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Abstract: Access to education is a fundamental human right. However, children with disabilities in most African countries (including Zimbabwe) are often excluded and marginalized. They persistently face barriers to the enjoyment of their basic human rights and inclusion in education. This paper sought to examine some interventions being employed by stakeholders to enhance the inclusion of children with disabilities in schools. The study covered five districts in Zimbabwe using a mixed-methods design. Study findings revealed that in most communities, definitions and interpretations of disability reflected various myths, fears, suspicions and misconceptions. Consequently, negative attitudes and stereotypes towards people with disabilities hinder their access to quality education. Children with disabilities were supported by central government and non-governmental organisations in accessing education. Current support mechanisms included construction of infrastructure, provision of assistive devices, provision of innovative boarding facilities, payment of school fees, psychosocial and medical related support. We
assessed the effectiveness of some of these interventions and we recommended a nationwide replication of some of the support mechanisms being currently implemented, and an improvement of some of the support interventions to enhance effectiveness.

Subjects: School Psychology; Culture & Development; Inclusion and Special Educational Needs

Keywords: disability; children; inclusive education; barriers; access

1. Introduction

This paper evaluates interventions to reduce the exclusion of children with disabilities from education in five districts in Zimbabwe. In most African countries, including Zimbabwe, children with disabilities persistently face barriers to the enjoyment of their basic human rights including education (Ben-David & Nel, 2013) Zimbabwe is a signatory of various international agreements and conventions that support inclusive education for children with disabilities. These include the Convention on the Rights of Persons with Disabilities (signed and ratified 2013), which compels states to guarantee education for disabled people; Sustainable Development Goals, United Nations Convention on the Rights of the Child, the African Charter on Human and People's Rights, the Convention on the Elimination of All Forms of Discrimination against Women. These treaties make some reference to protecting the rights of persons with disabilities to fair treatment, appropriate care, inclusion and full participation in society (Chataika, 2007). In particular, the Sustainable Development Goal Number 4 is concerned with ensuring “inclusive and equitable quality education … ”. Section 4b of sustainable development goal number 4 states that there is need to,

Build and upgrade education facilities that are child friendly, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environment for all (United Nations, 2015, no page number)

There is global agreement led by the United Nations to promote inclusive forms of education and to identify barriers to learning and development for all children. This inclusive education movement is anchored on at least two international policy agreements, namely, Article 24 of the United Nations Convention on the Rights of Persons with Disabilities, and the 1994 UNESCO’s Salamanca Statement on inclusive education for disabled people (Chataika, Mckenzie, Swart, Lyner-Cleophas et al., 2012a). These two policy documents mandate all signatory governments to provide inclusive public education to all children, “… regardless of their physical, intellectual, emotional, social, linguistic, or other conditions” (UNESCO, 1994) O’ Conell et al., 2008). However, in most African countries, children with disabilities persistently face barriers to the enjoyment of their basic human rights and inclusion in society (Ben-David & Nel, 2013; Abu and Nwoga, 2016). Particular challenges that are faced by children with disabilities in accessing inclusive education are socio-economic, inadequate learning centres, inadequate transport services, general family poverty, the HIV and AIDS burden and the stigma associated with disability (Prinsloo, 2001, p. 345). Many countries in Sub-Saharan Africa grossly underestimate the number of children with disabilities through the systematic underreporting of disability (United Nations Educational, Scientific and Cultural Organization, 2015). Although there is lack of accurate data, estimates reveal that 150 million children are living with disabilities globally (Banks & Zuurmond, 2015).

Graham (2014) has argued that 25 million children globally are excluded from school on account of disability, and World Vision (2007) estimated that less than 10% of disabled children go to school in Africa (as cited in Chataika, Mckenzie, Swart, Lyner-Cleophas et al., 2012a, p. 387). The few disabled children that go to school do so under difficult environments, at home, in the school, and in society at large.
Education is instrumental for enabling children with disabilities (like all children) to participate in employment and other areas of social activity (Colclough, 2012; World Health Organisation, 2011). Although access to education is a fundamental human right, children with disabilities in Sub-Saharan Africa are often excluded and marginalised (Delauc, Tramontano, & Kett, 2014). The Sustainable Development Goal number 4 is meant to promote and ensure inclusive and quality education for all and to promote lifelong learning. Despite improvements in recent years, gaps in education outcomes between children with and without disabilities have been increasing over time (Hui et al., 2018; Male & Wodon, 2017).

The global inclusive education movement, as guided by international, regional and national policy agreements on the rights of persons with disabilities, is therefore anchored on the principle that disability in and of itself, is not or ought not to be an excluding condition (Michailakis, 2003). Stigma is one of the underlying factors that act as a barrier to access to education. Some studies have shown that the key driver to lack of access to education by children and people with disabilities is the point of intersection between disability, stigmatisation and discrimination. Baffoe (2013, p. 188) aptly argues that:

Public attitudes and beliefs on disabilities in Africa which are often based on fear and misunderstanding, stereotype individuals with disabilities exposing them to prejudice, discrimination and ultimately to the denial of rights and resources that are afforded to all citizens.

