



**Inclusive Futures**

Promoting disability inclusion



# Unlocking potential: transforming education for refugee children with disabilities

Lessons from Inclusive Futures, 2025

Working in partnership with:



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## Introduction

Inclusive Futures is UK aid's flagship disability inclusion programme. It brings together a consortium of development and humanitarian organisations, disability inclusion specialists, and experts working in media, research, and academia, in partnership with organisations of people with disabilities (OPDs) to innovate and scale approaches to disability inclusion in global development and humanitarian responses. Together, we aim to address the global evidence gap about what works in disability inclusion by generating research, learning, and disseminating this information to national and local governments, donors, humanitarian actors and civil society, including OPDs.

Working with our consortium partner Humanity & Inclusion (HI), we have developed practical learning about what works in including children with disabilities in education in refugee contexts. This report draws on our experiences from delivering inclusive education projects in Kakuma and Kalobeyi refugee settlements in Kenya.

## The challenge

The Global Compact on Refugees, the Sustainable Development Goals (Goal 4), and the Convention on the Rights of the Child, all affirm the right of refugees to quality, safe, and continuous, education. Article 24 of the UN Convention on the Rights of Persons with Disabilities also recognises the right to inclusive education for all people with disabilities. Yet, **nearly half of all refugee children remain out of school due to barriers such as a lack of access to schools, a lack of qualified teachers and learning materials, language barriers, discrimination, and interrupted education**<sup>1</sup>.

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<sup>1</sup> The UN Refugee Agency. **Five key facts about refugee children's education**. (2022)



The barriers are even greater for refugee children with disabilities. They face inaccessible school infrastructure and transportation, low expectations from parents and educators regarding inclusive education, limited knowledge and skills among teachers and parents about disability inclusion, and inadequate access to health and rehabilitation services. These challenges are further compounded by higher rates of household poverty among refugees.

Additional barriers include high pupil-to-teacher ratios in refugee schools and frequent displacement in and out of camps – making it difficult to provide and monitor the individualised, continuous education children with disabilities need. Crucially, legal and structural barriers prevent people with disabilities in refugee camps from organising into representative groups to advocate for their right to education.

**For refugees, education is not only a fundamental human right; it is life-saving – offering protection, restoring hope, and creating pathways to stability and self-reliance.**

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## Inclusive early childhood development education (ECDE) in Kakuma refugee camp, Kenya

### What we did:

Our Inclusive Futures **early childhood development project**, delivered by HI, improved access and educational outcomes for children with disabilities at pre-primary levels in Kakuma refugee camp, Kalobeyei settlement, and the host community in Turkana West sub-county, Kenya.



Figure 1: Children with and without disabilities take part in an activity at their school in Kakuma refugee camp, Kenya. © Ninth Wonder Productions/Sightsavers

We tested contextually appropriate inclusive ECDE approaches using four pillars of action:

1. **At a community level**, we supported parents and guardians to better understand the value of inclusive early childhood education and their children's right to education.
2. **At a system strengthening level**, we supported teachers and school management to make early learning inclusive of disability and gender.
3. **At a governance and policy level**, we influenced local and national governments to commit to scaling up inclusive early childhood education. Partner OPDs led the development of effective advocacy plans, which focused on improving collaboration between health and social service providers and influencing financing of early childhood education.
4. **We generated participatory learning and evidence** to adapt project implementation and ensure positive outcomes for children with disabilities. We measured the impact of inclusive early education on school progress and monitored a cohort of children with disabilities to assess participation and outcomes using the International Development and Early Learning Assessment (IDELA) tool.

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## Methodology

This learning report is based on practical experiences of project delivery and is the result of a mixed-method learning review:

- A desk review of project documents and external resources provided the framework for the study.
- Two learning workshops with project teams and consortium partners examined aspects of the project intervention that worked well and those that could have been improved.
- Primary data collection through 14 key informant interviews, three focus group discussions and seven individual testimonials, covering 78 respondents, provided in-depth understanding of project implementation from those directly involved or impacted.
- Two reflection sessions with consortium partners and project stakeholders in Nairobi and Turkana County, to agree on key lessons for refugees with disabilities.

