

**THE STATE OF EDUCATION FOR CHILDREN WITH DISABILITIES UNDER  
COMMUNITY-BASED REHABILITATION PROGRAMME AT CHIPATA CHESHIRE  
HOME**

**By**

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**A Dissertation Submitted to The University of Zambia in Partial Fulfilment of  
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## **APPROVAL**

This dissertation of Nyembezi Jere is hereby approved as fulfilling the requirement for a degree of Master of Education in Special Education by the University of Zambia.

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## **DEDICATION**

This dissertation is dedicated to my loving husband Fanizani Phiri, my children Idah, Penias, Thungela and Alyssa, late parents Senior Chief Nzamane III Jonathan Kuku Jere and Serebia Soko without forgetting brothers and sisters. To my husband and children, your patience, tolerance and support were immeasurable.

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## **ACRONYMS & ABBREVIATIONS**

<b>ADEPT:</b>	Autism Distance Education Parent Training
<b>CBR:</b>	Community-Based Rehabilitation.
<b>CCBR:</b>	Chipata Cheshire Community-Based Rehabilitation
<b>CWDs:</b>	Children with Disabilities
<b>HQ:</b>	Headquarters
<b>IDEA</b>	Individuals with Disability Education Act
<b>IGA:</b>	Income Generating Activities
<b>ILO:</b>	International Labour Organisation
<b>MCDMCH:</b>	Ministry of Community Development, Mother and Child Health.
<b>MoGE:</b>	Ministry of General Education.
<b>OPDs</b>	Organisations for Persons with Disabilities (OPDs)
<b>PWDs:</b>	Persons with Disabilities.
<b>UNCRPD:</b>	United Nations Convention on the Rights of Persons with Disabilities.
<b>WHO:</b>	World Health Organisation
<b>ZAPD:</b>	Zambia Agency for Persons with Disabilities.

## **OPERATIONAL DEFINITION OF TERMS**

**Cheshire:** a place where persons with disabilities receive support services such as advocacy, medical rehabilitation, guidance and counselling, leisure and recreational services.

**Community-Based Rehabilitation (CBR):** Community action to ensure persons with disabilities have the same rights and opportunities as all the other community members.

**Disability:** A condition that restricts one's ability to perform tasks necessary in life in the manner considered normal for human beings.

**Education:** The formal acquisition of knowledge, skills and values by human beings.

**Investigation:** Finding out information and facts or an enquiry.

**Person with Disabilities:** People with permanent physical, mental, intellectual or sensory impairments which in interaction with various barriers may prevent full and effective participation in society on an equal basis with others.



## ABSTRACT

This study aimed at investigating the state of education for children with disabilities (CWDs) Under Cheshire Community-Based Rehabilitation (CCBR) Programme in Chipata, Eastern Zambia. Persons with Disabilities (PWDs) particularly children face a myriad of barriers that impede their full participation in education. Although Zambia had domesticated the UNCRPD through the Persons with Disabilities Act of 2012 in order to help empower PWDs, there existed a wide gap between CWDs and those without in relation to life in general and specifically education. In addition, though there had been an increase in the number of organisations for persons with disabilities, the education gap between these two groups of people had continued to widen. The study objectives were to (1) explore ways in which CCBR provided education to CWDs, (2) establish strengths of CCBR in providing education to CWDs and (3) determine the challenges CCBR faced in the provision of education to CWDs. The study used a narrative study design under qualitative approach. The study sample comprised 19 participants: Cheshire personnel, CWDs, parents and teachers of CWDs. The sampling technique was purposive sampling. Semi-structured interviews and documentary reviews were used to collect data. Resulting from this study were that CCBR had 2 core education components namely, early childhood inclusive education and educational support. It was established that CCBR strengths were: proximity to a primary school, outreach activities and several income generating projects. Nevertheless, CCBR challenges included; poverty; attitudinal barriers to disability; non-parental involvement; and donor funding dependence. The study concluded that CCBR provided education to CWD and endeavoured to diversify its income. However, financial, attitudinal and economical environments continued to pose major challenges to educating CWDs. The recommendations were: CCBR programmes to be adequately funded by the government; parental involvement to be strengthened; government to facilitate the alleviation of physical and attitudinal barriers to the education of CWDs by modifying infrastructure and conducting public disability awareness campaigns.

**Keywords:** *Cheshire, Barriers, Disability, Community-Based Rehabilitation, inclusive education*

## **CHAPTER 1: INTRODUCTION**

### **1.1 Overview**

This chapter introduces the background of the study, statement of the problem, purpose and objectives of the study, research questions, significance of the study, limitations and delimitations of the study, as well as theoretical framework, operational definition of terms and acronyms.

### **1.2 Background**

The *Zambian National Policy on Disability of 2015* defined disability as any restriction resulting from an impairment or inability to perform any activity in the manner or within the range considered normal for a human being and would or would not entail the use of supportive or therapeutic devices and auxiliary aids, interpreters, white canes, reading assistants, hearing aids, guide dogs or any other animal trained for that purpose.

Following World War II, many countries had numerous military personnel with different types of disability (Olaogun, et al., 2009) The number of persons with disabilities continued to rise globally due to other causes than war such as chronic diseases, drug and substance abuse by pregnant mothers, motor accidents and falls. All these led to persons with disabilities not being able to fully participate in community activities (Filmer, 2008). Illiteracy and malnutrition which were a result of poverty were the major causes of disability in children in African countries including Zambia (Samuel, 2015).

An estimation of the *World Disability Report* was that there were more than one billion people with disabilities worldwide (WHO, 2011). About 190 million persons with disabilities encountered very significant hardships (WHO, 2012a). Persons with disabilities are of a heterogeneous nature. They encompass temporal and mostly life-time or long-term physical, intellectual or sensory impairments which are as a result of physical or mental health conditions. These conditions coupled with a variety of barriers, might impede their total and operative societal participation on an equal basis with the non-disabled (UN, 2008). This exclusion is contrary to the stipulations of the *United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)*, an

international human rights instrument of the United Nations (UN) meant to protect the rights and dignities of Persons with Disabilities (UN, 2008).

Of all the disability groups in Zambia, the vast majority had physical disabilities. It was estimated that 35.2 percent of the Zambian population with disabilities had physical disabilities; 27.4 percent had visual impairments; 11.2 percent had hearing impairments, 7.4 percent had mental health impairments; 5.7 percent were deaf; 4.9 per cent had intellectual disabilities. Out of the 27.4 percent of persons with visual impairments, 4.8 percent were blind; and 3.3 percent had mental health conditions (ILO, 2006).

According to the current statistics, Zambia has a population of 18.14 million people (CSO, 2019). The World Health Organisation (WHO, 2019) estimated that about 15 percent of the population of most countries have disabilities. This could imply that that Zambia could have 2.7 million persons with disabilities. It is estimated that 45 percent of this population is below the age of 15 years (Ministry of Education, Science, Vocational Training and Early Education, 2015). Owing to the high number of school-age population and that of people with disabilities, there is need to expand educational services, special education, and the provision of sufficient resources to meet the educational needs of people with disabilities in Zambia.

The provision of education to persons with disabilities (PWDs) has existed for more than 100 years in Zambia. The early attempts to educate PWDs were done by missionaries (Chitiyo, Odongo, Itimu-Phiri, Muwana and Lipemba, 2015.) The missionaries emphasised on educating persons with visual and hearing impairments (Lifumbo, 2016). Hence, in 1905, the first ever school for learners with visual impairments was opened at Magwero in Chipata, Eastern Province of Zambia (Katwishi, 1995). In 1971, a mandate was given to the Ministry of Education to take up the task of Special Education provision. Subsequently, in 1977, the Ministry of Education started providing education to PWDs. The Educational Reform of 1977 stipulated that all children with handicaps were entitled to education just like those without handicaps. The document stated that CWDs needed to receive basic and further education by full-time study. Furthermore, the 1977 Education Reform stated that the fact that PWDs were a special case, there was to be “positive discrimination”

so as to favour them in the provision of amenities and facilities for education purposes (Kalabula, 2007).

Focus on Learning 1992 was the second major educational policy that pointed to the World Declaration on Education for All. This policy document put emphasis on the mobilisation of resources in order to develop school education catering for all children, children with special needs education inclusive (Ministry of Education, 1992). As a result of this, there was infrastructure expansion in an endeavour to provide special education. By 1995, 28 primary schools were offering special education, 1 secondary school and 2 tertiary institutions totalling to 31 schools. In addition, there were 80 special units (Ministry of Education, 1996). Some special schools were constructed and responding to the global turn towards inclusive education, special units and classrooms were formed within the general education schools. A considerable number of children with disabilities (CWDs) were placed in general education settings (Kasonde-Ngádu and Moberg, 2001).

Educating Our Future 1996 being the third policy document possesses a number of statements regarding the education of CWDs. Some of the statements include the Ministry of Education's commitments to ensure equality of education opportunities for children with special educational needs; provide education of particular good quality; and improve and strengthen the supervision and management of special education countrywide.

The Persons with Disabilities Act Number 6 of 1996, the Education Act of 2011, the Persons Disability Act of 2012 and the National Policy of Disability 2015 are other new developments in the circles of Special Education in Zambia.

Education is believed to be the key to success for each and every individual including children with disabilities (UNESCO, 2010). Since education empowers and strengthens all people in the community, it equips people with knowledge and skills that are critical to the development of individuals and their capacity to access their rights. Peters (2003) stated: "Education is widely seen as a means to develop human capital, to improve economic performance and to enhance individual capabilities and choices in order to enjoy freedoms of citizenship"

There have been adaptations and developments of policies and programmes such as Community Based Rehabilitation (CBR) in Zambia. These have been put in place in order to integrate PWDs into productive members of the community. Consequently, through CBR, persons with disabilities are empowered to change their life chances and acquire the means to participate more fully in their communities. Despite the legislative measures upheld in developing countries so as to offer opportunities to PWDs to have full participation and equal opportunities especially in the education sector, the dream is still far-fetched. This is as a result of the lack of consideration for PWDs in the designing of the social and physical environment more especially the physically challenged. Physical obstacles and social barriers prevent these people from participating in community and social life.

Zambia has made numerous strides in ensuring access to education for children with disabilities. One of the initiatives made is that of providing education to children with disabilities within their communities through Community-Based Rehabilitation Programme (CBR). However, the provision of education to CWDs under Cheshire Community-Based Rehabilitation Homes remains poorly understood and is rarely the focus of research.

The concept of Community-Based Rehabilitation (CBR) was initiated by the World Health Organisation (WHO) in 1974, in New York (Helander, 2007). Community-Based Rehabilitation (CBR) is community action to ensure that people with disabilities have the same rights and opportunities as all other community members (WHO, 2010).

CBR is a strategy that focuses on the issues and challenges affecting persons with disabilities and their families (Geert, 2001). It has been developed to challenge the exclusionary policies and practices, which have prevailed in preceding decades (Lemmi, Gibson, Blanchet, Suresh, Rath, Hartley, Murthy, Patel, Weber and Kuper, (2015). The strategy cherishes the value of individuals with disabilities and questions professional and community attitudes. Parents and families of individuals with disabilities are cherished as participatory partners, since they provide first-hand information and support to the special needs' educators and CBR workers.