Unlike in developed countries like Canada, USA and EU countries that provide institutionalized best practices in implementing inclusive education (Peters, 2003, pp. 17-22; Eurostat, 2003), case studies in Africa, for example, Ghana (Avoke, 2002); Ethiopia (Franck & Joshi, 2017); Kenya (Grunt, 2011); South Africa (Matschediso, 2007), and Zimbabwe (Chataika, 2007) show the pervasive function of stigma in creating and sustaining barriers to access to education by children with disabilities.

1.1. Theoretical perspective on disability: the social model

The social model shows that disability is fundamentally a socially constructed phenomenon (Barnes et al., 2010; Henderson & Bryan, 2004). Oliver (1981) emphasizes the need to focus on the social aspects of disability in the context of how the physical and social environment impose limitations upon certain categories of people. Purcell (2013) argues that disabled people are individuals who are “disabled” by the society they live in and by the impact of society’s structures and attitudes. The social model is basically concerned about addressing the barriers to participation experienced by PWDs (persons with disabilities) as a result of various social and environmental factors in society (Pfeiffer, 2003; Oliver, 1990). Mirabilio et al. (2016) and Hosking (2008) emphasise that disability must be understood as a social construct and a social oppression, where society’s lexicon about disability and the rights to education are a function of socio-economic and cultural factors, institutions and legal instruments that societies intentionally or unintentionally create and sustain.

1.1.1. Policy and system factors

Policy and system factors include discriminatory policy that segregates children with disabilities and thus preventing them from attending school with children without disabilities (Pretorius & Steadman, 2018; Uba & Nwoga, 2016). For example, special schools or institutions in many countries have deepened the isolation of children with disabilities. Many countries have good policies in place; however, they are not implemented. Black and De Matos-alas (2016) argue that “a stubborn gap persists between aspiration and implementation”. This has resulted in poor resource allocation for educating the disabled children with disabilities (Male & Wodon, 2017). Inclusive education is hampered by limited training of teachers working with children with disabilities (Mapuranga et al., 2015; McKinney & Swartz, 2016; Pather, 2011). Some children with disabilities fail to access appropriate education and support services as their disability is not known due to poor identification and screening services.
1.1.2. Social and community factors
Social and community factors also deter children with disabilities from accessing education. Community stigma and negative family attitudes to disability lead to the exclusion and isolation of children with disabilities (see social model) (Olkin, 1999). Societal stigmatisation of children with disabilities is one major barrier impeding the achievement of inclusive education in many developing countries (Uba & Nwoga, 2016). Community and family attitudes result in overlooking abilities, underestimating capacities and giving low priority to needs of children with disabilities (Ben-David & Nel, 2013). This has resulted in excluding and denying children with disabilities the right to education. Negative parental attitudes in some cases create resistance to inclusive education (Creamer, 2009). Parents of children with disabilities are often unwilling to incur costs for their education because they do not believe that they would pass their education.

1.1.3. School environment
Challenges faced by children with disabilities are “more frequently a result of the environment in which they live rather than their impairment” (Ben-David & Nel, 2013; Filmer, 2008). School environments also hinder access to education by children with disabilities. Children with disabilities experience various forms of discrimination in school settings. School-based discrimination involves harassment and victimisation by staff or pupils, being treated differently and unfairly (Porter, 2016). More so, many schools in Sub-Saharan Africa are resource constrained leading to low budgets being allocated by them towards issues of disability. Chataika, Mckenzie, Swart, Lyner-Cleophas et al. (2012a) identifies inadequate human, financial, physical resources and infrastructure as major constraints to inclusive education in many African countries. This has resulted in a lack of suitable facilities and services for children with disabilities. Many schools have inaccessible buildings, high pupil-to-teacher ratios and limited support for children with disabilities. For most schools in rural settings, teachers have inadequate training in inclusive methodologies and cannot deal with a wide range of children with disabilities. Porter (2016) argues that some schools fail to make reasonable adjustments to their policies and practices to facilitate the inclusion of children with disabilities. Schools also fail to provide appropriate support due to limited awareness of disability among teachers and school authorities.

1.1.4. Research questions
The study was guided by the following research questions:

(1) How do communities define and interpret the notion of disability?
(2) What are the drivers of exclusion for children with disabilities in schools?
(3) What innovative interventions are being undertaken by stakeholders to ensure the inclusion of children with disabilities into schools?

