

END-OF-PROJECT EVALUATION

REPORT

Consolidating and Upscaling Brighter Futures through Inclusive Education for Children with Disabilities in Zimbabwe (BFIE)



April 2021



Disclaimer

This evaluation was commissioned by Christian Aid and Ntengwe for Community Development with financial support from Porticus. The contents of this report and opinions expressed therein are the sole responsibility of the Consultant and do not necessarily reflect the views of Christian Aid and Ntengwe for Community Development.

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List of acronyms

CA	Christian Aid
CBO	Community Based Organisation
CBR	Community Based Rehabilitation
CCW	Case Care Workers
CPC	Child Protection Committee
CWDs	Children with Disabilities
CRPD	Convention on the Rights of Persons with Disability
DDC	District Development Coordinator
DPA	Disability Persons Act
DPO	Disability People's Organisation
DSO	Disability Service Organisation
FGD	Focus Group Discussion
IDI	In-depth Interviews
LCDZ	Leonard Cheshire Disability Zimbabwe
M&E	Monitoring and Evaluation
MoHCC	Ministry of Health and Child Care
MoLSW	Ministry of Labour and Social Services
MoPSE	Ministry of Primary and Secondary Education
MS	Microsoft
OVC	Orphan and Vulnerable Children
SDC	School Development Committees
SDG	Sustainable Development Goal
SPSS	Statistical Package for Social Science
TOR	Terms of Reference
UNCRC	United Nations Convention on the Rights of the Child
UNCRPD	United Nations Convention on the Rights of Persons with Disability
UNEG	United Nations Evaluation Group
VHW	Village Health Worker
VSL	Village Savings and Lending
ZIMSEC	Zimbabwe Schools Examination Council

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Executive Summary

Christian Aid Zimbabwe (CA) in partnership with Ntengwe for Community Development commissioned this end-of-project evaluation to assess the overall performance of the “*Consolidating and Upscaling Brighter Futures through Inclusive Education for Children with Disabilities*” (BFIE) project in Binga district, Matabeleland North Province of Zimbabwe between 2019 and 2020. Overall, the evaluation assessed the project relevance, efficiency, coherence and consistency, effectiveness, impact, lessons and sustainability. The evaluation employed a cross-sectional mixed-methods research design. Primary data was gathered using a structured questionnaire, Focus Group Discussions (FGD) and In-Depth Interviews (IDIs), Activity Implementation Tracker and observations. The evaluation collected secondary information by reviewing the project proposal, progress reports, results framework and other relevant project documents.

Overall, the project had implemented most of its planned activities except distribution of assistive devices and infrastructure adaptations at schools that was not completed at the time of the evaluation. Activities which were not completed were mainly due to Covid-19-induced lockdown restrictions which resulted in schools closing. As a result, some assistive devices and equipment bought for children with disabilities were not distributed to the intended beneficiaries at the time of the evaluation. However, when lockdown restrictions were lifted and schools opened, a total of 55 assistive devices (17 wheelchairs, 17 eye glasses, 4 hearing aids, 15 sunscreens) were distributed to the intended beneficiaries and only two spectacles were still to be distributed because the children have not yet reported to school. Building materials and equipment for inclusive infrastructure was bought and had been delivered but construction on site at most schools had not yet commenced; had commenced but was not complete or was complete. However, the evaluation can confirm that when lockdown restrictions were lifted and schools opened; hearing aid equipment was handed over to Manjolo Primary School and construction of inclusive structures resumed at Tinde Secondary School, Bulawayo Kraal Primary School, and other schools such as Bulawayo Kraal Secondary School, Lubu Primary School, Bunsiswa Primary School since completed building their inclusive infrastructure.

The evaluation however noted that outcome and output indicators were used for different outcomes, which made it difficult to track the implementation of some activities. For some indicators, targets were clearly stated, and, in some cases, indicators did not have set targets, and this made it difficult to clearly ascertain the extent to which the targets were reached. Although narratives from caregivers and community leaders as well as change stories from children with disabilities showed there were improvements attributed to the project, the absence of baseline values also made it difficult to quantify the improvements. There was also a misalignment between the objectives, outcomes and the indicators as noted in the monitoring and evaluation framework. The evaluation understood that the monitoring and evaluation framework was developed after the project was approved with originally set objectives.

Relevance

Relevance to local and international policies

- › The project was well aligned to global and national legal instruments on inclusive education as well as the Sustainable Development Goals (SDGs),
- › The project design and approach were fully aligned to the five pillars of the Community Based Rehabilitation (CBR) framework; education, health, livelihoods, social and empowerment. The CBR is a strategy initiated by the World Health Organisation (WHO) to enhance the lives of persons with disabilities within their community.
- › The thrust of the project was well aligned to the Constitution of Zimbabwe and some local policies, such as the Disabled Persons Act (Disabled Persons Act, 1996), Zimbabwe Education Act (Education Act, 1996), and various Ministry of Education circulars (Education Secretary's Policy Circular No. P36, 1990) require that all students, regardless of race, religion, gender, creed, and disability, have access to education.

Relevance of the project to the needs of children with disabilities

- › The project was responsive to one of the major needs of children with disabilities, i.e. access to education,
- › Beyond access to education, the project also responded to children with disabilities' other needs such as healthcare and rehabilitation services,
- › The project also sought to challenge negative beliefs, attitudes and practices around disability,
- › Although the actual training of teachers did not happen due to closure of schools as a result of Covid-19 induced lockdowns, the intention to train focal teachers for inclusive education was responsive to the need for teachers with capacity to support learning of children with disabilities. The evaluation also gathered that there was a turnover of selected focal teachers who were inducted/oriented by the project prior to assuming their role, as some were either promoted or transferred from the district.
- › Through the launching of income generating projects, the project responded to the livelihood needs of children with disabilities and their households,
- › The project was responsive to one of the major challenges faced by children with disabilities, i.e. limited to no access to health services owing to long distances to health facilities. The project, through training of Village Health Workers (VHW) in each ward sought to promote local home-based rehabilitation services. Where necessary, these VHWs would link children with and get back stopping support from the District Hospital during Disability Outreach services. In its design, the project also planned to conduct home visits with the rehabilitation team from the MoHCC. However, the evaluation learnt that there were some children that were referred to Mpilo Hospital in Bulawayo (450km from Binga) and Ruwa Rehabilitation Centre in Harare (over 900km from Binga) but did not manage to travel due to limited financial capacity.

Effectiveness

The findings of the evaluation which are based on discussions with parents/caregivers, children with disabilities, community members, community leaders, teachers/school heads, and key informants from the MoHCC and MoPSE, show that the project effectively;

- › facilitated assessment and documentation of children with disabilities,
- › 51 Children with hearing impairment, 59 with intellectual challenges, 67 with physical disabilities, 47 children with visual impairment were referred to Government departments and CSOs for assistance through the support of the program,
- › Following assessment, the project facilitated access to assistive devices. Devices were acquired and distributed to identified children with disabilities to improve their quality of life,
- › improved capacity of parents and caregiver[s] to support children with disabilities through training workshops,
- › reached a total of 126 children (62 females and 64 males) in the three new wards (Tinde, Lubu and Sikalenge). These included both in-school and out-of-school children living with disabilities were reached with the aim of increasing enrolment and retention in schools,
- › 619 parents were reached, i.e., 336 (187 Males and 149 Females) School Development Committees (SDC), Better Education Assistance Module (BEAM) and Ward Committee (WADCO) members and 283 (109 M & 174 F) members of support groups of children with disabilities and Orphaned and Vulnerable Children (OVC). The parents/caregivers were sensitised on the importance of education for children with disabilities with the aim of increasing enrolment and retention in schools,
- › activated and sensitised school development committees (SDCs)/Caregivers and provided information, advice and guidance on how to care for children with disabilities,
- › increased awareness on inclusive education among traditional leaders,
- › contributed to a shift from belief in witchcraft and other negative beliefs around causes of disability within the target communities,
- › facilitated an increase in disclosure and openness of children with disabilities in the communities,

- › reduced self-induced stigma among parents/caregivers and children with disabilities,
- › facilitated the construction of child friendly infrastructure in schools which is anticipated to facilitate participation of children with disabilities in school upon completion,
- › facilitated the introduction of out of class children with disabilities friendly activities in school,
- › created economic empowerment to reduce vulnerability of families of children with disabilities by facilitating the formation of village savings and lending (VSL) support groups for income generating activities.

Efficiency

- › The project was able to provide visual aids to more children with visual impairments and albinism than targeted because it procured the eye lenses and sunscreen lotions at a cheaper price than anticipated,
- › The merging of activities on screening, assessment and provision of support for children with disabilities resulted in savings on time and financial resources by the project,
- › The use of locally available resources for infrastructure adaptations and assessment of children with disabilities. The project also used existing volunteer structures such as Village Health Workers (VHW), Child Care Workers (CCW) and Child Protection Committees (CPC). This ensured that the project would ride on existing resources and achieve more with less of its own resources.

Impact

- › The project caused a significantly positive shift in attitudes of the targeted communities towards children with disabilities,
- › The out of class activities allowed children with disabilities to identify their potentials, capabilities and it boosted overall self-esteem of most of them,
- › However, the Covid-19 induced lockdown and restrictive measures adversely affected the project's potential to register more impact as some critical activities were not implemented on time to benefit the children with disabilities,
- › The long distances to schools travelled by children with disabilities also meant that while some children with disabilities received assistive devices, they would still not enrol in school or if they did, either their attendance is erratic and in some cases they dropped out of school.

Sustainability

- › There was strong community buy-in for the project from community leaders who demonstrated a good understanding of the project's initiatives and they were committed to continuing with project initiatives such as advocating for inclusive education and construction of inclusive toilets at school and in homes,
- › Overall school heads were committed to sustaining the project gains and sustaining inclusive education initiatives initiated by the project although resource constraints will likely weigh against their commitment,
- › Some communities notably Sikalenge and Manjolo wards demonstrated a level of motivation and ownership of the project, sufficient to sustain the gains of the project, especially those associated with raising awareness on disability in the community towards improving the care of children with disabilities,
- › The project established several useful relationships (e.g. MoPSE, MoHCC, RDC and with community structures) that added value to the project and will more likely aid continuity of some activities initiated by the projects,
- › The project design also utilized existing community structures such as school structures and school leaders (school heads and teachers), school development committees, village health workers, child care workers, and traditional leaders (village heads and ward councillors) in implementing the project, which will stay with the skills and knowledge imparted by the project,
- › The project had planned to build the technical capacity of teachers who were anticipated to continue supporting inclusive education activities in schools targeted by the project. However, most of the few

teachers that were oriented either got promoted and changed schools or left the service. The actual training did not happen due to Covid-19 disruptions and the activity was later removed from the project because it could no longer be possible and as a result the resources earmarked for the activity were re-allocated to the purchase of Covid-19 PPEs for schools as part of the approved budget re-allocations.

- › The MoPSE and the MoHCC highlighted their commitment to ensuring continuity of project initiatives. However, both Ministries lack the financial resources to sustain project activities such as assessments and provision of assistive devices at the scope and scale that the project conducted them,
- › Community VSL groups set up by the project have the potential to continue running and meeting some of the needs of families with disabilities although the scale at which they were initiated is outweighed by the size of the population of children with disabilities in the wards and the scale of their needs. Families of children with disabilities lack the financial capacity to continue providing for the financially demanding needs of the children such as assistive devices and rehabilitation/health care,
- › The project had several financially demanding aspects which pose a threat to sustainability of project activities because neither the Government, schools nor communities had the capacity to sustain these.

CHAPTER ONE

INTRODUCTION, BACKGROUND & METHODOLOGY

1.1. Introduction

Christian Aid Zimbabwe (CA) in partnership with Ntengwe for Community Development commissioned this end-of-project evaluation to assess the overall performance and impact of the “*Consolidating and Upscaling Brighter Futures through Inclusive Education for Children with Disabilities*” (BFIE) project in Binga district, Matabeleland North Province of Zimbabwe. The BFIE project was implemented in the last 2 years from 2019-2020, with funding from Porticus. The project is a continuation of the pilot project; the Brighter Future for Inclusive Education intervention which was implemented from June 2017 to May 2018. This second phase sought to learn and build on the lessons from the pilot phase. This second phase of the BFIE project set to address gaps in the provision of inclusive education and respond to limited civil society support to addressing barriers in access to education for children with disabilities observed during pilot phase of the project in five wards.

1.1.1 About the project

The BFIE project supported 1, 553 (804 male, 749 female) children with disabilities including their families within Binga district’s eight wards; Lubanda, Lubu, Manjolo, Muchesu, Saba, Siachilaba, Sikalenge and Tinde. The project worked with 33 local schools and 24 of the 33 targeted teachers to improve teacher capacity in inclusive education, invoking wider community social and behavioural change towards people with disabilities and enable community engagement initiatives meant to promote policies and practices that ensure children with disabilities have access to education. Out of the 33 targeted teachers, twenty-four teachers were selected and oriented/inducted on how to conduct screening of children with disabilities. Through the project, 359 (263 females and 96 males) parents/caregivers of children with disabilities were trained to build their support capacities to care for their children. These parents/caregivers collaborated with schools and supported their children in their home environment.

1.2. Purpose of this end-of-project evaluation

Overall, the evaluation assessed the project relevance, efficiency, coherence and consistency, effectiveness, impact, lessons and sustainability. More specifically, the purpose of this evaluation was to; (i) assess the performance of the project against set objectives and targets and identify the key enablers of results achieved, (ii) assess the extent to which the project resources (financial, human, and materials) have been used effectively to deliver or for the wellbeing of the target community, (iii) assess the extent to which there was inclusion of minority groups in planning, implementation, monitoring & evaluation as well as the access to benefits, (iv) assess how likely the achievements and benefits from the project will continue beyond the life of the project and whether or not the project created ownership that can sustain outcomes, (v) identify and analyse challenges that have affected the project and make recommendations on how to manage them in future, and (vi) document key lessons from the implementation of the project.

