

Practical Educational and Life Skills Support for Children with Disabilities: A Brighter Future through Inclusive Education for Children Living with Disabilities in Zimbabwe

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Abstract – There is no disaffirming the fact that with the Copenhagen 1995 World Social Summit, the Millennium Development Goals and the Leaving No One Behind mantra of the Sustainable Development Goals (SDGs), the concept of Inclusive Education has gained academic global currency. Very little attention has been paid to capture the interventions that are supporting Inclusive Education through practical educational and life skills support for Children with Disabilities (CWDs) in Africa. This paper was designed with the twin aim of contributing to Inclusive Education as a concept in currency and to explore the practical strides being made in promoting Inclusive education in Zimbabwe. The study applied implementation research approach to ascertain the achievements of A Brighter Future through Inclusive Education for Children with Disabilities in Zimbabwe (BFIE) programme being implemented by Ntengwe for Community Development in Binga district. The study revealed a promising model indicating that Inclusive Education can be effectively promoted through an iterative process addressing a continuum of perceptions, knowledge, attitudes, behaviors, practical educational needs and policy processes. Instructively, the study found the need for multiple mutual partnerships and complementarity among civil society, communities, government and global partners at different levels as each brings different resources and competences necessary to promote Inclusive Education. This paper recommends the need to adopt a tailor made area specific type of interventions that address the whole repertoire of needs necessary to promote Inclusive Education for Children and Persons with Disabilities in Africa and the world.

Keywords: Inclusive Education, Children with Disabilities, Ntengwe for Community Development, practical educational and life skills policy, Leaving No One Behind, Sustainable Development Goals.

Introduction

Christian Aid and Ntengwe for Community Development have implemented the Brighter Future through Inclusive Education for Children with Disability (BFIE) Project in the five wards of Lubanda, Manjolo, Muchesu, Saba and Siachilaba of Binga district, Matabeleland North Province in Zimbabwe funded by Porticus and the Women's World Day of Prayer Trust. This project sought to promote and improve access to education for Children with Disabilities (CWDs) by using an inclusive approach.

(BFIE) intervention began in June 2017 as a pilot project. The aims of this pilot project were to; provide practical educational and life skills support to one thousand and twenty in-school and out of school children living with disabilities, strengthen the capacity of twenty-four schools, twenty-four School Development Committees (SDCs) and twenty-four teachers to support Children With Disabilities (CWDs), establish community-based structures, networks and support groups that enable parents of children with disabilities and the communities to better provide for their children in five wards and promote networking and engagement initiatives at the local and national level to support policy and practice benefitting children and young people with disabilities.

Methodology

This research is qualitative in nature; the researchers began in the field to take notes, at the time of observation, interviewing, identified problems and concepts that appeared likely to help in understanding the situation throughout the project life cycle. Researchers made frequent notes in the margins to identify important statements and to propose ways of coding the data during the process. An implementation research approach was applied on the study with at least five wards of Binga district sampled for this research.

According to Peters et al (2013), implementation research has been described as a scientific inquiry into questions

concerning implementation of a project—the act of carrying an intention into effect, which in this research implies to policies, programmes, or individual practices (collectively called interventions). The researchers adopted the implementation research approach as they worked with populations that were affected by an intervention of the BFIE project, and the sample represents the target population of an intervention. In addition to this, implementation research has been applied here as it aims to cover a wide set of research questions, implementation outcome variables, factors affecting implementation, and implementation strategies of the BFIE project (Peters, et al. 2013).

Twenty four schools, seventeen support groups, twenty community based village health workers and thirty seven child protection committees (including child led child protection committees) were engaged in the research. Two partner government ministries and the staff for Ntengwe were also participants in this research. All participants in this research were selected on the basis that they had adequate knowledge and understanding of the BFIE project as it was implemented in their wards and they were the primary beneficiaries to the project. The beneficiary evidence based research in the resource constrained environments has been crucial as it can be a measuring tool for change which can help to inform stakeholders, and use the information to guide decision making which was found to be critical to successful implementation of the project in ensuring disability inclusion in the district.

Methods of Data Analysis

The data used for this research was analyzed using the typology method of data analysis which according to Patton (2002) involves a classification system, taken from patterns, themes, or other kinds of groups of data. Ideally, categories were mutually exclusive and exhaustive where possible and were basically activities, participation, relationships, settings interfaced by the project during its life.