2. Methodology
This study primarily adopted a qualitative method of data collection. The study explored the experiences of five Districts in Zimbabwe to understand success stories and challenges in integrating children with disabilities into the education system both at Primary and Secondary school levels. The Districts that were investigated were Khami (in Bulawayo Province), Tsholotsho (in Matabeleland North Province), Kwekwe (in Midlands Province), Mutoko (Mashonaland East Province) and Epworth (in Harare Province).

The qualitative data collection instruments used comprised of key informant interviews, focus group discussions and qualitative observation. Key informants were identified through a purposive sampling technique that identified the knowledge stakeholders about the subject under inquiry. The following key informants were selected: District Schools Inspectors (DSIs), District Remedial Tutors, School Heads, Special Needs Teachers and teachers from the Guidance Counselling Departments at school level. Respondents from the Ministry of Health and Child Care (MoHCC), in particular, the Rehabilitation Units in hospitals were also interviewed. Further, interviews were
carried out with traditional leaders, religious leaders, community leaders (village heads, School Development Committee (SDCs) members) and Community Disability Workers.

Focus Group Discussions (FGDs) provided insights of how children with disabilities are included and/or excluded in schools and community social spaces. Four focus group discussions were held per site in all the five (5) project target districts targeting children (male and female groups) and adults (male and female groups). Sex disaggregated and/or age disaggregated groups were created in order to create “comfortable and safe” discursive spaces and to ensure equal participation of both sexes and age groups during discussions. These groups were made of eight to ten participants. Out of a possible total of forty-four (44) FGDs comprising of twenty-two (22) community/adult FGDs and twenty-two (22) children’s FGDs, thirty-five (35) were facilitated, made up of twenty (20) community/adult FGDs and fifteen (15) children’s FGDs. In order to ensure consistency in the data collection process, the researchers developed question guides for the focus group discussions and the key informant interviews. All interviews and focus group discussions were conducted from these guiding documents. Prior to the data collection process, all interviewers were trained on the use of the focus group discussion and key informant guides.

The research team also employed the observation technique especially during community transact walks and interviews. In particular, team members took field notes of observed structures that relate to the inclusion of children with disabilities such as ramps and special toilets. Field photos were taken to provide the rich non-textual data which clearly highlighted the challenges faced by children with disabilities within school premises. This data augmented well the participants’ descriptions of their life experiences and struggles with disabilities.

3. Findings and discussion

3.1. Communities’ interpretation of disability

The study established that the general understanding of the notion of disability was broadly shared amongst all communities where the study was conducted. All communities explained that disability related to the malfunction of a certain part of the body in a human being which prevented that individual from carrying out activities that other human beings carry out with reasonable ease. Disability was mainly defined in terms of the following conditions: mental disorder, visual impairment, hearing impairment, inability to walk, albinism, down syndrome, speech impairment, dwarfism, epilepsy, chronic illness, intersexuality and wheelchair-based mobility. However, the research team broadly observed that communities understand disability in terms of issues that they could visually identify. Children who had less visually identifiable disabilities such as visual impairments and hearing impairments were often not identified as having a disability. In some schools these children were often not even discussed until the research team did further probing. On the other hand, children who had visually identifiable disabilities such as being wheelchair bound were the first to be recognized. This showed that there was a general lack of understanding of the nature and types of disability in schools which led to the potential neglect of children who did not fall into the class of what was commonly interpreted as disability.

The findings about community interpretations of disability are consistent with findings elsewhere in Africa as Kress-White (2009:53) argues, a discernable common “societal lexicon” on disability (as cited in Avoke, 2002, p. 190), which views children with disabilities as products of “witchcraft”; and disability as God’s or the gods’ punishment or curse of the parents (and in most cases the woman) for some crime or other misdemeanour against society. Consequently, society’s attitudes and responses towards children and people with disabilities is that of negation, often actualised through pejorative labelling, unkind treatment, ridiculing, isolation and stigmatization (Avoke, 2002). Further, people with disability are often caricatured as “deficient”, “valueless”, “pitiable”, “wicked”, and “dangerous” (Avoke, 2002, p. 190). However, a close look at the findings in the Zimbabwean context shows another dimension where disability is seen as a deliberate act of
evil parents seeking wealth by sacrificing their children spiritually. Whereas literature elsewhere shows witchcraft as being directed against powerless parents, in this study witchcraft is also committed by complicit parents seeking wealth.

3.2. Community perceptions about the causes of disability

3.2.1. Disability as caused by witchcraft
The interpretation of the courses of disability has important implications in terms of the opportunities and constraints that people living with disabilities face in their communities. Several issues were attributed as causes of disability in different communities. In particular, mental retardation was linked to witchcraft. Although witchcraft was also attributed to other types of disability, mental retardation was particularly more strongly linked to witchcraft. In Mutoko, one Focus Group Discussion participant highlighted that

Kuroiwa nehama kana kurara nemurume wemunhu zvinokonzera hurema. (Being bewitched by relatives or having sex with another woman's husband causes disability) (Respondent 3 Community FGD1 Mutoko District, January 2019).

