two reasons cited for this was to support girls through the transition into formal education for the first time, or to support girls with reported difficulties with depression and/or anxiety. These projects mentioned implementing stress management techniques, psychological first aid, group or individual counselling and peer-to-peer support.

As noted above, IPs implemented a combination of interventions for GWDs. The primary reason for this, as mentioned by six IPs whom we interviewed, **was to address the barriers GWDs face through a holistic, evidence-based (e.g., through gender analyses or needs assessments) approach**. As one representative from the EGDUE (Uganda) project explained, '*We are looking at the level of the individual child, the level of the school, the level of the family and then at this level of system and community*'.

4.4.2. Engagement with GWD's during Covid-19

We also asked implementing partners about how the Covid-19 pandemic affected the extent to which, and ways that their projects engaged with GWDs. **Fourteen projects of the 27 we interviewed (approximately 52%) reported that they implemented a more targeted approach to meeting the needs of GWDs during the pandemic.** The remaining projects did adapt their interventions through their Covid-19 response for all the girls they targeted but did not explicitly focus on certain sub-groups of girls.

Eight of these 14 projects (approximately 57% of the 14 projects) adapted teaching and learning – shifting to remote models or small in-person group classes (where allowed, and with social distancing measures in place), to ensure continuity of learning opportunities. As summarised by a key informant from the 'Excelling Against the Odds' project in Ethiopia, *"though Covid-19 came as a 'surprise', we wanted to try and maintain learning activities whilst they were out of school because the schools were closed for so long. So, we wanted to make sure that within those learning activities…that the girls with disabilities were also participating and included so that was the main point.'* WWW (Kenya) supported GWDs by employing the services of a sign language research assistant.

Six IPs also provided psychosocial support to girls, particularly given the increased safeguarding risks during school closures/ 'lockdowns.' This support was primarily delivered through phone calls/ WhatsApp forums to monitor their wellbeing, or mentors/educators checking on the girls frequently. Additionally, one project spoke of providing girls with stress management techniques and coping strategies during the pandemic.

Three projects spoke of adapting learning materials during our interviews - including printing worksheets in Braille to be accessible for girls with visual impairments or using picture-based materials.

4.5.   Changes in GWDs' learning outcomes

This section examines changes in learning outcomes (i.e., literacy and numeracy) of GWDs from baseline to midline (or endline), using data from projects' external evaluations.[21] Additionally, this section examines changes in intermediate outcomes; these are measured through individual questions asked to girls or parents/ caregivers (PCGs) which serve as proxy indicators for attendance, economic empowerment, life skills, quality of teaching, gender-based violence, and parental attitudes. The full quantitative background paper in Annex C includes detailed tables.

Learning levels in GEC II were measured through the following assessments: Numeracy levels were measured using the Early Grade Mathematics Assessment (EGMA) or Secondary Grade Mathematics Assessment (SeGMA), and literacy levels were measured using the Early Grade Reading Assessment (EGRA) or Secondary Grade Reading Assessment (SeGRA).

The EGMA assessment measures foundational numeracy through tasks on number identification, quantity discrimination, missing number, addition, subtraction, and word problems. The SeGMA assessment additionally includes tasks on algebra, geometry, and sophisticated word problems. The EGRA assessment measures foundational literacy through tasks on letter sound identification, familiar word, invented word, oral reading fluency, and comprehension. SeGRA assessments additionally measure short and longer reading comprehension and short essay construction. Notably, the LNGB window only administered EGMA and EGRA.

4.5.1.   How have learning outcomes changed for GWDs?

To assess change in learning, a difference-in-difference approach is utilised twice.[22] First, on the cross-sectional sample[23], which includes baseline and midline/endline girls; and secondly, on the panel sample, which follows girls over time. For the GEC-T window, we assess improvements in learning of GWDs receiving interventions over and above GWDs who did not receive interventions. Table 6 below summarises findings for the panel sample from 17 projects (detailed tables for both cross-sectional and panel samples are found in Annex C). For the LNGB window, in the absence of non-treated groups[24] and common identifiers over time, the focus is on the treatment girls on the cross-sectional sample from five projects, and the improvement in learning of GWDs is measured in comparison to girls without disabilities (see Table 7).

For the GEC-T window, we find that GWDs who received interventions demonstrate improvements in literacy and numeracy from baseline to midline above and beyond disabled girls who did not receive interventions.[25] The GEC-T improvements in learning outcomes are not statistically significant when we use project-equal level weighting, which suggests that these improvements are driven by two high performing projects (i.e., BRAC and CAMFED) as seen in Study 3[26]. As these projects are consistent between this study and Study 3, it can be inferred that they are improving learning for all girls, including those with disabilities. These two high-performing projects also directly targeted GWDs.

For the LNGB window, GWDs improved in learning at a similar or greater pace compared to non-disabled girls.[27] When weights are applied, the magnitude of change remains significant for numeracy. Unlike GEC-T, most projects are able to maintain the pace or improvements at which GWDs learn. Since LNGB projects targeted the most marginalised out-of-school girls, the higher learning outcomes for GWDs in the portfolio highlight the benefits of providing education to the most marginalised girls. The importance of educating marginalised girls is also evident from a CAMFED-funded education initiative in Africa that demonstrated an unprecedented increase in learning outcomes for the most marginalised girls enrolled in secondary schooling (CAMFED, 2016).

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[21] In the GEC-T, on average, a period of around 18 months.

[22] The full quantitative background paper also measures improvements between baseline and midline (also known as the first difference).

[23] To note, cross sectional analysis only includes projects with midline or endline learning data.

[24] With Pin Nepal being the exception.

[25] See Annex C for a full breakdown of the changes in scores across the sub-tasks.

[26] https://girlseducationchallenge.org/media/sega122n/gec-ii-evaluation-study-3-gec-t-impact-report_aug2022.pdf

[27] While the results in the LNGB window are encouraging; however, they should be interpreted with caution. The sample at midline includes 'replacements' (i.e., new girls added to account for attrition and ensure an adequate sample at midline). In addition, the use of the CFM for measuring disability could lead to a girl being classified as disabled in baseline, but non-disabled at midline (and vice versa), which could potentially bias the results.

Table 6: Learning improvements (mean) for panel sample (recontacted girls) of the average treatment GWDs over and above non-treated GWDs (GEC-T window)

Difference-in-difference in percentage points		Literacy		Numeracy	
		EGRA	SeGRA	EGMA	SeGMA
Panel sample (recontacted disabled girls only; no weighting) N$_{baseline}$ = 2,857	% correct score	+4*	+3**	+1	+3*
	P-value	0.054	0.009	0.560	0.056
Panel sample (recontacted disabled girls only; project-equal level weighting) N$_{baseline}$ = 2,857	% correct score	+6	+2	+1	+2
	P-value	0.136	0.400	0.625	0.631

*Note: DID coefficients with two asterisks are statistically significant at the 95% confidence level (P-value lower than 0.05 = 5%). Those with one asterisk are statistically significant at the 90% level (P-value lower than 0.1 = 10%). The actual P-value is reported in the table.

Table 7: Learning improvements (mean) for cross-sectional sample of the average GWDs over and above non-disabled girls (LNGB window)

Difference-in-difference in percentage points		Literacy - EGRA	Numeracy - EGMA
Cross-sectional sample (all treatment girls; no weighting) N$_{baseline}$ = 5,423 and N$_{follow-up}$ = 5,251	% correct score	+11	+16**
	P-value	0.105	0.011
Cross-sectional sample (all treatment girls; project-equal level weighting) N$_{baseline}$ = 5,423 and N$_{follow-up}$ = 5,251	% correct score	+7	+14*
	P-value	0.258	0.009

*Note: DID coefficients with two asterisks are statistically significant at the 95% confidence level (P-value lower than 0.05 = 5%). Those with one asterisk are statistically significant at the 90% level (P-value lower than 0.1 = 10%). The actual P-value is reported in the table.

As such, **it seems that projects' interventions have supported GWDs' learning at a similar pace relative to girls without disabilities.** Since external evaluators did not collect data on specific interventions/project activities, we cannot attribute these improvements to specific interventions to understand which interventions may have driven these learning improvements.

It is important to recognise that GWDs require additional support when taking standardised assessments. The external evaluation reports show that three LNGB projects made adaptations to assessments, and three IPs stated they adapted assessments during our interviews. This included alternative ways of assessing learning, such as through Braille or verbal assessments (two GEC-T IPs) or providing questions at a 'matched' grade-equivalent (one LNGB IP). Relevance of this, which emerged from our qualitative analysis of the project documentation and IP interviews, is highlighted in Box 2.