1.2.1. Evaluation criteria and key evaluation questions

Table I: Evaluation criteria and key evaluation questions

Evaluation Criteria	Evaluation questions
Relevance	<ul style="list-style-type: none"> ▪ In what ways was the project appropriate in addressing the needs and priorities of targeted project beneficiaries? ▪ How did the project align with local, regional, and international response strategies, policies, and priorities?
Coherence and Consistence	<ul style="list-style-type: none"> ▪ To what extent were the objectives of the project consistent with the goals that the project sought to accomplish? ▪ To what extent were the actual project interventions/ models/approaches consistent with the concept of inclusive education? ▪ In what ways did the project complement existing interventions of other NGOs in the target district/wards?
Effectiveness	<ul style="list-style-type: none"> ▪ To what extent were the project objectives achieved? ▪ What factors contributed to attainment of project objectives and targets? ▪ What can be done to further strengthen those factors? ▪ What challenges (if any) were encountered in trying to accomplish planned objectives, set targets and milestones? What measures were employed by the project to address challenges? How can similar challenges be addressed in future?
Efficiency	<ul style="list-style-type: none"> ▪ How optimal were the resources utilized in carrying out project activities? ▪ What challenges (if any) were experienced pertaining timely and adequate allocation of resources? How did the challenges affect project activities? ▪ How can the challenges be addressed in future?
Impact	<ul style="list-style-type: none"> ▪ What noticeable change can be attributed to the project on the lives of children with disabilities, their parents/guardians, their schools' environments, service providers and on the community in general?
Sustainability	<ul style="list-style-type: none"> ▪ In what ways did the project build institutional relationships that can guarantee continued implementation of the initiatives introduced by the project? To what extent can the relationships take the project gains forward (beyond the project phase)? ▪ What level of technical ability was built by the project to ensure continuation of the work introduced by the project? ▪ What is the level of stakeholder knowledge and capabilities did the project develop to sustain the initiatives introduced by the project? ▪ What is the level of ownership for project interventions among communities and institutional partners?

1.3. Evaluation methodology

1.3.1. Evaluation design and data collection methods

The evaluation employed a cross-sectional mixed-methods research design – where both quantitative and qualitative methods were used to answer the evaluation questions. The approach was interactive, participatory and inclusive in nature. Officials from Christian Aid and Ntengwe for Community development worked together with the evaluation team in planning the evaluation. The participatory approaches ensured that perspectives, views and voices of children with disabilities, their caregivers, teachers, and government workers involved in child protection and care, and community members, other project stakeholders directly feed into the evaluation process and its findings.



Figure 1: FDG with parents and caregivers of children with disabilities at Nzovunde Primary School

Primary data was gathered using a structured questionnaire, Focus Group Discussions (FGD) and In-Depth Interviews (IDIs). The survey questionnaire for children with disabilities was administered digitally using CSPro. Focus group discussions with children, caregivers, community members and IDIs with key informants such as community leaders, government officials and school authorities were held face to face. The evaluation also used the Activity Implementation Tracker to gather information on planned activity implementation progress. The evaluation collected secondary information by reviewing project reports with the aim of identifying and investigating the reasons for variances between

the planned activities and actual implementation-related performance. Secondary data was also gathered from the project proposal, results framework and other reviewed project documents.

1.3.2. Profile of evaluation participants

The evaluation gathered data from participating children with disabilities, their caregivers and key stakeholders from all eight participating wards namely Lubanda, Lubu, Manjolo, Muchesu, Saba, Siachilaba, Sikalenge and Tinde. Community members and community leaders including Village Health Workers (VHWs), Child Care Workers (CCWs), Child Protection Committee (CPC) members, and some SDC members also participated in FGDs and IDIs. Teachers, School Heads and other Government officials directly involved in the project as well as officials from Christian Aid and Ntengwe for Community development were also interviewed/gave input into the evaluation.

Table III: Final sample of study participants

Category	Male	Female	Total
Children with Disabilities	63	60	123
Community Leaders	36	10	46
Community members	45	64	109
Caregivers & Parents	15	88	103
Teachers	6	3	9
Ministry of Health and Child Care	1		1
Min. of Primary and Secondary Education	1		1
TOTAL	152	216	392

Of the 123 children with disabilities who participated in the evaluation, 60 were male and 63 were female. See Figure 1 below: gender disaggregation of children with disabilities.

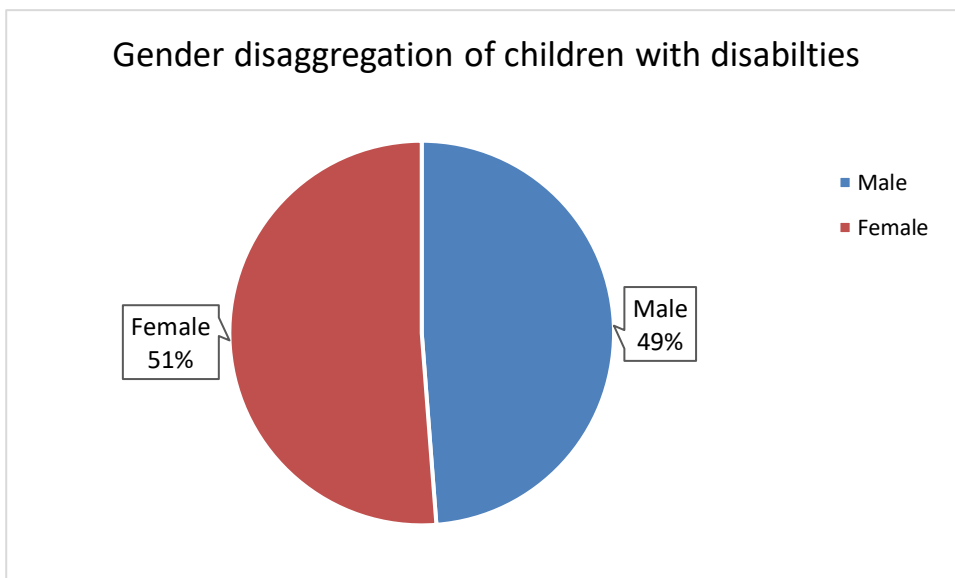


Figure 2: Gender disaggregation of children with disabilities

The majority (75) of children with disabilities who participated in the survey were in-school and 48 were out-of-school. Of those in-school, 60 were in primary school and 15 were in secondary school.

The most common disability among children who participated in the evaluation was physical impairment (53%), followed by speech (17%), visual (15%), and hearing (11%) impairments. *Figure 2* shows the types of disabilities of the children who participated in the evaluation.

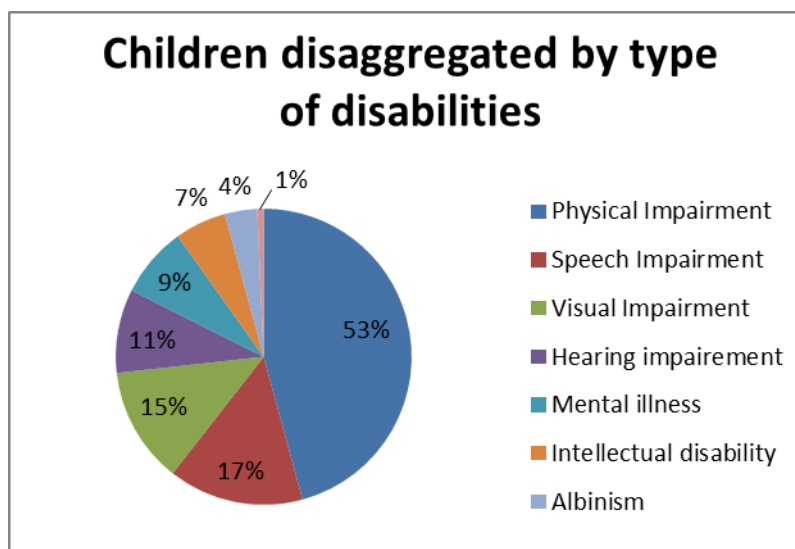


Figure 3: Children disaggregated by type of disabilities

Data quality management and analysis

Quantitative data was analysed using Statistical Package for Social Science (SPSS) 23 and Microsoft Excel. Qualitative data was analysed using Nvivo 12 following the evaluation criteria and questions to draw key findings. To ensure that good quality data was collected, (i) tools were translated into the local language (Tonga) to facilitate ease of administration, (ii) all IDIs and FGDs were audio recorded (with consent of participants), transcribed and translated back to English to ensure that no detail was lost in analysis of data, (iii) the evaluation team had a one-day training to familiarize with the tools, (iv) data cleaning for quantitative data was happening daily and simultaneously with data collection. Daily, the evaluation team had debriefs, which were also attended by officers from Ntengwe for Community Development.

1.4. Ethical considerations and safety

The evaluation was guided by principles outlined in the UN Evaluation Group (UNEG) Ethical Guidelines for Evaluation¹ and key guidelines specific to research on children and dealing with persons with disabilities, particularly children. Ethical principles that included voluntary participation and informed consent and assent, inclusiveness, empowerment, transparency, respect for dignity and diversity, accountability, honesty and integrity were upheld during the evaluation. Further, the entire study team was guided by the CA Safeguarding Policy and all members read, understood and signed the policy document prior to fieldwork. The evaluation team signed a confidentiality form for purposes of ensuring that no information about the study would be shared with any third party without express written approval from CA.

The purpose of the study was fully explained to all participants in formats and language that they understand to allow for informed consent. Written consent was obtained from all participants before the interviews. For minor participants below the age of 18 years, parental consent and individual assent was sought. Strict confidentiality was upheld; no names have been used to identify participants, personal information was kept confidential whilst permission to record interviews on digital audio recorders was also sought from study participants.

The entire study team adhered to all Covid-19 sensitive protocols and were tested for Covid-19 prior to fieldwork, practiced social distancing, no handshaking, and hand sanitizing/washing of hands with soap and running water and wearing of face masks during engagement with stakeholders.

¹ UNEG (2008) Ethical Guidelines for Evaluation. Available at <http://www.unevaluation.org/ethicalguidelines>
UNEG (2011) Integrating Human Rights and Gender Equality in Evaluation - Towards UNEG Guidance. Available at <http://www.unevaluation.org/document/download/2107>

CHAPTER TWO

PERFORMANCE AGAINST PLANNED ACTIVITIES

2.1. Introduction

This chapter presents the findings of the evaluation on the project's accomplishments against plans, factors that enabled recorded achievements and challenges encountered during implementation and how they affected the project's ability to meet its targets. The project's accomplishments are presented according to indicators relative to the project's six outcome areas; **Outcome 1:** Improved quality of life of children with disabilities in the home/community, **Outcome 1A:** improved capacity of parents of children with disabilities and caregivers to support children with disabilities, **Outcome 2:** Increased enrolment and retention of children with disabilities in schools, **Outcome 3:** Increased understanding of disability in the district, **Outcome 4:** Improved learning environment in the schools, **Outcome 5:** Increased capacity of teaching staff in inclusive education, **Outcome 6:** Improved income of parents/caregivers.

2.2. Overview of progress against planned activities

Outcome 1: Improved quality of life of children with disabilities in the home/community

Output indicators	Target	What was accomplished
1.1. Number of children with disabilities assessed and documented in the three wards	Achieved	<p>Assessments were done at all the 33 schools across the 8 wards. The team had experts from MoPSE and MoHCC including experts from their provincial and district levels. Altogether 71 children (38 male, 33 female) were assessed in the three wards namely Tinde ward 32 (18 males and 14 females), Sikalenge ward 21 (10 males and 11 females), Lubu ward 18 (10 males and 8 females). The initial screening was conducted by focal teachers that were selected and oriented on how to screen children with disabilities in readiness for full scale training. The team of experts then conducted disability assessments on the children that were identified by the team of focal teachers. The disability assessments targeted both in and out of school children. Assessments in all the 8 wards showed that:</p> <ul style="list-style-type: none"> - 51 children (27 males and 24 females) from 33 schools were identified to have different and varying degrees of hearing impairments - A total of 59 learners (40 males and 19 females) were reached and screened for Intellectual challenges - Physical disability - total of 67 children (40 males and 27 females) were reached by the department of Rehabilitation in the Ministry of Health and Child Care - Visual impairment assessments - A total of 81 children in 8 wards' 33 schools were assessed. A total number of 19 learners (10 males and 9 females) were supported with eyes glasses.

Output indicators	Target	What was accomplished
1.2. Number of severe cases of children with disabilities referred to Dept of Social Welfare	Partially achieved	<p>The evaluation established that no cases were referred to Department of Social Services on the basis that only severe cases would be referred.</p> <p>However, the program referred 12 children for physiotherapy at the district hospital and follow up to this revealed that 7 out of 12 children who underwent physiotherapy sessions were responding well. Six children with physical disabilities (4 males and 2 females) were referred for specialist care in Ruwa and Bulawayo. 14 children with visual impairment were referred to Richard Morris for further assistance and 13 children with hearing impairments were referred for further ear examination at a local clinic or hospital.</p>
1.3. Number of children with disabilities receiving assistive devices	Partially Achieved	<p>From the assessments, the project provided support through provision of assistive devices to some of the children who were assessed. Below are the details:</p> <ul style="list-style-type: none"> - A total of 55 assistive devices (17 wheelchairs, 19 eye glasses, 4 hearing aids, 15 sunscreens) were bought. - However, at the time of compiling the evaluation report, the number of children reached was 34 (17 who got the wheel chairs, 13 who received the eye lenses, 1 who got the hearing aids and 3 received sunscreen lotions) - 19 Eye lenses for children with visual impairments were bought against a target of 5. More than targeted were bought because they were available at a cost lower than the market value. Only 13 were distributed at the time of the evaluation. The evaluation can confirm that the remainder of the devices were later distributed to their intended beneficiaries when schools re-opened after lockdown restrictions were eased except for two spectacles. These two intended beneficiaries of the spectacles could not be reached because they had not yet reported to school and school authorities were still following up on these children. - 4 hearing aids for children with hearing impairment were bought against a target of 10 because the cost of each was higher than projected by the budget. - 15 sun screen lotions for children with albinism were bought against a target of six. More were bought reaching out to more beneficiaries.
1.4. Number of homes with improved sanitation facilities	Partially Achieved	<p>Caregivers and their children with disabilities confirmed that inclusive toilets were built in their homesteads. However these 20 inclusive toilets were built under the previous phase of the project. Only the monitoring and supervision work happened during this phase. As part of the project under evaluation, home visits and demonstrations on how children with disabilities can access and safely use the sanitary facilities were conducted.</p>

Output indicators	Target	What was accomplished
		During the project under evaluation, the intention was to motivate communities to build inclusive sanitation facilities.

Outcome 1A: improved capacity of parents and caregivers to support children with disabilities

Output indicators	Target	What was accomplished?
1A.1. Number of caregivers receiving training to provide basic rehabilitation exercises	Over achieved	The project targeted to train 116 caregivers. The target was surpassed as 359 people (263 females and 96 males) were trained. The target was surpassed due to the decentralisation of the trainings. The project increased meeting points that enabled more to attend. Trainings focused on basic therapy and disability management, such as activities of daily living/independent living, and care in all the 8 wards. The 3 wards of Sikalenge, Tinde and Lubu give a total of 175 (47 males and 128 females).
1A.2. Parents trained in providing psychosocial support to children with disabilities. 1A.3. % of parents/ caregivers reporting improved care of children with disabilities	Achieved	163 people (130 female, 33 male) were trained in psychosocial support. They were trained in basic promotion of activities of daily living, early identification of disabilities, types and forms of disabilities, causes of disabilities, managing children with disabilities focusing on activities of daily living among others. After the training, four support groups were formed per ward, executive committees to run the groups were also selected. An aggregate average of 71% caregivers reported improved care for children with disabilities.