3.3. Being bewitched by relatives or having sex with someone else's husband can be a cause of disability
It was highlighted that one of the main reasons for witchcraft was mere malice. A related matter to the witchcraft theory was a practice known in Shona as kuromba. It is believed that in the kuromba type of witchcraft, the initiator of the witchcraft uses it to acquire wealth. The exercise of this spiritual craft is believed to affect the children of the user of the craft. As a result, the practice of witchcraft is directly linked to the level of disability amongst the user-of-the–craft’s children. It is believed that person who practices kuromba will have his or her children becoming disabled which in turn generates riches and maintains continuity of the wealth.

The concept of kuromba was noted in both Mashonaland and Matabeleland study sites. Although the Matabeleland respondents did not have a direct term for it, the concept was understood very much in the same way as in Mashonaland. One participant in a focus group discussion articulated that

Obunye ubuthokathi yilobu obokwandisa izifuyo esibayeni ngokusebenzisa umntwana oyinkazana ukuthi azolele inkomo kuthi ongumfana obeyinkunzi. Lezo iziga zidala ubugoga bengqondo futhi labobantwana abendi njalo abathathwa. (Traditional Leader, KII4, Khami District January 2019).

One type of witchcraft is practiced for increasing the number of cattle and this is performed through the use of children where the girl child can be bewitched to give birth on behalf of the cattle whilst the boy child is used as the bull for the herd. This type of witchcraft causes mental disability, and such children cannot marry or be married.

This understanding of disability was noted to result in stigma and discrimination as the societies tended to want to shun these children as they were believed to be associated with evil spirits. Several child respondents in focus group discussions noted that they did not socialise with these children because they did not want to end up like them.

3.3.1. Disability as a curse
There was a feeling that this phenomenon was infectious. In addition, some respondents identified the issue of Ngozi (Shona)/Ingozi (Ndebele) as another cause of disability. The belief here was that if a person murders someone, the spirit of the deceased then haunts the murderer’s family which results in the disability of the family members.

Another spiritual narrative about the causes of disability was that the birth of a child with a disability was punishment for committing adultery. It was said that if a partner (man or woman) commits adultery, the woman can give birth to a child with a disability as a form of
punishment from the ancestral spirits. These types of narratives were particularly strong in communities with strong traditional beliefs. The narratives were mostly driven by traditional healers and other people with such beliefs: A traditional healer interviewed in Khami District argued that

Kungenzeka ukuthi kubangwe yikuthi uma waphuma phandle wayaganga, umdeni wakibo wambuza waphika, abakibo bayathengisa ukuthi umntwana kaysiwe wabo ngo-kuthumela ubugoga emntwane ni. Njalo lobaba laye angohlanga lanomama evela gange phandle komuzi uvela athelele umntwana umoya omubi ongadala ubugoga. Yikho lapho uma osengabeletha khona umntwana oledumbe ikakhulu elekhandwa. (Traditional Healer, KII4, Khami District. January 2019.)

When a pregnant woman commits adultery, her husband’s family may ask her about it. If she denies that she committed adultery, she will give birth to a disabled child. The ancestral spirits of the child will make the child disabled in order to show that the child does not belong to the clan. Also, in the process of committing adultery, the man can send bad spirits to the unborn child resulting in a child who will be born with a disability.

However, amongst predominantly Christian communities, this narrative was not much emphasized. For example, in a Focus Group interview at Totororo Primary School in Kwekwe District, one Christian leader dismissed the adultery and traditional curse narrative by pointing out to a story from the Bible where some people asked Jesus Christ about why one man was disabled. They asked if the man or his parents had done something evil. Jesus indicated that neither the man nor his parents had done anything evil (Holy Bible (KJV), John 9:1-3).

It is evident from the preceding discussion that disability has always been believed to have a spiritual genesis from the ancient times. In general, it was viewed as a curse associated with some spiritual misdeeds by the person affected or his close family. This interpretation of disability has had important repercussions in terms of how families and communities handle the notion of disability. The association of disability with witchcraft and curses has made disability to become stigmatised. People with disabilities are viewed in many of the communities that we studied as being by-products of sin, curses and witchcraft. This negative view of disability has resulted in communities being ashamed of their children with disabilities. It was reported in all focus group discussions across the country that some families of children with disabilities were hiding them because of the shame that was associated with such children. This resulted in many of these children losing out on enjoying the right to education and association with others. The disability stigma can have quite severe consequences to the extent that at Maguta High School in Epworth, the researchers were informed that one man had committed suicide after his wife gave birth to a child with a disability. This man could not handle the stigma that came with the birth of the child.