CBR aims to focus on rehabilitation, equalisation of opportunities and social inclusion of all persons with disabilities and their families by conquering barriers to

learning and participation in community educational settings. This approach values diversity and encourages inclusion. It aims to ensure that individuals with disabilities have equal access to the services that are available to other people in the community, such as education and employment. CBR encompasses, for instance, equal access to health care, education, family life, social mobility, skills training, employment and political empowerment (ILO, 2004). This strategy which globally began as a single medical model approach to disability has with the passage of time shifted to the social model disability approach as well as a more comprehensive multi-sectoral approaches such as health, education, livelihood, social and empowerment matters (WHO, 2010). This shift resulted from the evidence that all communities are unique in socio-economic conditions, political systems, culture and terrain (WHO, 2007).

Many scholars and professionals had a feeling that the medical view of disability ought to have fully shifted to the social view or model (Helander, 2007). The medical model approach is based on a belief that the challenges associated with the disability should be borne entirely by the persons with disabilities, and that the persons with disabilities ought to make extra effort possibly in time and/or financially to ensure that they do not bother anyone else. On the contrary, the social model is more inclusive in its approach. Prior measures are taken into consideration on how persons with disabilities can participate in activities on an equal basis with non-disabled people. Particular changes are made, even where time or finances are involved, to ensure persons with disabilities are not excluded but fully included.

In Africa, CBR initially began in Zimbabwe in 1982 by the Red Cross as an informal programme. It became a national program in 1988 (ILO et al, 2004). Moreover, in December 1993, the “Standard Rules on the Equalisation of Opportunities for Persons with Disabilities” were adopted by the United Nations General Assembly through resolution 48/96. Rule number 6 of the United Nations (UN) which is about education states that “States should recognise the principle of equal primary, secondary and tertiary educational opportunities for children, youth and adults with disabilities, in integrated settings. They should ensure that the education of persons with disabilities is an integral part of the educational system”. Similarly, Rule number 3 which talks about rehabilitation states that “States should ensure the provision of rehabilitation services to persons with disabilities in order for them to reach and sustain their

optimum level of independence and function”. The rules offer an instrument for policy making at national level. They also provide a basis for technical and economic cooperation among States, the United Nations and other international organisations (ILO et al, 2004).

CBR contributes towards the inclusion of children with disabilities within family, community and school life by creating awareness of disability and related issues; through provision of rehabilitative activities in health and education and access to other supportive services (Lemmi, et al., 2015). Thus, the local community is an integral part in the rehabilitation process. Therefore, the collaboration of the local community in form of human resources (persons with disabilities, parents/guardians, extended family, peers, professionals, religious and business people), institutional resources such as local schools, health institutions, vocational trainings, clubs, natural and financial resources and, other services represents ways of educating children with disabilities (Bongo, Dziruni and Muzenda-Mudavanhu 2018). Their diverse contributions to the well-being of children with disabilities aid in the provision of education.

The CBR programmes in Zambia began in 1989 with the main focus on vocational rehabilitation and employment of persons with disabilities (ILO, 2006). In the same year, Zambia ratified the ILO Convention No. 159 and has made progress in developing rights-based legislation concerning persons with disabilities by adopting the Persons with Disabilities Act of 1996 (ILO, 2006). Mostly, CBR programmes in Zambia are run by non-governmental organisations such as Cheshire Homes, Churches and other Organisations for Persons with Disabilities (OPDs)

CBR strategy is mainly designed for low and middle-income countries (Kuiper, 2012). It is conducted at the community level, mainly through the use of local resources for instance, raising awareness of inclusive education, creating self-help groupings or educating parents to give treatment to their child with disabilities. Rather than solely leaving the challenges that come along with disabilities in the hands of persons with disabilities and their immediate families it is imperative that the distant community as well as the society as a whole share the burden brought about by disability. Therefore, Cheshire CBR comes as a sigh of relief to individuals who are directly affected by disabilities, the immediate family and the society at large. The

role of CBR is to work with the education sector to help make education inclusive at all levels, and to facilitate access to education and lifelong learning for people with disabilities (Soni, 2012).

It is also worth noting that Cheshire Homes began in the United Kingdom (UK) as a result of a Captain/Royal Air Force (RAF) Pilot Geoffrey Leonard Cheshire, who on 22<sup>nd</sup> May, 1948 took into his home, a dying man who had no place to go (Morris, 2000). Even in the absence of money, Leonard nursed the man by himself. Leonard became friends with this man and this single act of kindness led to many more people flocking to Leonard's home for help. By summer 1949, his home of Le Court, in Hampshire had 24 residents with complex needs, disabilities and illnesses. Due to Leonard's kindness, many countries world over began to establish Cheshire Homes to emulate him in providing care services. The mission of this health and welfare charity was/is to encourage and move individuals with disabilities towards independent living, with the freedom to live life their way. Cheshire Homes also run political campaigns on issues affecting persons with disabilities.

In Zambia, Cheshire Homes were first opened in 1973 in Kabulonga, Lusaka and later spread to other provinces across the country. Cheshire Homes Society of Zambia (CHSZ) is a non-profit making disability organisation. It is a member of the Leonard Cheshire Disability Global Alliance operating in fifty-four (54) countries throughout the world. The CHSZ Headquarters is located in Lusaka, Zambia's Capital City. The vision is to have a society in which every person with a disability can exercise their rights and fulfil their potential. The mission is to enable persons with disabilities to enhance their quality of life and advocate for the removal of the barriers that are a hinderance to their full, active and equal participation in society. The CHSZ values and upholds a culture of disability inclusion, self-sustenance and openness through implementation of various projects across Zambia.

The Chipata Cheshire Home particularly, started as a small unit managed by the Missionaries of the Immaculate Conception (MIC) Sisters as part of their pastoral work within the Chipata Diocese. The small unit was an orphanage looking after four (4) physically-challenged children.

It was in 1973 that Group Captain Leonard Cheshire Founder of Cheshire International organised a workshop in Kabulonga in Lusaka, Zambia where he



officially introduced the concept of Cheshire Homes. Among the participants of the workshop was Late Cardinal Merdado Mazombwe the Bishop of Chipata Diocese.

After the 1973 Kabulonga workshop, the Late Cardinal Merdado Mazombwe was so touched that he selected land within St. Annes Parish, an orphanage by then so as to expand it to a Cheshire Home. On 13<sup>th</sup> April, 1983, Group Captain Leonard Cheshire laid the foundation stone for the construction of the Chipata Cheshire Home.

Successively, the construction of the Chipata Cheshire Home began and in 1985, the Home was officially opened with the capacity of 40 children ranging from age four (4) to fourteen (14). The children stayed in the Home for rehabilitation and could be discharged to their original homes upon rehabilitation completion. Even after discharge, they were followed up to ensure their smooth integration into their families, communities and society. The first Head of the Home after its official opening was Ms. Careni Seriseno, an Italian lady who initiated serious activities with the help of Ahmed Ibrahim Jasat as the first Board Chairperson.

In 1988, the Sisters of St. John the Baptist took over the management of Chipata Cheshire Home. This was done collaboratively with the management board whose members were volunteers from the local community. Chipata Cheshire Home is a non-profit making organisation depending on donations from local communities and well-wishers.

Cheshire Homes on the one hand are places where the marginalised people such as those with disabilities passively reside for the purpose of aiding them to equally and equitably access resources that the non-marginalised people access. Community-Based Rehabilitation (CBR) on the other hand is community action to ensure that people with disabilities actively have the same rights and opportunities as all other community members.

### **1.3 Statement of the Problem**

Studies conducted globally showed that children with disabilities faced a myriad of barriers that hindered their full participation in education (WHO, 2011). Although Zambia has put in place a National Policy on Disability to help empower persons with disabilities, there is a wide gap between children with disabilities and those without with regards to education. Thus, if nothing is done, children with disabilities will face

challenges to catch up with the able-bodied where access to and participation in education is concerned. For this and many other reasons, organisations have been developed to supplement government efforts in the provision of education. One such organisation is Leonard Cheshire Home Society of Zambia. Today, there is an increase in the number of Organisations for Persons with Disabilities (OPDs) in Zambia. These organisations for persons with disabilities are involved in generally ensuring equal rights and opportunities for CWDs but there had been no study that specifically investigated into the state of education for children with disabilities. While CBR programmes were promoted to address a wide range of issues on health (Helander, 2007), its education component was poorly understood and had not been the focus of research. Thus, this study endeavoured to investigate into the state of education for children with disabilities under Cheshire Community-Based Rehabilitation programme.

#### **1.4 Purpose of the Study**

The purpose of this study was to investigate into the state of education for children with disabilities under Cheshire Community-Based Rehabilitation programme in Chipata. The target area was Chipata Cheshire Home in Chipata District near St. Anne's school, Eastern Province of Zambia.

#### **1.5 Objectives of the Research**

This study was guided by the following objectives:

1. Explore the Chipata Cheshire CBR programme provision of education to children with disabilities.
2. Establish the strengths of Chipata Cheshire Community-Based Rehabilitation programme in providing education to children with disabilities.
3. Determine the challenges that Chipata Cheshire Community-Based Rehabilitation programme faces in providing education to children with disabilities.

## **1.6. Specific Research Questions**

1. How does the CCBR programme provide education to children with disabilities (CWDs)?
2. What are the strengths of CCBR in providing education to children with disabilities (CWDs)?
3. What challenges does the CCBR programme face in providing education to children with disabilities (CWDs)?

## **1.7 Significance of the Study**

The study hoped to contribute to the existing body of knowledge on CBR programmes to children with disabilities in general and particularly, Cheshire CBR education programme for children with disabilities as there seems to be no studies conducted. It sought to inform key stakeholders on the state of education for children with disabilities under Cheshire CBR programme. It is also hoped that the results of this study would be used by the government, non-governmental organisations and the community to come up with better ways of improving the education for children with disabilities under Cheshire Community-Based Rehabilitation programme. Finally, it might stimulate further research on Cheshire CBR programme for the education of children with disabilities by harmonising Cheshire and CBR principles for the greater education benefits of the children with disabilities.