Box 2: Accommodations for GWDs in Learning Assessments

During the interviews with the GEC II IPs, a small number of these IPs highlighted the importance of individualising assessments for GWDs. **The assumption that GWDs could perform under 'standardised' testing conditions as girls without disabilities, was perceived to hinder their performance in assessments.**

The WWW project (Kenya) spoke about an 'experiment' they conducted, where they administered a standardised assessment to GWDs under 'regular' testing conditions and administered an untimed assessment to another group of GWDs. This found that *'when we give them a free test to do, test that is not timed and free environment, it was obvious that [the] free environment would help them perform better compared perhaps with what they were experiencing [before]'.*

During the EGMA/SeGMA and EGRA/SeGRA assessments with the external evaluators, three LNGB projects - TEAM Girl (Malawi), ENGAGE (Nepal), SAGE (Zimbabwe) - reported making adaptations for GWDs. For instance, TEAM Girl (Malawi) provided enumerators with a set of large-print stimuli to support learners with low vision and made some basic accommodations, such as allowing someone to accompany the girl during assessment to support communication.

4.5.2.   How have GEC II intermediate outcomes changed for GWDs?

This sub-section discusses changes in the GEC II intermediate outcomes between baseline and midline.[28] These outcomes are increased economic empowerment; improved teaching quality; progress toward safe, inclusive, conducive to learning, and empowering learning environments; improvement in girls' life skills, self-esteem and aspirations; and parental and community attitudes toward girls' education. Only one intermediate outcome shows negative changes for GWDs; increase in primary caregiver's reports of girls' school non-attendance. These findings align with those in the IE team's Study 3[29].

Though we find improvements over time in intermediate outcomes for girls overall, these are primarily driven by improvements for girls without disabilities (see Table 35 in Annex C) for the complete list of coefficients and variables).

Table 8 lists the indicators for which changes for GWDs are observed.[30] We observe improvements for GWDs in areas related **to economic empowerment, various aspects of life skills and teaching quality, while there is an increase in reported school non-attendance for GWDs.**

Table 8: Difference-in-difference (DID) for panel sample (recontacted girls), in percentage points (GEC-T window)

Intermediate Outcome		Variable	DID coefficient (girls without disabilities)	DID coefficient (girls with disabilities)
Attendance	Attendance	Did not attend school on most days since the start of the most recent school year	+1 (0.05)	+6** (0.003)
Economic empowerment	Economic empowerment	Difficult to afford to go to school	-5** (<0.001)	-11** (0.002)
Life skills	Academic self-confidence	Nervous when doing maths in front of others	-5** (<0.001)	-6** (0.037)
	Self-efficacy	Not focused on a goal	-1	-4** (0.007)
	Leadership & communication	Cannot organise peers to do an activity	-4** (<0.001)	-5** (0.008)
Teaching quality	Gender-sensitive pedagogy	Boys and girls are treated differently in the class	-2** (0.023)	-6** (0.021)
	Attendance	Teacher often absent from the class	-7** (<0.001)	-8** (0.001)
	School corporal punishment	Teacher used physical punishment on other students in the past week	-11** (<0.001)	-13** (<0.001)
		Teacher used physical punishment on girl in the past week	-6** (<0.001)	-10** (0.001)
Safety	Safety	Feels unsafe travelling to and from school	-7** (<0.001)	-9** (<0.001)

Note: Coefficients with two asterisks are statistically significant at the 95% confidence level (P-value lower than 0.05 = 5). P-values are included in parentheses along with the coefficients.

As shown in Table 8 above, the proportion of GWDs who reported that they were not focused on a goal at midline, compared to baseline, decreased by 4 percentage points. This is in contrast to non-disabled girls where we observe no change.

Additionally, the proportion of GWDs who reported difficulty in the affordability of school decreased. Nervousness about doing maths in front of others also decreased and ability to organise peers to do activities increased. GWDs reported a reduction in the following variables: 'boys and girls are treated differently in the class', 'teacher often absent from the class' and 'teacher used physical punishment on other students in the past week'. Additionally, girls reported a decrease in 'feels unsafe travelling to and from school'. In all eight variables, the magnitude of changes is higher for GWDs compared to girls without disabilities and these are statistically significant. However, we see an increase of 6 percentage points in the proportion of caregivers of GWDs who reported the girl did not attend school on most days. Caregivers of non-disabled girls show a lower increase in non-attendance of one percentage point. It is not possible to quantify changes in actual attendance as the scale measures changes in caregivers agreeing with the sentence 'Since the start of the most recent school year, has girl attended her (main) school on most days that the school was open?'.

4.6. Which factors influenced IPs' decisions to target and support GWDs?

From the interviews conducted with the 27 IPs, the following factors emerged as influential in projects' decisions to target and support GWDs through their interventions.

The overarching factor which influenced IPs – mentioned by all 27 IPs we interviewed – is the recognition that it is important to educate GWDs. In all the GEC II project contexts, GWDs are a marginalised sub-group. As explained during our interview with the AGES project (Somalia), GWDs are *'a particular category of children who have multiple levels of marginalisation. They are, as mentioned before…part of the children who are out of school for different reasons…poverty or being in a difficult to reach location, or general marginalisation, because they are from the minority groups. But again, all that combined with disability, they are likely to not access education and therefore it's very important to design programs in education and make sure that there is a disability or inclusion of disability component.' (AGES, Somalia).*

The portfolio-level quantitative data[31] and project documentation reported similar findings on barriers to girls' education being heightened due to girls' disability status.

The quantitative analysis found that financial constraints affected GWDs' inclusion in education. The quantitative data also showed that other reasons which girls with disabilities responded to as preventing them from going to school included – 'having a health condition', 'safety during travel to school', 'needing special services in school', 'teachers not knowing how to treat a child-like (name)', 'girl too old', 'about to get married or have a child'.

Similarly, the project documentation highlighted that GWDs were at a significantly greater risk of marginalisation and discrimination than other girls. This included their exclusion from participation in activities such as after-school clubs - caregivers feared that the girls would be harassed and stigmatised when participating in events outside school.

An IP interview further highlighted that discrimination extended to work as well, wherein *'one domestic worker who was living with it, did have a disability…said that her employers told her that they were paying her less because of her disability.' (Biruh Tesfa for All, Ethiopia)*.

The majority of the IPs said that GWDs face 'double discrimination' in their local contexts due to their gender and disability status. This resonates with existing literature on the multiple layers of marginalisation faced by GWDs (Nguyen and Mitchell, 2014; Moodley and Graham, 2015; UNESCO, 2017). Interviews with two of the GEC-T projects indicated that this impacted their targeting of GWDs at the time of GEC II. These two IPs found that solely focusing on GWDs in GEC I, to the extent where it was perceived that they were excluding boys with disabilities in contexts where both were present (e.g., schools), contributed to resentment that girls were receiving special attention. So, although they had set out to focus specifically on girls, these IPs adapted to include boys too at the time of GEC II, despite the perception that GWDs faced even more barriers than boys with disabilities due to gendered stigmas and prioritisation of male children ahead of female children by families.

Two GEC-T projects and one LNGB project were influenced by the FCDO's Disability Strategy[32] (2018). Two IP interviews alluded to the FCDO's mandate to include GWDs as target groups, mentioning that it was a 'donor' requirement, while one explicitly mentioned the FCDO's Disability Strategy. The representative from EIE-GWDs (Kenya) stated that *'come 2017 to 2022, the aim of the GEC-T was to expand on inclusive education strategies with disability in the region.'* STAGES (Afghanistan) also mentioned that one of the reasons they targeted GWDs was

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[31] See Annex C for further details on the quantitative analysis of barriers to girls' education.
[32] This Strategy was channelled through the FM, which required focusing on GWDs. Further details about FCDO (then DFID)'s Disability Strategy can be found here: https://www.gov.uk/government/publications/dfids-disability-inclusion-strategy-2018-to-2023.

because of '*reasons from the FCDO [which] has set some targets.*' This is reinforced by findings from the baseline re-evaluation paper which shows that some project implementers set out to increase their targeting of girls with disabilities after targeting activities had already taken place following the push to target girls with disabilities.

Four projects spoke of their own organisational policies, which mandated the inclusion of GWDs to ensure meaningful participation of marginalised groups in their communities. One project in particular mentioned that they could not fulfil their aim of being 'inclusive' without including learners with disabilities.

Interviews with six projects showed that though these IPs wanted to support GWDs, their **ability to do so was constrained by insufficient resources**. **Three of these six projects mentioned that they did not have the capacity to support girls with severe, or multiple severe disabilities, and were only able to enrol girls with mild and moderate disabilities into their programme.** This was because they felt that the project was not adequately equipped to support girls with severe disabilities. For example, the AGES project mentioned that *'the project did not have the resources or even the capacity to, for instance, move [girls with severe disabilities] to where they can get support and there aren't a lot of, you know, schools with that kind of facility or special schools to support children with multiple severe disabilities.'* As such, these projects mentioned implementing referral pathways, particularly for girls with severe disabilities, usually to the nearest healthcare facility. In cases where these girls were living in extremely rural or remote areas, project staff visited their homes to provide their caregivers with additional information/knowledge on how to support them. This highlights the importance, as already reported in previous studies, of ensuring appropriate measures to reach girls with the most complex needs, who might otherwise be left behind (See UNESCO, 2019, UNESCO, 2020). Here targeted approaches for identification and interventions become crucial.