One focus group discussion participant pointed out:

Baba vemwana uyu vakotozviyaya nenyaya ye kuremara kwemwana vakatora rat poison. (The father of the child committed suicided by ingesting ran poison because he had a disabled child). (Community FGD, Epworth Overspill, 31 January 2019).

3.4. The father of this child committed suicide by taking rat poison because the child had a disability

3.4.1. Disability, stigma and exclusion from education
The stigma issue also played out in the way that children with disabilities are associated with other children without disabilities. It emerged from the focus group discussions in Mutoko and Kwekwe that some parents were actively discouraging their children from playing with children with disabilities. The main argument was that if they play with children with disabilities, they would contract the disability “curse”. Some parents were reportedly telling their children that if they play with such children, they would eventually look like them and start to behave like them.
Ini mwana handichamuendese kuchikoro nekutikvurumwe vanwe vanomutiza saka ndakatoti regai ndichengete mwana wacho ndega. Ndinotombomutakuro asi manje ndinonzwa vanhu vaakuti ko munotakurirei mwana imi muri zichembere rese kudaro. (Community FGD, Epworth Overspill, 31 January 2019).

I no longer take my child to school because other children do not want to be near him so I made a resolution to take care of my child alone. I can carry him to school but now some people question why I have to carry him when I am this old.

Issues of stigma and discrimination also emerged from interviews with children with disabilities. In this regard, one child with albinism pointed out that having albinism was a point of ridicule which made him uncomfortable;

Vanenge vachingoti musope wemunhu (They keep calling me ‘Albino’). (Children Interview, Mutoko District)

It must be noted that although the “curse” narratives were predominant in explaining disability in all communities, some community members were also aware of other causes of disability. In particular, those parents and guardians who were looking after children with disabilities were able to explain that many of the children had been born disabled because of a variety of issues including their mothers having suffered gender-based violence during pregnancy, substance and drug and abuse by pregnant mothers, natural accidents during or after birth and diseases like polio. These important explanations did not however find common resonance amongst the generality of the communities.

3.4.2. Open humiliation of children with disabilities by peers at school
One challenge of juxtaposing children with disabilities with those without disabilities was reportedly the open humiliation and mocking of disability arising from that. In particular, it was reported that name calling from children without disabilities was an issue that threatened to defeat the inclusion efforts in schools. At Hyde Park Primary school, name calling was noted to be a major problem amongst peers. In a child interview one respondent noted that

Bangibiza bathi ngingusipatalala. (Children Interview 5, Hyde Park Primary School, 30 January 2019).

They call me sipatalala (flat object).

The name sipatalala was derived from the flat-shaped head of the young boy who had been involved in a road traffic accident. This shows that the young learner was having a hard time being amongst his peers which made him consider being truant or dropping out of school because he expressed a very strong dislike for this name. He wanted to be addressed by his real name like other learners.

Another child respondent in Epworth noted that

Vanondisheedza big hand zvinondigumbura. (Children Interview 2, Plan Resource Center, Epworth, 31 January 2019).

They call me big hand, it hurts me.

In Robert Sinyoka, a staff member noted that there was also a significant level of name calling. In a number of cases where children with disabilities were enrolled in regular schools, they faced a number of challenges in mastering concepts and thus they ended up being enrolled into the
special classes. Special class children faced a lot of negative stereotypes. One key informant indicated that;

I don’t like it. Sebebizwa kuthiwa ‘yezipezhuzhu’ ngoba bakuspecial class. (Deputy Headmistress, KII 1, Robert Sinoyo Primary, 29 January 2019).

I don’t like it. They identify the special class learners ‘Zpezihu’ (a derogatory term derived from ‘special class’).

3.5. Initiatives in support of the inclusion of children with disabilities into schools

The support given to children with disability varied across the districts with most of the support coming from Central Government (through its various ministries), Non-governmental Organisations and Faith-Based Organisations. This support was in the form of the provision of teaching personnel, training and capacitation of teaching personnel, assistance with payment of fees and levies through BEAM-Special and other funding opportunities from partners, provision of assistive devices, construction of enabling infrastructure like access ramps, rails, appropriate toilets and specialist classrooms, support through boarding schools models, coordination of paralympic games and provision of health-care services like physiotherapy. These initiatives are evaluated in detail below.