## **1.8 Limitations of the study**

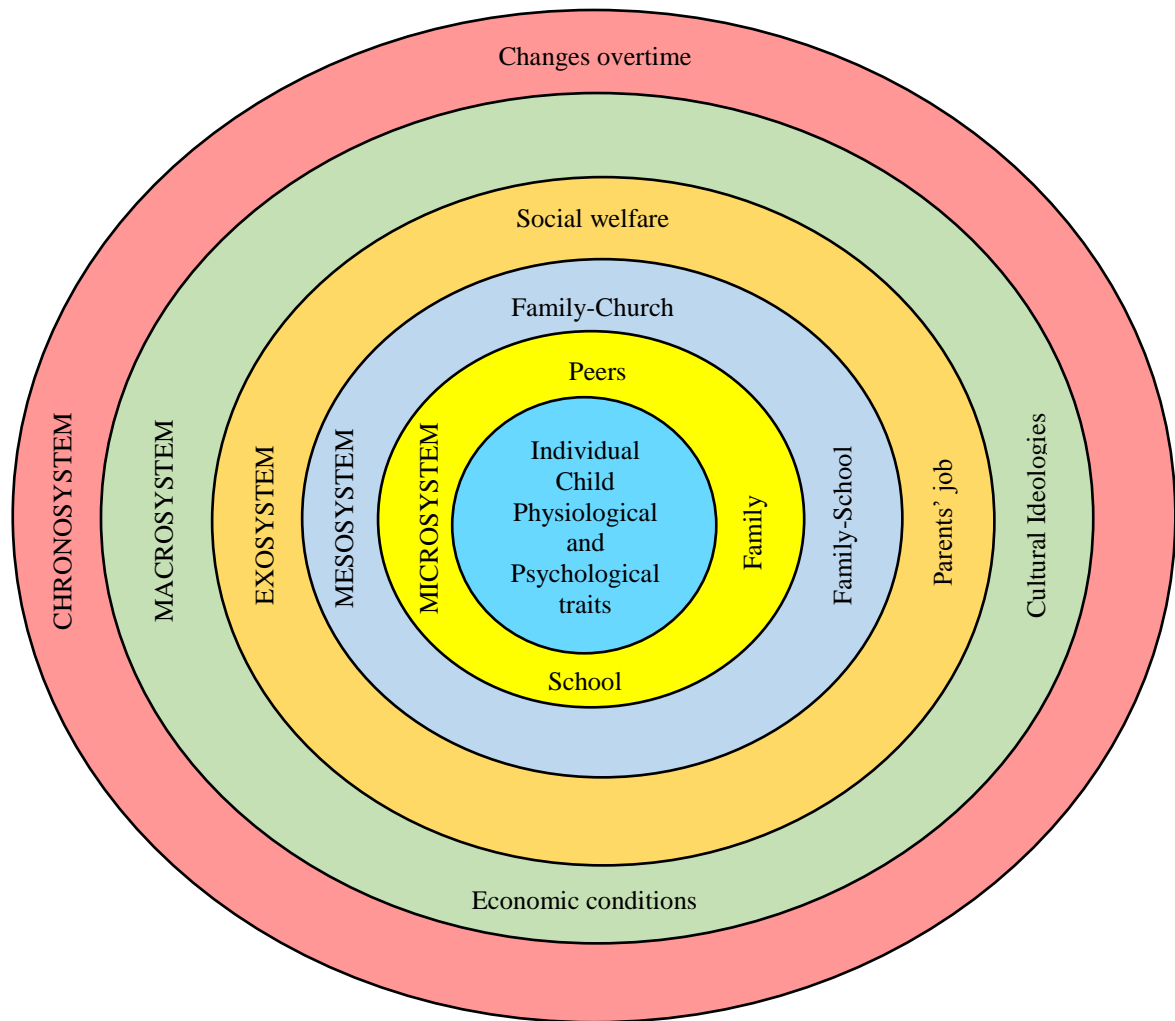
The study was limited to the state of education for children with disabilities with a bias to Chipata Cheshire Community Based Rehabilitation programme in Eastern Province. Only the education component out of the five (5) components of the CBR Matrix (Health, Education, Livelihood, Social and Empowerment) was investigated. Therefore, it might not be generalised to all the five (5) CBR Matrix and the ten provinces in Zambia due to the small sample size since it was qualitative in nature. In addition, Cheshire CBR practices in other provinces could be different due to diverse societal beliefs and values. The researcher could not extend the study to other Cheshire Homes countrywide due to time and financial constraints. Chipata Cheshire Home was selected because it was the one and only Cheshire Home in the Eastern Province of Zambia where CBR programmes had been intensively implemented.

### **1.9 Delimitations of the study**

The study area was Chipata District located about 586 kilometres away from Lusaka, in the Eastern part of Zambia. The enthusiasm to see children with disabilities become educated and lead productive and independent lives prompted the researcher to conduct the study in Chipata District specifically confined to the one and only Cheshire Home in Chipata, the Eastern Province. Chipata Cheshire Home accommodates children with disabilities mainly for the rehabilitation of their disabilities. As such, the obtained findings aided the researcher to arrive at a substantial conclusion. The study was restricted to Chipata Cheshire Home, in Chipata District, Eastern Province of Zambia, located to the East about 4 kilometres from Chipata Main Post Office. The Cheshire Home is located few metres away from St. Annes Parish (Chipata Main Catholic Church.)

### **1.10 Theoretical Framework**

This study was guided by Urie Bronfenbrenner's Bio-Ecological Systems Model of child development (Bronfenbrenner, 1979). Bronfenbrenner developed this model as an instrument to be used to explain how heredity and environment (nature-nurture) interacted to yield a more holistic developmental pattern of an individual (Bronfenbrenner, 1979). This ecological systems theory stated that each individual possessed unique physiological and psychological characteristics which developed through persistent interaction with sequences of systems in society. In order to explain the interaction between an individual and the surrounding environment, Bronfenbrenner devised a model with five systems namely, the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem as shown in Figure 1.1.



**Figure 1: Bronfenbrenner's Bio-ecological Systems Model of Child Development**

*(Source: Adapted from Sigelman & Rider, 2006, p. 22 cited in Munsaka and Matafwali, 2013).*

The model helps humans to analyse how their connections and interactions in an ecological environment enrich their experiences and contributions to positive learning. It also shows the relationship between the home and school environments and how these two environments can collectively enhance the child's overall growth, learning and development. Paramount to Bronfenbrenner's model of Child Development is a belief that growth, learning and development of a child is as a result of collaborative efforts of various elements that make up a child's ecological environment.

The study attempted to establish the impact that the subsystems namely, the microsystem, mesosystem, exosystem, macrosystem and chronosystem had in the education of children with disabilities at Chipata Cheshire Home.

The Microsystem is the small, immediate environment in which the child lives such as the immediate family or caregivers and their school or day care. The way these groups interact with the child with disabilities will have an impact on the child's education. The more accepting, caring and encouraging these interactions and environments are, the better the child will be able to learn, grow and develop. The fact that the immediate family plays a significant role in the growth, learning and development of children in general is also true for children with disabilities. Like children without disabilities, the CWDs grow, learn and develop well when their immediate family is accepting, caring and encouraging. Conversely, parents that look down upon their children with disabilities shun supporting their children in relation to education. This makes it difficult or even impossible for them to access and participate in education. In relation to the education of children with disabilities under Cheshire Community Based Rehabilitation programme, a child with disability whose parents show love, acceptance and care learns, grows and develops well. While the child whose parents do not show love, acceptance and care does not learn, grow and develop well. Thus, active parental involvement is cardinal towards the child's learning, growth and development. In relation to this study, active parental involvement was lacking to aid children's education under the CCBR.

The Mesosystem as the second level in hierarchy, describes how the various parts of the children with disabilities' microsystem work together for the benefit of the child. For instance, if the child's caregivers are active in a child's school, like attending parent-teacher meetings and watching their child's sporting activities, this aids in ensuring the child's overall growth, learning and development. On the contrary, if the child's caregivers do not attend parent-teacher meetings and shun the child's sporting activities, the child's growth, learning and development may be hindered. With reference to the study, children whose families and immediate environment participated in their education were inspired to be educated while those whose families and immediate environment did not participate were less and/or not inspired to be educated. the manner in which one microsystem and another might influence the child's development. For instance, the way the neighbours or communities are involved in school activities might impact on the education of children in general and those with disabilities in particular. This means that positive involvement of

communities would yield positive results while negative involvement would yield negative results for the education of children.

The Exosystem level includes other people and places that the child may not have direct contact with such as parents' places of work and work policies which may have an influence on the child. For example, if a parent of a child with disability is dismissed from work, this may have a negative impact on the child's education if the parent is unable to pay rent and buy food. Nevertheless, if the parent is elevated and receives a salary increase at work, this may have a positive impact on the child because the parent will be capable of providing physiological needs for the family. According to the study, parents' economic status had an impact on the education of CWDs. Poor parents could hardly afford to take their CWDs to Chipata Cheshire Home while those with better economic status managed.

The Macrosystem being the largest system comprises things such as the relative freedoms permitted by the national government, cultural values, the economy, famines, wars and many more. These can also affect the child's education either negatively or positively. The study established that parents' cultural values perceived CWDs as unproductive such that educating them was a sheer waste of time as they thought that they could not reap anything good. Parents would rather educate a child without disabilities so that they reap the benefits from that child later. Although the government of Zambia had made stride in ensuring that children with disabilities were educated alongside those without disabilities, the government's focus was mainly on the education of children without disabilities as evidenced from the results of the study that Cheshire Community Based Rehabilitation programmes were not financially supported by the government. Hence the above stated negative aspects acted as barriers to the education of CWDs.

The Chronosystem is a component which shows how the child's development in this case education is influenced by socio-historical changes that occur over time. Generational changes that happen over time may either enhance or inhibit the children with disabilities' education. For instance, a long time ago, boys were not expected to take care of the home and raise children. This put a burden on the girl child resulting in a negative impact on the girl child's education. Today, boys' and girls' roles are interchangeable and this has had a positive impact on the girl child's education. With

the coming of human and children's rights, the education of CWDs is slowly improving. A number of organisations have been and are being established to improve the wellbeing of both CWDs and PWDs: Cheshire Community Based Rehabilitation programme of education being among the first ones in Zambia. Therefore, the education of children with disabilities has been positively influenced by the coming of Community Based Rehabilitation education programme.

Using the Bronfenbrenner's Bio-Ecological Systems Model of Child Development in relation to Community-Based Rehabilitation programmes, an important lesson can be drawn that since human development cannot be fully understood using a fragmented, piecemeal approach but a holistic one, then the provision of education to children with disabilities cannot be fully enhanced by an individual but through tireless concerted efforts of various stakeholders (Munsaka and Matafwali, 2013).

Therefore, the role of CBR was to work with the education sector to help make education inclusive at all levels, and to facilitate access to education and lifelong learning for people with disabilities. CBR programmes were implemented through the combined efforts of people with disabilities themselves, their immediate and distant families, communities and the appropriate health, education, vocational and social services. This clearly shows the link between CBR and Bronfenbrenner's Bio-Ecological Systems model of Child Development which also views an individual child as an inseparable part of a small and larger social system like a home, family, school, parents' place of work, policies which all impact on the all-round development of a child. This theory agrees with the African proverb stating: "It Takes a Whole Village to Raise a Child." This proverb means that an entire community of people must interact with children for those children to experience and grow in a safe and healthy environment. Another adage states that "Zidzepano Nzatonse." This means that whatever comes befalls everyone whether good or bad. Similarly, all stakeholders must work together to improve the state of education for children with disabilities since disability does not choose. It directly and/or indirectly affects all people. So the need for all people to cooperate.



### **1.11 Summary of the Chapter**

The chapter presented the historical background of Cheshire Homes and Community-Based Rehabilitation. It also laid down a statement of the problem; purpose of the study; research objectives and questions; significance of the study; theoretical framework; delimitation; limitation and definitions of operational terms. The subsequent chapter presents the reviewed literature considered relevant to this study.

## **CHAPTER 2: REVIEW OF RELATED LITERATURE**

### **2.1 Overview**

This chapter reviewed pertinent literature on Chipata Cheshire CBR (CCBR) programme of provision of education to children with disabilities; the strengths and challenges in the current Chipata Cheshire CBR (CCBR) programme of provision of education to children with disabilities.