5. The effects of GEC II projects on GWDs and those around them

This section addresses the second overarching research question, namely:

RQ2: What are the perceived and observed effects of the interventions adopted by selected GEC II projects on GWDs, their teachers/educators, families/caregivers, and communities?

This question is answered using in-depth primary data collected from three selected projects: ENGAGE (Nepal), TEAM Girl (Malawi) and Building Girls to Live, Learn, Laugh and SCHIP in Strong, Creative, Holistic, Inclusive, Protective Quality Education (Uganda). Data was collected with girls with disabilities using focus group discussions, interviews, and participatory methods of photovoice and audio notes. Additionally, semi structured interviews were conducted with parents/caregivers, teachers/educators, government-level officials and Focus Group Discussions with community members.

5.1. Inclusive education contexts in Nepal, Malawi and Uganda

This section provides an overview of the inclusive educational contexts in Nepal, Malawi, and Uganda, including a focus on education policies, as well as the key barriers and enabling factors to GWDs' education based on our analysis of interview data with regional and national-level government officials.

National governments in all three countries have instated policies and interventions to support the educational access of GWDs (see Table 9 and Table 10 for details). In Nepal this includes an Inclusive Education Policy, as well as the provision of scholarships[33]. In Malawi, the Constitution stipulates the right of Education to every child while the government has implemented several policies to support the education of CWDs with the most recent ones being the National Strategy for Inclusive Education, (2017- 2021) and National Educational Strategy and Investment Plan 2020-2030. Uganda overall has a legal framework protecting the right to education which is also guaranteed in the Constitution. It has a comprehensive and ambitious set of education policies that aim to ensure basic education for all with efforts being made to reach the most vulnerable people (e.g., Persons with Disabilities Act 2020 elaborates on access to education) (see Table 9 and Table 10).

Box 3: Enabling factors for GWDs

Interviews with national and regional government representatives revealed the existence of several factors which have enabled GWDs' access to education. These included donor support that helped provide funding for girls' education (Uganda): "*where we had support from the donors, really, it made it easier…*" (KII, Government Official, Uganda, Luganda). The government stakeholder further highlighted partnerships with international donor organisations and national and regional government departments and officials who can contribute financial resources for girls' education and the availability of scholarship funding by the Ministry of Education and Sports were commended as factors enabling GWDs access to education. In Uganda, the goodwill of stakeholders and policymakers was also noted as an enabling factor. In Nepal the use of Education Management Information Software (EMIS) and identity cards for Persons with Disabilities were identified as positive enablers in enrolment of girls with disabilities in schools. In Malawi, public awareness campaigns were seen as enablers.

Interviewees noted that across all three countries, there are several challenges associated with designing and implementing policies for GWDs. All interviewees noted that policies were not always designed considering the diversity of learners and their specific needs. Even where policies were relevant and cross-cutting (e.g., the Disability Act in Uganda, Malawi Disability Act) these were not clearly articulated, and the specifics of practical implementation were not given due attention, which undermined their effectiveness. For example, respondents indicated areas that needed greater focus of the government, such as a lack of assistive devices for girls and boys with disabilities (e.g.,

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[33] The children with disabilities attending schools are provided with residential or non-residential scholarships through central policies (the federal government) according to the Integrated EMIS statistics. Each student who lives in a hostel or school for studies, receives a 'necessary scholarship', of Rs. 40,000 (monthly Rs. 4000 for 10 months). The day scholars that come daily from their homes, depending on the severity of the disability, receive a lesser scholarship. For example, a CWD with a severe disability would receive a yearly Rs. 5000 scholarship. Moderate levels of disabilities are provided with Rs. 3000 scholarships; others would receive Rs. 1000 scholarships. However, these are done in collaboration with Development Exchange Centre Nepal since they have the correct statistics. From the Rural Municipality the distribution of facilities, provision of scholarships, and all other services and facilities that are provided are not divided into boys and girls (Govt official, KII, Nepal).

hearing aids, IT resources, accessibility through ramps etc.) and a lack of human resources (such as trained and skilled personnel in speech therapy). Interviewees also highlighted challenges related to lack of awareness and knowledge around disability, financial constraints, limited human resources (lack of skilled teachers and inadequate teacher training), donor-initiated discontinuity of funding and bureaucratic delays. For instance, within the Ugandan context, high levels of poverty were identified as an overarching barrier to girls' education and more specifically to the education of GWDs. This was said to have been exacerbated by a lack of reliable data on PWDs and a lack of prioritisation of their education. In Malawi however there has been some improvement in data collection with the latest population census (2018) and Education Management Information System (EMIS) reports capturing data on children with disabilities. The respondents noted that the pandemic exacerbated existing barriers to education and employment opportunities for GWDs.

Box 4: Equal opportunities in education for GWDs

The interviewees indicated that GWDs had equal opportunities in education as girls without disabilities. Equal opportunities in employment were also discussed: "*They get opportunities like Public Service and in municipal level staff selection there is an inclusive quota for the people with disabilities (KII, Government stakeholder, Nepal, Nepali)*". In Malawi, stakeholders indicated that GWDs and other girls had equal opportunities to access education especially at the primary school level: "*girls with disabilities learn together with those without in the same class but when it comes to assessment those with disabilities are given special treatment especially during national assessments like Malawi School Certificate of Education (MSCE), Junior Certificate of Education (JCE) and Primary School Leaving Certificate for Education (PSLCE) (KII, Government Stakeholder, Chichewa)*". They are given special codes so that they are given special consideration when assessing them. In Uganda, a teacher as well as a government stakeholder indicated that, in their opinion, students with disabilities, 'get more opportunities' due to affirmative action and the focus on their needs as well as scholarship opportunities being given to GWDs as a priority. Other stakeholders noted that GWD get similar opportunities as other female students with one commenting that student educational opportunities are dependent on parental attitudes to the education of girls with disabilities.

Finally, interviewees reported that equal opportunities for girls with and without disabilities depended on the nature of the disability whether physical, sensory, or cognitive with accommodations (such as extra time, provision of assistive devices such as wheelchairs) being made for the national assessments in all three countries.

Table 9: Main International laws and policies on Education and Disability

International Conventions	Ratification		
	Nepal	**Malawi**	**Uganda**
1. Convention on the Rights of the Child (1989)	1990	1991	1990
2. Convention on the Rights of Persons with Disabilities (2006)	2010	2009	2008
3. Convention on the Rights of Persons with Disabilities and Optional Protocol (2006)	2010	-	2008
4. The African Charter established the African Commission on Human and Peoples' Rights.	N/A	1989	1986
5. Convention on the Elimination of All Forms of Discrimination against Women	Not Ratified	1987	1985

Table 10: Overview of Domestic Laws and Policies on Education, Disability and Gender

Country	Nepal	Malawi	Uganda
Number of laws and policies that mention either disability or girls' education	10 (since 1971)	9 (since 1972)	6 (since 2000)
Laws and policies that mention girls with disability	National Policy and Plan of Action on Disability (2006)	National Policy on Equalisation of Opportunities for Persons with Disabilities (2006) National Strategy for Adolescent Girls and Young Women (2018-2022)	The Uganda Gender Policy (2007) National Strategy for Girls' Education (NSGE) in Uganda (2015-2019) Gender in Education-Sector policy (2016) Uganda Disability Plan (2020-2025)

5.2.   How do GWDs perceive the effects of these interventions?

All participants, including GWDs reported receiving the interventions detailed in Annex D, including learning support in the classrooms, provision of in-kind and monetary support particularly during Covid-19, provision of assistive devices and parental and community awareness programmes. This section presents the effects of the three GEC II interventions on the lives of GWDs as perceived by them using primary qualitative methods of semi-structured interviews, focus group discussions, classroom observations and participatory methods of photovoice and audio notes.

The aim of the primary qualitative research was to get a better understanding from GWDs on the effects of the GEC II interventions and to highlight their voices. Like global literature on the use of participatory methods (Don, Salami and Ghajarieh, 2015; Wallace, Karangwa, Bayisenge, 2018; Forber-Pratt and Lyew, 2019; Nguyen, 2023), this research also highlights the usefulness of photovoice and audio notes in presenting the in-depth reflections of GWDs on effects of GEC II interventions for them and helped them be an active part of the research process.

5.2.1.   Changes in Learning Support and Outcomes

"I knew only a little. After coming here, I have been learning to study here nicely. I didn't know a lot before; I knew just little" (GWD, FGD, Nepal, Nepali).

Girls with disabilities reported that additional resources and adaptations helped them access schools/ learning centres and supported their learning.