Outcome 2: Increased enrolment and retention of children with disabilities in schools

Output indicators	Target	What was accomplished
2.1. Number of children living with disabilities reached in the 8 wards.	Achieved	A total of 1427 (740 male, 687 female) children with disabilities were reached in all the 8 wards. These figures include both in and out of school children from all the 8 wards of implementation. 126 children (62 females and 64 males) from the total of 1427 children with disabilities were reached out in the three wards that were added as part of the phase of the project under evaluation. Tinde had 34 (22 females and 12 males), Lubu had 52 (31 males and 21 females) and Sikalenge had 40 (21 males and 19 females) children with disabilities.
2.2. Therapy and mobility support for 100 children. Procurement and distribution of 10 Wheelchairs for children with disabilities.	Achieved	A total of 17 children with disabilities (11 females and 6 males) received wheelchairs that were procured by the project. At the time of the evaluation, 13 out of the 19 children set to benefit had received spectacles, one out of the 4 children set to benefit had received hearing aids and 3 out of the 15 children with albinism set to benefit had received sunscreen lotions. However, all pending assistive devices were distributed to intended beneficiaries except for two children (spectacles) who had not yet reported to school when the distributions were done.

Output indicators	Target	What was accomplished
		<p>Two children successfully underwent surgery for contracture Release and Bracing, 3 children were referred to general hospitals for Ponsetti Management and 6 children were referred to the district hospital. Follow ups to this revealed that 7 out of 12 children underwent physiotherapy sessions and were responding well.</p> <p>59 (40 Males and 19 Females) with intellectual challenges had Individual Education Plans generated on how their conditions could be managed within schools and communities given that there are no inclusive education schools and facilities in Binga.</p>
2.3. Number of parents sensitised on inclusive education	Achieved	<p>One training was conducted. A total number of 16 participants (2 from each of the 8 wards) who make up the district association of parents of children with disabilities attended the training which was held at Manjolo Drop-in Centre. The training focused on the formation of an association of parents who would be capacitated in advocacy for disability issues and inclusive education. This was a once off training because this activity had no ongoing mentoring budget. The role of the 16 was to serve as members of the association of persons with disabilities at district level who would represent persons with disabilities in matters that concern them. For example, this committee was key during the commemoration of the International Day for Person with Disabled. The trained members would also be used in community awareness raising on disability and inclusion.</p>
2.4. Number of SDC/caregivers trained in information, advice, and guidance.	Achieved	<p>11 trainings were conducted in all the 8 wards covering the 33 schools. 33 School SDCs were trained each in their own ward but together with members of the BEAM committee, VIDCO and WADCO MEMBERS. A total of 516 people (264 males and 253 females) participated in the training. These included 336 adults and 181 children including children with disabilities. A total of 8 trainings (one per ward) were organized through collaborative team efforts of four local and central Government departments namely the Binga RDC, MoHCC, the Department of Social Services and the MoPSE - Department of Schools Psychological services. The 33 School Development Committees were sensitized and were ensuring that children with disabilities were being considered in all the school activities.</p>
2.5. Number of traditional leaders with increased awareness on inclusive education	Achieved	<p>A total of 8 sensitization meetings were held (one per ward) and the following participated; district stakeholders, ward councillors, traditional leadership, village health workers, child protection committee members, adults and children with disabilities and government extension workers. A total of 599 people (277 males and 332 females) were reached during the sensitisation meetings giving the project a good community and district buy in. The 12 Community-based volunteers from the 3</p>

Output indicators	Target	What was accomplished
		new wards were trained on disability and inclusive education and have been undertaking community home based visits in order to identify cases of children with disabilities. 48 local leaders were influential in encouraging men and women to support children with disabilities.

Outcome 3: Increased understanding of disability in the district

Output indicators	Target	What was accomplished
3.1. Quarterly Orphan and Vulnerable Children (OVC) outreach and community dialogue sessions	Achieved	These community dialogues were conducted in all the 8 wards. Participants included care givers, case care workers, village health workers, councillors, child protection committee (child and adult-led), children with disabilities, support groups, pastors, village heads, BEAM committees, school development committees, extension workers and School authorities covering all the 8 wards. Four hundred and fifteen (415) people (who comprised 232 males and 183 females) were reached through the quarterly dialogue meetings. Information Education and Communication (IEC) materials were also distributed reaching out to 142 adults (89 females and 53 males) 99 children (45 males 54 females). The dialogues were not conducted quarterly as planned due to the Covid 19 pandemic. There was complete stoppage of activity Implementation in some instances. Where implementation was done, the number of participants was heavily reduced as a way of preventing the spread of Covid-19 in line with the WHO standards of preventing the spread of the virus.
3.2. Train 12 volunteer community-based caregivers (4 from each of the 3 new wards).	Achieved	The training was conducted. 12 people (4 per ward) were drawn from the 3 new wards namely Tinde, Sikalenge and Lubu participated. The participants included Village Health Workers and Community Child Care Workers. They were capacitated to address the social matters of the life of a child's with a disability hence giving balanced care to the child. More children were being identified during the quarterly Orphans and Vulnerable Children outreach and community dialogue meetings which emphasized on awareness raising on inclusiveness and the right to education for children with disabilities. The community-based volunteers have been undertaking community home based visits in order to identify cases of children with disabilities.
3.3. Knowledge dissemination and awareness raising aimed at reduction in self-induced stigma among parents/caregivers	Achieved	The volunteer community based caregivers trained under 3.2. Successfully disseminated information in their respective communities. There was noted reduction in self-stigma as shown by number of caregivers of children with disabilities who came forth to seek help for their children. Tinde ward alone discovered 6 children (4 males and 2 females) with disabilities who were hidden. These children were now in the records and the parents were participating in the support groups of parents and guardians of children with disabilities.

Outcome 4: Improved learning environment in the schools

Output indicators	Target	What was accomplished
4.1. Improved children with disabilities friendly infrastructure in schools	Partially completed	12 out of the 33 schools benefitted from the inclusive structural development program. The schools were selected after a rigorous screening process that involved the Department of Rehabilitation under the MoHCC and the MoPSE. The 12 schools were asked to demonstrate and show why they needed the infrastructure after which the committee made physical assessments of the schools to approve or disapprove the proposals. The intended structural adaptations included ramps, pathways, assembly points and inclusive toilets. At the time of the evaluation, the infrastructure development was at varying levels ranging from those that had started construction, those with partially complete works, to those that had completed. These delays were a result of Covid 19 induced lock down which restricted community members meeting and carrying out their duties. See attached Annexe 1 on stages of completion of the Inclusive structural developments per school.
4.2. Increased learning resources for children with disabilities in schools	Partially completed	In some schools, children with disabilities reported that they received books and pens. However, a detailed account of the learning resources provided could not be obtained. One of the reasons cited was that it was assumed that provision of learning materials would occur as part of the Block grant given to schools so that schools could improve learning environments and children would also benefit by way of receiving learning materials.
Upgrade Manjolo Primary School into a speech and hearing impairment specialist school.	Achieved	Equipment and materials were purchased. At the time of the evaluation, the equipment and materials were yet to be distributed to the intended institution because of Covid 19 lock down. However, to the equipment and materials were finally distributed when lockdown restrictions were eased (See pictured in Annexe 3).
4.3. Number of children with disabilities support clubs	Achieved	59% of 123 children with disabilities that participated in the survey confirmed that they had participated in out of class friendly activities that happened within support clubs. Ntengwe for Community Development confirmed that 25 schools from the district had Girls and Boys Empowerment Clubs that were initiated through previous programmes that were supported by CA. The project under evaluation utilized the same clubs as school-based child protection committees.
4.4. Number of out of class children with disabilities friendly activities introduced	Achieved	Children with disabilities reported that they engaged and participated in out of school activities such as singing, play therapy and Paralympic games such as running and ball games.

Outcome 5: Increased capacity of teaching staff in inclusive education

Output indicators	Target	What was accomplished
5.1. Number of teachers trained in basic sign language	Not Achieved	33 teachers were not trained as planned. This activity was removed from the budget during the no cost extension budget review (July to November). The other reason for removing this activity was that schools were closed due to Covid 19 lock down and therefore was very difficult to conduct the activity as teachers had moved away from their duty stations. Resources earmarked for this activity were redirected to purchase of Personal Protective Equipment (PPEs) for schools, parents/caregivers, community members (during meetings) and children with disabilities as preventive measures against Covid-19.
5.2. Number of teachers trained in conducting assessments of children with disabilities' educational needs	Partially completed	24 teachers were trained from the initial 5 wards. When the number of wards were increased during the second year of the project the number of teachers too were supposed to have risen by 9, (3 per ward) to make the number 33 from the 8 wards. The 9 teachers were supposed to undergo formal training under activity 5.1 above. Orientation was done to the teachers as they waited for the formal training which did not happen. The oriented teachers assisted in the screening of children in their respective schools in preparations for the actual assessments which took place in all the 33 schools. As stated earlier, this activity was removed from the budget during the no cost extension budget review (July to November). The reason of removing this activity was that schools were closed due to Covid-19 lock down and therefore was difficult to conduct the activity. Resources earmarked for this activity were redirected as reported above.
5.3. Number of teachers conducting assessments of children with disabilities' educational needs	Achieved	24 selected teachers from 24 schools conducted the initial screenings for children with disabilities before further assessments by officials from the MoHCC and MoPSE.

Outcome 6: Improved income of parents/caregivers

Planned Activity	Target	What was accomplished
6.1. Number of parents/ caregivers receiving training in income generating projects development	Achieved	The 12 support groups were trained and capacitated in Village, Savings and Lending (VSL) during the period, 15 to the 21st of October 2019 before the outbreak of Covid-19. These groups were from the three wards of Tinde, Sikalenge and Lubu (since these wards were new in the project). A total of 163 people (130 females and 33 males) attended the trainings from the three wards; Lubu 48, Sikalenge 68 and Tinde 47. The trainings emphasised on understanding the concept of VSL and how such groups execute their support group mandate when dealing with vulnerable children living with disabilities. Training content included VSL concept and principles, Individual self-screening,

Planned Activity	Target	What was accomplished
		<p>group formation, constitution and constitution making, group fund development, record keeping, business idea generation were the major areas of focus.</p> <p>In the 5 wards that participated in earlier phases of the project, training was also conducted. The training was aimed at equipping the participants with the necessary skills to identify their weakness and also to support the groups to acquire and utilize business opportunities in their communities with a strong bias towards strengthening support groups on record keeping. A total of 172 people (129 females and 43 males) were trained. Manjolo (40), Lubanda (36), Muchesu (32) Saba (36) Siachilaba (28).</p> <p>Refresher training on the same was conducted in the 8 wards and a total of 283 people (109 males and 174 females) including 43 persons with disabilities (17 males and 26 females) participated. A refresher training of all the groups from new and old wards was conducted in October 2020. This was possible due to relaxation of Covid-19 restrictions by Government and the project also made adaptations to comply with new Covid-19 regulations during the trainings.</p>
6.2. Number of parents/caregivers receiving kick start funding for income generating projects	Achieved	A total of 163 caregivers (130 females and 33 male) from the 12 groups drawn from the 3 new wards received \$250.00 start-up grants. The presentation was presided over by the village heads and the ward councillors. The start-up grants were used to start small livestock projects including goat keeping and chicken rearing. These types of projects could store value and did not need the groups to move around to acquire inputs, given the prevailing Covid 19 lockdown restrictions. Having been disrupted by the Covid 19, most of the activities were no longer feasible since they could no longer meet do plan and conduct activities as groups. The goat farming and chicken rearing were the major and very viable options which did not require the groups to come together. The seed capital helped caregivers take care of children with disability supporting them financially to seek other services associated with their challenges.
6.3. Number of income generating projects initiated and functional	Achieved	12 income generating projects (1 per group) where started. Some of the projects included goat farming, chicken rearing, flea markets, income savings and lending to boost their revenue base so that they would continue supporting children beyond project life span. 9 out of 12 groups were still viable at the time of the evaluation. 2 out of the 3 non-functional groups had their funds borrowed by the group members so that they could do some economic activities and return the funds to the group with interest. This did not happen as planned as the members failed to recover the funds to pay back to the group due to the runaway inflation since they ordered their wares in United States Dollar (USD) and sold in both the USD and Real Time

Planned Activity	Target	What was accomplished
		Gross Settlement (RTGS). The other group funds were swindled by a member who took the group funds to go to town for orders but did not come back.

2.3. Conclusion

Overall, the project managed to implement most of its community-focused planned activities and failed to complete school-focused activities, especially the infrastructure adaptations. Activities which were not completed were mainly due to Covid-19-induced lockdown restrictions which resulted in schools closing for several months. As a result, some assistive devices and equipment bought for children with disabilities were not distributed to the intended beneficiaries at the time of the evaluation. Building materials and equipment for inclusive infrastructure was bought and had been delivered to schools but construction on site at some schools had not yet commenced, had commenced but was not complete or was complete at other schools. Ntengwe for Community Development has committed to making sure the projects were completed as soon as possible since schools had re-opened. At the time of finalizing this evaluation report, some schools had completed construction (Bulawayo Kraal Secondary School, Lubu Primary School) and in other schools construction works had resumed and were on various stages of completion (Bulawayo Kraal Primary School, Tinde Secondary School and Lubu Secondary School had completed all the required preparations and awaited certification.

However, in tracking the implementation of the planned activities, it was noted that the results framework had presented outcome and output indicators interchangeably, which made it difficult to track the implementation of some activities. For some indicators, targets were clearly stated, and, in some cases, indicators did not have set targets. This made it difficult to ascertain the extent to which the targets were reached or not. The absence of baseline values also made it difficult to ascertain the extent of the improvements. There was also a misalignment between the objectives, outcomes and the indicators were noted in the monitoring and evaluation framework. The evaluation understood that the monitoring and evaluation framework was developed after the project was approved with originally set objectives. Consequently, these M&E-related issues limited the precision with which the evaluation could assess performance on some intended results.