### **2.2 CCBR Programme of Provision of Education to Children with Disabilities**

The study by Mauro, Biggeri, Deepak and Trani (2014) revealed a positive and significant impact of the Community Based Rehabilitation programme on access to services, rights and opportunities of persons with disabilities. The method of data collection was a stratified random sampling where persons with disabilities were interviewed. The study was a controlled one between people who had joined and those who had not joined the CBR programme. The study's areas of interest were access to pensions, use of aid appliances, access to paid jobs and improvement in personal-practical autonomy. However, this study whose area of interest was the provision of education to children with disabilities made use of purposive sampling method of data collection. Consequently, the study affirmed Mauro, et al. (2014) study which stated the CBR programme's constructive and meaningful influence on the education of children with disabilities. Nevertheless, Mauro, et al. (2014) focused on persons with disabilities in general while this study focused on children with disabilities. In addition, while the study by Mauro, et al. (2014) covered the health, livelihood, social and empowerment components of CBR, the current study covered the education component which had not been the focus of research, thereby contributing to the body of knowledge.

The Chipata Cheshire CBR programme provided education to children with disabilities through its two early childhood inclusive education classes and educational support. Although the principle of CBR relies on stakeholder involvement which includes parental/community participation, the Chipata Cheshire CBR programme lacked parental/community participation. Peters (2003) in Samuel (2015) noted that advocates of special education had suggested the adoption of CBR, because in this type of rehabilitation programme the family was the primary trainer while the

community as a whole could be mobilised for support, as an alternative to formal schooling.

Forum on Street Children Ethiopia (FSCE) (2000) in Bongo, Dziruni and Muzenda-Mudavanhu, (2018) also argued that the importance of Community-Based Rehabilitation lied in encouraging participation of persons with disabilities and their families as a major factor in the process of rehabilitation and education. In this regard, local participation was deemed primary as it permitted mobilisation of local community for the purpose of rehabilitation, education and development. This entailed that participation resulted in the growth of local capacity which was as a result of partnership between development agencies; PWDs themselves and the community. Consequently, it was assumed first that partnering with the target community unlike working for them was cardinal in CBR. Thus, doing things for PWDs and making decisions for them meant denying them the opportunity to learn and gain experience to do so. It also denied them ownership of the CBR programme. As a result of these, PWDs needed to be actively involved in the CBR programme so as to have a sense of belonging.

Moreover, Samuel (2015) stated that CBR programmes endeavoured to include persons with disabilities in mainstream services and activities, unlike establishing separate facilities for them. This would be cost effective in terms of establishing separate school buildings to solely cater for children with disabilities. Olaogun et al (2009) further postulated that CBR programmes facilitated equal opportunities for access to education, employment, health care, and many more. They concluded that special efforts were being made by the government, the community, or the CBR programme, but the primary objective was that persons with disabilities could participate in society in the same way as everybody else did. Though the current study agrees with these aforementioned studies on inclusion and mainstreaming of persons with disabilities, the matter of the government's special efforts being made towards the education of these children is not the case with Chipata Cheshire CBR programme.

Backing the educational support to children with disabilities going on with the Chipata Cheshire CBR programme, Bongo, et al., (2018) stated that, parents and

children with disabilities mentioned that through CBR, they received school fees, psychosocial support, health and disability education, food and clothes.

Similarly, O'Toole (1991) in Bongo, et al., (2018) stated that active participation of the community was the yardstick for the main success of CBR. Therefore, "involvement" was anchored on making as many individuals of PWDs as possible aware of their needs and arousing their motivation to do something about the needs. For instance, through CBR, children with disabilities and persons with disabilities in general, needed to be made aware of their need for education. They needed to get fully involved in their own education. The Ngonis have an adage which states that *ng'ombe ni matole* literary meaning *when one has calves then they have cattle*. The deeper meaning of the adage is that *children are our future leaders*. Hence, they needed to be educated in order for them to be able to manage the world well. It was evident that educated PWDs or groups of PWDs might be all it would take for PWDs to have their cries and needs heard and met respectively (WHO 1996a in Bongo, et al., (2018)). This related to Helen Keller's quote: "*Alone we can do so little; together we can do so much.*"

The study by Mannan and Turnbull (2007) showed that CBR created easier integration of persons with disabilities through education programmes. This meant that CBR through education programmes aided in alleviating stigma, discrimination and exclusion of PWDs. Consequently, CBR supported the inclusion of PWDs. Nonetheless, the study focused on the evaluation of CBR programmes for persons with disabilities (found in all circles of life) as a whole while the present study's focus was on the education component of CBR for children with disabilities at a Cheshire Home. The former study was generalised (persons with disabilities) but latter one was specific (children with disabilities).

Besides, despite Odongo (2018) looking at barriers to parental/family participation in the education of a child with disabilities in Kenya, his study did not specifically state the strengths and challenges that Cheshire CBR faced in educating CWDs. This study therefore endeavoured to state the strengths and challenges that Cheshire CBR faced in educating CWDs. Cheshire CBR played a big role in providing education to children with disabilities. It could be quite difficult for parents of CWDs, families and

communities to rise, advocate and provide education to their CWDs without some sort of programmes like the Cheshire CBR to influence or mobilise them. Hence, Cheshire CBR education programmes acted as motivating factors toward parents, families and communities for the education of children with disabilities.

Ultimately, although a number of studies had been conducted to improve the lives of PWDs, most of them were not directly related to the CBR programme of education for CWDs but rather to their general well-being with much emphasis on health rehabilitation, livelihood and employment.

### **2.3 CCBR Strengths in the Provision of Education to Children with Disabilities**

Robertson, Emerson and Hatton's (2009) study indicated that a few studies were identified for inclusion in the review of research on the effectiveness of CBR for children and adolescents with intellectual disabilities. The study continued to state that an examination of reviews on the effectiveness of CBR for all people with disabilities pointed to two main reasons for this low level of evidence. Firstly, CBR's rigorous evaluation had not been the focus of research. Secondly, children and adolescents with intellectual disabilities had not been receiving meaningful amounts of CBR.

Although each and every programme has potencies and flaws, it is important to focus on the potencies while working on the flaws so as to turn them into potencies (strengths) too. The CCBR programme for the provision of education to children with disabilities had been playing an important role to the education system in Zambia. Children that could not have received education have been benefitting from this programme. This has been helping to narrow the gap between children with disabilities and those without in relation to the acquisition of education. Some of the strengths of CCBR were conducting outreach activities, proximity to a primary school and existence of income generating activities.

#### **2.3.1 Outreach Activities**

The National Council on Disability (2003) stated that a definition of the word 'outreach' is seldom found in the literature and as such makes it an elusive term. Nevertheless, the Council defines outreach in the ways below. Outreach is conducted on many social levels by numerous organisations, communities, governments and

educational institutions. These efforts range from disability rights training, health education, international aid, and projects for the homeless, to college recruitment of people from diverse cultures. Bannon (1973) in *The National Council on Disability* (2003) defines outreach in terms of reaching out and assisting through personal contacts with people excluded from, unaware of, or unreceptive to certain information or services. These are actions taken to follow people including persons with disabilities so as to sensitise or make them aware of what is due to them as well as to render basic services.

Studies have shown the strength of outreach activities in the provision of education to children with disabilities. Serpell and Jere-Folotiya (2011) conducted a study on “Basic Education for Children with Special Needs in Zambia: Progress and Challenges in the Translation of Policy into Practice.” The study highlighted four (4) objectives of the Zambia National Campaign to reach disabled children, 1982-1986. The first objective being to raise the level of public consciousness of the special needs of disabled children. The second was to establish comprehensive provincial registers of disabled children. The third was to lay the foundations of nation-wide health and education services for disabled children and the fourth was to supply technical aids and prosthetic devices to as many disabled children as possible and to train the children and their families in the use of such aids. This was the genesis of outreach activities for disability sensitisation and awareness campaigns in Zambia.

Besides, a study by Chappell & Johannsmeier (2009) showed that community rehabilitation facilitators as one of the CBR stakeholders had a stronger positive impact on individuals with disabilities rather than the community at large. They were in the forefront reaching out to communities in raising awareness on disability matters. This agrees with this study as it indicated the positive impact that CCBR had on the education of children with disabilities. Children that could not have had an opportunity to access education were able to access it at CCBR. This helped them not to lag behind the other ‘normal’ learners. CCBR education provision acted as a catch-up strategy for the children with disabilities during their medical rehabilitation process. Although the study was qualitative like this one, the data collection methods used were quite different. Chappell & Johannsmeier (2009) study used individual interviews, focus groups and transects walks in both urban and rural settings within

six provinces of South Africa, while this study used semi-structured interviews and documentary reviews.

In continuation, Samuel (2015) posited that Community-Based Rehabilitation also acted as a vehicle to transfer knowledge (education) about disabilities and skills in rehabilitation to the PWDs and was cheaper than institutional-based rehabilitation and thus, had the potential to reach all PWDs, not just a selected few that also trained PWDs to cope with disabilities.

CBR could reduce barriers for participation of children with disabilities in different activities, without neglecting the goals of the components of health, education, livelihood, social and empowerment. CBR had many strengths particularly in remote and rural practice settings. For communities, CBR could increase the accessibility of education, rehabilitation and therapy services for CWDs and these models increased the services available to people living in rural and remote areas and allowed CWDs to stay in their communities when receiving education and therapy services (National Rural and Remote Support Services (NRRSS), 2014). It is worth noting that rehabilitation aided CWDs to access education. That was why rehabilitation could not be left out when dealing with CBR and its provision of education to CWDs. For example, a child who was born with club foot might receive rehabilitation to help in reinstating mobility to school (education access).

Cornielje (2009) and Sharma (2007) suggested that CBR programmes could be considered fundamental in improving the wellbeing of people with disabilities, and for fostering their participation in the community and society at large. Mitchell, (1999) also proposed that CBR might be the most cost-effective approach to improving the wellbeing of people with disabilities, in comparison with care in hospitals or rehabilitation centres which brought about exclusion. It could socially integrate PWD and their community because it was a programme developed based on the needs of the community. For example, assessing changes in community attitude towards persons with disabilities and mobilising community resources to support and help them. In line with NRRSS, (2014) the community development orientation of CBR could build on community capacity on both the individual and community level. Concerning the individual level, CBR models could facilitate the training and employment of Community-Based Workers, increasing the skills, income, and

employability of local community members. The money realised could aid in the education of CWDs in communities. With regards to community level, the collaborative relationship between communities and health services could empower communities and develop leadership. It could save time and money since it increased the service coverage area for the clinician that could be attained and subsequently lowered the frequency of travelling to communities.