Figure 10: "Byanjan Barna" (consonant)

Girls with visual and hearing disabilities in Nepal specifically spoke about the usefulness of Braille/sign language during teaching (and availability of sign language resources in the classrooms) in their understanding of the lessons. As one respondent noted: *"At first, Sir taught us to use braille, about all Nepali and English alphabet, then we had no problem. We can now study any subject."* (GWD, interview, Nepal, Nepali)

One GWD in the photovoice activity emphasised the importance of sign language prompts, as seen in Figure 10: *"When I am in the class and I forget the Nepali alphabet, then I can look around and see it on the wall. It reminds me of the Nepali alphabet, and I can practice."* (GWD, photovoice, Nepal, Nepali).

Similarly, girls with physical disabilities appreciated the support they received from the projects in increasing their access to schools/learning centres and their ability to learn. For example, in Malawi, five of the girls with physical disabilities mentioned pain in their limbs as a major detriment to attending classes. The provision of shoes, crutches and in some cases, wheelchairs helped ease their pain and improved their ability to learn in the classrooms. This is consistent with existing global literature on how increasing inclusion in classrooms through for instance the provision of assistive devices and the adoption of inclusive pedagogical practices can foster the learning of CWDs (UNGEI, 2017).

All the GWDs reported improvements in their ability to read and write, and some girls also highlighted their improved numeracy skills. This finding corresponds with portfolio wide findings from data presented in section 4.5.1 that highlights an increase in the literacy and numeracy of GWDs for both GEC-T and LNGB projects. Some girls in Nepal also mentioned being able to participate in debate competitions. The significance of these achievements was highlighted in both the FGDs and photovoice/audio notes, where the girls spoke about encouraging other girls to enrol in school because of their increased ability to read and write. The girls acknowledged the role played by teachers in supporting their learning in the classrooms, as highlighted in Table 11.

Table 11: GWDs' perceptions of their teachers

Country	Teachers' support towards GWDs	Example
Malawi	Adaptations to instruction	*"When the teacher notices that we are not understanding, the teacher rephrases the concept in a way that we can easily understand (GWD, Interview, Malawi, Chichewa)."*
	Seating arrangements	*"The teacher tells those with low vision to sit in front to easily see what is on the blackboard"* (GWD, Interview, Malawi, Chichewa).
Nepal	Communicating in Sign Language	*"Yes, ma'am taught me new ways to make me understand in sign language. She taught in sign language, wrote on board and made me understand. She made pictures of things I did not know"* (GWD, Interview, Nepal, Nepali).
Uganda	Encouragement and positive reinforcement	*"Sometimes I put up my hand, and they pick me, I give an answer. When I've failed, they encouraged me to try again. "Try again." Sometimes they say, "We shall give you something. We shall give you a sweet," so that one encouraged me, and I feel happy to raise up my hand and answer"* (GWD, Interview, Uganda, Luganda).
	Communicating in Sign Language	*"Yeah, the school is good because the teachers are good. They are serious when they are teaching us and we have the teacher who knows sign language, so it is good"* (GWD, Interview, Uganda, Luganda).

GWDs in Malawi felt more comfortable than before in the classroom and were able to understand their lessons by learning in the official language, Chichewa. Some girls mentioned how learning to read and write in Chichewa helped them in communicating with people belonging to other tribes who were not proficient in the local language but knew Chichewa.

5.2.2. Changes in GWDs' living skills

GWDs in all three countries reported acquiring important daily living skills, such as washing clothes, as well as an increased awareness of cleanliness and daily hygiene. Some GWDs also reported learning skills such as how to cook food: *"…learnt how to make a bangle, to fry chapatti, cassava and pancake, to cook, to eat food"* (GWD, interview, Uganda, Luganda). During Covid-19, GWDs became aware of related health implications and emphasised the importance of good working toilets and sanitation in schools. These skills were acquired by GWDs both in the schools and vocational training centres in all three countries. For girls with severe disabilities in Nepal, Big Sisters provided knowledge of these skills to the girls in their homes.

In Nepal, some GWDs mentioned learning about reproductive rights, sexuality, and gender violence: *"Reading about gender violence, I learned we should not do such violence. It has information about domestic violence, fights as well as types of violence"* (GWD, interview, Nepal, Nepali).

5.2.3. Changes in GWDs' vocational skills

GWDs in Nepal and Uganda reported learning vocational skills such as auto-rickshaw driving, tailoring, doll-making, sewing, plaiting hair, jewellery-making (e.g., necklaces, earrings). Girls in Nepal also reported receiving training in making sanitary pads: *"Yes, we learned how to use and make sanitary pads with our machines. We trained for two days in my house"* (GWD, interview, Nepal, Nepali). GWDs then sold the items they made, which supported them to earn an income.

Girls in Uganda also reported an increased ability to use technology, primarily Kindle devices and computers.

5.2.4. Changes in girls' self-confidence and socio-emotional skills

"My life has changed. I was a timid girl. I used to be shy. I used not to mix up or relate well with people. This changed since I enrolled in this school. I am no longer a shy girl." (GWD, photovoice, Malawi, Chichewa).

All girls stated their confidence levels increased over the course of the interventions as well as their ability to interact with their peers, neighbours and community members, which contributed to positive social interactions. GWDs' self-confidence and positive peer interactions were seen during the focus group discussions we conducted, where facilitators observed that GWDs participated equally with girls without disabilities. Across the portfolio as well, an increase in the confidence levels of GWDs was reported (see section 4.5.2).

Most girls reported that making friends improved their social wellbeing. One GWD from Nepal said that *"…because of [the programme] I have met new people. I had less friends before, now I have more friends. So, I am happy"* (GWD, photovoice, Nepal, Nepali). GWDs also mentioned that these peer relations influenced their motivation to go to school: *"She is my friend, and we go together to school. It encourages me to go to school so that I should have a better future. I am happy with her."* (GWD, photovoice, Malawi, Chichewa).

In Nepal, one intervention that was particularly helpful in fostering GWDs' learning and socio-emotional skills was the inclusion of 'Big Sisters' by the ENGAGE project, highlighted below in Box 3.

Box 5: The importance of 'Big Sisters': Nepal

'Big Sisters' were members of the same communities as the GWDs and bridged the gap between the local implementing partners, the associated schools and the GWDs. These 'Big Sisters' were mentors, cheerleaders and educators for 'Little Sisters', providing them with advice and resources to further their education, motivating them to learn, and empowering them.

"*She tells me that whatever I am doing is for me and not others."* (GWD, interview, Nepal, Nepali).

"She is nice, and she behaves nicely with us. She loves us too. She also teaches us whatever we ask to teach her. Big sister comes daily." (GWD, interview, Nepal, Nepali).

Big Sisters provided support to girls with cognitive and severe disabilities, including helping them in daily activities such as bathing and eating. Girls with severe disabilities in Nepal could only be interviewed in the presence of the Big Sisters as the sisters helped the girls in their social interactions. Existing literature (SSHRCC, 2016; Associates for change, 2013) has also shown how providing mentors to GWDs can be an important tool for fostering their socialisation (see section 2.2).

'Big Sisters' had considerable roles and responsibilities, which extended to community mobilisation as well as encouraging parents to prioritise the education of their daughters.

During the pandemic, the Big Sisters taught GWDs as the teachers could not visit the girls' homes. The Big Sisters also provided Covid-19 related resources such as soaps, sanitisers, masks as well as books for studying and assisting in the learning of the students. For girls with severe disabilities, the Big Sisters paid frequent home visits and helped the girls in daily living skills such as washing hair, clothes, eating, communicating etc.

Multiple stakeholders in Nepal emphasised the positive contribution of the Big Sisters in the education of GWDs: GWDs' parents/caregivers recognised that the Big Sisters were key to their daughters' social well-being, with one parent stating that her daughter *"becomes happy. When the Big Sister comes, she talks to her"* (Parent, interview, Nepal, Nepali).

Community members also emphasised the positive role of Big Sisters. This included raising awareness on GWDs' education, identifying GWDs in the community, helping GWDs enrol in schools, monitoring and reducing student absenteeism and providing GWDs with resources. During one FGD, community members felt that the role of the Big Sisters is more than those of the GWDs' parents: "*The Big Sisters researched these girls and brought them to school where they take care of them even more than their own parents take care of them"* (Community members, FGD, Nepal, Nepali).

Similarly, almost all teachers in Nepal appreciated the role of Big Sisters in encouraging the parents of GWDs in sending their girls to schools/learning centres and mobilising community members. Two of the teachers mentioned how this was especially pertinent for Muslim communities where the girls were previously not allowed to go outside.

Across the three countries, GWDs previously felt self-conscious during interactions with others, but felt this changed once they joined the schools/learning centres. One girl in Malawi described a change in the attitude of community members following her securing the third prize in her class: *"They now say that we used to call her blind, now she can study and get the prize as well, it is good"* (GWD, interview, Malawi, Chichewa).