CHAPTER THREE

PERFORMANCE AGAINST OUTCOMES

3.1. Introduction

This chapter discusses the project's performance at outcome level on the basis of the activity implementation progress reported in Chapter Two, opinions of the various stakeholders engaged during fieldwork and observations made by the evaluation team. The discussion of the project's performance is organized according to the evaluation themes as set out in the Terms of Reference (ToRs); i.e. (i) project's relevance, (ii) project's efficiency, (iii) coherence and consistency (iv) effectiveness of the project in achieving set out results at outcome level – presented against each anticipated outcome, (v) impact of project in the lives and families of participating children with disabilities and their communities (vi) sustainability – the measures invested by the project to ensure continuity of its activities beyond this funding and the evaluation's assessment of achievement of the same.

3.2. Project relevance

For this evaluation, relevance assessed the extent to which the project was aligned to local, regional, and international policies on inclusive education as well as the needs of children with disabilities.

3.2.1. *Relevance to local and international policies*

The project was well aligned to global and national legal and policy instruments on inclusive education as well as the Sustainable Development Goals (SDGs): The United Nations Convention on the Rights of the Child (UNCRC), Article 28 states that every child has a right to education and Article 23 specifically talks about children with disabilities. Provision of education to children with disabilities is also mentioned in the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), Article 24. SDG 3 and 4 emphasize the need to promote good health and wellbeing and quality education respectively. The BFIE project can be seen as well-aligned to SDG 3 and 4. Although the project focused on inclusive education for children with disabilities, the interconnectedness of barriers to education makes it less effective to focus on education alone and ignore issues of health and livelihoods. Accordingly, the project set up 12 support groups that worked on income generating projects meant to improve the livelihoods of the households of the targeted children. Apart from income generating projects, this project also raised awareness on disability and disability rights through workshops, community engagements and quarterly Orphan and Vulnerable Children (OVC) outreach and community dialogue sessions in the district.

The project design and approach was fully aligned to the five pillars of the Community Based Inclusive Development (CBID) framework: The CBID approach aims to bring change in the lives of people with disabilities at community level by working with and through local groups and institutions. The CBID enhances and strengthens the Community Based Rehabilitation (CBR) approach², a strategy used to enhance and promote quality of life of people with disabilities. The CBR matrix consists of five pillars namely Education, Health, Livelihoods, Social and Empowerment. In order to promote holistic inclusive education for children with disabilities, there is need to address all the 5 pillars and this is evident in the BFIE project's activities such as disability assessments (health), inclusive structural

² Reference: World Health Organization (2004). CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper2004. In CBR: a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities: joint position paper2004 (pp. 27-27).

adaptations at schools (education), disability awareness and advocacy (empowerment), income generating projects (livelihoods) and participation in social clubs (social) that were implemented.

The thrust of the project was well aligned to the Constitution of Zimbabwe and some local policies: The international instrument (UNCRC) was domesticated through The Zimbabwe Constitution (2013) Amendment 20, which recognizes the rights of persons with both physical and mental disabilities. Section 22(2) of the Zimbabwe Constitution clearly indicates the state's obligation to, "*within the limits of the resources ... assist persons with physical or mental disabilities to achieve their full potential and to minimize the disadvantages faced by them*". The Constitution further prescribes in section 3 that all institutions and government agencies 'must': a) develop programmes for the welfare of persons with physical or mental disabilities, especially work programmes consistent with their capabilities and acceptable to them or their legal representatives, b) consider the specific requirements of persons with all forms of disability as one of the priorities in development plans and c) encourage the use and development of forms of communication suitable for persons with physical or mental disability.

The Zimbabwe Constitution (2013) Amendment 20, Sections 6, 22, 75 and 200 provide for the upholding of the right to education for all children. Also, the Constitution of Zimbabwe section 83 (a–f), with sub-section (e) emphasize on provision of facilities for education and sub-section (f) focusing on the provision of state-funded education and training where needed.

The Education Act (1987, 1996, and 2006 as amended) emphasizes the right to education for every child despite his/her circumstances. Other MoPSE policies such as the Curriculum Framework 2015 - 2022, Education Sector Strategic Plan 2016-2020 and core-principles on child protection, parents and community engagement, psychosocial needs and child-centred learning engagement; all support the call for provision of education to all children. Although it is currently being updated, the Disabled Persons Act (Disabled Persons Act, 1996), also states that persons with disabilities have a right to access health and education services. Although some of the policies do not explicitly mention or refer to children with disabilities, their application is done on the understanding that children with disabilities have the same rights as any other child. The BFIE project can thus be seen as an effort to ensure that children with disabilities, like other children enjoy their right to education as enshrined in these legal and policy instruments.

3.2.2. Relevance of the project to the needs of children with disabilities

The project was responsive to one of the major needs of children with disabilities; i.e. access to education: Most children with disabilities fail to attend school in Zimbabwe (Mpfu and Mulosiwa, 2017)³ owing to disability itself and lack of supportive infrastructure. Lack of proper infrastructure such as inclusive toilets and accessible classrooms can be a barrier to education for some children with disabilities (Mpfu and Mulosiwa, 2017). Research has also pointed out the link between disability and poverty in low resourced settings (Banks, Kuper, & Polack, 2017)⁴. Most caregivers cannot afford to work for a living as most of their time is spent taking care of their children with disabilities. On the other hand, the high cost of health care and assistive devices seem to erode available finances for households of children with disabilities. Thus, children with disabilities often fail to be enrolled in school due to lack of school fees, transport costs to and from the school and lack of friendly learning materials

References:

³ Mpfu, J., & Mulosiwa, S. (2017). Disability and inclusive education in Zimbabwe. In *Inclusive Education in African Contexts* (pp. 49-63) Brill Sense

⁴ Banks, L. M., Kuper, H., & Polack, S. (2017). Poverty and disability in low-and middle-income countries: A systematic review. *PLoS one*, 12(12), e0189996

(Hui, Vickery, Njelesani, & Cameron, 2018)⁵. School heads interviewed by the evaluation also mentioned that children with disabilities need learning aids and resources such as braille books, adapted text books for children with varying learning difficulties, as well as stationery and uniforms to improve their learning experience. In response, the BFIE project was designed to train teachers in special needs education, adapt infrastructure to make it accessible and provide assistive devices to those that required them.

However, the project did not either take into account or have a strategy to deal with the issue of long distances to school and unfavourable terrain as barriers to inclusive education. Despite investing in assistive devices and infrastructure adaptations (most of which were incomplete at the time of the evaluation), the project did not seem to have a strategy to address the challenge of long distances to school for children in some wards. The evaluation gathered that while some children got assistive devices, they still failed to attend school consistently as their caregivers could not sustain the burden of pushing wheelchairs to and from school daily over long distances and rocky and rough terrains. For example, a caregiver in Manjolo highlighted that although her child received a wheelchair, he still could not attend school because they live far from the school. The evaluation team actually visited the home of this child and ascertained that indeed the distance was too long for the caregiver to push the child in a wheelchair or for the child to wheel himself to school. The homestead was about 7km away from the school in an area with no tarred roads. Interviews with school heads in Lubu and Tinde also highlighted the issue of long distances as a barrier to accessing education.

Beyond access to education, the project also responded to children with disabilities' other needs such as healthcare, sanitation and rehabilitation services. Caregivers, community members, community leaders, as well as key informants all concurred that most parents and caregivers were unable to afford the cost of assistive devices and other learning resources. A total of 19 (10 males and 9 females) children with disabilities were supported with eye glasses, six children with albinism were supported with sunscreen lotions and four children with hearing impairments were supported with hearing aids. Children with disabilities also require basic healthcare and specialist services. Two children successfully underwent surgery for contracture release and bracing, three children were referred to general hospitals for Ponsetti Management and 7 out of 12 children under went physiotherapy sessions. In addition, inclusive toilets at home are essential. Although this was done as part of the previous phase of the project, one of the activities implemented by this project was monitoring the completion of the building of inclusive toilets at homes of some children with disabilities in all the 8 wards. The intention of the project under evaluation was also to inspire other households to build inclusive sanitation facilities.

The project also sought to challenge negative beliefs, attitudes and practices around disability: Before the project most participants said most community members believed that disability is a result of witchcraft. Caregivers said their children were not accepted in the community, and some community members discriminated and excluded them from projects due to the belief that disability is a result of witchcraft or a curse. In attempting to respond to this, the BFIE project set out to increase understanding of disability in the district, specifically to have fewer parents/caregivers and community members who associate disability with witchcraft and other negative beliefs. Overall the project set out to increase knowledge and change attitudes and practices around disability. Activities implemented included raising awareness on disability through community dialogues with village heads, childcare workers, child protection committees, village health workers, children and parents of children with disabilities. Furthermore, quarterly Orphan and Vulnerable Children (OVC) outreach and community dialogue sessions in each ward were conducted with the aim of identifying vulnerable children and their families,

⁵ Hui, N., Vickery, E., Njelesani, J., & Cameron, D. (2018) Gendered experiences of inclusive education for children with disabilities in West and East Africa, *International Journal of Inclusive Education*, 22(5), 457-474.

sensitise on importance of accessing help and then if they are open to help, providing it. These activities were also aimed at increased disclosure and openness of children with disabilities in the communities as well as reduction in self-induced stigma among parents/caregivers. At the schools, engagements with teachers and the school development committees were done with the aim of raising awareness on disability in a way that reduces stigma and promotes inclusion of children with disabilities. Before the project, practices of hiding children with disabilities within homes was reported to have been common, and reports of two children with disabilities who used to be hidden and were now being brought for assessments indicates that parents/caregivers have gone beyond the fear of being stigmatized. Narratives and reports from parents/caregivers and community leaders from various wards pointed to a reduction of negative beliefs, attitudes, and practices around disability.

“Before the introduction of this project, the community viewed disabled people as less valued in the community but now they are recognised in many cases.” (Community Member)

“Long back we had negative beliefs and attitudes and now these have been rooted out. We now take care of children with disabilities the way we care for other children. We also see a change as our children now interact, play and learn like others. Social stigma has now reduced.” (Caregiver)

“The project brought a positive change; our children now interact with others, they play with others and discrimination has reduced. The stigmatization which used to be high has now reduced. School going children are now happy as they share and interact with other learners, and there is increased participation.” (Caregivers)

“Negative beliefs and perceptions about disability in Sikalenge have now reduced. Stigmatization is now at minimal as members of the community now show respect and caregivers are now free to share their life experiences. Support for these children has improved in the community. Social stigma and discrimination has been rooted out.” (Community Member)

“We did not know that children who are born different from others [children with disabilities] should be allowed to be a part of the community, interact with other people or even go to school. They were kept at home. But now through this project some were given wheel chairs and can now go to school. We really had no knowledge or understanding that such children should also go to school and that they are just the same as other children without disabilities. We would say this one should stay at home, what could they possibly learn and achieve. But we gained a lot of knowledge when we were trained.” (Community Leader)

Although the related activity was affected by staff turnover, the project design was responsive to the need for teachers with capacity to support learning of children with disabilities: Children with visual impairment make use of the braille for reading and writing yet some teachers do not know how to use it. School heads confirmed that they face challenges in dealing with some children with disabilities such as those with hearing and visual impairment, particularly because they do not have teachers trained in sign language, and lack learning resources for the visually impaired. This was reiterated by community members and caregivers who highlighted that there were no teachers who were able to teach children with special needs both at the primary and secondary schools. Although

discontinued during the implementation period, the project's plan to train teachers was relevant to the situation in most schools in the district and in Zimbabwe at large; that of unavailability of adequate special needs teachers in schools.

Through the launching of income generating projects, the project responded to the livelihood needs of children with disabilities and their households: Most communities in the eight wards reported that they depend on subsistence farming and gardening, as their main source of livelihood. Other sources of livelihoods included piece jobs such as moulding bricks, weaving baskets, and gardening in exchange for food or money, selling wild fruits, firewood, and thatching grass. Participants reported that many caregivers of children with disabilities, especially those with severe physical impairments and mental challenges, were unable to engage in these livelihood activities due to the caring needs of their children. Their children often require a lot of attention and often caregivers were alone with no family support, and so had to stay at home and take care of their child. As a result, many care givers of children with disabilities suffered severe economic vulnerabilities, and even sourcing food was reported in FGDs with caregivers and community members to be a major challenge. Community members reported that in some desperate cases this resulted in children with disabilities being left alone at home while the caregiver goes to the fields or to do some other livelihood activities. *"They find challenges on how to split work and at the same time watch a child with a disability who needs to be taken to the toilet, bathed and fed. The caregivers would want to do some tasks like going to fields. So the challenge of leaving behind a child is a worrisome situation"* (Community Member).



Figure 4: Members of the community showcasing their goat project

The project, through out of class activities, contributed to increased child rights knowledge and awareness among children. They also promoted inclusion and respect for children with disabilities especially because they were included in activities and games. Child abuse reporting channels and referral pathways were popularized through the play and drama sessions.

Although the project took a broad approach to addressing barriers to inclusive education, there are some challenges faced by children with disabilities that the project did not consider in its design and implementation. These include long distances to health facilities and schools and lack of financial capacity to travel to referral sites which are between 450-900 kilometres away from the district. Although it may not have been within the focus of this project to address, the evaluation gathered that children with disabilities in Binga have challenges in accessing healthcare services and education due to long distances between their homesteads and facilities (schools and

hospitals), which could be 5km to 10km and as much as 20km in some areas. For caregivers, carrying their children, or even pushing a wheelchair for such long distances is a major challenge. As a result, they end up keeping their children home. As the child grows older and becomes heavier it becomes even more difficult to carry the child for the long distances. They also mentioned terrain, which is quite mountainous and rocky, makes it impossible, even for those in wheelchairs to move around.

Caregivers also reported that they do not have the financial capacity to meet travel costs of taking their children to rehabilitation centres such as Mpilo Hospital in Bulawayo and Ruwa Rehabilitation Centre in Harare where they would have been referred. Thus, even though some of these children were assessed and referred, they still did not access the services due to limited financial capacity to travel.

3.2.3 Alignment to recommendations from the pilot phase of the project

Apart from the training of teachers in inclusive education which was not successfully completed, the project integrated all key recommendations from the pilot phase. This phase of the BFIE project under evaluation was implemented as a follow up and upscaling of previous work done by Ntengwe for Community Development in five wards during the period June 2017 to May 2018. Recommendations from and end of project evaluation of the pilot phase of the project included; a) that more resources be made available in order to reach out to more children with disabilities and also be able to meet the needs of all children and their families as established in the assessment done as part of the project, b) that leadership and advocacy potential be developed to ensure informed engagement with authorities and broaden platforms of engagement, c) that teachers be capacitated in disability and special education and (d) that champions for inclusive education be identified from among persons with disabilities within the communities and capacitated. In responding to these, the BFIE project supported 1, 553 (804 male, 749 female) children with disabilities including their families within Binga district's eight wards; Lubanda, Lubu, Manjolo, Muchesu, Saba, Siachilaba, Sikalenge and Tinde. A total of 8 sensitization meetings were held (one per ward) and the following participated; district stakeholders, ward councillors, traditional leadership, village health workers, child protection committee members, adults and children with disabilities and government extension workers. However, although planned, the capacity building of teachers was not completed due to Covid-19-induced closure of schools. The recommendation to identify and capacitate inclusive education champions from among persons with disabilities was adapted to training of caregivers and parents on how to care for children with disabilities.