Khanzada and Kamran (2012) steered a study on the advantages of CBR in Pakistan. The method used was that of literature review to obtain published articles. The study revealed the following strengths of CBR: CBR was a multi-disciplinary programme that could create positive attitudes and provide functional rehabilitation services such as physical therapy, occupational therapy, psychology, mobility training, special education which in turn created micro and macro income generation programmes for the people with disabilities and could translate them into independent productive members of the society. Community-based rehabilitation could also transfer knowledge about disabilities and skills in rehabilitation to persons with disabilities and was cheaper than institutional based rehabilitation and consequently, had the potential to stretch out to all people with disabilities, as opposed to a selected few. All these strengths might help CWDs to use the resources that were locally available in order to grow, learn, develop and live in society as independent and productive members. All the above strengths of CBR programme are as a result of the stakeholders' outreach activities to communities in form of sensitisation and awareness campaigns on disability issues.

### **2.3.2 Proximity to a Primary School**

Proximity refers to distance. The distance to school can affect the education of children with disabilities either positively or negatively. This mainly affects children with mobility challenges and those coming from poverty-stricken homes. Parents of children with disabilities may incur high transport costs for their children to go to school. This poses a challenge to poor parents and may be a barrier to the education of their children. Therefore, a school located near the homes of children with disabilities serves them better in terms of education access, participation, progress and success. The shorter the distance, the positive the impact and the longer the distance, the negative the impact. A qualitative study by Kasoma (2014) indicated that distance was a contributing factor to non-participation in education to children with special



educational needs as some schools were far from children's homes. The study used textual, content and thematic analysis. Similarly, a study conducted by Moberg (2003) in Kasoma (2014) showed that one-third of school-age children did not participate in school as a result of illnesses and long distances.

Moreover, Malungo, Nabuzoka, Paul and Sachingongu (2018) conducted a study on barriers to and facilitators of life-long learning. The study was qualitative in nature. A thematic content analysis approach was used to analyse the data. The study postulated that most parents of children with disabilities were unable to afford the transport to and from school due to long distances. Schools were also unable to provide transport for the children due to poverty. This entails that the proximity (nearness) of the school to children with disabilities gives them an advantage to access, participate and succeed in their education.

Studies showed that the strengths of CBR mainly lied in its ability to reduce barriers to participation for PWDs (Samuel, 2015). CBR improved the accessibility of rehabilitation and therapy services for PWDs and thereby increasing the services available to people residing in rural and remote areas and allowing PWDs to stay in their communities when receiving therapy services (National Rural and Remote Support Services (NRRSS, 2014 in Samuel, 2015). Thus, the rehabilitated CWDs were then provided with education so as to improve on their welfare. Cornielje, 2009 and Sharma, 2007 posited that CBR programmes were considered cardinal in enhancing the wellbeing of people with disabilities, and for fostering their participation in a number of areas like education and health in the community and society at large and it was considered the most cost-effective approach to improving the well-being of people with disabilities, as compared to care in hospitals or rehabilitation centres where children could not access education at the time they received medical attention (Mitchell, 1999 in Samuel, 2015).

Moreover, Samuel (2015) also argued that CBR was a way of socially integrating PWDs and communities since it was a programme developed based on the needs of the communities. It discouraged exclusion and encouraged inclusion of PWDs in society. This assertion supported the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which re-affirmed the existing human rights in the context of disability and focused strongly on the discrimination that PWDs faced

on a daily basis. Article 1 of the UNCRPD stated: “The purpose of the present Convention is to promote, protect and ensure the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities. And to promote respect for their inherent dignity.” Proximity to a school encourages education inclusion for all children and this aids in the education of children with disabilities.

### **2.3.3 Existence of Income Generating Activities**

Income generating activities are projects or actions that are carried out in order to raise funds or finances. Availability of funds to aid in the education of children with disabilities is cardinal. These children might require expensive devices in the access, participation and success of their education. They might also need to settle transport and hospital bills while undergoing medical rehabilitation such as surgery and physiotherapy. While CBR programmes rely heavily on donor funding, it is imperative that the owners of CBR programmes generate their own income. This is because donor funding has a span and once the span elapses, the CBR programme would become difficult to sustain. The findings of several studies showed the importance of CBR programme stakeholders in generating income for the education of children with disabilities so as to elude donor funding dependence.

Bongo et al., (2018) postulated that CBR was arguably therefore a form of adaptation to the challenges brought about by society on PWDs. In CBR, interventions were to be shifted from institutions to the homes and communities of people with disabilities and carried out by minimally-trained people such as families and other community members, thereby reducing the financial costs. Currently, CBR provided a link between community workers and professionals, as well as link the health and education disciplines. CBR provided a means of sharing the “burden” brought about by disability and the society. It ensured that the “burden” was shared among stakeholders, hence making it lighter for PWDs, their families, communities and the entire society. This agreed with the saying: “*A problem shared is a problem solved.*”

CBR is a multi-sectoral programme that created positive attitudes and provided functional rehabilitation services such as physical therapy, occupational therapy, psychology, mobility training, special education which also created micro and macro income generation programmes for PWDs and made them independent and

productive members of the society (Samuel, 2015). Similarly, Charema (2016) pointed out that in order to counteract challenges of insufficient funding to PWDs, partnership with CBR programmes, PWDs themselves and parents' organisations in Southern Africa could result into a development of more feasible and sustainable inclusive programmes for example, education. Using CBR, the business, parents and communities could be fully engaged in supporting the programmes financially without waiting on the government sponsorship which might not even come by. That was because community members pulled their local resources together in order to support and provide opportunities in that case education, thereby empowering and encouraging the active participation of PWDs. Consequently, all communities could be involved in funding the educational needs of their children with disabilities.

#### **2.4 CCBR Challenges in the Provision of Education to Children with Disabilities**

The provision of education to any particular group may not always flow perfectly well. All the stakeholders and other interested groups face a number of constraints in the said service. CCBR experiences extraordinary challenges in order to ensure that these learners receive some level of education. The CCBR's challenges in the provision of education to children with disabilities were poverty, physical and attitudinal barriers, non-parental involvement, donor funding dependence and lack of government involvement in CBR programmes.

##### **2.4.1 Poverty**

The United Nations defined poverty as a condition characterised by severe deprivation of basic human needs, including food, safe drinking water, sanitation facilities, health, shelter, education and information. The reviewed studies showed that poverty was among the major contributing factors to children's lack of access, participation and success in education. The World Education Forum Report (2015) in Charema (2016) posited that most countries in Sub-Saharan Africa had booming populations thereby having increased people with disabilities and shrinking resources which were further compounded by poor governance, poor education, and lack or poor health care services, corruption and unequal distribution of resources.

#### **2.4.2 Physical and Attitudinal Barriers**

Physical barriers include buildings such as upstairs and narrow doorways that are inaccessible to children with disabilities. Physical barriers to the education of children with disabilities refer to infrastructure such as buildings and roads that are not user-friendly in necessitating the access to their education. In developing countries like Zambia, buildings and roads were made without the consideration of persons with disabilities. As a result, persons with disabilities find it very difficult to use them. The infrastructure act as obstacles to the education of these people (Malungo, et al. 2018). Eventually, they shun accessing them and lose out on education. On the other hand, attitudinal barriers denote the negative ways the persons with disabilities are perceived and treated by those without disabilities. Attitudinal barriers include stigmatisation and discrimination where persons with disabilities are segregated and treated in unworthy manner. Therefore, physical and attitudinal barriers render challenges to the education of children with disabilities. Lamichhane (2013) noted that lack of positive norms to reinforce the perception of the benefits of education for children with disabilities created a barrier to their education.

Helander et al (1989) indicated that CBR strived to ensure that individuals, communities and society accepted the equal rights of individuals with disability. This could encourage integration and inclusion. CBR sought first to promote a positive change in attitude among the people with whom PWDs interacted. Devoid of this attitude change, the situation of PWDs could remain unchanged. However, change of attitude was of course very difficult to realise especially when it was culturally and socially deep-rooted. The desired social changes could come about when communities took responsibility for bringing about the desired changes. Thus, the term “*Community-Based*” needed be taken to mean “*Community Responsibility*” for the rehabilitation of their members with disabilities. Ultimately in CBR, individuals and communities took responsibility for improving the lives of PWDs and their efforts were supported by professionals who worked outside those “*nuclear communities*”.

One of the major challenges experienced by CCBR in the provision of education to children with disabilities is the issue of poor infrastructure. Infrastructure refers to buildings, environment and the general surrounding. Odongo (2018) showed that the development of infrastructure specifically for CBR could be too costly and it could take too long for it to be initiated. There was a challenge in committing new resources

into the community, coordinating and incorporating it into the existing community infrastructure and hence the inclusion of CBR into existing development structures. The situation in most African countries was such that the provision of infrastructure for rehabilitation was not readily available and where they were available, they were dilapidated or inadequate for the users (Ndhlovu and Simui, 2008).

### **2.4.3 Non-Parental Involvement**

Kay Ireland (2017) defined parental involvement as the amount of participation a parent has when it comes to schooling and her child's life. It is worth noting that some schools foster healthy parental involvement through events and volunteer opportunities. However, sometimes it is up to the parents to involve themselves with their children's education by staying up to date on what is transpiring in the classroom. For instance, by helping their child with school work. Parental involvement provides a great opportunity for schools to interact with first and most important teachers (parents) of their children so as to find ways of enhancing learning and teaching for the benefit of children.

Studies indicate that non-parental involvement in the education of children with disabilities creates a barrier to their education. A study by Durisic and Bunjevac (2017) on parental involvement as an important factor for successful education was conducted. The findings were that parents and families play a major role to the success of the process of education and upbringing of children. The scholars however found areas that were barriers to parental involvement such as low self-esteem and other parents did not experience success in school themselves and therefore lack the knowledge and confidence to help their children. The study continues to state that parents who did not experience success in school may view it negatively. They may correspondingly be intimidated by the language, the curriculum, and the members of staff; subsequently they avoid communication with the school. Ho (2003) in Durisic and Bunjevac (2017) espoused that today's parents are often preoccupied by the distractions and demands of day to day life. They are also burdened by low-income and working hours that are not flexible. This leads to their inability to attend school activities or regularly participate in the education of their children. Some of the reasons for lack of participation are inadequate finances, lack of educational attainment and cultural norms (Bæk, 2010). Consequently, non-parental involvement in the education of CWDs may result not only in their poor academic performance but

also poor adjustment to daily life. Parents are significant models in the lives of children. If parents do not participate in the affairs of their children, they (children) lack confidence in themselves and tend to lose direction to their fruitful lives.

The power of the principle of teamwork cannot be underestimated. Many invaluable seemingly insurmountable things are easier achieved when people work together. There is an adage that states that, “a child is brought up by the entire village.” This means that it takes the efforts of everyone to nurture a child. Similarly, providing education to children with disabilities can easier be achieved when stakeholders collaborate and network than when an individual does it.

Bongo et al. (2018) pointed out that there were problems of collaboration, sharing and networking among various bodies given the responsibilities of providing CBR due to bureaucracy on the part of those involved in providing services like education and rehabilitation. Consequently, the purpose behind expanding CBR so as to be able to effectively meet the unique needs of PWDs and implement new aspects that would support the attainment of set objectives of the programme was impeded.

It was necessary to forge collaboration between parents, the school, community and persons with disabilities in order to plan and implement successful inclusion programmes (WHO, 2003). The principle of collaboration applied to numerous other programmes including Community-Based Rehabilitation programmes.