Five out of eight GWDs in Nepal related their changes in confidence to their financial independence because of the vocational training. This also resulted in a positive change in the attitudes of community members who were seen as being more friendly and positive towards them. One GWD mentioned feeling self-sufficient because she pays for her household's expense: *"I can weave door mats, table mats, and making necklaces… That is what I know that I can make, sell, and get money to support myself and parents"* (GWD, interview, Nepal, Nepali).

However, a small minority of girls still reported challenges with their peers. In Uganda a few of the interviewed girls expressed being teased by other students and having their personal items stolen. One girl in Malawi spoke about

being beaten by classmates.[34] Additionally most girls with cognitive impairments reported how their social interactions had not changed since enrolment in the programme.

Rather interestingly, around a quarter of the girls in all three countries recounted that they had developed **a greater understanding of respect for elders**: *"In the past I was rude towards my parents. I wasn't a good child. The teachers advise me that I should respect my parents. My mother could do anything alone. But now I do some household chores at home... But now I changed. I relate well with the community also"* (GWD, photovoice, Malawi, Chichewa). This was later mentioned by the parents of GWDs as well (see section 5.4).

5.2.5.   GWDs' aspirations for the future

"I can say, education is good, I love education. When you sit at home, you don't learn anything, you will not understand and it will be hard for you to get a job, but when you learn, you get a job, and you will be rich. I can go to Makerere and get a degree. In my future, I want to be a doctor and if I don't study well, I will not get that degree" (GWD, interview, Uganda, Luganda).

Girls in all three countries expressed high aspirations for their future. In Uganda girls expressed their interest in a range of professions such as teaching, banking, and medical care. Some girls indicated their desire to be a teacher to help other students with disabilities in gaining quality education: *"In future, after becoming a teacher I will teach deaf students like me."* (GWD, interview, Nepal, Nepali). In all three countries, girls enrolled in schools also expressed a desire to learn other vocational skills such as carpentry, farming and beauty parlour work to become financially independent and to support their families (see box 6 for more reflections on this). This focus on aspirations is also supported by portfolio level data from quantitative analysis, which showed that girls' focus on their future goals increased from baseline to midline (as shown through a survey on their socio- emotional outcomes- see section 4 for detail).

Financial independence was an important goal for girls across all three countries. Many of the respondents in Nepal were already earning following their vocational training and expressed how they intended to set up and/or expand their own businesses in the future. Some girls in Malawi expressed the desire to start earning income immediately after school rather than pursuing further education: *"When I finish, I want to setup a business because when you know how to read you gain some knowledge, so I don't want to continue with school."* (GWD, interview, Malawi, Chichewa).

Figure 11: Good Mobility

Out of the 24 GWDs interviewed in Malawi, seven expressed the desire to buy their own cars in the future. For instance, the photo in Figure 11 was taken by a GWD as part of the Photovoice-activity to emphasise the importance of education and subsequent ability to earn money: *"The importance of the picture is that we should work so that we can buy a car."* (GWD, photovoice, Nepal, Nepali). Financial independence and mobility were therefore important goals for the girls.

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[34] This incident was reported to the IE team during fieldwork and necessary safeguarding and child protection measures were taken in response.

Box 6: Imagining a Successful Woman

The aspirations of GWDs for the future were further highlighted through one activity in the focus group discussion with girls with and without disabilities. This activity included imagining what a successful woman with disability looks like.
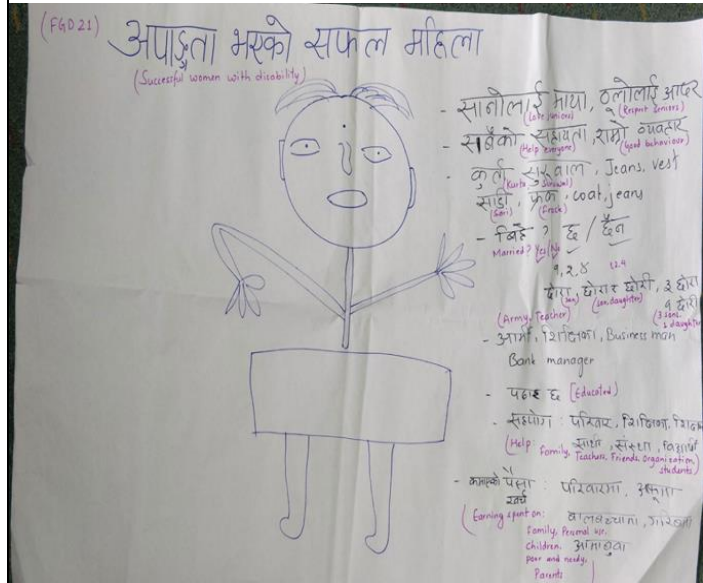
Nepal

"She has a disability. But also, she talks like us. She loves younger people and respects elders. I told earlier she has studied, she writes poems. She does not have a hand. She publishes novels. She earns money" (GWD, FGD, Nepal, Nepali).

Malawi

"She is a lot of money MWK3, 500, 000. 00. She is beautiful. She has children that she can manage to take care of. She has good manners" (GWD, FGD, Malawi, Chichewa).

Uganda

"She is a tailor and also, she has a salon. She puts on a skirt, a blouse, a trouser and goes to church. She dresses well. She did not marry by her own choice" (GWD, FGD, Uganda, Luganda).

The activity emphasised how girls in all FGDs defined a successful woman as someone with a job and the ability to earn an income. Though the type of job varied ranging from knitting, tailoring to owning a business, all girls unanimously agreed on the importance of financial independence for a woman with disability.

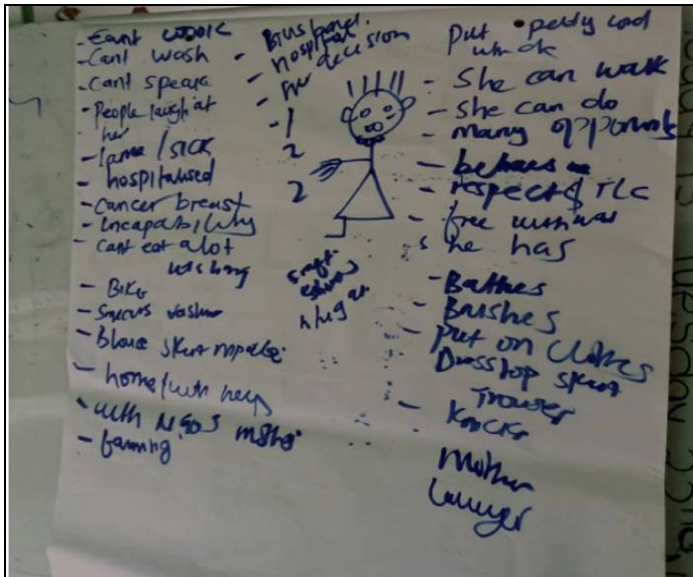In all three countries the girls further linked earning well to being confident, independent, being able to own expensive possessions and therefore being "successful". Additionally, the importance of education for women with disabilities was highlighted in all FGDs: *"Because the girls with disabilities cannot do any work without education"* (GWDs, FGD, Nepal, Nepali).

Interestingly, the primary focus of the girls was on employment rather than the prospect of marriage, which was not discussed in detail as an aspiration for the future.

5.2.6.   Barriers to inclusion of GWDs

"There is a long distance between my home village and the learning centre. The up hills are just too much for me to reach at school." (GWD, photovoice, Malawi, Chichewa).

Despite changes in the learning and socio-emotional skills of the girls, GWDs highlighted many barriers that still hampered their inclusion in the classroom in all three case study countries.

A lack of transport to and from school was a major barrier across the three countries. This resonates with global literature on the transport barriers faced by GWDs (Mafa, 2012; Hammad and Singal, 2015) which significantly impacts their inclusion in education. In Malawi, schools are located at considerable distances from the houses of the GWDs which raises issues around transportation. Notably, girls with physical disabilities were facing difficulties in reaching the schools/learning centres. Further, girls in Malawi mentioned lack of accessible infrastructure in the schools, for instance a lack of ramps which made entering the classrooms with elevated entrances difficult. Transportation was also a barrier in Nepal where girls had to travel long distances to reach the schools/learning centres. While transportation was also an issue in the case of Uganda, VIVA CRANE had addressed this issue by arranging school buses. However, there were delays in the bus schedules and in some cases, harassment faced on the street while waiting for the buses: *"There are men who call to me and say, "Young girl, first come here." I refused to go and present a tough face, then I go and tell my mother"* (GWD, interview, Uganda, Luganda). Similar results were shown in Don, Salami and Gharjarieh's (2015) work in rural Iran where safety and security on the way to school was identified as a barrier to GWDs inclusion in education.