3.3. Coherence between Goals/objectives and interventions

Overall, the objectives of the project were consistent with the goal of the project. The BFIE project's main goal was to promote inclusive education for children with disabilities in Binga district. Inclusive education entails addressing barriers to education for children with disabilities and there are different types and levels of inclusive education. In this project, 'Inclusion with remediation' which involves providing rehabilitation and structural adaptations that allow the child to be included in mainstream classes was adopted. In order to address the goal of promoting inclusive education, the project set out to: 1) consolidate and upscale institutional support for in-school and out-of-school children with disabilities 2) Promote enabling learning environments for children with disabilities 3) disseminate information on disability and 4) networking and capacity building of community structures to support policy and practice benefiting children and young people with disabilities. Below are some of the key activities that the project implemented that are in line with promoting inclusive education.

- › **Provision of clinical remediation and rehabilitation services to children with disabilities** ensured that children were able to engage and participate in schooling activities. Disability assessments and therapy addressed some of the barriers that come with disability. Also, provision

of wheelchairs allowed the child with disability to be mobile, hence becomes able to get to school and to manoeuvre around the school premises.

- › **Inclusive structural adaptations** such as ramps, inclusive toilets and paving of assembly points are most applicable in promoting participation of children with physical disabilities and are consistent with the concept of inclusive education.
- › **Quarterly Orphan and Vulnerable Children (OVC) outreach and community dialogue** with community ensured that information on disability is shared. Children with disabilities were identified and further assistance was offered to them. Although only three OVC outreach and community dialogue sessions were held, this approach proved to be useful in sharing information on disability and early identification of children with disabilities.

The project complemented work done by other CSOs. As mentioned in previous sections of the report, the project took a broad approach to addressing various barriers to inclusive education. This project did not focus only on the school setting but also went a step further to initiate income generating projects to support children with disabilities, raise awareness and promote advocacy on the rights of children with disabilities. It can be insinuated that some barriers addressed by this project had been identified in previous work done in other five districts and gaps identified with other civic organisations working in the same area. There was also evidence (e.g. Samende Primary School) that the project did complement infrastructural adaptation work that had already been done by Leonard Cheshire Disability Zimbabwe (LCDZ) before.

Lack of coherence and consistency could be noticed on malalignment of project objectives to the outcome and output indicators. The monitoring and evaluation framework used in this project presented outcome and output indicators interchangeably. The evaluation understood that the results framework was done well after the project had been approved and had already started. Inconsistent use of outcome and output indicators makes it difficult to track activities and assess coherence of project elements overall.

3.4. Project effectiveness

This section of the report presents the findings of the evaluation on project's performance against intended outcomes. The project's performance is presented according to the project's six outcome areas; **Outcome 1:** Improved quality of life of children with disabilities in the home/community, **Outcome 1A:** improved capacity of parents of children with disabilities and caregivers to support children with disabilities, **Outcome 2:** Increased enrolment and retention of children with disabilities in schools, **Outcome 3:** Increased understanding of disability in the district, **Outcome 4:** Improved learning environment in the schools, **Outcome 5:** Increased capacity of teaching staff in inclusive education, **Outcome 6:** Improved income of parents/caregivers.

The findings of the evaluation which are based on discussions with parents/caregivers, children with disabilities, community members, community leaders, teachers and school heads, and key informants from the MoHCC and MoPSE, show that the project effectively:

- › facilitated assessment and documentation of children with disabilities,
- › made referrals for children with disabilities who needed medical care and/or rehabilitation,
- › facilitated access to assistive devices, and acquired and distributed to identified children with disabilities in order to improve the quality of life of selected children with disabilities,
- › contribute to improved sanitation facilities in some homes of children with disabilities,
- › improved capacity of parents and caregivers to support children with disabilities through training workshops,

- › reached at total of 1427 in-school and out-of-school children living with disabilities with the aim of increasing enrolment and retention of children with disabilities in schools,
- › sensitised parents/caregivers on the importance of education for children with disabilities with the aim of increasing enrolment and retention in schools,
- › activated and sensitised school development committees (SDCs)/Caregivers through providing information, advice and guidance on children with disabilities,
- › increased awareness on inclusive education among traditional leaders,
- › facilitated a shift from belief in witchcraft and other negative beliefs around causes of disability,
- › contributed to increase in disclosure and openness of children with disabilities in the communities,
- › contributed to reduced self-induced stigma among parents/caregivers and children with disabilities,
- › facilitated the construction of child friendly infrastructure in schools,
- › facilitated the introduction of out of class children with disabilities friendly activities in school, and
- › created economic empowerment to reduce vulnerability of families of children with disability by facilitating the formation of village savings and lending (VSL) support groups for income generating activities.

Outcome 1: Improved quality of life of children with disabilities in the home/community

The BFIE project facilitated assessment and documentation of children with disabilities: As reported in the previous chapter the BFIE project supported specialized disability assessments in 33 schools and 8 wards. A basic participatory social mapping and screening/assessment of disabilities in schools and communities was conducted with the guidance of MoPSE. A total of 200 children were assessed and found to have varying degrees of different disabilities including visual and hearing impairment, physical disabilities and intellectual challenges. Following assessments children were referred for treatment, rehabilitation, or identified to receive assistive devices under the project.

The project made referrals for children with disabilities who needed medical care and/or rehabilitation, but no referrals were made to the Department of Social Services. Based on project reports the BFIE project provided therapy and mobility support for 100 children. Primary data from the evaluation participants showed that) referrals were made for 57 (35 males and 22 females) children with disabilities to receive rehabilitation services at Ruwa (in Harare) and Mpilo hospital (in Bulawayo), but five of the 12 children with physical disabilities referred for specialist services were unable to afford to travel and access the services due to lack of finances for both travel and consultation.

Caregivers reported that some children that received medical care and therapy had their conditions rectified and their condition improved. For example, two children with physical disabilities successfully underwent surgery (contracture release and bracing) with the other three failing to make it citing reasons of lack of financial resources. 11 children were successfully referred and attended to at their local health centers and or district hospital specifically for ear syringing to remove dead residue and cleaning. Seven out of the twelve children with physical disabilities referred for physiotherapy were responding very well to therapy and one boy born with club feet who was referred for physiotherapy can now walk and run. Thus, in this way the project was effective in improving the quality of life for some children with disabilities. *“Some are now living disability free since they got medical treatment”.* (Community Member).

Although the project intended to refer children with disabilities to the Department of Social Services, there was no evidence which shows that such referrals were made. The explanation given was that only severe cases are referred the Department of Social Services, and from the assessment none were identified to be severe. However, only health care referrals were made and there was no indicator to measure these in the M&E framework, and thus it was not possible for the

evaluation to make a conclusion on the extent of effectiveness of the project in meeting the objective to make referrals for children with disabilities to the Department of Social Welfare.

Although this could be outside the scope of and capacity of the project, the project did not facilitate access to health care for all children who were assessed and referred. Although the project was effective in facilitating assessment of children with disabilities and making referrals for treatment or rehabilitation and specialist care, not all children received the care they were referred for, which would improve their quality of life. Some of the reasons include inability to afford transport and hospital bills, and therefore did not follow through on the referrals. For instance, only seven out of 12 children referred for physiotherapy were able to undergo physiotherapy sessions and were responding well. The other five could not make it citing lack of funds for both transport and consultation.

The project facilitated access to assistive devices, and acquired and distributed to identified children with disabilities in order to improve the quality of life of children with disabilities.



Figure 5: A learner at Samende Primary School who received a wheelchair

The project successfully procured and distributed assistive devices to children with various disability needs as identified by the assessments. Altogether, 55 children received various assistive devices (17 wheelchairs, 15 sunscreen lotions, 4 hearing aids and 19 spectacles etc). Caregivers of children that received assistive devices confirmed that the quality of life of these children improved significantly. Improvements included improved mobility which empowered them for independent lives e.g. improved self-care for children that received wheel chairs who needed less support from caregiver. Caregivers of children that received wheel chairs reported that their lives were much easier as they do not need to carry the children on their backs anymore. Some community leaders highlighted that the children with disabilities were now able to play with or visit other children at home because of improved mobility.

However, several children who were assessed and had prescriptions for assistive devices such as spectacles and hearing aids had not yet received their devices at the time of the evaluation.

Although the project had procured devices for 55 children, some of these were still to be distributed due to Covid-19 induced lockdown and restricted movement at the time the evaluation team visited the site. As a result, it was not possible to assess the improvements in the quality of life of these children. However, after schools re-opened, all assistive devices were distributed to beneficiaries except for two children who have not yet reported to school. Equipment for upgrading the hearing unit at Manjolo Primary School were since handed over to the school. (See pictures in Annexe 3).



Figure 6: A girl from Manjolo High School whose eyesight improved after receiving spectacles

Due to limited resources the project was unable to meet the demand for assistive devices. Some community leaders did confirm that the wheelchairs that came were not adequate and hence some children did not get. For instance, due to limited budget space, only four children with profound hearing impairments received hearing aids leaving 13 without a remedy to their challenges. The project only acquired hearing aids for 4 out of 10 that needed them because the devices were costing more than what was budgeted.

Findings from the survey with children with disabilities showed that the majority of those who were out-of-school (42%) were not going to school due to their disability. This may suggest that although assessments had been done, the project could not have been effective in meeting the needs of these children. This may be due to the fact that assistive devices had not yet been distributed. Based on survey data, of the children

with disabilities who reported having been assessed, 77% reported that they did not receive assistive devices. Although this number may include other children who did not need devices, it also reflects a proportion of those who had certain devices prescribed for them but had not yet received them.

The project contributed to improved sanitation facilities in some homes of children with disabilities. As reported in the previous chapter, sanitation facilities were constructed for selected children with disabilities in their homes as part of the previous phase of the project. Participants highlighted that the provision of sanitation facilities brought dignity to children with disabilities as they can now use toilets rather than using the bush (open defecation).

Overall, the BFIE project was to some extent effective in improving the quality of life of many children with disabilities. However, while the project targeted to make schools inclusive and provided children with physical disabilities with wheel chairs in order to improve children's access to education, the project design did not take into consideration the long distances between the schools and some communities. In addition to distance, the terrain in Bonga is also mountainous and rocky with no tarred roads. This makes it difficult to navigate using a wheel chair. Therefore, a number of children who received wheel chairs but live far from the school are still not able to go to school regularly, implying that in some cases access to a wheelchair did not translate to increased access to education as some children are still kept at home. Findings from the survey with children with disabilities also revealed that the reasons why some children with disabilities were not in-school were distance and mobility challenges to the school.

Outcome 1A: improved capacity of parents of children with disabilities and caregivers to support children with disabilities

The project improved capacity of parents and caregivers to support children with disabilities through training workshops. The project facilitated training of parents and caregivers to provide basic rehabilitation exercises and provide psychosocial support to children with disabilities. The training of parents and care givers in basic therapy and disability management, such as activities of daily living/independent living, care and stimulation has contributed to improved care for children with disabilities. Community leaders confirmed that the health of children with disabilities had improved as evidenced by notable level of independence of children in seating, feeding and mobility. Also, parents who previously were hiding their children were now bringing them for assessment and rehabilitation services.

Due to the trainings received, parents/caregivers reported improved care of their children with disabilities. Majority of parents/caregivers that participated in the evaluation reported having more knowledge on how to take good care of their children. The training materials used were adapted from the Rehabilitation Department of the MoHCC and MoPSE, especially on therapy, disability management, home adaptations and Activities of Daily Living. The facilitators were locals who used the Tonga vernacular language to deliver the trainings. Pre and post training knowledge tests were conducted to measure the overall effectiveness of the training. Lubu ward pre-test results showed a 35% increase in knowledge because of the training. Tinde and Sikalenge wards showed a 34% improvement in knowledge as a result of the training. The other five wards that had started the programme earlier showed a minimum of 38% improvement in knowledge of how to take care of their children. These results overall show that the trainings were effective and that there was an improvement in knowledge among parents and caregivers on how to care for their children. Some children with disabilities also reported receiving better care since their parents/caregivers were trained on how to take care of them. Caregivers also reported that other children within the family were now accepting their siblings with disabilities, and they now play well together as a result of the counsel caregivers gave to their children and families after they were trained.

Outcome 2: Increased enrolment and retention of children with disabilities in schools

The project managed to consolidate and upscale institutional support for a total of 1427 in-school and out-of-school children living with disabilities with the aim of increasing enrolment and retention in schools. The project planned to reach 1427 children with disabilities both in and out of school children from across the eight wards of project implementation. At the time of the evaluation there was no end of project collated monitoring data reflecting the actual number of children with disabilities reached since the inception of the project (whether it was higher or lower than the intended target). There was also no data to show the trends in enrolment to allow for measurement of the contribution of the project to increasing enrolment.

The project sensitised parents/caregivers on the importance of education for children with disabilities with the aim of increasing enrolment and retention in schools. To a large extent the project was effective in raising consciousness of the importance of education for children with disabilities among the parents and caregivers. Whereas children with disabilities were hidden and kept out of school due to misconceptions about learning capabilities, this project aimed to sensitise parents/caregivers on the importance of education for children with disabilities. As a result, caregivers demonstrated improved awareness of the rights of their children with disability, and the right to education, health and safety were the most commonly mentioned. The training also focused on the formation of an association of parents who would be capacitated in advocacy for disability issues and inclusive education. The training also ushered in a good understanding of what inclusive education is. The evaluation however did not have evidence of any advocacy initiatives done by these caregivers.

The project activated and sensitised school development committees (SDCs)/Caregivers on information, advice and guidance on children with disabilities. The project planned to target 33 schools and was effective in reaching and sensitizing SDCs at all 33 schools across the eight wards to engage the support of local communities and school authorities on disability issues in schools and create an enabling and inclusive learning environment for children living with disabilities. As a result of the training, the SDCs were now ensuring that children with disabilities were being considered in all the school activities, and these committees mobilized communities to support infrastructure adaptations to ensure inclusivity through providing labour and mobilising locally available building materials. Volunteer community based caregivers who were trained successfully disseminated information in their respective communities. There was noted reduction in self-stigma as shown by number of caregivers of children with disabilities who came forth to seek help for their children. Tinde ward alone discovered 6 children (4 males and 2 females) children with disabilities who were hidden. These children were now in the records and the parents were participating in the support groups of parents and guardians of children with disabilities.