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## What works: four lessons for inclusive education for child refugees

From our work in Kakuma, we identified four key lessons that work for inclusive education in refugee contexts. This learning is part of our **broader work** exploring what makes inclusion successful in refugee and humanitarian settings. These four lessons directly inform the seven key recommendations outlined in our **executive summary**, showing how targeted education interventions contribute to broader disability inclusion in refugee contexts.

## Lesson 1: Take a multi-sectoral approach and leverage school feeding for improved enrolment and attendance

The barriers to education for children with disabilities in refugee schools are complex and interconnected: household poverty, discrimination in the home and society, inaccessible health and rehabilitation services, school infrastructure and systems, limited capacity of teachers, and a weak policy environment.

Most refugee families in Kakuma rely entirely on humanitarian assistance. **Household poverty data among families with children with disabilities in Kakuma refugee camp shows that 80–90% belong to the lowest wealth quintiles<sup>2</sup>**. As the refugee crisis protracts in Kakuma, humanitarian assistance has reduced, disrupting the provision of essential services, including food for families and school feeding programmes.

**The approach:** We worked directly with parents and teachers to address educational needs, and tackle stigma and discrimination, by helping parents to form peer support groups. We connected families to early assessment and research centres (EARCs) for disability and health services. We partnered with OPDs to conduct door-to-door campaigns and radio talk shows, raising awareness about the importance of inclusive education.

To address attitudinal barriers to teaching children with disabilities, we simultaneously worked with teachers and children without disabilities. We supported them to collect disability disaggregated data on enrolment, attendance and learning outcomes every quarter.

In Kakuma, the World Food Programme provided the school feeding programme for all schools, including project target schools. **Attendance data showed that, when school meals were not provided, the attendance of children, including those with disabilities, dropped<sup>3</sup>**. We shared these findings with the implementing NGO partner, the project's education steering committee, and the education working group in Kakuma to engage national ministries and humanitarian agencies in ensuring that school feeding programmes remained uninterrupted.

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<sup>2</sup> Inclusive Futures. **Impact evaluation of an inclusive early childhood development and education intervention in Kenya: Endline report**. (2024)

<sup>3</sup> World Food Programme. **Strategic Evaluation of the Contribution of School Feeding Activities to the Achievement of the Sustainable Development Goals Centralized Evaluation Report**. (2020)





Figure 2: Children enjoying a meal at school in Kakuma refugee camp, Kenya © Humanity & Inclusion

**What worked well?** The combination of parental engagement, linkages with EARCs and OPD partnerships led to a 2% increase in attendance among children with disabilities in Kakuma. Though school feeding was not a planned project intervention, our community consultations revealed that school feeding served as a critical incentive for families facing extreme poverty, where parents often withheld food from children with disabilities.

A study by IDS highlights the significant impact of poverty on school attendance:

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“Most young children with disabilities face a lot of challenges. They are hungry at home and they faint, and this causes them to not come to school...” Parents’ group, Kakuma host community<sup>4</sup>.

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Referrals for medical and rehabilitation services to EARCs helped alleviate financial constraints and supported the government’s involvement and the sustainability of the referral system.

**What was challenging?** School feeding in the refugee schools was not provided regularly. Distribution challenges and budget constraints faced by humanitarian agencies interrupted

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<sup>4</sup> Institute of Development Studies (IDS). **Inclusive Early Childhood Development and Education in Kenya: what do parents, teachers and children understand, perceive and experience?** (2023)

school feeding. The project reached out to the concerned national authority to fill the gap, yet this coordination did not provide an immediate solution.

For parents, even when food was provided, the cost of uniforms, transportation and school fees remained, highlighting the need for more comprehensive interventions targeted at poverty reduction.

Tracking attendance is also difficult due to the high mobility within the camp, incorrect spellings in attendance registers, and families relocating without informing schools.