A lack of proper hygiene and inaccessible toilets was a big challenge across all countries. This was a pertinent issue for girls both with and without disabilities, especially during menstruation. Lack of hygienic and accessible toilets resulted in absenteeism: *"We are all adult girls in this school. We need some supplies like sanitary pads and soap. It is my plea that some people help us with these things. We don't want to miss classes due to menstruation"* (GWD, photovoice, Malawi, Chichewa). Furthermore, only one of eight schools in Malawi had disability-friendly toilets, while five schools out of eight each in Nepal and Uganda contained disability friendly toilets. This finding resonates with

global literature that has shown how the lack of clean and hygienic toilets impact girls' attendance in school, especially during menstruation with the impact being amplified for girls with disabilities (Kim and Rhee, 2019; Bolatova et al., 2021).

Some teachers were unable to cater to the needs of GWDs. Teacher absenteeism was noted in Nepal: *"…but sometimes the teachers don't come. Some teachers are not there. Sometimes you just move around the school. And then the head teacher says ahhh you girl you have to go to classes. And then when she goes back, again we go back outside and play"* (GWD, interview, Nepal, Nepali). Teachers lacked the ability to use sign language in three out of twelve of the schools in Malawi which was a major barrier for the learning of students with hearing impairments. Some students with visual impairments also mentioned how their teachers could not teach them using Braille and provide any additional support.

Additionally, lack of parental support was highlighted as an important barrier for a small minority of girls in all three countries. A few girls mentioned how their parents were not encouraging them to study: *"My mother hasn't studied too. That is why I told them; you haven't studied so you didn't let me study either. If you had studied, then you would have sent me to school by any means"* (GWD, interview, Nepal, Nepali).

As previously mentioned**, a small minority of girls also reported challenges with bullying across all contexts** which limited their enjoyment of and participation in school classes.

Box 7: School infrastructure Issues, Malawi

Lack of accessible toilets and infrastructure was a major challenge in all three countries but more prominently in Malawi. Four of the case study girls in Malawi took pictures of thatched roofs and walls in the classrooms which made it difficult for them to study. The girls also expressed the desire for having an iron roof not only in the school but also in their houses to avoid getting sick: *"I want people to learn that people should build iron corrugated houses to avoid damage to books and other items once rainfall starts"* (GWD, photovoice, Malawi, Chichewa). Additional infrastructural issues such as lack of cemented floors, desks, chairs and proper sanitation were witnessed in Malawi. These fundamental challenges in the schools affect the learning of all girls and can be amplified for girls with disabilities. For example, lack of proper lighting in the classrooms hampers the learning of all students but is a greater detriment for girls with low vision.

Some of the issues in infrastructure that that were particularly highlighted by the GWDs (and which affect the learning of all girls) in the photovoice activity included:

The roof in my school

"This roof disturbs me. The sun passes through it when it's sunny and I am disturbed by the rains during the rainy season. So, I don't like that. If the rain starts whilst still at home, I don't go to school and I don't like that. When it starts when we are in class, it becomes a problem because we must hide in the corners. This does not really help because the whole roof is damaged, and we usually get wet in class. The lessons are disturbed" (photovoice, GWD, Malawi, Chichewa).

The classroom mat

"No, others sit on the bare mud floor. Others bring stones that they use for sitting during the classroom session. We don't want to sit on the mud because it sticks to our clothes. Soap is expensive and we cannot afford to be washing every day" (photovoice, GWD, Malawi, Chichewa).

Dirty toilets

"I chose this picture because the toilet is dirty. People defecate anywhere and it has no doors. Sanitation is poor because there is no removing of tall grass around the toilet. It makes me think of bad things because it can spread diseases like diarrhoea which could make me to be absent from school" (photovoice, GWD, Malawi, Chichewa).

5.3.   What are parents' perceptions about the effects of interventions on GWDs?

"Our life has also improved a lot. We did not have goats, we got goats. We did not have a toilet; we got a toilet. We couldn't buy a wheelchair for our daughter earlier but now we got a wheelchair for her to sit on. We got an exercise ball for her hand exercise. When they call us for training, we receive money for our daughter. So, we feel good after meeting this organisation." (Parent, interview, Nepal, Nepali).

Interviews with parents in all three countries revealed a positive impact of the project interventions on the lives of the GWDs. Like the GWDs, parents particularly appreciated the provision of resources such as wheelchairs, walking and hearing aids as well as everyday essential items such as clothes, food and textbooks and stationery for the girls.

Parents reported an increase in the ability of the girls to read, write and make calculations over the course of the project interventions. Much like the GWDs themselves, parents/caregivers also reported changes in the girls' learning outcomes: *"Before she did not know anything and after coming here, she started to write (ka, kha, ga, gha, (Nepali alphabets)), learned to read and write English, and wrote her name in the copy. She has started to read copies and books. And now it has improved a lot"* (Parent, interview, Nepal, Nepali).

The bridge classes[35] in Nepal's context had worked well in helping the girls to read and write. However, with the advent of Covid-19 there was a break between the end of the bridge class and the transitioning of students into

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35 These were 9 months catch up classes for out of school (OOS) girls with disabilities operated by VSO Nepal for its ENGAGE project.

resource/formal schools/vocational centres. In this regard, parents emphasised how Big Sisters helped in keeping the girls engaged during the pandemic.

Parents reported a change in GWD's socio-emotional skills over the course of the project. In Nepal six out of the 24 parents interviewed mentioned the increase in the confidence and engagement of the girls in the learning environment, for example by participating in quizzes and debate competitions: *"When she comes home, she tells me that when participating in the contests, others could not tell but I told the answer by standing up"* (Parent, interview, Nepal, Nepali).

Parents also reported an increase in daily living and vocational skills of the girls. In Nepal and Uganda, parents spoke about girls learning about personal hygiene as well as vocational skills. Parents of girls with severe disabilities also explained how representatives from the project would pay visits to their houses to help the girls in daily living skills such as keeping them clean, exercising and eating*: "She can do everything that she could not do before joining the community learning centre. She washes clothes. She goes to the farm. She is a clean woman. She can take care of her personal hygiene. There is a great transformation"* (Parent, interview, Uganda, Luganda).

A change in the ability of GWDs to communicate with their parents, families, friends and communities was also witnessed. Parents of girls with hearing impairments indicated how it had become easier to communicate with the girls. Changes in the confidence levels of the girls were also emphasised as was an increase in their ability to take care of themselves. Other behavioural changes acknowledged by the parents included the girls being more respectful, happy and interactive with them.

Parents also reported a change in the attitudes of community members since the girls enrolled in the schools/learning centres: *"…because about their change in thoughts, they changed their mind when the other generation moved out of the school. It is when they realised that this project is very productive because some of the students from the past generation are doing tailoring as a job. That's how they changed"* (Parent, interview, Malawi, Chichewa).

The training helped parents in understanding the needs of GWDs. Projects, across the three countries, provided parents with training on gender equality and taking care of children with disabilities, and encouraged them to support the girls' schooling. Parents reported how they now understood their daughters better: *"The things I have learned in the training, teaching those things at home. How to take care of her in the morning and evening, keeping her and those sorts of things. Cleaning in the morning and evening, asking to read. And making her ready to go to school"* (Parent, interview, Nepal, Nepali).

5.4.   What are community members' perceptions about the effects of the interventions?

"We should not discriminate against them whether they have a disability or not. All are our children. This is what appreciate them for teaching us. This is where we have reached, and we are still carrying forward" (Community members, FGD, Uganda, Luganda)

Overall community members in all three countries recognised the work of the individual projects. They highlighted how the projects had helped in identifying and enrolling GWDs in schools and helped them through the provision of resources such as books, stationery, food, wheelchairs etc. For example, VIVA CRANE worked closely with local communities, including seeking out village elders and leaders who knew the parents of GWDs, and this really helped with the effective uptake of the programme.

FGDs in all three countries revealed how there was **increased awareness regarding the need for education and wider well-being of GWDs in the communities following the projects' interventions**.

As mentioned previously, positive community attitudes regarding provision of education have proven to be beneficial for increasing enrolment of GWDs in schools and in offsetting negative attitudes towards gender and disability (Carew et al., 2020). Data from the three case study projects gives further weight to the argument that interventions which target community members alongside GWDs prove to be effective in fostering an inclusive environment.

It is important to note that many of the benefits of the interventions were not just restricted to GWDs but supported the well-being of all girls. For instance, in Nepal participants reflected on how ENGAGE had helped in raising awareness in the community around the harmful impacts of the local cultural custom of Gauna, in which pre-pubescent girls are promised to a groom at age 16 years following which she is supposed to have a child within a year or two. The respondents reported how the custom had reduced in practice. In Malawi, TEAM Girl had given awareness sessions

on the importance of educating girls, which led to community members identifying out-of-school girls or those facing difficulty within the schools and encouraging them to enrol. In Uganda, community members emphasised the role of VIVA CRANE in raising awareness around child protection and gender-based violence. These sessions helped in supporting and safeguarding the rights of all children including those with disabilities The benefits of community awareness for identifying GWDS was also highlighted in the IP interviews for the entire GEC II portfolio (see section 4.2).