The project contributed to increased awareness on inclusive education among traditional leaders. One councillor pointed out that as community leaders they were now aware of the rights of children with disabilities, that children with disabilities should go to school as other children and attributed this to the project. Overall, community leaders expressed great joy and hailed the BFIE project and said that they had noted that the lives of some children with disabilities and their families had changed due to this project. Some community leaders reported that some children with disabilities in their communities now go to school, and that this has made these children feel like other children and they are involved in all activities done at school just like non-disabled children. *“They can now access education and health care services like other children after their parents were trained on how to care for them”* (Community Member). *“We did not know that children who are born different from others [children with disabilities] should be allowed to be a part of the community, interact with other people or even go to school. They were kept at home. But now through this project some were given wheel chairs and can now go to school. We really had no knowledge or understanding that such children should also go to school and that they are just the same as other children without disabilities. We would say this one should stay at home, what could they possibly learn and achieve. But we gained a lot of knowledge when we were trained”* (Community Leader).

Although parents/caregivers, community leaders and SDC members demonstrated increased knowledge on the importance of inclusive education, the extent to which this is translated to increased enrolment and retention of children with disabilities in mainstream schools could not be established. There were no specific output indicators for this outcome. There was no evidence of baseline data on how many children with disabilities were enrolled in each of the 33 schools before the project was implemented. There was also no output indicator for capturing the increase in enrolment, and hence no monitoring data reflecting this. There was also no baseline data on dropout rates, neither was there indicators of the margin by which the project intended to reduce dropouts or increase retention of children with disabilities in schools. Because of this, it is not possible for this evaluation to make a conclusion on whether the project met its objective to achieve increased enrolment and retention of children with disabilities.

Outcome 3: Increased understanding of disability in the district

The BFIE project was successful in achieving its objective to increasing understanding of disability in the district. Increased understanding was measured by changes in knowledge, attitudes, and practices on disability, reduction in parents/caregivers who believe in witchcraft and other negative beliefs around children with disabilities, increased disclosure and openness of children with disabilities in the communities, and reduction in self-induced stigma among parents/caregivers.

The project facilitated a shift from belief in witchcraft and other negative beliefs around causes of disability. Through activities such as community dialogues and disability awareness meetings, the project contributed to reducing the number of parents/caregivers as well as community members who believe that disability is a result of witchcraft. The workshops that were held helped to raise awareness on disability, rights of children with disabilities and shifting community beliefs, attitudes, perceptions, and practices around disability. This was confirmed by community leaders, community members and caregivers. Participants demonstrated increased understanding of the causes of disability, reflecting a shift from beliefs in witchcraft as a main cause of disability.

Some children with disabilities pointed out that those members of their community showed them love just like any other child. The children reported that they can now freely mingle with other community members without fear of negativity and discrimination. *“The project brought a positive change; our children now interact with others, they play with others and discrimination has reduced. The stigmatization which used to be high has now reduced. School going children are now happy as they share and interact with other learners, and there is increased participation”* (Caregivers). *“Negative beliefs and perceptions about disability in Sikalenge have now reduced. Stigmatization is now at minimal as members of the community now show respect and caregivers are now free to share their life experiences. Support for these children has improved in the community. Social stigma and discrimination has been rooted out”* (Community Member).

Community leaders reported that they were now aware that children with disabilities need to be treated the same with other children in the community, and that no one is allowed to despise them. Most community leaders reported that because of the BFIE project they saw more positive attitudes towards children with disabilities and their families than before and there was less discrimination and negative beliefs towards children with disabilities. They also said that caregivers or children with disabilities were now more comfortable with other members of the community.

“This project has brought positive impact because children with disabilities can now socialise and play with those who able bodied.” (FGD community leaders)

“This project has brought positive changes because parents with children with disabilities can now meet with others in meetings which was not happening in the community.” (Caregiver)

“Children with disabilities were reserved in the initial stages, and this may be because they stayed at home for too long and were not used to school environments, but now they are more relaxed and show signs they feel more comfortable in the school environment.” (School Head)

“There is a change in attitude in children with disabilities. Discrimination and negative beliefs have reduced. Caregivers are now more comfortable with each other in the community. The lives of children with disabilities have been improved in such a way that they are able to play or visit other children at home with the help of their wheelchairs.” (Community Leader)

The project facilitated an increase in disclosure and openness of children with disabilities in the communities. The shift in perceptions about disability created an embracing community, which made it easier for disclosure and openness of children with disabilities by parents and caregivers. Community members highlighted that since the project began they started to see more children with disabilities who were hidden and kept away from the rest of the community being brought out more by their caregivers. Community members reported that *“persons with disabilities are now treated equally with others in this community”*. Caregivers reported that their children now socialised well with others in the community without stigmatization. *“Before the introduction of this project, the community viewed disabled people as less valued in the community but now they are recognised in many cases”* (Community Member).

The project resulted in reduced self-induced stigma among parents/caregivers and children with disabilities. Caregivers reported that they accept their children and believe that disability is not a choice, and therefore they take good care of their children regardless of their conditions. They also mentioned that their children are also accepted by other family members and this instils confidence in them. *“Long back we had negative beliefs and attitudes and now these have been rooted out. We now take care of children with disabilities the way we care for other children. We also see a change as our children now interact, play and learn like others. Social stigma has now reduced.”* (Caregiver).

However, some community leaders mentioned that there is still some stigma attached with disabilities, and cases of neglect and discrimination against children with disabilities are still prevalent, although to a lesser extent than before the project. Some caregivers, community members and community leaders reported that beliefs about disability resulting from witchcraft were still found in some parts of the community. More awareness raising and community engagements still need to continue. Notwithstanding, the BFIE project was to a large extent effective in increasing understanding of disability and demystifying myths and misconceptions about disability in Binga district.

Outcome 4: Improved learning environment in the schools

The BFIE project aimed to promote an enabling learning environment for children with disabilities in eight wards in Binga. The key indicators for this objective were improved children with disability friendly infrastructure in schools, increased children with disability learning resources in schools, support clubs for children with disabilities, out of class activities for children with disabilities were introduced, increased level of participation of children with disabilities in class lessons.



Figure 7: Wheelchair friendly pavements constructed at Samende Primary School

Although most were not complete at the time of the evaluation, the project facilitated the construction of child friendly infrastructure in schools. As reported in the previous chapter, the BFIE project provided 33 schools with building materials for construction of various disability friendly or inclusive infrastructure; inclusive toilets, ramps, double doors for ease of entry into classrooms using a wheel chair, classroom floors and pathways around the school and wheel chair accessible assembly points. The survey with children with disabilities asked them to share their personal experiences of how they had benefitted from the adaptations, and 45% of the respondents highlighted that toilets were now accessible, 29% reported

increased participation in school activities and 21% reported ease of mobility around the school.

However, due to limitations in resources, individual schools made applications based on what they perceived to be their most urgent needs and received materials to make those infrastructural developments. This resulted in schools not becoming fully inclusive because, for example, some only built toilets and ramps but still had no pathways for easier access around the school. Therefore, the project was only effective in achieving this objective to some extent.

The project did not complete infrastructural adaptations in all the 33 schools. The project was designed in such a way that key building materials (cement, toilet seats, rails, mirrors) would be provided to the schools and each individual school was responsible for sourcing the labour and other building materials such as river sand and $\frac{3}{4}$ stones. This resulted in variations in the construction pace. Some school heads reported that parents and community members quickly rallied together and local builders offered their services for the construction of the infrastructure. However, in some schools, school heads reported that the community was not forthcoming. For example, two schools (Tinde Secondary School and Saba Primary School) had not yet constructed anything at the time of the evaluation citing lack of funds to pay for labour because the community members were not willing to volunteer. In some schools, materials were supplied late and their supply coincided with the peak of the farming season.



Figure 8: Building materials for construction of inclusive structures at Munsiwa Primary School

As a result, it was difficult to mobilize the community to provide the labour required as many were tending their fields. This delayed the completion of construction at some sites. Construction was also affected by Covid-19 lockdown regulations, and by the heavy rains experienced in the past season. Hence, at the time of the evaluation some schools had not even begun infrastructural developments although they had received materials from the BFIE project, others were at different levels of construction, and some had completed infrastructure. However, the evaluation can confirm that when lockdown restrictions were lifted and schools opened; hearing aid equipment was handed over to Manjolo Primary School and

construction of inclusive structures resumed at Tinde Secondary School, Bulawayo Kraal Primary

School and other schools such as Bulawayo Kraal Secondary School, Lubu Primary School, Bunsiswa Primary School since completed building their inclusive infrastructure.

The survey conducted with children with disabilities explored the extent to which schools had made improvements to accommodate children with disabilities. Based on the findings 51% of the respondents noted that their schools now have inclusive toilets, while 36% reported that no improvements had been made at their school. As reported, this aligns to the finding that most schools had not yet started the work on infrastructure adaptations at the time of the evaluation despite having received the supplies due to Covid-19 restrictions or unwillingness of communities to provide labour and locally available materials. Other improvements noted were ramps (23%), classroom floors (19%) and assembly points (9%).

Therefore, with careful consideration of the multiple dynamics, which affected this activity the project was only effective in achieving this objective to some extent. Where schools had completed infrastructure adaptations the project proved effective in improving the learning environment for children with disabilities. The effects of the rainy season and the lockdown regulations are issues that were beyond the control of the project implementers, and therefore there was nothing much they could have done to at the time to mitigate these challenges. The level of community involvement was a key factor in the success of the infrastructural development aspect of the project. Community buy-in is therefore an important lesson learned from those schools which met their targets and is something to consider in similar future projects.

The project facilitated the introduction of out of class friendly activities for children with disabilities in school. Several schools reported having out of class activities which were inclusive of children with disabilities. The survey showed that 59% of children with disabilities had participated in out of class friendly activities. The most common activities were play therapy (50%), singing (43%), drama and poetry (23%), Paralympic games (14%), Painting and colouring... (11%), Gem/Bem club sessions (11%), Football (7%), High jumb (5%), Participating in problem... (2%), Child rights awareness... (2%), Participation of children... (2%), Meetings (2%), sewing clubs (2%), Playing marimba (2%), Is always excluded (2%), Other (2%).

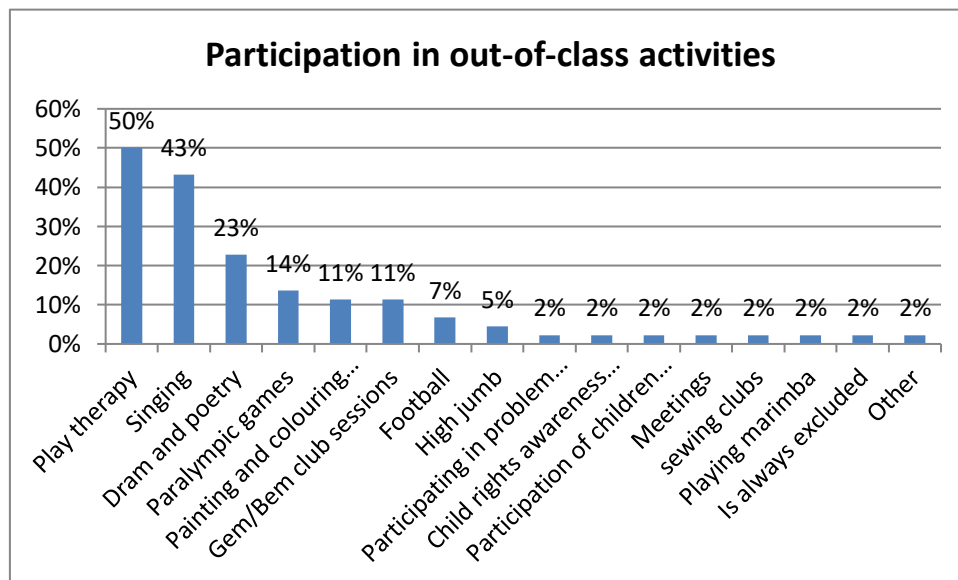


Figure 9: Participation in out of class activities

The children reported that these activities were effective in improving the learning environment for children with disabilities. For example, in Lubu one school head reported that out of class activities gave the children with disabilities an opportunity to express themselves, and the teachers were surprised to see that so many children with disabilities were so talented in other areas such as drama and poetry. As a result of this, some children with disabilities now get the opportunity to perform/showcase their talents at events organized by the school. Out of class activities also improved interaction between children with disabilities and other children in the school. The data showed that children with disabilities benefited the most from increased social interaction. Children with disabilities reported making new friends and having fun as a result of their participation in out of class activities. The benefits of out-of-class activities as reported by children with disabilities are shown in Figure 4.

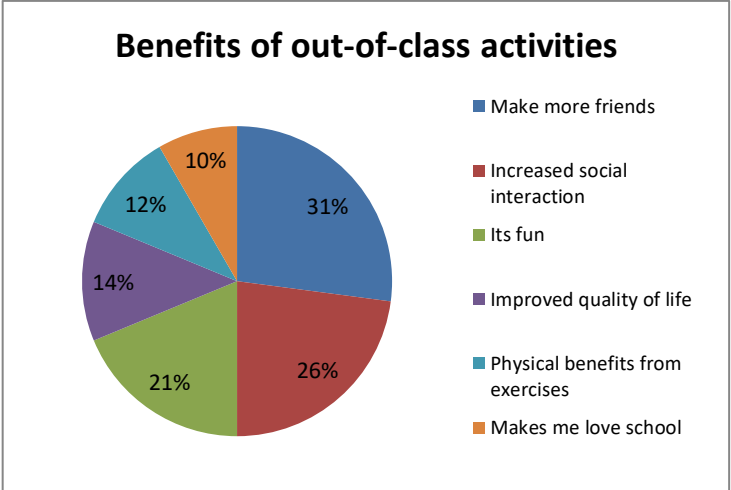


Figure 10: Benefits of out of class activities for children with disabilities

Outcome 5: Increased capacity of teaching staff in inclusive education

The project was not able to increase the capacity of teaching staff in inclusive education. The project was not effective in achieving this objective due to various factors. The project set out to train teachers in basic sign language, conducting assessments of children with disabilities, conducting assessments of educational needs of children with disabilities, and developing individual learning plans for them. Although 24 teachers were oriented in readiness for training as reported in the previous chapter, this activity was stopped when schools were closed to the Covid-19 lockdown. This activity was also affected by high turnover in the MoPSE as some of the teachers that were oriented were transferred or left the country.