#### **2.4.4 Donor Funding Dependence**

A study was conducted by Bongo, et al. (2018). Data were collected through key informant interviews, document analysis and focus group discussions. The findings of the study were that one of the factors that hindered the effectiveness of CBR programmes was continuous dependence on donor funding. Beginning a programme is one thing and sustaining it is another thing. Sustainability in this case, is the ability to continue a programme for a long period of time. Most developing countries and particularly Zambia have been having programmes come and go in a short period of time. To the teachers for example, most of these programmes proved to be effective in resolving some of the challenges experienced in the classroom. For instance, programmes such as Action to Improve English, Mathematics and Science (AIEMS) and Primary Reading Programme (PRP) which comprised three sub-programmes namely New Breakthrough To Literacy (NBTL), Step InTo English (SITE) and Read

On Course (ROC) could perhaps have yielded great results if they were sustained for a longer period of time than experienced. The inability to sustain such programmes poses a challenge in analysing their results effectively. There are of course various reasons as to non-sustainability of programmes. According to Samuel (2015), it was difficult to sustain CBR because of the inadequacy of funding required for implementation and the lack of harmony in government policy from time to time in nearly all developing countries, Zambia inclusive. Almost all responsibilities for sustainability of CBR, were dependent on the organisations for persons with disabilities (OPDs). Nonetheless, these organisations were prone to low self-esteem and lacked the wider community support due to the concept of self that members of those organisations held about themselves. It was necessary to stress capacity building of those organisations through training in leadership, small enterprise development, organisation and management, communication and advocacy skills and networking with other established organisations. The organisation and management of effective CBR programmes was complicated such that it required much effort. This was worse in countries where people often were deficient in the tenet of formal management and handling finances (Odongo, 2018). Therefore, insufficient funds which was partly a result of poverty and lack of community capacity to generate own income led to donor dependence.

#### **2.4.5 Lack of Government Involvement in CBR Programmes**

Bongo, et al (2018) findings postulated that lack of political will by government and local authorities to commit financial resources towards CBR implementation was a challenge. Lacking government involvement in CBR programmes meant losing out on invaluable benefits that come along with involving the government such as funding, effective implementation, monitoring and evaluation of the programme. However, the results differed with Persson (2014) who asserted that in Uganda, CBR was planned, arranged and financed by the Government and the international Norwegian organisation for persons with disabilities.

## 2.5 Papers Reviewed

Table 1 presents a summary of some of the reviewed related literature

*Table 1: Some of the Papers Reviewed on Community-Based Rehabilitation*

<b>No.</b>	<b>Author</b>	<b>Topic</b>	<b>Findings</b>	<b>Knowledge Gap</b>
1.	Bongo et al (2018)	The Effectiveness of Community-Based Rehabilitation as a Strategy for Improving Quality of Life and Disaster Resilience for Children with Disability in Rural Zimbabwe.	CBR provided basic needs to CWDs but there was lack of commitment of resources by government to issues of disability.	The study was a Zimbabwean and generalised one. The current study looked at the provision of education to CWDs under Cheshire CBR.
2.	Chitiyo & Muwana (2018).	Positive Developments in Special Education in Zambia and Zimbabwe.	Only special education policies and not laws are enacted.	The study did not deal with CBR but Special Education. This study dealt with Education for CWDs under Cheshire CBR



3.	Malungo et al. (2018)	Family Participation in the Education of a Child with Disabilities in Kenya	Attitudinal and physical barriers to education for CWDs	The research was about general CBR in Kenya while this study is about CCBR education provision in the Zambian context.
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*Table 1-2, cont.*

No.	Author	Topic	Findings	Knowledge Gap
4.	Odongo (2018)	Family Participation in the Education of a Child with Disabilities in Kenya.	Attitudinal and physical barriers to education for CWDs.	The research was about general CBR in Kenya while this study is about CCBR education provision in the Zambia context.
5.	Olaogun et al (2009).	Community-based Rehabilitation and Reintegration of the Disabled.	PWPDs face diverse obstacles to full participation in their affairs and in society.	The research focused on PWPDs and their general well-being yet this study embraces children with all disability categories and their education.
6.	Samuel (2015)	Utilization of Community Based Rehabilitation for Persons with Disabilities (PWDs) in Nigeria: The Way Forward.	Attitudinal and physical barriers to education for CWDs.	The study was on general CBR in Nigeria whilst this study is about CCBR in Zambia.

## **2.6 Summary**

Literature relevant to CBR and the education of children with disabilities was critically reviewed in this chapter. The international practices on CBR and the education of CWDs were analysed to have a wider view on the education of CWDs through CBR. This was done through the reviews of International Journals of disability and other international and national reports and dissertations. The Zambia National Policy on Disability was also analysed. The other documents reviewed included the Evaluation Report for Chipata CBR Programme 2009, CWDs medical reports and brochures from the nearby primary school. The next chapter dealt with the research methodology and the research design used to achieve the study objectives.

## CHAPTER 3: METHODOLOGY

### 3.1 Overview

This chapter is a presentation of the methodology that was used in conducting this study. It comprised research design, area of study, population, sample, sampling procedure, instruments, validation of instruments, and data analysis plan. The final part of the chapter consisted of credibility and trustworthiness, and ethical considerations.

### 3.2 Research Design

The research design used in conducting the study was the social constructionism and/or constructivism. This design was chosen because it states that human beings have their own subjective views, experiences and opinions about the environment in which they live. The term constructionism, or social constructionism, perceives reality as being socially constructed. The social actors such as the participants one might plan to study for an organisation, might have many varying interpretations on the situations in which they found themselves. This means individual interviewees might view varying situations in different ways as a result of their own perception of the world (Saunders, Lewis and Thornhill 2012). Therefore, the study relied on the views, experiences and opinions of the participants in relation to Chipata Cheshire Community-Based Rehabilitation (CCBR) programme's provision of education to children with disabilities. The participants had constructed views, experiences and opinions about the state of education for children with disabilities under CCBR programme.

Research design is the general plan of how a researcher would go about answering the research questions (Saunders, et al., 2012). The research was qualitative and made use of a narrative study design. Here, the state of education for Children with Disabilities (CWDs) under Cheshire CBR programme was identified and analysed in order to ascertain strengths and challenges. Qualitative studies base their accounts on qualitative information such as words, sentences and narratives (Blumberg, Cooper and Schindler, 2014). The term "*narrative*" is derived from the verb "to narrate" or "to tell a story" in detail (Ehrlich, Flexner, Carruth, & Hawkins, 1980, p. 442 in Creswell, 2012). Researchers make descriptions of the lives of individuals, by

collecting and telling stories about people's lives, and compiling narratives of individual experiences (Connelly & Clandinin, 1990 in Creswell, 2012). Saunders, et al., (2012) also stated that "a narrative is a story; a personal account which interprets an event or sequence of events". A narrative researcher has the notion that experiences of the participants can best be accessed by collecting and analysing the stories as complete stories and not as fragmented bits of data coming from specific interview questions which eventually lead to fragmented data analysis. This design was chosen because it preserves the continuity of the participants' narrations and enhances understanding and the analytical potential of the strategy/design (Saunders et al., 2012). The data collection techniques used were the documentary reviews and interviews. The narrative study technique was selected so as to get in-depth information and a comprehensive scenario regarding the Chipata Cheshire Home CBR programme for the education of children with disabilities. Moreover, the narrative study was employed because only one area was selected for the study as it might not had been possible to conduct a countrywide study.

### **3.3 Target Population**

Population is the complete set of cases or group members (Saunders et al., 2012). It is a bigger group from which a sample is chosen. The target population of a particular study shares a number of common characteristics. Thus, the target population of this study encompassed all Lusaka Cheshire Homes personnel, all children with disabilities and other stakeholders at Chipata Cheshire Home such as parents or guardians and teachers. The above population was selected due to its nature of work dealing with disability issues. Cheshire Homes, teachers, parents and children with disabilities are familiar with disability matters. Consequently, the researcher deemed this population relevant in terms of quality data collection for this study.

### **3.4 Sample Size**

Saunders et al. (2012) explained that the size of the sample in non-probability sampling, apart from the quota sampling, is ambiguous and there were no rules. Nevertheless, they added that a logical relationship between the sample selection technique, the purpose and focus of the research was essential. This entailed that the sample size was dependent on the research questions and the objectives. Although Creswell (2007) argued that generally, the researcher could undertake between 25 and

30 interviews for a general study, Saunders *et al.* (2012), gave a further argument of sample sizes for different types of studies. These scholars argued that semi-structured/in-depth interviews needed a minimum sample size of 5 to 25; Ethnographic 35 to 36; grounded theory 20 to 35; homogeneous population 4 to 12; and heterogeneous population 12 to 30.

Consequently, in relation to the argument above, the sample size for semi-structured interviews needed to be a minimum of 5 and a maximum of 25. In order to stay within the above scholars' argument, a sample size of 20 was adopted and regarded adequate for this study. Furthermore, scholars such as Nieswiadomy (2002), Lackey and Wingate (1998) recommended obtaining approximately 10 participants or 10 percent of the final study size, the final decision to be guided by cost and time constraints as well as by the size and variability of the population.

In this study, the sample comprised 19 participants distributed as follows: 2 Cheshire Homes Personnel at Headquarters, Lusaka, 5 children with disabilities, 4 parents or guardians of the CWDs, 6 teachers of CWDs, and 2 Chipata Cheshire Home personnel in charge of the CWDs. 1 parent was not interviewed as the phone was unreachable. The participants were sampled purposively.

### **3.5 Sampling Techniques**

The study used two (2) non-probability sampling techniques namely, self-selection, and purposive sampling procedures. According to Blumberg (2014, p. 193), "A non-probability sample that conforms to certain criteria is called purposive sampling. There are two major types- judgement sampling and quota sampling." Non-probability sampling techniques were adopted basing on their accessibility and the researcher's purposive personal judgement. There was purposive and self-selection of pupil participants to avoid forcing them into participating in the study. The CWDs were asked whether they desired to be part of the sample or not. Those that were willing volunteered to be part of the sample. The parents, teachers and Cheshire Homes personnel were purposively selected because the researcher considered them to have the required information. Government circulars, some policy documents that guide the implementation of CBR programmes in the country were also purposively sampled because the researcher considered them to have the relevant data too.

### **3.6 Instruments for Data Collection**

Two instruments were employed in data collection. These were documentary review and interviews. Saunders, et al., (2012, p. 308) posited “Documentary secondary data include text materials such as notices, correspondence (including emails), minutes of meetings, reports to shareholders, diaries, transcripts of speeches and conversations, administrative and public records and text of web pages.” The researcher reviewed some documents both at the Chipata Cheshire Home and St. Anne’s Primary school. Furthermore, the researcher interviewed the participants using semi-structured interviews. A semi structured interview is defined as a “conversation with a purpose” (Burgess, 1984). This kind of interview is characterised by: The interviewer and interviewee engaging in a formal interview; the interviewer developing and using an interview guide (a list of open-ended questions and topics that require to be covered in the course of the conversation, often systematic); the open-ended nature of the question defining the topic under investigation but providing opportunities for both interviewer and interviewee to discuss some topics in more detail. Usually including prompts or leads to help or encourage the interviewee to answer; and the interviewer following the guide while having the ability to follow relevant lines of enquiry in the conversation that may divert from the guide whenever they feel the appropriacy.