### Key learning:

- Piecemeal approaches don't work: a holistic, multi-sectoral approach is essential to address the barriers to education for children with disabilities in refugee settings.
- Inclusive education interventions should consider access to school feeding programmes. They have been proven effective in improving school attendance by meeting the immediate hunger and nutritional needs of refugee children with disabilities who face significant marginalisation due to their disability, poverty and refugee status.
- Leveraging collaboration among government departments, NGOs, school management, communities, OPDs, and parents, can make school feeding programmes more effective and regular for refugee children with disabilities

## Lesson 2: Promote disability inclusive classroom practices

In refugee schools, the limited number of teachers – who are often refugees themselves – trained on inclusive education, a scarcity of teaching and learning materials, and a high pupil-teacher ratio make it challenging to provide quality education. This situation adversely affects the learning outcomes for both children with, and without, disabilities. **An impact evaluation comparing ECDE education in Kakuma and Homa Bay (a non-humanitarian setting in Kenya) found that learning outcomes in Kakuma were 14 percentage points lower than children in Homa Bay. The study also indicated that refugee children experienced elevated levels of anxiety and depression, which further impacts their ability to learn<sup>5</sup>.**

**The approach:** We worked with the Kenya Institute of Curriculum Development to create an inclusive education training curriculum for schoolteachers. We adapted this training curriculum for refugee teachers to suit their diverse linguistic and educational backgrounds. We used real scenarios from the camp to enhance learning. We started by training a pool of master trainers comprising teachers, county government officials (quality assurance officers, sub-county ECDE coordinators), and education partners. We then supported the master

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<sup>5</sup> Inclusive Futures. **Experiences of Implementing the International Development Early Learning Assessment (IDELA) tool with Children with Functional Difficulties in Homa Bay and Turkana Counties, Kenya: A Qualitative Study.** (2023) (Data from IDELA assessments in Homa Bay show that the median socio-emotional development score was 50, whereas in refugee settings, it was significantly lower at 29.)

trainers to train refugee schoolteachers from ECDE centres in Kakuma. Finally, we provided follow-up support with refresher training and mentoring.

We introduced Learner Support Assistants (LSA) to provide individual support to children with disabilities. LSAs were provided with phased and intensive training as well as ongoing mentorship and support.

We also assisted teachers and LSAs to adapt sport, art and play in schools for children with disabilities using locally available resources such as bottle tops, pieces of wood and stones.



**Figure 3: Nyariel, an LSA supporting children from Kakuma refugee camp, in class. © Ninth Wonder Productions / Sightsavers**

**What worked well?** The training positively influenced teachers' attitudes and improved their ability to interact with and support children with disabilities.

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"My skills in understanding and engaging with children with disabilities have improved significantly." Trained teacher, Kakuma refugee camp, Kenya

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The trained LSAs provided individualised support in the classroom for children with disabilities, effectively mitigating the challenges posed by large class sizes. They played a crucial role in preventing bullying and fostered a more inclusive classroom environment. By recruiting LSAs from the community, they were able to build a rapport with the children with



disabilities and support their individualised education plans, as they were already familiar with local languages and customs.

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“LSAs were a tremendous support to children with disabilities in the classroom. They also assisted with general teaching during high-enrolment periods when new arrivals increased classroom attendance.” A UNHCR education partner in Kakuma

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LSAs and teachers appreciated the training on accessible play-based approaches. One head teacher said: “It was particularly useful to improve motor skills, and helped social interaction for children with disabilities.”

**What was challenging?** Despite adapting the curriculum and providing training and refreshers, teachers faced challenges in applying what they’d learned to meet the learning needs of children with disabilities. This was largely due to refugee teachers having varying qualifications and competencies, as well as speaking different languages. **Teachers frequently relocate between camps, repatriate to their countries of origin, or seek resettlement elsewhere, which results in having to use additional resources to train new teachers to fill staffing gaps.**

**It was also challenging to maintain motivation among teachers as they are not recognised by the Teachers Service Commission in Kenya or on the government payroll.** Similarly, it is difficult for LSAs to be recognised as formal teaching support staff, despite the Kenyan government's Sector Policy for Learners and Trainees with Disabilities (2018). Furthermore, LSAs found it challenging to cater for different impairment groups and their role lacked clarity, which was to support teachers, not replace them.