Another challenge is that the MoPSE policy is that they can only provide a special needs education teacher to a school if they have at least four children with disabilities enrolled. This makes schools with less than four children with disabilities ineligible and therefore disadvantaged. Evidence from the survey with children with disabilities showed that 13% of out-of-school children with disabilities were not in school because of lack of trained special needs teachers. The survey also highlighted that the most proposed intervention that would allow children with disabilities to attend school is teachers trained in special needs education (See Figure 5 below). Therefore, the BFIE project was not effective in meeting this outcome.

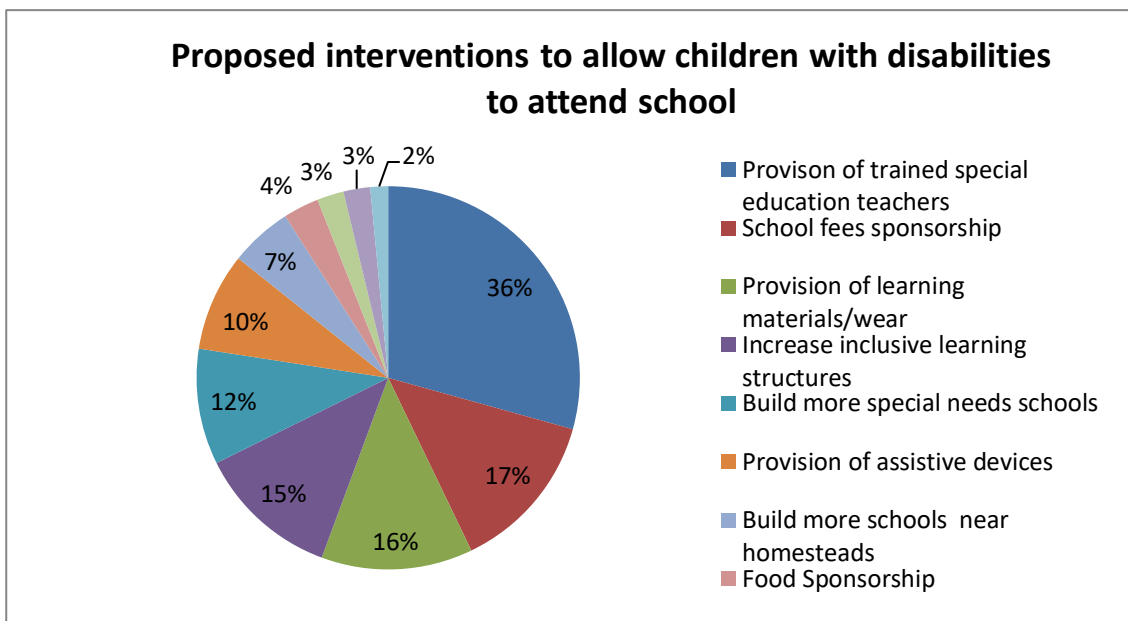


Figure 11: Proposed interventions to allow children with disabilities to attend school

Outcome 6: Improved income of parents/caregivers

The project economically empowered and contributed to reducing vulnerability of families of children with disability by facilitating the formation of village savings and lending (VSL) support groups for income generating activities. This intervention improved income of households with children with disabilities to enable them to cater for their welfare. The BFIE project facilitated the formation of 12 VSL support groups for income generating activities. Nine VSL support groups were still active and functional at the time of the evaluation. Some caregivers and community members reported that the support groups purchased goats and started a livestock rearing and selling project. They highlighted that the proceeds from the sale of the goats were used to support children living with disabilities whenever a need arises. For example, some participants reported that the proceeds had been used to pay fees for children with disabilities. For example, the case of Zilyabasungu group in Binga's Sikalenge ward, who bought 8 she goats and they intend to pass on the goats to children (3 girls and 2 girls) living with disability whom they were supporting in their village. Children with disabilities also knew about the caregiver support groups and mentioned that they were experiencing a change in their lives at home because of these projects. Some caregivers and community leaders reported that the income generating projects gave them money to buy some of the needs of their children with disabilities such as books, pens, and pencils for those who are in school as well as clothes for those who were out-of-school. Some caregivers that participated in FGDs reported that they could now sustain themselves and their children with disabilities through the income generating projects. *"Projects we've started through funds from BFIE improved the wellbeing of our families. All family members have benefited also."* (Caregiver). *"We now support our disabled children through support groups."* (Caregiver).

3.4 Project Efficiency

The BFIE project was able to provide visual aids to more children with visual impairments and albinism than targeted because it procured the lenses at a cheaper price than anticipated. A total of 19 eye lenses for children with visual impairments were bought against a target of five because a cheaper source was identified. Similarly, 15 sun screen lotions for children with albinism were also bought against a target of six. These were significant scores on efficiency by the project. However, only 4 hearing aids were bought against a target of 10 and this resulted in fewer children with hearing impairments benefitting than was targeted.

The merging of activities on screening, assessment and provision of support for children with disabilities resulted in savings on time and financial resources by the project. Given that some of the project sites are located more than 100 kilometres from the site office, merging activities resulted in fewer trips, less fuel used, less time used to accomplish the set tasks.

The use of locally available resources for infrastructure adaptations and assessment of children with disabilities also ensured that the project would ride on existing resources and achieve more with less of its own resources. On infrastructure adaptations, the project provided the building materials and supplies such as cement, mesh wire, rails etc. and the communities provided labour and locally available supplies such as water, sand, and ¾ stones. As a result, costs related to labour and other locally provided supplies were taken away from the funding available thereby enabling the project to achieve more with less of its own resources. The project also made use of existing human resources that included teachers and health experts in the district to conduct the screening and assessments for children with disabilities. Use of local teachers and health experts saved on extra costs associated with hiring of such skills.

3.5. Project Impact

The project resulted in a significantly positive shift in attitudes of the targeted communities towards children with disabilities. Activities aimed at influencing attitudes of community members towards disability resulted in positive tolerance to disability issues and reduction in stigma in communities around the 8 participating wards. As a result, two children with disabilities who used to stay hidden at home were brought forward for assessment and support services.

The out of class activities allowed children with disabilities to identify their potential, capabilities and it boosted overall self-esteem of most of them. Out of school activities such as play-therapy, music, singing, poetry and drama seemingly had the greater impact on children with disabilities compared to in-class activities. Through these activities, children with disabilities became more interactive, made friends with other children including those without disabilities, they got a platform for peer interaction and peer learning which is essential for learning essential social life skills. As children engaged and participated in some of these out of school activities, raw talents in drama, poetry and music was exposed, identified and nurtured to the extent that during school events some children with disabilities were asked to perform poems, drama and singing.

However, the Covid-19 induced lockdown and restrictive measures adversely affected the project's potential to register more impact. Due to the restrictions, schools were closed, infrastructure adaptations were not completed, and some assistive devices acquired for some children were not distributed at the time of the evaluation. As a result, some intended impacts may be registered well after the project has ended.

The long distances to school travelled by children with disabilities also meant that while some children with disabilities received assistive devices, they would still not enrol. While some children still enrolled, they failed to attend school consistently due to the long distances to school. Some caregivers reported that they suffered from fatigue due to having to push their child to school every day in bad terrain and gravel roads and as a result they would discontinue the child's education.

3.6. Project Sustainability

3.6.1. Relationships created

The project established several useful relationships that added value to the project and will more likely aid continuity of some activities initiated by the projects. The project built key relationships with the MoHCC and MoPSE personnel that conducted the disability screening and assessments. The MoPSE will be instrumental in monitoring continuity of project initiatives in schools and also provide leadership over all schools in the participating wards. However, the MoPSE has limited number of inclusive education experts in the district who also have a challenge of mobility as the Ministry has not enough vehicles for these activities. Hence, although these key relationships were created such challenges become a hindrance to sustainability of the initiatives.

The project design also utilized existing community structures such as school structures and school leaders (school heads and teachers), SDCs, village health workers, child care workers, and traditional leaders (village heads and ward councillors) in implementing the project. The skills and knowledge imparted by the project will stay within the participating communities. This network of relationships performed key roles in the project and will be very instrumental in ensuring continuity of initiatives introduced by the project in these communities. Councillor and village heads give leadership and direction, and may be key in driving inclusive education agenda in the wards and the district.

3.6.2. Technical capacity built

The projects aim was to build the technical capacity of teachers in order to achieve the goal of ensuring sustainability of inclusive education and continuation of the work introduced by the project. However, training of teachers on disability inclusive education was affected by Covid-19 and ended up being removed from the project. 11 out of the 24 teachers (45.8%) who had been oriented prior to their training had either left the service or were promoted and left their duty stations leaving most schools without focal teachers. In this project, transferred teachers would be replaced with new focal teachers who were not part of the initial orientation. According to the MoPSE, Government policy is that it will only provide specialist teachers when the school has at least four children with disabilities. In addition, Government freeze on recruitment, coupled with the challenge that fewer than required specialist teachers were being trained in colleges across the entire country, presents a threat to inclusive education efforts initiated by the project. Teachers not trained in special needs education reported that they did not have the capacity to meet the educational needs of children with disabilities or know to deal with them in the absence of specialist teachers.

The project imparted skills and knowledge, which is critical for the continuity of the project. Training of community health care workers in identifying children with disabilities was sustainable because these community cadres are volunteers from within the community who likely continue to do the work because they now have the skills to do. Training of parents and caregivers on basic therapy (exercises) and how to care for children with disabilities was another sustainable initiative which is likely to continue to yield results because they will likely continue administering therapy at home. Training of SDCs and traditional leaders also strengthened their capacities and knowledge, hence and they will be anticipated to continue to advance inclusive education.

3.6.3. Financial capacity to continue with financially demanding activities

The MoPSE and the MoHCC highlighted their commitment to ensuring continuity of project initiatives. However, both Ministries lack the financial resources to sustain project activities such as assessments and provision of assistive devices. Once children have been assessed and need assistive devices and social care they should be able to benefit from the provision of educational support such as that provided through the Better Education Assistance Module (BEAM) program and assistive

devices support from Department of Social Services (DSS). However, MoPSE and MoLSS both said they had limited financial capacity to provide assistive devices to all children that require them. This situation poses a threat to the sustainability of the project because even if the community care workers were able to identify the needs of children with disabilities and assessments were done, the Ministry responsible for provision of assistive devices had limited capacity to do so. In addition, inadequate mobility and human resources within the MoPSE meant that they may be unable to continue conducting assessments at the scale and coverage that the project had done them.

Community VSL groups set up by the project have the potential to continue running and meeting some of the needs of families with disabilities. Caregivers and community members were confident that they could sustain their projects. Some community leaders highlighted that they would allow the support groups to continue even if the project ends because they believed it was their duty to support children with disabilities in their communities. However, only 12 VSL groups were established (and only 9 were functional) for the population of children with disabilities in the eight wards and this was not enough to cover the needs of the population of children with disabilities in the wards. The income generated by these groups was minimal and may only be able to cater for just a portion of the subsistence needs of families of children with disabilities.

Families of children with disabilities lack the financial capacity to continue providing for the financially demanding needs such as assistive devices and rehabilitation/health care. As reported earlier, even when referrals were made, most caregivers were unable to afford the travel cost to the health facilities or referral centres. They also lacked financial capacity to pay for the services and acquire assistive devices for their children. Children who received assistive devices will need these to be replaced after some time or as the child out-grows them, and the costs of these devices are beyond the reach of most caregivers. Families may also be unable to continue to provide their children with learning resources needed to allow them to participate fully in school.

The BFIE project had several financially demanding aspects which pose a threat to sustainability of project activities. Some project activities such as infrastructure development, which required a significant financial outlay may be difficult for the schools to maintain and upscale on their own. School heads reported that the schools had no capacity to finance these initiatives because school fees were the main source of income they could rely on to cater for these costs. However, school fees charged in rural schools were very low and most members of the community were unable to pay even the low fees due to poverty.

3.6.4. Motivation of local community to continue with activities

There was strong community buy-in for the project from community leaders who demonstrated that they fully understood the project initiatives and they were committed to continuing with project initiatives such as advocating for inclusive education and construction of inclusive toilets at school and in homes, and taking the project gains beyond the project phase although they cited lack of financial capacity to afford the building materials. As gate keepers, community leaders, have the kind of influence that can drive this kind of sustainability. However, while there is commitment the communities lack the financial capacity to engage in financially demanding infrastructural developments.

Overall school heads were committed to sustaining the project gains and sustaining inclusive education initiatives initiated by the project. However, one school head from those that were interviewed was not fully conscious of inclusive education and did not see the value of investments made towards inclusive education, and such thinking by a school head was a threat to sustainability of the gains of the project. This particular school head thought that the construction of ramps was a waste

of resources since the school only had one child in a wheelchair at the time. On the other hand, the head of one school (Samande Primary School) is a good case study of a school head whose specialized training in special needs education and his consciousness of the need for inclusive education ensured that he was proactive in calling for and driving infrastructural adaptations at his school. This school head already had a vision for making the school inclusive and had been actively seeking resources to make this possible. Prior to the BFIE project this school had partnered with Leonard Cheshire Disability Zimbabwe (LCDZ) to make significant infrastructural adaptations and the BFIE project aligned with his vision and complemented his efforts and those of LCDZ towards making the school infrastructure completely accessible. Therefore, having school heads who are trained in inclusive education has potential to increase the sustainability of similar interventions given their influence on sourcing and allocation of resources for schools. It is therefore important for school heads to also be trained to enable them to give leadership on inclusive education efforts.

Some communities were motivated and demonstrated a level of ownership of the project necessary to ensure sustainability of the project. For example, schools that made progress with infrastructure adaptations were associated with highly motivated and supportive communities. In such cases infrastructural adaptations were done quickly because the community mobilized themselves to volunteer labour and source locally available materials required for construction. However, in communities which were lacking this kind of motivation, construction was stalled because the burden to source labour and other materials was entirely placed on the school. For example, in the case of Tinde Secondary school no construction had taken place because the community was not willing to volunteer its labour. Therefore, the school head was trying to mobilize financial resources to hire and pay for builders to do the construction, and was hoping to use school fees which she reported were only trickling in at a slow pace as most parents were unable to afford.