Economic independence was a valued outcomes for family members. This particularly resonated in Nepal where girls attending vocational training had started earning. Many parents who were a part of the FGDs expressed their delight at their daughters being self-sufficient and helpful for their families. Self-sufficiency was a big theme in Uganda where community members stressed the need for children with disabilities to be able to learn daily living skills and not be reliant on others. The aspirations also did not differ for boys and girls with disabilities, with the respondents stating how both had the right to access education. Similarly, the respondents emphasised the need for equal access for both girls with and without disabilities.

It is important to acknowledge that in addition to specific interventions directed at GWDs, community members also articulated the wider impact of these interventions on girls (both with and without disabilities) in the community. Some of the examples are given in Table 12 below.

Table 12: Types of support provided to community members

Types of support provided	Project IP and Country	Quotes from the FGDs
Parents informal group	VIVA CRANE Uganda	*"So, in ambassadors initiative, we save, and we lend money, and we go for different trainings like learning how to make liquid soap, bags. So, CRANE pushed us and supported us. It gave us financial help and it gave us 50,50, the parents took 50, (the rest was given to CRANE), used it and they returned the money. Later, they gave us money and we started a piggery project. As much as the pigs got diseases but a lot of parents learnt from this and went ahead with rearing pigs and so many are still doing it. It has helped a lot."* (FGD, community members, Uganda). *"This helped me because when it was time to take (NAME) back to school and I did not have the requirements, I got a loan of 50,000 Shillings from CRANE. I managed to get the help I needed because I had been encouraged to join a group during trainings organised by the CRANE."* (Parent, interview, Uganda, Luganda).
Child Protection	Link Education International Malawi	*"Some of these children were mocked and being laughed at by their friends. Their peers could make fun of them because of how they walk here at school and in class due to their disability. As a result, they were shy and eventually dropped out of school. We made a follow up with the school to identify the perpetrators of such behaviours and then reported to their teachers."* (FGD, community members, Malawi, Chichewa).
	VIVA CRANE Uganda	*"There is also something that CRANE is known for. If the rights of a child have been abused, for example, beaten, people in the communities know that when someone get such a problem they are told, "Go to New Hope." Whether it is a case of rape or a child's rights is being abused, all of that. I think CRANE has done a very big job. Therefore, parent have some fear in them. We also had a disappearance case during that period and the people responsible for it, went and reported themselves to the police, return to the child because of CRANE's involvement in their search. This was through the efforts of the mentors associated with CRANE, but not even the organization itself. So, the role of child protection that CRANE has*

Types of support provided	Project IP and Country	Quotes from the FGDs
		performed is very major." (FGD, community members, Uganda, Luganda).
Healthcare	Link Education International Malawi	*"They help us in sourcing out doctors to look after our children for example those who are mentally ill or other diseases so yes it helps that these doctors come here."* (FGD, community members, Malawi, Chichewa)
	VIVA CRANE Uganda	"*There are families that CRANE supports in our communities. When it comes to matters of health care and child protection, or self-help trainings, they target the entire community whether they are beneficiaries or non-beneficiaries. They already saved support. In addition to that, those who stayed near the beneficiaries had the unique opportunities of taking part in child protection trainings, trainings on sanitation and hygiene. Also, when you consider the savings groups created by CRANE, it includes both the beneficiaries and the non-beneficiaries. There are some things that are done that target the entire community without discrimination whether they are a family supported by CRANE or not."* (FGD, community members, Uganda, Luganda).
Preventing early marriages	VSO Nepal	*"Before the girls used to get married off when they were 12 years old but now, they only get married after they turn 20. This is a change. Both the child and the mother will be unhealthy. I am 70 years old now and I got married at 12. So, I have experienced all of this. But now, since the last 3-4 years, they are getting married only after they turn 20 so this is a very good change that has occurred."* (FGD, community members, Nepal, Nepali).
Provision of resources	Link Education International Malawi	*"They also brought iron sheets for maintenance since during rainy season, children do not learn properly due to leaking roofs. We can say that Team Girls hasn't built any classroom blocks, but it is using the readily available blocks, but it built toilets in this community."* (FGD, community members, Malawi, Chichewa).

5.5. Perceived and observed effects of the interventions in the classrooms

This sub section summarises the data from the classroom observations (12 per project context - 36 in total) and interviews with the teachers (24 per context - 72 in total) to highlight the effects of the interventions on GWDs in the classrooms.

5.5.1. Availability of resources in the classrooms

Across the three countries, the classes were differently resourced, but in most cases, GWDs had some access to adapted materials in the classrooms. Table 13 below shows the extent to which the classroom environments were accessible for the GWDs by specifically focusing on the provision of resources.

Table 13: GWDs' Access to Classroom Resources

GWDs' access to resources	Country		
	Nepal	Malawi	Uganda
Availability of Braille for learners with visual Impairments	Out of the three classrooms with girls with visual impairments, only one had teaching/learning materials in Braille available.	No girls with visual impairments in the observed classrooms.	No girls with visual impairments in the observed classrooms. Flipcharts were used for girls with low vision.
Use of sign language and/or interpreter for learners with hearing impairments	Teachers used sign language in all classes where learners with hearing impairments were present.	The teacher used sign language and whiteboard to teach the lesson.	Availability of sign language interpreter in classrooms with girls with hearing impairments.
Availability of ramps/ accommodation for learners with physical disabilities	Few classes with ramps at the entrance.	Few classes had ramps at the entrance.	Few classes had ramps at the entrance.

5.5.2. Interactions of GWDs in the Classroom

Across the classrooms in all three countries, teachers were observed attempting to provide equal attention to all learners irrespective of their disability. Teachers accommodated GWDs by either placing them at the front, asking them to answer questions from their seats or by changing their tone and speed of speaking. In Malawi, in some lessons, assistant teachers were available specifically to provide support to GWDs. When asked about changes in the girls' confidence levels, the teachers did recognise an increase in the participation of girls in the classrooms as well as an increase in them reaching out to the teachers to share grievances, reflections etc: "*They have self-confidence because they are able to approach us. For instance, those girls with hearing impairment or communication difficulties manage to come and tell us that they do not understand something*" (Teacher, interview, Malawi, Chichewa). Exceptions remained such as one classroom in Malawi where only active learners (whether with or without disabilities) were given attention by the teacher with the two observed GWDs sitting idle. Across the portfolio as well, GWDs reported a significant decrease in punishments by teachers given to them over the course of the interventions as well as the amount of attention given to them.

Interesting variations were observed in relation to girls with cognitive difficulties who struggled with attention issues. In the interviews, teachers mentioned lack of training and preparedness in teaching girls with cognitive disabilities who had been included by the IPs once these girls had been identified through the WG questions. In the classroom observations, girls with cognitive disabilities did not participate in the classroom activities across all classrooms and contexts. Carew et al. (2020) have similarly shown how girls with cognitive difficulties were often ignored by teachers (see Section 2.1).

Most GWDs had positive interactions with their non-disabled peers, while a few GWDs, in all three countries, were quiet and not communicating with their peers. The teachers would however encourage all the students to be inclusive in their discussions. In the interviews, the teachers discussed how they would encourage the students to interact with each other: "*They do interact well to each other. In addition, we also depend on them to communicate for different things because to some extent learners with disabilities put their trust on their friends who are not disabled, so when we want to get a certain information, we reach out to their friends that we know they understand each other very much*" (Teacher, interview, Malawi, Chichewa). The teachers also confirmed that there was a visible change in the interactions of GWDs with their peers with the girls with disabilities having more friends than before.

Some teachers also reported how the GWDs were more eager to attend schools across the three contexts: "*She used to come at school at 10am now she is the first one at school. If you give them work, they are the first to give it in and ask is this correct.*" (Teacher, interview, Uganda, Luganda).

5.5.3. Teachers' ability to teach GWDs

"*I have acquired certain skills which I never knew. The skills have improved my service delivery to the girls with disabilities.*" (Teacher, interview, Malawi).

Teachers across the three countries emphasised an increase in basic knowledge of ways of supporting GWDs in the classrooms (such as giving extra attention, changes in voice modulations, changing seating arrangements) as a result of the interventions. This was corroborated by GWDs in all three countries, who emphasised an increase in support and attention given to them by their teachers in the classrooms, over the course of the interventions.

Around 25% of the total teachers interviewed, explained how they used the same teaching methods for girls with and without disabilities: *"The methods are the same. If I teach other students by making them write, I try to teach the girls with disabilities vocally according to their capacities on how much they can do and so I do that and try my best to ask them to respond vocally regarding anything that I teach the others, since they can do well through listening."* (Teacher, interview, Nepal, Nepali). Teachers also described slight modifications for GWDs: *"I focus a bit more on their listening and since they can't write properly, I try my best to focus orally for them."* (Teacher, interview, Nepal, Nepali).

Teachers in Uganda highlighted the increased ability to identify children with disabilities in the classrooms that they previously lacked. They also highlighted awareness of creative learning techniques (such as group work, role playing, drama): *"…in the creative aspect, like drawing a picture for the students and doing a competition and encouraging them to by ranking them. I found that kind of inspiration from the training"* (Teacher, interview, Malawi, Chichewa).