### **3.7 Procedure for Data Collection**

Data collection is a series of interrelated activities aimed at gathering good information to answer emerging research questions (Creswell, 2007). These interrelated activities might include locating site or individual; gaining access and making rapport; purposefully sampling; collecting data; recording information; resolving field issues and storing data in preparation for analysis and report compilation. Hence, in order to collect data, the researcher sought for permission to carry out the research from the following offices: The Provincial Education Officer (PEO) of Eastern Province, the District Education Board Secretary (DEBS) of Chipata District, the Head of Chipata Cheshire Home, the Headteacher of St. Annes Primary School in Chipata and individual participants. When protocol was observed in terms of permission seeking, the researcher went ahead to create rapport and interviewed the participants comprising teachers, Cheshire Home personnel, parents and children with disabilities. A mobile phone voice recorder was used to record all the conversations in

order to accurately capture the views, opinions and experiences of the interviewees. The researcher also reviewed some documents such as reports, minutes of meetings and brochures. Later the researcher put the statements from the interviews and key points from the reviewed documents into categories and narratively made a summary. The narrative summary aided the researcher to compile this report.

### **3.7.1 Documentary Review**

There was review of some documents at Chipata Cheshire Home and the school. The documents reviewed included children's school performance reports, attendance registers, health reports and other CBR reports pertaining to the education of children with disabilities. These documents were accessed from the school and the Cheshire Home.

### **3.7.2 Interviews**

Semi-structured interview schedules were used in the collection of data where nineteen participants were interviewed: two (2) Lusaka Cheshire Homes personnel, four (4) parents or guardians of children with disabilities, five (5) children with disabilities, six (6) teachers of children with disabilities and two (2) Chipata Cheshire Home personnel in charge of children with disabilities, were interviewed so as to solicit their experiences and feelings about the Cheshire Home CBR programme of provision of education to the children with disabilities. This method of data collection was selected due to its flexibility as the researcher had the opportunity to modify seemingly difficult questions to provide clarity and pose more relevant questions (Bell & Waters, 2014). The other advantage of semi-structured interviews was that they were designed to gather intended information in a more systematic manner (Dawson, 2009).

The researcher sought for consent from the participants and began by interviewing the two (2) Lusaka Cheshire Homes personnel followed by the Two (2) Chipata Cheshire Home personnel in charge of children with disabilities, then the five (5) CWDs, the four (4) parents, and six (6) teachers of children with disabilities. There was prior arrangement (a day before the interviews) between the researcher and the participants. The researcher briefly discussed with the participants how the interviews would be conducted. The purpose of the interview was explained to the participants. Issues of confidentiality and the possibility of withdrawing from the interview were also

clarified. Some participants such as teachers requested for the interview guide prior to the interview day. They stated that the guide would give them an overall picture of the interview. The interviews were conducted at a place where participants felt comfortable with such as a classroom, an office on phone and under a tree. Some teachers and some pupils preferred the classroom, CBR personnel favoured an office, parents preferred on phone and other teachers and pupils chose under a tree.

### **3.8 Data Analysis**

The four phases of qualitative data analysis were followed in analysing data. These are defining the analysis (getting familiar with data), classifying data (identifying codes and themes), making connections (coding data), and constructing stories and theories (organising codes and themes). The above stated phases are also referred to as Exploration Phase, Specification Phase, Reduction Phase and Integration Phase. Data collected were analysed using thematic analysis where data were organised in line with the research questions and coded on sheets of paper. Conclusions were drawn from the gathered data with the application of reasoning or logical data analysis strategies. The researcher began the analysis gradually but rigorously shifting from specifics to generalisations while taking into consideration own influence on a setting in order to avoid biases as well as emotional responses to yield meanings that vividly showed the true picture of the phenomenon under study.

### **3.9 Credibility and Trustworthiness**

In order to establish credibility and trustworthiness, the researcher clearly linked the findings with reality so as to demonstrate the truth of the findings. Triangulation, member checking techniques and the provision of relevant information to participants before interviews were used to ascertain the study's credibility. Triangulation involved using multiple methods, data sources, observers or theories in order to gain a comprehensive understanding of the phenomenon being studied. The study was triangulated using two data collection techniques namely, documentary reviews and semi-structured interviews, member checking and analyst view in order to ensure that the data were stating what they needed to state (Saunders et al., 2012). Analyst triangulation was implored in the study. Analyst triangulation involved the utilisation of another analyst to review the findings or the use of multiple observers and analysts. This aided in illuminating blind spots in the analysis process. Member checking is a



credibility/trustworthiness technique in which data, interpretations and conclusions were shared with the participants. It allowed participants to clarify what their intentions were, corrected errors, and provided additional information deemed necessary. Finally, supplying participants with a list of interview themes prior to the interview promoted credibility and trustworthiness as it informed the interviewee about the information the interviewer was interested in and offered them the opportunity to be ready for the interview by gathering relevant organisational documents in advance (Saunders et al., 2012).

### **3.10. Ethical Considerations**

Considering the relevance of being ethical, the researcher secured research clearance from the ethics committee of The University of Zambia (see Appendix 9 on page 86). An introductory letter which explained the purpose of the study prior to field visit was also obtained from The University of Zambia. The researcher requested for permission from authorities of St. Anne's school, Chipata Cheshire Home and other relevant offices. Upon being granted permission, the researcher proceeded with the field study. The participants' consent was sought and they were informed of the purpose of the study together with the assurance of confidentiality in relation to their information. For instance, the real names of the participants were withheld or were anonymous (Cohen, Manion and Morrison, 2005) and no tape recordings or rather photographs were taken without the consent of the informants. Participation was on voluntary terms and this was well-explained to all the participants. This meant that participants were not forced to participate in the study and were free to withdraw from the study at any time they wished to. The researcher informed the participants about their freedom to withdraw from the study if they so wished. Prior arrangements regarding the days and times of data collection were made with the participants. Ultimately, the researcher sought for permission from the participants to take photographs that would be used for academic purposes only.

### **3.11 Summary**

This chapter presented information on how data was collected and analysed in order to address the objectives of the investigation. Therefore, the chapter covered the research methodology, design and description of the data collection and analysis instruments used. This chapter also provided information on target population, sample and sampling techniques. The sample size for the semi-structured interviews was determined at 20 making use of purposive sampling. Chapter 3 also highlighted data collection methods. The data were collected using interviews and documentary reviews. It was in this chapter that data analysis was done using thematic analysis. Issues of credibility and trustworthiness, and ethical considerations were also dealt with in this chapter.

## **CHAPTER 4: PRESENTATION OF FINDINGS**

### **4.1 Overview**

Guided by the research objectives, the findings of this study were presented under the five (4) headings: 1. Description of the study sample. 2. Chipata Cheshire Community-Based Rehabilitation provision of education to Children with Disabilities. 3. Strengths of Cheshire Community-Based Rehabilitation Programmes for Educating Children with Disabilities. 4. Challenges experienced by Cheshire Community-Based Rehabilitation Team in Educating Children with Disabilities.

### **4.2 Description of the Study Sample**

Semi-structured face-to-face and phone interviews were conducted. The purpose was to obtain in-depth understanding of the provision of education to children with disabilities under Cheshire Community-Based Rehabilitation (CBR) programme. The interviews targeted twenty (20) participants but a total of nineteen (19) participants participated in the study. One (1) participant did not participate as could not be reached physically as well as by phone. The study sample consisted of twelve (12) female and seven (7) male participants. Among the twelve (12) female participants were one (1) Lusaka Woodlands Cheshire Home Personnel, two (2) Chipata Cheshire Home Sister, two (2) Chipata Cheshire Home children with disabilities, five (5) St. Anne's School teachers and two (2) Chipata Cheshire Home parents of children with disabilities. The 7 male participants were distributed as follows: One (1) Lusaka Woodlands Cheshire Home Personnel, one (1) St. Anne's School headteacher, three (3) Chipata Cheshire Home children with disabilities and two (2) Chipata Cheshire Home parents of children with disabilities. Sixty-three percent (63%) of the nineteen 19 respondents were females and thirty-seven (37%) were males. The children interviewed were under the age of fifteen (15). Table 2 below is a detailed summary of description of the study sample.

#### **4.2.1 Code Interpretation**

C = Child (C1, C2, C3, C4, C5.)

P = Parent (P1, P2, P3, P4.)

T = Teacher (T1, T2, T3, T4, T5, T6, T7, T8.)

LCCBR = Lusaka Cheshire Community Based Rehabilitation Personnel (LCCBR1/2)

CCBR = Chipata Cheshire Community Based Rehabilitation Personnel (CCBR1)

*Table 2: Personal Information of Children with Disabilities*

<b>PARTICIPANT CODE</b>	<b>GENDER</b>	<b>AGE</b>	<b>GRADE</b>	<b>DISABILITY</b>
C1	F	14	4	Physical/Learning
C2	M	11	1	Physical/Learning
C3	M	10	1	Physical/Intellectual
C4	M	13	6	Physical
C5	M	11	3	Physical

*Table 3: Personal Information of Parents of Children with Disabilities*

<b>PARTICIPANT CODE</b>	<b>GENDER</b>	<b>AGE</b>	<b>OCCUPATION</b>
P1	F	45	Peasant Farmer
P2	F	28	Marketeer
P3	M	51	Peasant Farmer
P4	F	37	Peasant Farmer

*Table 4: Personal Information of Teachers*

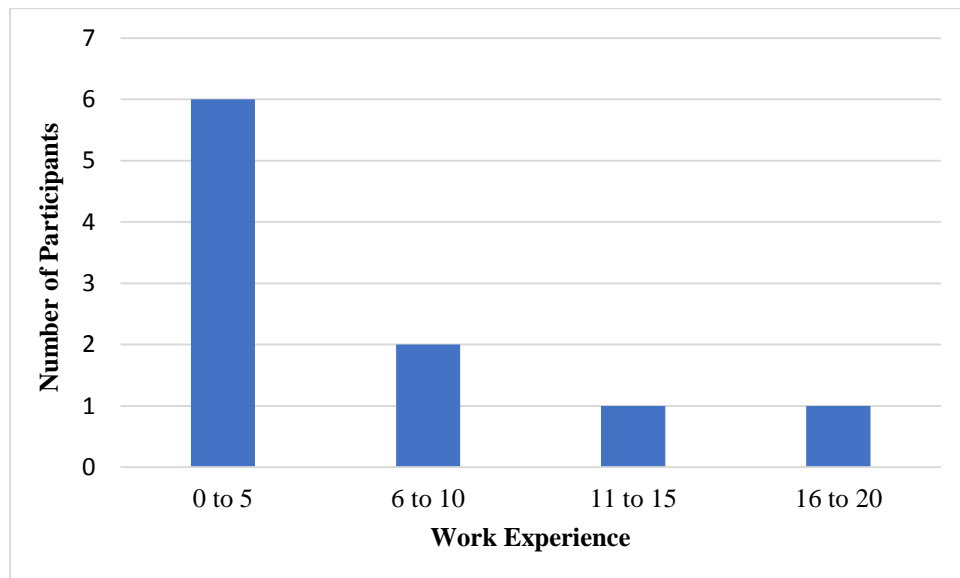
<b>PARTICIPANT CODE</b>	<b>GENDER</b>	<b>AGE</b>	<b>QUALIFICATION</b>	<b>EXPERIENCE</b>
T1	M	50	DEGREE	15
T2	F	36	DIPLOMA	5
T3	F	39	CERTIFICATE	6
T4	F	40	DEGREE	6
T5	F	29	DIPLOMA	4
T6	F	27	DEGREE	3
T7	F	32	DEGREE	5