**Key learning:**

- To support children with disabilities in refugee schools and enable them to learn and progress alongside their peers, teacher training and mentoring on inclusive education must be tailored specifically for refugee teachers.
- This training should be ongoing, reach a large number of teachers to account for dropouts, and be supplemented by additional classroom support (for example, LSAs) to provide individualised learning for children with disabilities.
- Recognition by the Teacher Service Commission and continuous professional development should be made available to refugee teachers to ensure better retention and motivation.

### **Lesson 3: Promote multi-stakeholder school inclusion teams**

Most refugee children in Kenya learn in camp-based schools financed by the international community and implemented by NGOs under UNHCR coordination. These schools operate alongside publicly funded national education institutions. The schools have a management

board that is typically composed of headteachers, teachers, parents, refugee representatives, and community leaders. The board is responsible for the operation of the school, resource management, and the welfare of students.

**The approach:** We collaborated with the implementing humanitarian agencies and the management boards to set up inclusion teams<sup>6</sup>, to bring together representatives from the school, the refugee community, OPD members and a community leader. Community members were invited to nominate a representative from the refugee camp to serve as a member of the inclusion team. Members received training on disability inclusion and school accessibility. Following the training, inclusion teams led back-to-school drives to increase enrolment and attendance of children with disabilities in refugee schools. **Inclusion teams were supported in schools to do accessibility assessments, mobilise resources for school improvements, and link children with disabilities to relevant services, such as educational and functional assessments, medical assessments, psychosocial support services, and functional rehabilitation services.**

At the end of the project, we integrated inclusion teams into the existing management board. They were then formally established as a sub-committee with clear roles and reporting structures.



Figure 4: A school in Kalobeyei settlement after undergoing accessibility renovations supported by Inclusive Futures. © Ninth Wonder Productions/Sightsavers

<sup>6</sup> Inclusive Futures. **A compendium of learning from inclusive ECDE development in Kenya.** (2023)

**What worked well?** Inclusion teams had a clear objective, shared a common vision, and received strong technical support while operating within an existing framework. Because team members were nominated by the refugee community, they successfully connected schools with their local communities.

The inclusion teams were successful in improving physical accessibility in project-supported refugee schools and taking ownership to sustain an inclusive learning environment in refugee schools.

**What was challenging?** Members of inclusion teams in refugee schools continue to face resource constraints, lack awareness of disability inclusion, have a high member turnover because of their refugee status, and face difficulties tracking children who are relocated.

**Key learning:**

- Having multi-stakeholder inclusion teams, made up of members nominated by the refugee community, ensures community acceptance.
- Integrating inclusion teams into existing school management structures ensures buy-in from the school management on disability inclusion and reduces reliance on UNHCR and short-term humanitarian project funding.
- Providing ongoing training and resources to inclusion teams and aligning their activities with school development plans helps to accommodate turnover and funding gaps.

#### **Lesson 4: Form smaller, homogeneous caregiver support groups**

Caregivers of children with disabilities in Kakuma refugee camp reflect the broader diversity of the refugee population. While South Sudanese make up the majority of the camp's residents, the camp also hosts refugees from Somalia, Ethiopia, Burundi, Rwanda, and the Democratic Republic of Congo – resulting in a wide range of languages and cultural backgrounds<sup>7</sup>.

Almost 64% of caregivers of children with disabilities targeted by the project were women.

**Literacy levels among refugees in Turkana are significantly lower than those of the national population – only 60% of refugees aged 15 and older are literate compared to 84% of Kenyan nationals. Among refugee women, literacy rates are even lower, at just 44%<sup>8</sup>.**

These factors – gender, literacy, language, and discrimination – compound the challenges faced by caregivers of children with disabilities in the camps. Many caregivers in Kakuma refugee camp struggle to support their children with disabilities because of disability related

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<sup>7</sup> UN Refugee Agency. **Kenya Statistics Package 31<sup>st</sup> March 2025** (2025)

<sup>8</sup> UN Refugee Agency. **Understanding the Socioeconomic Conditions of Refugees in Kenya. Volume A: Kalobeyei Settlement.** (2018)



stigma, limited knowledge or skills, and household poverty. Caregivers tend to have limited understanding of the medical and rehabilitation services needed alongside educational services.