3.5.1. Provision of teaching personnel by Government

Discussions with the key informants revealed that there was support from Government for learners with disabilities. It was pointed out in all the research sites that the Ministry of Primary and Secondary Education through the Public Services Commission recruits and appoints teachers for Special Education and these teachers are then paid by the Government through the Salary Service Bureau like the rest of the teachers to ensure that children with disabilities have access to quality education. However, it was noted that some schools (mostly secondary schools) did not have special needs teachers. One key informant respondent from Bulawayo actually specified that the recruitment of such personnel was enshrined in the Statutory Instrument Number 1 of 2000. The research further established that previously (in 1980s and early 1990s), the Government was incentivizing Special Education teachers through payment of a termly special responsibility allowance but this had since stopped. The withdrawal of this allowance at a time when concerns with the quality of education for learners with disabilities was a critical issue for the country was a notable gap.

3.5.2. Training and capacity development of teaching personnel

The Ministry of Primary and Secondary Education conducted workshops for capacity development programs on Learner Welfare and Special Needs. The special needs teachers that were interviewed indicated that these workshops helped them to learn and share experiences with their counterparts in the different parts of the country. They also revealed that there was a gap with regards to psychosocial support for the teachers, parents and learners with disabilities. Key informants at schools with children with disabilities pointed out that the complications and challenges around the children with disabilities resulted in a lot of emotional challenges for their teachers, parents and colleagues and these needed regular psycho-social support to enable them to cope.

3.5.3. Payment of fees and provision of infrastructure

The Ministry of Public Service, Labour and Social Welfare was supporting children with disabilities by paying their fees and levies through the Basic Education Assistance Module (BEAM) which covered examination, tuition fees and levies in order to reduce the cost of education on poor households. An interview with a key informant from the Ministry revealed that there was an unlimited special needs budget for children with disabilities in registered Resource Units in regular Primary Schools. However, further discussions with Focus Group Discussion respondents revealed that there were delays in the disbursement of these funds to institutions with funding for 2015-2016 having been last received in 2018. It was however noted that in many schools, the BEAM selection committees in mainstream schools excluded children with severe disabilities. The study could not establish the exact number of schools where this issue was a problem, although the problem was reportedly widespread.
Non-governmental organisations like Plan International were also identified as offering support to children with disabilities through the payment of school fees, supply of textbooks, school uniforms and the support of parents of children with disabilities with income generating projects. In all the five Districts that were studied, Plan International was one of the main organisations that were responsible for alleviating the status of disabled children through the provision of school infrastructure that included classroom blocks for special classes, toilets for children with disabilities, resource centres and ramps within schools. Plan International had broadly supported the construction classrooms for schools where there were inadequate classrooms in all the five Districts that there were studied. However, of particular interest was the fact that when this support was provided, there would also be a classroom made available specifically preserved for special needs classes. This policy by Plan International was devised after noticing that special needs classes were always the last to be considered in the allocation of classrooms. Under competing needs, school authorities often decided that giving highly coveted classrooms to special needs classes was a waste of resources. The Plan International arrangement to allocate specific classes for the special-needs classes ensured that they always had their own dedicated space.

(Field Photos: A Classroom Block with Ramps that Houses the Special Needs Class—Built with the Support of Plan International at Chindenga Primary School, Mutoko District)

One of the greatest challenges that children with disabilities faced with regard to access to education concerned the issue of mobility. Because disability often resulted in immobility, some children with disabilities relied on wheelchairs to move from home to school. However, wheelchairs needed a plain hard surface for maximum efficiency. In order to enhance this mobility, Plan International instituted a programme of constructing access ramps in selected schools across the districts that were studied. This improved the mobility and independence of children with disabilities within the school premises. A network of access ramps and pavements within the school ensured that children with disabilities on wheelchairs could easily move themselves around the school. The situation was difficult where the soils were sandy and during the rainy season which tended to be muddy. However, it was noted that external mobility to the school was as important as mobility within the school. The other challenge which was pointed out was that not
all schools had had access rumps constructed. In some instances, it was pointed out that rumps and rails had only been constructed into the rooms used as special units.

3.5.4. Support through boarding school models
In order to circumvent the mobility challenge for children with disabilities, some schools adopted boarding school models that allowed children with disabilities to stay at the school. This paper now evaluates two boarding school models utilised by schools in Mashonaland East at Nyadire Primary School and Mukombwe Primary School.

3.5.4.1. Nyadire primary school boarding model. At Nyadire Primary School, the school hosted a total of 24 children with hearing and speech impairment. These children were being hosted within the school boarding facilities. The school had a registered resource unit within the main school where these learners were taught by special needs trained teachers. The resource unit was established in 1994 after the realization that there was no school in the whole province that provided for the needs of children with hearing impairment. At the time of this study, Nyadire Primary School was the only one offering this service in the whole province.

The school structured a conducive programme for children with disabilities where the rest of the school children were taught the sign language in order to be able to communicate with children with disabilities. The Headmaster informed the researchers that it was school policy that every Friday was a sign language day. This meant that all children including those without disabilities used sign language at the dining hall on Fridays. The Headmaster indicated that this programme had been very successful at the school in ensuring truly inclusive education where learners with disabilities felt like a part of the community of learners. It was further indicated that the school environment was so friendly to learners with disabilities that they did not want to go home during the holidays because they had no one to converse with in sign language at home. In spite of the success of this model, some major shortcomings were also observed. In particular, the head of the school bemoaned the fact that there was very limited parental support for these learners.