CHAPTER FOUR

CONCLUSIONS, LESSONS & RECOMMENDATIONS

4.1 Conclusions

- › The BFIE project was aligned both to local and international policies and was relevant in improving the quality of life for children with disabilities through promoting inclusive education.
- › The project managed to implement most of its community-focused planned activities and failed to complete school-focused activities, especially the infrastructure adaptations and distribution of assistive devices owing to Covid-19-induced lockdown.
- › During implementation, merging of activities and making use of locally available resources made the project efficient. Also, the project was able to provide visual aids to more children with visual impairments and albinism than targeted because it procured the lenses and sunscreen lotions at a cheaper price than anticipated,
- › The project caused a significantly positive shift in attitudes of the targeted communities towards children with disabilities and out of class activities allowed children with disabilities to identify their potentials, capabilities and it boosted overall self-esteem of most of them.
- › Children with disabilities benefited comparatively more from out of class activities compared to in-class activities.
- › Although the project had many threats to sustainability, collaborations with various stakeholders in the Government, school heads, teachers, community leaders and the community itself allows for continuity of the project.
- › The implementation of the project was largely affected by the Covid 19 pandemic, as it slowed progress and resulted in regression of the momentum initially built at the inception stage.

4.2 Lessons

- › **Out of class activities had greater impact on children compared to in-class activities.** Children with disabilities reported that they liked and benefitted most from out of class activities like play, music, drama and poetry. They reported that out of class activities provided them with a platform to learn new skills, make friends and in a way contributed to challenging issues of stigma among the children themselves. Through these out of class activities, talents and skills hidden within children with disabilities were identified and nurtured.
- › **Community engagements and buy-in is essential for the success of community development projects, especially those where locally available resources are needed.** The evaluation observed that communities that had a full buy-in to the project were highly motivated, mobilised resources and inclusive infrastructural works were either almost completed or were completed. Local leaders, who are gate keepers, helped mobilise their communities and provided leadership.
- › **Lessons from Samende Primary school show that if the school heads were trained in special needs education they can mobilize their teachers, community and the SDCs to push the inclusive education agenda using both the influence and authority that they have.** The School Head at Samende Primary school was trained in special needs education before being promoted to the position of school head. His background as a special needs teacher gave him a deep consciousness about the needs of children with disabilities and an appreciation of the value of inclusive education. Hence when the BFIE project was implemented his school was one of the beneficiary schools that did the most within the confines of available resources and within a short

period of time. Prior to the BFIE project, he was proactive in sourcing assistance from other partners to create an inclusive learning environment which accommodates children with disabilities. Samende Primary School among other schools is the good case of the commitment level required to promote inclusive education.

- › **Lessons from some income generating project groups with members that misappropriated group funds show that training of groups for income generating projects, their formation and constitutions must be endorsed by local community leadership** who must provide recourse when needed. Given that groups have constitutions, cases of group conflict are solved at group and or community level.
- › **In the event of unprecedented disasters and pandemics such as Covid 19, there is need for close monitoring and provision of on-going support to the implementing partner.** Due to Covid 19, there were disruptions to a few the planned activities and a few adjustments were required for the success of the project. Apart from adjustments to the budgets, the way activities such as community gatherings were to be done had also changed, and all these demanded rapid adaptations].

4.3 Recommendations

The list of recommendations below are meant to address some of the gaps identified in the implementation of the Scaling up The Brighter Future through Inclusive Education for Children with Disabilities in Zimbabwe (BFIE) Project. The recommendations are built around the evaluation criteria, i.e. relevance, effectiveness, efficiency, impact and sustainability.

Recommendations for relevance

- › Provision of boarding facilities for children with disabilities should be considered in future projects. One such boarding school per ward would reduce the distance children have to travel to and from school as well as free caregivers to engage in livelihood projects. The concentration of children with disabilities at one school would align with Government policy regarding staffing and thus may result in Government deploying adequate special needs education teachers.
- › Expanding and further capacitation of caregivers and parents of children with disabilities on quick win income generating projects targeted at reducing dependence on handouts and aid is recommended. This is important as most caregivers and parents of children with disabilities reported that they lacked money for their children to access specialist services despite income generating projects having been initiated by this project.

Recommendations for Effectiveness

- › Strengthen the M&E and reporting framework.
 - The results framework did not consistently have outcome indicators for all outcomes; some have output indicators instead. Having clear objectives, outcomes, outcome indicators, output indicators and activities aligned for each area is important as this makes it easier to monitor, evaluate, and report on the projects progress.
 - There is also need to distinguish between quantitative and qualitative indicators and using such where most applicable.
 - Mainstreaming of gender in all indicators is key to ensure effective gender mainstreaming in programming and gender disaggregation of reporting data. The current indicators were not gender sensitive making it difficult to evaluate how the project impacted girls and boys differently.

- › Strengthen participatory approaches in planning interventions in the project design to ensure community buy-in and participation in executing activities such as construction of infrastructure. This proved effective in areas where it was successfully done and a hindrance in communities where it was not successfully done.

Recommendations for Efficiency

- › As the project had ended, there is need to put in place a plan to ensure that the already bought assistive devices and equipment reach the targeted beneficiaries as soon as possible. Schools had just opened at the time of the evaluation and some children with disabilities could fail to enrol in school because of lack of assistive devices, yet these have already have been purchased.

Resource Mobilisation

- › Where resource mobilisation did not happen, there is still need to mobilize communities for resources such as labour, sand, stones that is required for completion of inclusive structural adaptations at respective schools.
- › Mobilise resources for the purchase of learning materials for children with disabilities. Learning materials such as braille can be expensive and out of reach for most children with disabilities as well as the respective schools. Provision of learning materials promotes participation of children with disabilities in school activities.

Capacity Building

- › Caregivers of children with disabilities who received assistive devices such as wheelchairs need to be capacitated with skills to repair the equipment in the event of breakdown. This would ensure sustainability and the equipment can be used for a long time before replacement is needed.

Recommendations for increased impact

- › The evaluation showed that the project did well on raising awareness on disability within target communities. Although significant impact was noted on attitudes and beliefs towards disability, change is a process that needs continuous engagement. This gain needs to be preserved through future expanded and intensified awareness raising activities. This may also include using community leaders as agents for such activities.
- › Expand training on how to care for children with disabilities to all community members including those who do not have children with disability. Trained CCWs and VHWs can become trainers of community members using low-cost activities such as community dialogues (formal and informal).
- › In future programming, out of class activities such as singing, poetry, music must be expanded and encouraged among children with disabilities. This project showed that children with disabilities can tremendously benefit from out of class activities.
- › While it was commendable that the project attempted to bring children with disabilities into schools, some children could benefit from a programme of learning that combines literacy and vocational skills. This is because some of them enter school very late due to the known barriers and hence may not benefit as much from just the academic curriculum.
- › Consider construction of makeshift schools (basic shed structures) as centres in the community where children with disabilities currently out-of-school can have consistent basic education in the form of out of class friendly activities and life skills/vocational training. Educators or trainers can be recruited from within the community as volunteers. Relationships established with the MoPSE can be leveraged to facilitate this.

- › Scale-up and standardize the concept of double doors in construction of classroom ramps across all sites involved in infrastructure adaptations for inclusive education. This was an innovative approach which can result in greater impact if scaled-up and replicated beyond the project as best practice.
- › Identify community champions for inclusive education and disability awareness from among the community of persons with disability. Amplify their voice and facilitate advocacy activities in and around the district with room for scale-up to national level a way of consolidating institutional support.

Recommendations for increased sustainability

- › A trainer of trainers approach could be utilised to ensure that training of teachers on disability issues is cascaded to all teachers in the district and to all schools. This will ensure that new teachers receive basic information on disability and are capacitated to handle children with disabilities.
- › Expand training of teachers to always include school heads as this will create high level consciousness of disability and an appreciation of the value of inclusive education.
- › Strengthen and maintain the formed networks with the Government departments, village health workers and case care workers for future programming.
- › Train a few community members on how to conduct basic service and repairs on wheelchairs given to children with disabilities. This came as a strong recommendation from community members and community leaders who mentioned that some wheelchairs had broken down but no one in the community had the know how to fix them. Hence, the broken down wheelchairs are disused and children are again left with mobility challenges.
- › Scale-up VSL groups and have more to meet the needs of the population of children with disabilities in the areas. Currently only 12 groups were set up and these had proved to be an effective and sustainable approach to reducing vulnerability of families of children with disabilities.
 - Project design should have more income generating activities for community capacity strengthening to ensure sustainability.
 - Strengthen existing VSLs and have structures in place to ensure accountability and growth.
 - Create platforms for sharing of best practices between the groups so that those which are more successful can help the less productive groups. This can also be done through exchange programs.

Annex 1: Stages of completion of the inclusive structural developments per school as at the time of the evaluation

Name of school	Infrastructure to be developed at the school	Materials purchased for the school	Quantity per item purchased	Completion status as at 19.03.21	Completion status as at 22.04.21
Bulawayo Kraal Primary School	Ramps	Cement	18 bags	<ul style="list-style-type: none"> Assemble point had begun the school was building raising the structure so that they would cast the slab. Gathering of local available materials in the form quarry stones, river sand and bricks. Pit lining for the inclusive toilets was done, community is now starting to work on the supper structure. Pathways and ramps are yet to be started Locally available materials are being gathered. All work will be complete by the 30th of April. 	<ul style="list-style-type: none"> Toilets await roofing
	Assemble Point	Cement	20 bags		
	pathways	Cement	20 bags		
	2 inclusive toilets	Cement	24 bags		
		Mesh wire	4		
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
Brick force 115mm	15				
Bulawayo Kraal Secondary School	2 Inclusive toilets	Cement	24	<ul style="list-style-type: none"> Two inclusive toilets are at final finish stage. Disability friendly door to one of the classroom block has been fitted. Materials for ramps and pathways have been gathered. By the 30th of April all the work will have been completed. 	<ul style="list-style-type: none"> All construction work completed
		Mesh wire	4		
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
	Disability friendly doors	Double door frame (with doors)	1		
	Ramps	Cement	5 bags		
Cement for floors	Cement	50 bags			

Name of school	Infrastructure to be developed at the school	Materials purchased for the school	Quantity per item purchased	Completion status as at 19.03.21	Completion status as at 22.04.21
Bunsiwa Primary School	2 inclusive toilets	Cement	24	<ul style="list-style-type: none"> Digging of pit has been completed. Pavement and ramps designs have been done. 	<ul style="list-style-type: none"> All construction work completed
		Mesh wire	4		
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
	Ramps	Cement	10 bags		
Flat stones	Flat stones for pavement	1 tone			
Pavements	Cement	40 bags			
Lubu Secondary School	ZIMSEC Registration	Registration fee	1	<ul style="list-style-type: none"> Registration process was waiting for opening of schools and ZIMSEC office funds to facilitate travelling was paid out to school authorities. Safe and filling cabinet. Painting of the strong room was completed. 	<ul style="list-style-type: none"> All constructions completed awaiting inspection by the Provincial Education office
		T and S Bulawayo	2		
		T and S Binga	3		
		Steel cabinet	1		
		Transport cost for steel cabinet	1		
		School safe	1		
		Transport cost for the safe	1		
		10% contingency fee			
		20 litres interior PVA paint	2		
Manjolo High School	Construction of Ramps and pathways around the school	Cement	100 bags	<ul style="list-style-type: none"> Work on construction of pathways have been started. School has a serious shortage of water. The projection is that all construction work will be completed by end of May 2021. 	
Mankobole Primary School	Ramps	Cement	32 bags	<ul style="list-style-type: none"> Construction work has begun. Locally available materials have been gathered. 	
	2 inclusive toilets	Cement	24 bags		

Name of school	Infrastructure to be developed at the school	Materials purchased for the school	Quantity per item purchased	Completion status as at 19.03.21	Completion status as at 22.04.21
		Mesh wire	4	<ul style="list-style-type: none"> The projection is that the construction will be completed by the month end of April 2021. 	
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
Siachilaba Primary School	Completion of the last project (inclusive toilets).	Cement	24	<ul style="list-style-type: none"> Supper structure of the 2 inclusive toilets did not pass the health standards and was ordered to demolish and restart. Projection was that the construction will be complete by the 31st of May 2021. 	
		Mesh wire	4		
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
Tinde High School	2 inclusive toilets	Cement	24	<ul style="list-style-type: none"> At the time of the visit nothing had been done at the school. The school authorities have been engaged and committed themselves to fully work on the construction and put mid-June as their dead line of having completed the construction. 	<ul style="list-style-type: none"> Underground pit structure of the toilets has been completed
		Mesh wire	4		
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
	Ramps	Cement	20 bags		
	Pavements	Cement	40 bags		
	Pathways	Cement	15 bags		
Saba Primary School	2 inclusive toilets	Cement	24	<ul style="list-style-type: none"> Construction has not begun at the time of visit. 	
		Mesh wire	4		
		Gauze wire	4		

Name of school	Infrastructure to be developed at the school	Materials purchased for the school	Quantity per item purchased	Completion status as at 19.03.21	Completion status as at 22.04.21
		Chamber	2	<ul style="list-style-type: none"> The school gave a commitment of having completed the construction by the end of June 2021. 	
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
	Pathways and Ramps	Cement	23 bags		
	Handwashing facility	Cement	5 bags		
Muchesu Secondary School	2 Inclusive toilets	Cement	24	<ul style="list-style-type: none"> 2 inclusive toilets were at a bottom slab at the time of visit. Ramps were completed. Locally available materials had been gathered at the site. Work will be completed by the 31st of May 2021. 	
		Mesh wire	4		
		Gauze wire	4		
		Chamber	2		
		Mirror	2		
		Rails (inner)	2 pairs		
		Rails (outer)	2 pairs		
		Brick force 115mm	15		
	Ramps	Cement	16 bags		
Pathways	Cement	60 bags			
Lubu Primary School	Inclusive toilet	Cement	24 bags	<ul style="list-style-type: none"> 2 inclusive toilets were completed. School now working on pathways. Requested wheel chair for one of the learners at the school was purchased is handed over to the child. Projection is that by the 31st of May all the construction work will have been completed. 	<ul style="list-style-type: none"> All constructions completed
		Mesh wire	4		
		Gauze wire	4		
		Brick force 115 mm	10		
		Rails (outer)	2 pairs		
		Rails (inner)	2 pairs		
		Chambers	2		
	Pathways	Cement	50 bags		
Wheel chair	Wheel chair	1			
Samende Primary School	Pathways and ramps	Cement	100	<ul style="list-style-type: none"> Work is under way. Projection is that the construction will be done by May 31st 2021. 	
		Steel rods	50		
		Mesh wire	9		

NB: 12 out of 33 schools were supported with infrastructure upgrade according to the needs.

Annex 2: Data collection tools (collated separately)

Annex 3: Pictures from the handover ceremony of equipment for Manjolo Hearing Unit



Pictures explained from top in clockwise direction

1. Learner Welfare Officer from the Ministry of Primary and Secondary Education giving a speech at the handover ceremony of equipment for the Manjolo Hearing Unit.
2. Project Officer from Ntengwe giving a speech at the handover ceremony of equipment for the Manjolo Hearing Unit.
3. A learner at Manjolo High School expressing appreciation of the equipment.