Yet, across all three countries, teachers indicated lack of knowledge on how best to adapt to the specific needs of GWDs. Many teachers highlighted that they did not know sign language. A teacher in Nepal highlighted: *"The situation of people who take 4-6 months of training and our situation of training for 20-22 days is definitely different. I am not perfect with sign language. My lack of sign language could be my weakness also. There are hard times to make them understand but after understanding, they will do it"* (Teacher, interview, Nepal, Nepali). Similar issues were noted in relation to proficiency with Braille: *"Nobody knows Braille. Everybody has this same way, teaching here, translating there, they do the translation there and do their homework, and with us they do more conversation than writing, they write there after translating and we check them. This is the process in most classes"* (Teacher, interview, Nepal, Nepali). Most teachers mentioned that they had not been trained and those who had received training were never given any follow up sessions.

Importantly, teachers lacked knowledge around the needs of children with cognitive impairments and mentioned struggling in the classrooms*: "I went to one training once. I went to a teacher's training where the training was related to how to understand the psychology of the students and make the activities child friendly. But I haven't been to a training that focuses on intellectual disabilities"* (Teacher, Interview, Malawi, Chichewa). This corresponds with previous research that shows how teachers in many countries' teachers lack inclusive teacher training (Dziva and du Plessis, 2020; Education International, 2018).

Finally, teachers in all three contexts expressed how it is **more time consuming to teach students with disabilities as compared to all other students.** They therefore expressed the need for extra resources and support for them in the classrooms (such as teaching assistants for students with disabilities). They also expressed the need for continuous and consistent support from the interventions for them and the GWDs. Teachers in Malawi reported a lack of consistency in project support. The provision of resources differed from one cohort to the next: *"Cohort one girls were receiving sanitary pads, underwear and soya-bean flour while cohort three girls only got sanitary pads and it is very difficult for a girl to use a sanitary pad without an underwear underneath. The children asked the teachers why they gave them sanitary pads without underwear, and we have no answers"* (Teacher, interview, Malawi, Chichewa). They therefore expressed the need for consistent training for them and the provision of resources for the GWDs. In this regard, some existing training models such as Inclusive Education Resource Centres (IERCs) in Ethiopia and itinerant teachers in Malawi can be contextually adapted. IERCs in Ethiopia provided necessary teaching expertise to support the learning of all students in mainstream classrooms, including students with disabilities (Siska et al., 2020). Itinerant teacher programme in Malawi involved teachers with formal training in the education of children with disabilities to travel around local mainstream and special schools to provide advice, resources and support to mainstream teachers (Lynch and McCall, 2007). Students and teachers were reported to have benefitted from both programmes, and these were seen as more cost-effective ways in moving forward in resource constrained contexts, where providing sign language and/or Braille training to all mainstream teachers was not feasible.

6. Conclusions

These conclusions are based on learnings from a review of the entire GEC II portfolio and from the three projects for which we undertook an in-depth analysis aimed at fore fronting the voices of GWDs.

Using surveys such as the CFM, which cover a wider range of domains, is likely to mitigate the risk of some GWDs being missed by project interventions compared to using only the six domains common to the WG-SS. This data shows that affective challenges (anxiety and depression) are more prevalent which were consistently reported in four to six percent of the girls surveyed across LNGB window. The comparatively high prevalence of affective difficulties in girls in the portfolio therefore shows the importance of socio-emotional learning.

The strongest motivation for including GWDs in the interventions, according to the IPs, was a clear recognition of the multiple disadvantages that GWDs faced in their communities. Nonetheless, decisions about inclusion appear to be influenced by the type and severity of a girl's disability, as girls with severe and cognitive disabilities were most likely to be left behind. A smaller number of IPs also mentioned that their decision to target or include GWDs was influenced by the FCDO Disability Strategy (2018), and others reported that they had their own organisational policies that mandated the inclusion of GWDs in their interventions.

Across the portfolio, there was an improvement in the learning engagement and outcomes of GWDs, particularly their ability to read and write over the course of the interventions.

A small number of IPs provided inclusive accommodations for GWDs during the baseline learning assessments (for instance, through provision of large-print materials, a scribe, to additional time for task completion). This is particularly important to consider when GWDs are required to undertake standardised measurements (e.g., national examinations) where such accommodations might not be automatically available.

GWDs in all three case study projects reported an improvement in their socio-emotional skills such as confidence levels. One outcome of the improvement in socio-emotional skills was increase in girls' aspirations and financial independence particularly for girls receiving a life skills or vocational training component in the project's curriculum.

Interventions which included increased engagement with family and community members were found to be particularly effective, as specifically seen in our case study projects. Engagement between GWDs and community members appear to have mutually reinforcing positive benefits. The community-based intervention of 'Big Sisters' in the VSO ENGAGE project in Nepal was particularly helpful in providing support to the GWDs. This is supported by existing literature which highlights the importance of child-to-child centred approaches such as availability of mentors in fostering the inclusion of CWDs in education.

The most common intervention undertaken by the projects was teacher training, and some improvements were noted in teaching practices across the portfolio. However, specialist teaching skills, such as use of Braille and sign language, were lacking. The teachers also faced barriers in catering to the needs of girls with severe and cognitive difficulties. These findings suggest that additional support is needed to ensure that teachers can effectively communicate and support children with sensory difficulties in the classroom as reported in existing literature (Singal et al.,2018; Singal et al., 2020; Carew et al., 2020).

While the interventions were largely successful in catering to the needs of GWDs, some basic aspects, such as clean toilets, transport to and from school, remained a challenge. These fundamental barriers to inclusion (particularly highlighted through the participatory methods) were likely to impact not just GWDs but all girls.

Finally, the use of participatory methods of photovoice and audio notes, proved to be particularly useful in elevating the voices of GWDs, making them feel comfortable with the enumerators and in identifying issues faced by them.

7.   Recommendations

These recommendations are based on the portfolio review of 41 GEC II projects and in-depth research on three case study projects. It is important to note that these recommendations are for the FM, IPs and the FCDO to consider for the design of future programmes and interventions rather than for the GEC II projects that have either been completed or are in the final phase of completion. We also believe that the recommendations add substantial value to the wider knowledge base on education and disability.

Sector wide recommendations:

- **Donors and policymakers should concentrate efforts, and provide adequate resources, to enable programmes to focus on the inclusion of girls and children with complex multiple needs to ensure that every child is a part of the education system in an effective way.** This should include research focused on how organisations can support girls with severe disabilities, especially those that face compounding barriers to education such as living in remote areas, where public services and infrastructure may be less available.

Programme design/modality:

- **Programme implementers should incorporate a life skills or vocational training component, which has shown to be pivotal in improving feelings of financial empowerment for GWDs in the case study projects.** The vocational training component should also be extended to help GWDs in channelling their skills to earn. This includes helping GWDs set up their own businesses or helping them in securing paid work.

- **Programme implementers should focus on holistic interventions that target community members as well as GWDs and their families.** In particular, the intervention of 'Big Sisters' that provided GWDs with community based female mentors proved to be effective and is recommended to be contextually adapted by other programmes.

- **Programme implementers should incorporate accommodations for GWDs during learning assessments** (through large-print stimuli, Braille assessments, alternative modalities of assessments) to ensure their performance is not affected by a standardised assessment where such accommodations may not be automatically available.

- **IPs, donors and national governments need to adopt a twin track approach to address general barriers that hinder girls' education, as well as disability-specific barriers that specifically hinder the education of girls with disabilities.**

Programme implementation: beneficiary selection

- **Programme implementers should use both surveys and community engagement/mapping exercises (where possible) to identify girls with disabilities.**

- **Programme implementers should be encouraged to use the WG-Child Functioning Module rather than simply relying on the WG SS.** Project IPs should ensure mechanisms are put in place such as psycho-social support to nurture the socio-emotional well-being of girls with disabilities.

Programme implementation: support to girls and teachers:

- **Programme implementers, donors and national governments need to ensure that teachers and students have access to accessible and adaptable teaching-learning materials and resources that cater to a broad range of educational needs for girls with disabilities**. The interventions should cater to provide psycho-social support to disabled girls.

- **Programme implementers should provide specialist support for teachers within classrooms (such as having sign language experts in the classrooms) is recommended** particularly for supporting girls requiring the use of sign language and Braille. Lessons can be drawn from IERCs in Ethiopia and the itinerant teacher model in Malawi.

- **IPs should design inclusive teacher training modules based on the principles of Universal Design for Learning (UDL)** and incorporate mechanisms for providing greater support to GWDs in the classrooms.

Recommendations for programme Monitoring, Evaluation, Research and Learning (MERL):

- **Programme implementers should centre girls' voices in monitoring data through use of participatory methods**, which this study has shown offer very valuable insights through capturing GWDs' voices and articulating their needs.

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