Most learners with disabilities had never paid any fees as the parents pleaded inability to pay. However, it was known that they were paying fees for their other children without disability. The issue of parents segregating children with disabilities and prioritizing the ones without disability for payment of fees was widely reported across all the five study districts. As a result, the children with disabilities at the schools subsisted on the fees of children with no disabilities. This had often caused difficulties between the school Board and the Headmaster as the Board directed the Headmaster to send away the children, but he had continued to keep them. Because of this lack of financial support from the parents of children with disabilities, the school was reportedly in a deficit of about USD 11 USD 000 at the end of every school term. It was noted that there was need to institute a programme that would assist parents of children with disabilities to change the way that they view these children.

It is notable that the Nyadire Primary school model combines two models in one. On one hand, the model is that of an inclusive school where children with disabilities learn with children with no disability. However, within that same school, children with disabilities have a special resource unit set up for them to cater for their specific needs. This model diffuses some of the disadvantages of special schools but still provides the advantages of special schools. Special schools are able to provide education for children with complex disabilities where these children would otherwise feel isolated in regular schools (McKinney & Swartz, 2016). Such schools have appropriate personnel, equipment and resources to cater for the education needs of children with disabilities. However, the segregation approach is an expensive way of educating children with disabilities. This approach reaches only a small proportion of those in need, usually in urban areas and it isolates individuals from their families and communities (World Health Organisation, 2011). Tugli (2017) also argues that though special schools are much better equipped to deal with various disability needs, have appropriately trained staff to deal with disability-related issues, they perpetrate segregation.
Poverty-stricken families, mainly in rural areas, are not able to send their children to these specialised schools. Many governments have moved away from this model of segregating children with disabilities and adopted the inclusive education model.

This Nyadire approach differs from inclusive education where mainstream schools meet the needs of all children. Most countries have adopted inclusive education in line with international trends and attempt to address issues of marginalisation and discrimination amongst all learners (Pather, 2011). The inclusion of children with disabilities in regular schools is widely regarded as desirable for equality and human rights (World Health Organisation, 2011 & 2013; O’Connell, Finnerty & Egan, 2008). Inclusive schools recognise and respond to the diverse needs of their students, accommodating different styles of learning and ensuring quality education to all through appropriate curricula, teaching strategies and partnership with communities (Ahmand, 2012; Uba & Nwoga, 2016). Such schools are expected to have classes that integrate children with and without disability. Children with disabilities face less stigma social exclusion in schools that provide inclusive education. Inclusive education also provides a wider curriculum for children with disabilities as compared to the special schools and integration approaches. Tugli (2017, p. 94) argues that inclusive education “provides an opportunity for children with disabilities to receive a better grasp of the real world, and of how to interact with others, which could also breed tolerant attitudes”. However, most schools in resource constrained settings are not user friendly for children with disabilities due to inadequate infrastructure (Mapuranga et al., 2015). Many schools have no teachers with skills of handling children with disabilities. Resultantly, children with disabilities fail to realise their full potential as they drop out of school due to unconducive school environments.

The integration approach used by Nyadire Primary School is important in supporting children with disabilities to access education. This approach involves providing resource units and special classes for children with disabilities in mainstream schools. The integration approach enables children with disabilities to socialise with other children thereby reducing stigma and isolation (Moodley, 2016). However, such schools might fail to accommodate the learning needs of some children with disabilities, especially in rural settings. Most schools do not have enough qualified special teachers to meet the educational needs children with diverse forms of disability (Eskay et al., 2012). Moodley (2016) also argues that negative attitudes of school authorities and teachers in terms of integrating children with disabilities into mainstream schooling makes access to education difficult for persons with disabilities.

3.5.4.2 Mukombwe primary school: half-way home boarding model. Mukombwe Primary School, in Mutoko District, in association with the Jairos Jiri Association established a model school of inclusive education. The school was built in 1984. It started being transformed into an inclusiveness model school in 2014 after the appointment of new headmaster in 2013. As an inclusiveness model school for children with disabilities, the school strives to provide optimum conditions for children with disabilities to engage fully in the learning process. The school strives to provide access ramps, inclusive toilets and hard surfaces for wheel chairs around the yard. The school also implements programmes to instil positive attitudes about disability both amongst children with disabilities and their peers who have no disability in the school. The school also provides psychosocial support services to children. Special resources are also provided in the form of specialized textbooks, stationary and special needs teachers. The aim of the education set-up is, in the words of the headmaster: “... to deliver total education that imparts life skills to all and gives equal opportunities, whilst removing stigma about disability.” (School Head, Mukombwe Primary School).