The data analyzed were text, rather than numbers and there were no variables and hypotheses in this qualitative analysis as coined by Morrill et al. (2000). Data has been transformed into findings without a formula for that transformation but the final destination remained unique for the inquirers. The “text” that the researchers analyzed was transcripts of interviews, notes, pictures or images and existing literature on inclusive education. Qualitative data analysis has been preferred by researchers during this research because it is an iterative and reflexive process that begins as data is being collected rather than after data collection has ceased (Stake, 1995).

Discussions

The Education for All, Global Monitoring Report of 2010 estimated that 77 million children are currently excluded from education globally and of those, one third is children with disability. Although there is no recent statistical data on the total number and percentage of children with disabilities (CWDs) in Zimbabwe, Mandipa and Manyatera (2014) postulated that the last comprehensive study on the prevalence of disability amongst children in Zimbabwe was the Intercensal Survey which recorded a total of 218 421 Persons With Disabilities (PWDs) in the country, which was approximately 2 per cent of the country’s total population. Seven of these, 57 232 were CWDs. According to the BFIE Baseline Survey Report, (2017), 7% of the population in the wards of operation in Binga district is people with disabilities. Only a smaller fraction of this population in Binga district manages to attend a mainstream primary school. Such exclusion from education perpetuates the cycle of disability and poverty (Handicap International, 2012). In light of such statistics, the goal of this project was to enhance inclusive education of children with disability and give them a chance to access education and to contribute to a more inclusive society in the district as shall be discussed in the paragraphs following which discusses the activities implemented under the BFIE program by Ntengwe for Community Development in Binga district of Zimbabwe. These activities sought to promote inclusive education in the rural communities of Binga district.

Sensitization of School Development Committees on inclusive education

Twenty four School Development Committees (SDCs) with a total of five hundred and forty members of which one hundred and four were children who were trained in inclusive education under the BFIE project. According to the the gender disaggregation attendees, evidence has shown that most influential decision and policy making leadership positions are still held by men in the rural communities of Zimbabwe. Training meetings for the SDCs have shown that they appreciated and committed themselves to improving their school policies and operational protocols to make them inclusive of all children.

The twenty four schools in the operational wards have positively changed to accepting the concept of inclusive education. This was put to evidence by the February 2018, monitoring, evaluation and learning visit activity which

was conducted in the twenty four schools in the five wards of operation by the donor partner Christian Aid Zimbabwe. SDCs have shown some interests on building disability friendly structures to promote inclusive education in schools and communities despite the financial limitations at hand. For instance, the SDC at Saba primary have initiated the construction of an inclusive toilet and at a later stage in the process Ntengwe assisted the school with twelve bags of cement.

Inclusive education is not achievable without paying particular attention on infrastructure which is a pre-requisite in promoting the mobility of children with physical challenges and the use of their mobile assistive devices such as wheelchairs, (Handicap International, 2012). The twenty four schools had no proper disability friendly infrastructure and as such, Ntengwe through the BFIE project has helped the SDCs to take into cognisance the need for proper learning environments such as the Resource Centre built at Bulawayo Kraal Primary School after the BFIE intervention, classrooms with ramps and rails and pathways with tarmac surfaces which can enable the movement of wheelchairs.

Furthermore, Mupambe primary has gone on to building tarmac pathways to enhance the mobility of wheelchairs for both teachers and children with mobility challenges soon after awareness campaigns were made in a bid to promote inclusive education. On a different spectrum, parents of children with disabilities have changed the administrative mind-set of SDCs after being engaged in the school policy and decision making boards. This is much evidenced in the schools' policies on infrastructure as they have moved to changing the classroom entrances to double doors per entrance to promote free movement of wheel chairs.

Upgrading teachers' capacity on handling children with disabilities

According to Rohwerder (2015), barriers to disability inclusion include: attitudinal barriers; environmental barriers; institutional barriers; 'internalised' barriers; lack of participation; inadequate data, statistics and evidence on what works, and inaccurate concerns over cost/difficulty of disability inclusion. Before the BFIE intervention, rural schools staff in Binga district had little to zero knowledge on how to handle CWDs. This made it impossible for parents to send their children to school even if they had some interests for their children to realise their rights as other children.

In a bid to enhance this fundamental right, Ntengwe engaged its primary partner, the Ministry of Primary and Secondary Education (MoPSE) to train teachers in Basic Therapy and Disability Management Skills (BTDMS). These capacity development workshop trainings were conducted by the Schools Psychological Services and Special Needs Education (SPS/SNE) officer and twenty four teachers (eleven males and 13 females) from the five wards of operation were trained. Such trainings equipped teachers with basic sign language, principles of inclusion and caring of CWDs to reduce stigmatisation and discrimination in schools which can either be between teachers and learners or among learners themselves.