**The approach: We trained over 200 caregivers of children with disabilities in Kakuma on managing their child with disabilities and supporting their education.** We formed three caregiver support groups around each project school in Kakuma, where caregivers could receive additional disability related information and peer support. Each group consisted of 15 members, usually living close by to each other in the camp. Over time, we observed that some members gradually stopped attending the caregiver support groups. A key reason for this was the difficulty they faced in participating and following group discussions due to language barriers. The groups naturally became smaller, eventually comprising about seven members who attended regularly. These regular members shared and understood the primary language used in the group. We provided information sessions for these groups on services available for children with disabilities - covering topics such as assistive devices, health services, and education assessments. The groups aimed to help caregivers discuss their expectations regarding their children's academic and social development. The groups also received sessions on financial literacy and entrepreneurship opportunities.



Figure 5: Dinadi, a member of our caregiver support group and a positive parenting champion, with his wife and daughter, who has disabilities, at home in Kalobeyei settlement in Kenya. © Ninth Wonder Productions/Sightsavers

**What worked well?** Caregivers of children with disabilities in Kakuma refugee camp represented a wide diversity of nationalities and languages. **The smaller group format helped the sharing of information in the language spoken by its group members.** It helped improve their knowledge and skills to support their children with disabilities and also provided a valuable peer support system. The smaller group format also helped discussion around disability, stigma and discrimination in a safe space, where people felt they belonged and could speak and be understood. **Caregiver support groups acted as a place to learn coping mechanisms against discrimination, segregation and stigma.** This decreased the feeling of isolation felt by the caregivers of children with disabilities. The support groups served as a therapeutic intervention and a haven for sharing feelings in a non-judgemental atmosphere<sup>9</sup>.

**What was challenging?** Caregivers had the responsibility of not only caring for their child with disabilities but also for their families. **Refugee families in Kakuma have an average household size of 6.3, compared to four among Kenyans.** Most of the caregivers were women and had to balance their caregiving responsibilities and economic engagements. As a result, they had less time for meetings and to support their child.

#### **Key lessons:**

- Due to lower literacy levels and the diversity of languages spoken by refugees in Kakuma, project-supported training programmes for parents and caregivers of children with disabilities are not always sufficient.
- Smaller group formats, such as caregiver support groups, play an important role in simplifying disability related information and communicating to members of different nationalities.
- Caregiver support groups are more effective if they are small and linguistically homogeneous. They provide the space for caregivers of children with disabilities to share experiences, learn how to better address the education and basic needs of their child, and navigate the stigma and discrimination they face as parents and caregivers.

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## **Why this matters**

Inclusive education has a vital role to play in helping refugee children, with and without disabilities, to learn, grow and thrive – equipping them with the skills they need to earn a living, and participate in their communities. Inclusive education also helps to promote social integration, not only between children with and without disabilities but also between refugee and host communities – something which is increasingly important as the number of displaced people continues to grow around the world. Through Inclusive Futures, we've learnt the importance of promoting disability inclusive classroom practices and working with

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<sup>9</sup> Inclusive Futures. **A compendium of learning from inclusive ECDE development in Kenya.** (2023)



parents, teachers, OPDs and humanitarian agencies to improve school enrolment and attendance, so refugee children with disabilities can reach their full potential.

In this learning product we propose four key actions to help refugee children with disabilities access education. Each of these four lessons contributes to recommendations on how to include people with disabilities in refugee settings more broadly. Please see the [executive summary](#) to read our recommendations in full.



Figure 6: Four young girls who attend school in Kakuma refugee camp, Kenya. © Ninth Wonder Productions/Sightsavers

## Acknowledgements

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We hope the learning piece will be used, adapted and translated as required to bring transformative changes to the lives of refugee children and adults with disabilities.



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