One distinctive feature of the Mukombwe Primary School Model of inclusive education was the use of what the school calls “The Half-Way Home” model. The Half-Way Home system is a boarding facility with caregivers that houses children with disabilities during the course of the week while they are attending school. Parents and guardians meet the cost of the caregivers who look after the children during the week. At the end of the week, all parents are expected to pick up their children and take them home. The children return to the Boarding facility again when the
working week begins. The greatest advantage derived from this model was that challenges associated with the daily movement of children with disabilities to and from school were circumvented as these children spent most of their time close to the school premises where the infrastructural and social environment is conducive for learning.

In an interview with the Headmaster and in Focus Group Discussions with parents and caregivers, it emerged that while this model tended to solve a number of logistical challenges, it was also quite expensive because it still entailed frequent travelling for the parents and caregivers and the child on a weekly basis. It was reported that in some cases parents who took their children away for a weekend would often fail to return the children for a protracted period of time, and thus affecting their education. This often became the case when children had grown up and they could no longer be carried by the parent. The cost for transport became a challenge. Because of the shortage of schools with resource units in the country in general, parents of children with disabilities had to travel long distances to access suitable schools for their children.

4. Conclusion

The notion of disability as defined by communities denotes lack of knowledge and understanding on the issue especially regarding both its definition and its causes. In most communities, the definition and interpretation that was given reflected a lot of myths, fears, suspicions and misconceptions. The study concludes that, as noted elsewhere in literature, negative views had a direct bearing on attitudes and stereotypes towards disabled people, children included. The interplay of poverty and disability, superstition, ignorance, fear, lack of knowledge, pervasive mythical cultural practices and belief systems, weak and unresponsive institutional structures and systems sustain a stigma machinery that accentuates exclusion processes at individual, family, society and in institutional spaces.

Children with disabilities consequently suffered a lot of stigma and discrimination due to stereotyping. The study highlighted an information gap at all levels from communities, including teaching staff, school administrative staff, Government and non-governmental departments. The study established that children with disabilities required a lot of specialised learning materials, assistive devices and infrastructure that is designed to accommodate their unique needs. Special schools, resource units and special classes to a lesser extent offer this specialised learning environment even though they are not accessible for many within the study population. The support given to children with disabilities varied across the districts with most of the support coming from Central Government (through its various ministries), Non-governmental Organisations and Faith-Based Organisations.

The study established that the boarding school models studied here offered a lot of promise although they face a number of challenges. It is important that they should be studied further and carefully replicated in other Districts in Zimbabwe in the rest of Africa as they offer a lot of promise for children with disabilities.

5. Recommendations

From the findings of this study, it is recommended that the following actions should be to support the inclusion of children with disabilities in education:

At the local school level, it is recommended that

(i) Stakeholders should engage in effective and targeted awareness campaigns on disability inclusion in order to reduce negative perceptions about children with disability. These
campaigns should target all parents, all school children, teachers and healthcare service providers.

(ii) The Nyadire Boarding School Model that integrates learners with disabilities within the mainstream school but with a separate resource unit deserves upscaling and further testing by local schools as it shows a lot of promising in raising holistic and socially integrated learners with disability. At the same time, it raises learners without disability who are more disability sensitive.

(iii) The culture of using sign language on some specific weekdays needs to be promoted and upscaled in different schools in order to create a favourable environment for children who use the sign language. This could be extended beyond signing to include other activities that support different types of disability.

(iv) Development partners (including NGOs and local governments) need to double their efforts in assisting communities to establish and construct special schools (following the boarding school model) in every district where different children with different types of disability can be accommodated. Currently, there were too few schools for the number of children with disabilities.

(v) Local development planners need to profile all children with disabilities (in and out of school) in order to be able to determine the type and magnitude of support systems required to keep them included in the education system.

(vi) School development committees need to prioritise infrastructural development in order to adapt existing structures to be inclusive.

(vii) In collaboration with local development planners, NGOs need to consider offering psychosocial services for parents/guardians, teachers and children with disabilities so as to assist them to cope with the challenges that surround disabilities and to promote the inclusion of children with disabilities in the education sector.

At the policy, it is recommended that Government of Zimbabwe should consider taking the following actions:

(i) Review the funding model for children with disabilities so that it becomes adequate, timely and accessible to all deserving children.

(ii) Review the teacher training system in Zimbabwe in order to incorporate basic special needs education and psycho-social support for all teachers in the teacher training program.

(iii) Through the Ministry of Primary and Secondary Education, coordinate the in-service training of all practicing teachers on basic special needs education and psycosocial support.

(iv) Re-instate the special responsibility allowance for Special Education Teachers

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