The training workshops conducted for teachers were helpful in providing further capacity, mentoring and support which made the aspect of inclusion more practical in the schools. Peer teaching, group discussions, presentations and role models were used to measure the level of knowledge gained by the teachers during the trainings. In order to make inclusion more realistic, the trained teachers worked hand in hand with the Volunteer Community Based Caregivers (VCBCG) in supporting CWDs. This coordinated approach has helped in identifying CWDs who at times were hidden and not given room to interact with other children either at home or school.

The trainings have helped the teachers to identify CWDs in the communities apart from schools. This happened at Manjolo High School where the focal teacher managed to identify critical cases of children who were infected with skin cancer and needed an immediate referral to the specialist therapist. Through the monitoring and evaluation activities done during the school visits, it was observed that teachers are working extremely hard to make sure education is inclusive in schools and by parents in our communities as well. Such efforts have been remarkably experienced in Gaza village where the trained teacher together with VCBCG made a positive shift in influencing parents of children with disability to enrol in school as two CWDs who had never attended school were enrolled for primary education at Gaza primary.

The number of children with disabilities accessing education opportunities have increased greatly since the inception of the BFIE project in Binga district. To ensure that parents of CWDs and schools management boardies work together, teachers have been involved in activities that are carried out at school and in the

community in promoting inclusive education and taking care of CWDs. For example, teachers are part of the Support Groups for CWDs which contributed to inclusivity at community level.

Setting up of inclusive community learning centres

At the global level, children with disabilities are disproportionately represented among out-of school children and their exclusion is often directly linked to their disability. Most of the barriers experienced by people with disabilities are manmade. However, aside from the physical barriers, the most difficult barriers for people with disabilities are arguably those that are attitudinal and financial in nature. Their removal requires awareness, political will, legislative action and adequate funding (Sæbønes, 2015).

From the baseline survey done by Ntengwe in 2017 before implementing BFIE, it was noted that some schools had high numbers of children with disabilities and those are the centres which were agreed together the community leaders together with Ministry of Health Child Care's rehab department (MoHCC) and Ministry of Primary and Secondary Education's (MoPSE) Special Needs to establish Resource Centres for children with disability and their parents as meeting points. According to Mutepefa and Mpofo, (2007), successful inclusion results in students' and their families' participation in the regular activities of the school community while meeting their unique needs, as well as contributing to the development of the school community.

The following centres were established through the verifications done by parents of CWDs, Village Health Workers (VHWs), Child Protection Committees (CPCs), and Support groups for children with disabilities, ward Councillors and Village heads from the five wards of operation:

Manjolo ward – Bulawayo Kraal Primary

Siachilaba Ward – Siachilaba Primary

Muchesu Ward – Muchesu Primary

Saba ward – Saba Primary

Lubanda – Lubanda Primary

The procurement of the materials used in the resource centres was done in collaboration with Special Needs Education department under MoPSE and Rehabilitation department under MoHCC. Structures for the Resource Centre were built this is where CWDs and their parents meet and interact to discuss on the social factors affecting inclusivity both at homes and schools.

Community based support groups for parents of CWDs

Community based support groups can be defined as parents of CWDs who came together and formed support groups although not legally registered as cooperatives with a sole objective of disability management through financial and social support for each other. These support groups were established after observing the impact of parenting a child with a disability on parents' well-being and the level of positive and negative social interactions with family other than the spouse. According to Ha et al (2012), positive interactions can enhance parents' ability to cope with the stress of having a child with a disability, while negative interactions with other family members exacerbate the stress of having a child with a disability on parental well-being.

About seventeen community based support groups for parents and guardians of CWDs were established in Manjolo ward, Muchesu ward, Lubanda ward, Saba ward and Siachilaba ward in Binga district. Parents and guardians of children with disabilities have joined together in establishing community based support groups at ward level with the purpose of helping CWDs to enjoy human rights and promote inclusive education in their communities.

The concept of support groups is there to enable parent of CWDs to raise income through the savings and lending schemes where they contribute a certain amount of money per month and lend it to group members who repay the micro-loan with a small interest rate of about twenty per cent. The income generating activities meant to support CWDs in the community with school fees, enable them access health facilities and purchasing learning materials for children despite their conditions. Twakalipeda Support group of Saba ward has helped two CWDs with learning materials and helped to register one of their for ordinary level examinations. Ntengwe has helped these support groups with institutional strengthening and organisational capacity building to help them to increase the visibility of disability issues, promote inclusive development, and support rights advancement as suggested by Rohwerder (2015)

Provision of therapy and assistive devices to children with disabilities

Clifton (2005) wrote that, "If rehabilitation is the unfinished business of medicine, then disability management is the unfinished business of rehabilitation." Health services are not at proximity in Binga district and children have to travel to major cities of Zimbabwe to access special services from specialist surgeons. Due to the economic malaise and poverty, parents have limitations in accessing the health facilities. Ntengwe managed to send twelve children to Bulawayo Orthopaedic Centre (BOC) based at United Bulawayo Hospital with the supervision of the Rehabilitation Technician from Binga Hospital for further special disability assessment to enhance the procurement of relevant and proper assistive devices for them.

From the recommendations made after the disability assessments by special surgeons, seventeen children were assisted with assistive devices which helped to keep them in school. Of these seventeen, six received wheelchairs. This has improved the children's mobility such as going to school and clinics and community development activities. Prior to receiving these wheelchairs opportunities for the children with disabilities were limited as they were confined to their homesteads because they were not able to move around on their own. On the other hand, eight children received spectacles which have assisted in improving their eye sight and three children with albinism got sunscreen lotions. Two children were in need of surgical boots whereas the other child required kato with imported joints, the other child needed shoe raise and the other two children needed to be supported with shoe shortening. In addition to the twenty three children assisted with assistive devices, one hundred and twenty-nine more were assessed.

Individual Education Plans (IEPs) for each CWDs were developed by the special needs education officer for early detection and management and referrals and the information was used by parents, Rehabilitation department and school authorities to improve learning outcomes and living conditions for CWDs. IEPs for one hundred and fifty children with disabilities were developed for both in-school (fifty-nine children) and out of schools (ninety-one children). The procurement for educational materials per individual helped the children with disabilities to access educational opportunities. For example children with intellectual challenges need more educational materials such as puzzles to improve literacy levels and education attainment. The IEPs were monitored by the MoPSE Provincial technical team who were responsible for mentoring and coaching the focal teachers on inclusive education in schools.

Training of parents of CWDs in basic therapy and disability management

The basic therapy and disability management training given to teachers was furthered to parents of CWDs who lacked basic therapy and disability management skills which made it impossible for caring and up keeping CWDs at homes by family members. Through the BFIE project, Ntengwe trained 299 parents (51 males and 248 females) of CWDs in basic therapy and disability management skills such as Activities of Daily Living (ADLs)/Independent Living, care and stimulation. The parents were trained to respond to challenges being faced by children living with disabilities in Binga District which can either be at school or at home in the communities.

Follow ups made during disability outreach programs to assess the environment where CWDs live have indicated that parents have gained knowledge and skills in basic therapy and disability management which improved the living conditions of CWDs. Elizabeth Muleya (parent) from Muchesu ward testified that "prior to trainings under the BFIE Project, I did not have courage to teach my child on how to use her hands and even talk and I was worried that I would harm her. This is because I had regarded her as incapable. However, with the use of my skills gained from the trainings conducted by Ntengwe and its partners especially the Rehab department, my child has managed basic skills like feeding herself and playing with her friends."

Outreach sessions led by the Rehabilitation Department from Ministry of Health and Child Care were held reaching up to 632 parents, caregivers, school teachers and ordinary community members (205 males and 427 females) in the five wards of the BFIE project. These outreach programs have enabled Ntengwe to strengthen basic rehabilitation, early detection of disability in children and improved learning for children with disabilities. through the outreach sessions, 152 CWDs (65 males and 64 females) were reached by the Rehabilitation department. Moreover, the home visits, enhanced to identify some of the children with disabilities whose parents had never taken to the hospital for review and early treatment due to long distances between homes and health centers and sometimes due to ignorance of the parents complimented by poverty and a lack of knowledge on disability.

Ntengwe with the help of government line ministries held sensitization and education meetings targeting children, youths, adults, and leaders to enlighten them on different forms of disability, contributory factors, and high risk situation, effects of poor coping and negative attitude as well as rights of children with disabilities. The awareness meetings conducted have strengthened parents and community members to care, reduce discrimination and support CWDs. The education meetings have greatly improved the communities' knowledge and understanding on disability and doing away with cultural myths that disability is a curse in a family or a result of witchcraft.

Apart from basic therapy and disability management, parents have gained knowledge and skills to disseminate the information to lobby and advocate for policy changes by engaging local leaders for the betterment of the education of CWDs. The parents of CWDs have formed ward associations for effective advocacy and lobbying in all the five wards of operations (Manjolo, Muchesu, Siachilaba, Saba and Lubanda). In addition to the ward associations, a district association for parents of CWDs was established with an intention of advocating for the inclusion of children with disabilities in all the society structures.

The parents of CWDs have been taught on different ways of advocacy, lobbying and engaging service providers. According to the World Report on Disability (2011), the environment may be changed to improve health conditions, prevent impairments, and improve outcomes for persons with disabilities. Such changes can be brought about by legislation, policy changes, capacity building, or technological developments. Ntengwe has capacitated the parents of children with disabilities with skills such as lobbying and advocacy for them to increase disability awareness and spread the understanding of inclusion in the communities.

Through the established ward associations, the parents of CWDs have managed to table some position papers detailing the challenges faced by their children in schools for the duty bearers to take responsibility and pursue every possible course to ensuring an inclusive society in the district. A total of five Position papers from the targeted wards of operation were produced and submitted to the District Association of parents of children with disabilities who further submitted them to government ministries and Non-Governmental organizations, so that a way forward on how to promote inclusive education can be mapped.

Conclusion

The overarching outcome of this study has been to show that even in remote and marginalized areas such as Binga where attitudes, practices, policies and necessary support infrastructure needed for promoting inclusion militate against inclusion, potential efforts are being made with promising results. However, these results reflect the multiple contributions of many partners at different levels ranging from the funding partners such as Porticus and the Women's World Day of Prayer Trust, to the technical guidance and management by Christian Aid, government line ministries and commitment to inclusive education of Ntengwe for Community Development, School Development Committees, Focal Teachers, Volunteer Village based Caregivers, Parents of Children with disabilities and various other players. This implies a greater need for planners, policy and decision makers to make concerted efforts to enable the participation of everyone from the global to the local level in promoting Inclusion. For Inclusive education to become practically effective and bear results in Africa, both the global and local matter in these processes.

However, the examples of school development Committees and communities taking the initiative to kick start the establishment of disability friendly infrastructure in schools and also generate position papers respectively based on their area specific needs shows the need to go beyond the lip glossing inclusion of marginalized groups in promoting Inclusive Education. There is greater need for interventions that facilitate key decision making by all these key players as this builds ownerships, helps unlock locally available resources and ensures sustainability of interventions. This process may take a long gestation period as attitudes, behaviours and practices may take long to change, however, the study reveal that with time depending on areas, these can positively change and help establish the necessary critical mass needed to support Inclusive education.

Lastly, the Brighter Future through Inclusive Education for Children with Disabilities programme has benefitted a great deal from mutually benefitting relationships with non-governmental organisations and government partners. These include Provincial and District level line ministries including the Ministry of Primary and Secondary Education, Ministry of Health and Child Care Rehabilitation department, Social Welfare Department, Binga Rural District Council and many other civil society partners such as Jairos Jiri, the Zimbabwe Parents of Handicapped

Children Association among others. This shows that disability and Inclusive education require the concerted efforts of different actors with different competencies in order to collectively support Children with Disabilities. These professional relationships must continue to be nurtured.

Recommendations

The following recommendations are made to the academics, civil society and government partners as the study generated both theoretical and practical implications.

- One of the key and instrumental factors needed to achieve Inclusive Education is the presence of disability friendly infrastructure in schools, communities and homes. For civil society partners such as Ntengwe for Community Development, there is need to engage planners at all levels including those in rural district councils and government ministries to take deliberate action to provide for disability friendly designs and policies. This will ensure that children and people with disabilities are not excluded as a result of the environment and physical nature of buildings.
- Planners, policy and decision makers have a duty to foster unity and inclusion through the designs and policies they make. There is need for these key stakeholders to enable the participation of marginalized groups in the formulation of Inclusive designs and policies so that current and future development Leave No One Behind in particular Children and Adults with Disabilities.
- There is a general agreement in literature that Inclusion and disability have for long suffered from funding apathy due to the expensive nature of such interventions. The example of Christian Aid and Ntengwe for Community Development demands that if African countries are to achieve the Sustainable Development Goals in particular Inclusion, there is need to continue to engage and produce results that justify the need for continued funding from committed partners such as Porticus Foundation and the Women's World Day of Prayer Trust.
- The position papers generated by communities in the study as well as the practical needs per school and wards differed from one area to the other even though all of them were meant to address Inclusive education. There is need therefore to undertake area specific research and move away from one size fits all approaches. Evidence must result in area specific tailor made interventions whose aim is to holistically address all the collage of factors that are necessary in order to support Inclusive Education.

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