**Table 5: Personal Information of Cheshire Personnel**

<b>PARTICIPANT CODE</b>	<b>GENDER</b>	<b>AGE</b>	<b>QUALIFICATION</b>	<b>EXPERIENCE</b>
LCCBR1	M	44	MASTERS	10
LCCBR2	F	54	DEGREE	25
CCBR1	F	38	DIPLOMA	6

**4.2.2 The Profile of Formally Employed Interviewees**

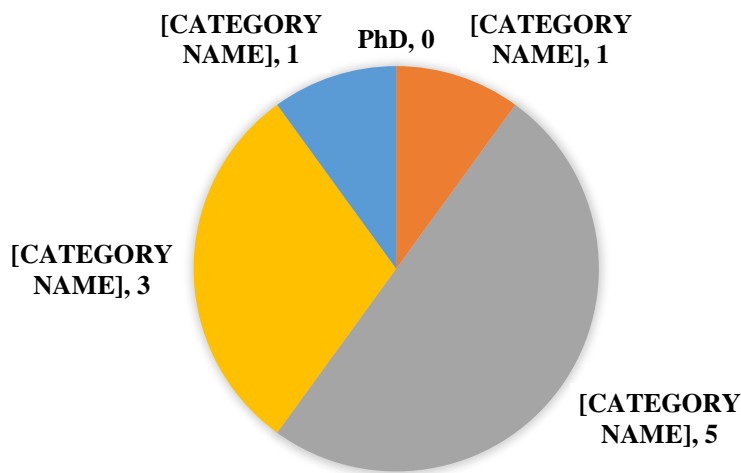
This section of the findings presented information on characteristics of the participants with respect to profession, firm/institution they belonged to, years of experience, years spent at Cheshire and age. On average, the 10 interviewees that were formally employed had the following profiles: 6 had between 0-5years work experience in their respective fields, 2 had 6-10years work experience, 1 had 11-15years and 1 had over 20 years of work experience. However, the remaining 9 were parents and CWDs (4 parents and 5 children). Figure 4-2 shows the summary of interviewees in two categories of formally employed interviewees.



**Figure 2: Number of Formally Employed Interviewees**

### 4.2.3 Educational Qualifications

The Cheshire personnel and teacher interviewees had reasonable and fair educational background to understand the policy pertaining to the education of CWDs and also to be able to contribute positively to the study seeking ways, strengths and challenges in the provision of education to children with disabilities under Cheshire Community-Based Rehabilitation programme. 1 participant had a Master's Degree, 5 participants had a Bachelor's degrees, 3 participants had diplomas and another 1 participant had a certificate whereas none had a PhD. The educational qualifications distribution of the interviewees is presented in Figure 4-3.



*Figure 3: Educational Qualifications of Formally Employed Interviewees*

### 4.3 CCBR Provision of Education to CWDs

In order to explore how the Chipata Cheshire CBR programme provided education to CWDs, semi-structured interviews and documentary reviews were used to gather data. This part of the interviews and documentary review was meant to explore CCBR ways of providing education to CWDs. The ways included educational activities; educational support (sponsorship); rehabilitation; outreach activities; spiritual and moral support; and income generating activities.

### 4.3.1 Education Activities

The semi-structured interviews results showed that out of 19 participants, 17 identified educational activities while 2 did not have the knowledge of the educational activities carried out at the Home. Therefore, the results showed that the participants were aware of education activities in Cheshire homes. Interviewee C16 said this: *“masistazi bamatiphunzisa vambiri monga muklasi na vinthu vinangu monga kusacita ndeo na kulemekeza bakulu.”* *“English Translation:*

*“The Sisters teach us a lot of things like in classes and values such as non-violence and respect for elders.”*

### 4.3.2 Educational Support

This part of the interviews was meant to find out if participants knew of the Cheshire CBR educational support to CWDs. The results showed that 89 percent of the interviewees were aware of educational support activities. Participant C14 stated:

*“Kuno ku Cheshire, bamatigulira maunifomu, mabuku, maphenso na nsapato na vonse va kusukulu. Ngati kusukulu kufunika ndalama, ba Cheshire bamalipira. Tinkhala bwino maningi kucila kunyumba kwathu. Monga ine nimadandaula ngati tabvalila masukulu cifukwa kuno vonse viliko osati kunyumba.”* *“English translation: “Cheshire buys us school uniforms, books, pencils, shoes and everything we need for school. When school fees are needed, Cheshire pays for us. Our stay here is better than that of our homes. Personally, I don’t like it when we close schools because we are provided for with everything here at Cheshire and not at home.”*

### 4.3.3 Rehabilitation

This part of the interviews was meant to find out if respondents were aware of any Cheshire CBR rehabilitation activities. The results showed that out of 19 interviewees 14 were aware of the rehabilitation activities of the Cheshire CBR while 5 did not

know. Thus, the results indicated that rehabilitation activities were known. Participant P11 for example said this,

*“Kulemala kwake nimalunji, mendo. Anabadwa wolemala so chabe. Enze anabvimbikakana maningi. So poyamba banamuyambisa treatment kwamene kuno ku Lundazi. After abadwa, anakhala 2 days ndipo day ya 3 tayamba kucita treatment mpaka akwanisa 5 months. Month ya namba 6 ananituma ku St. Kuja ninankhalako 1 month. Pa last banatituma ku Lusaka ku Beit Cure Hospital kwamene banamunyondolola mendo. Manje ayenda bwino ndipo sitimupapa.”* “English Translation: *“He has a disability on his legs. He was born with a disability just like that. His body became very much swollen. So, he was given treatment here in Lundazi first. On the third day after his birth, he began treatment until when he was 5 months old. He was later referred to St. Francis Hospital in the 6<sup>th</sup> month. We stayed there for one month. We were finally referred to Beit Cure Hospital in Lusaka where they rehabilitated his legs. He now walks well and we do not have to carry him on our backs anymore”*

#### **4.3.4 Outreach Activities**

This component of the study was designed to check whether the participants had knowledge of the Cheshire CBR outreach activities for CWDs. The study revealed that 8 out of 19 participants had knowledge of these activities whereas 11 had no knowledge of such. The results showed that Cheshire CBR outreach activities were less known by the participants. This was backed by participant CCBR3 who lamented that,

*“It was difficult for us to go into the field and reach out to CWDs due to lack of transport. For two (2) years or so, we had no transport. It was recently that we were given a Toyota Hilux to help us conduct outreach activities.”* Interviewee P12 had this to say:

*“Ba Cheshire bamabwera kutiyendera notiphunzisa za ulema, madyedwe na ubwino wa maphunziro ku mwana aliyense olo*



wolemala. *Bamatiphunzisa kuti osati tizicita nao manyazi kapena kubabisa bana bolemala. Bamatilimbikisa kuti tizibakonda bana bathu bolemala cifukwa ngati baphunzira bangakwanise kuzisamalira beka nakuthandiza ise makolo bao nabanthu benangu. Monga ngati baphunzira bakhala teacher olo nurse, bangaziphunzisa bana nakusebenza kucipatala kuthandiza banthu bodwala. Ati bangathandize kucitukuko ca Zambia.*” English translation: “Cheshire personnel visit us to teach us about disability, diet and the benefits of education to all children including those with disabilities. They teach us not to be ashamed of nor hide our children with disabilities” They encourage us to love them as they are capable of being productive members of the society. For instance, if they became teachers or nurses, they would teach learners and attend to patients in hospitals respectively, thereby contributing to Zambia’s development.”

#### **4.3.5 Spiritual and Moral Support**

This section of the research was targeted to reveal if Spiritual and Moral Support activities for CWDs were available at Cheshire CBR Homes. It was discovered that out of the 19 interviewees, 11 of them said Spiritual and Moral Support activities were available and 8 denied the availability of these activities. Therefore, on average, the results indicated that Spiritual and Moral Support activities were available at Cheshire CBR Homes.

For instance, participant P13 said,

*“camene cinanikoka mtima kuti nipereke mwana wanga ku Cheshire nicakuti Cheshire nimalo a mapemphero kwambiri. Ninaziba kuti mwana azayamba kumvera mau a Mulungu ndipo azipemphera camene ciri cinthu cofunika maningi pa umoyo wa munthu.”*

*English Translation: “Knowing Cheshire Home as a place of intense prayers and the Word of God, I was motivated to take my child there. I knew my child would be prayerful and be rooted in God’s Word.*

Participant C16 confirmed:

*“Ine kuno ninaziba kupumphera nakuberenga Baibo. Timaphunzira mastori ya mu Baibo mwamene Mulungu afunila kuti tizikhalila pano pa ziko.” English translation: “While here at Cheshire, I have learnt to pray and read the Bible. We learn about Bible stories on how God wants us to serve Him here on earth.”*

#### **4.3.6 Income Generating Activities**

This part of the research was meant to find out whether the interviewees had any knowledge of Income Generating Activities (IGA) carried out at CCBR, that propelled the education of CWDs. The study indicated that 12 out of the 19 participants showed knowledge of the IGAs. Hence, the results showed that IGAs that enhanced the education of CWDs were carried out at CCBR. *“This home has income generating activities such as poultry, piggery, orchard and others. The money we get from these is used to support our children with disabilities. We buy food and other necessities for these children since most of them come from very poor families.”* - Participant P10.

#### **4.4 Strengths of Cheshire CBR Programmes for Educating CWDs**

This component was designed to solicit Cheshire CBR strengths for educating CWDs. The participants were asked to explain the strengths of CCBR programmes in providing education to children with disabilities. The findings of the study established a number of CCBR programme strengths for educating CWDs. The strengths included emphasis on parental involvement; inclusiveness; National Policy on Disability sensitisation; Livelihood activities empowerment; Advocacy; Activities for Daily Living (ADL) integration in communities; Creation of Enabling Environment; Government’s Provision of Specialist Teachers and Physiotherapists to Cheshire CBR Homes, and Educational Positive Discrimination for CWDs. For example, participant CCBR3 had this to say,

*“we emphasise parental involvement in this whole issue of providing education and other services to children with disabilities. As we, the Home and well-wishers get involved in*

*this, parents are very key to the success of this programme. They need to work with us in order to see their children succeed in education.”*

The study revealed that 14 interviewees out of 19 mentioned CCBR’s emphasis on parental involvement and inclusiveness as a strength for educating CWDs; 10 stated National Policy on Disability sensitisation in communities, creation of enabling environment, government’s provision of Specialist Teachers and Physiotherapists to Cheshire CBR Homes and educational positive discrimination for CWDs; 6 talked about livelihood activities empowerment, and 5 stated advocacy and ADL integration in communities. The following were the responses from some of the interviewees:

Participant LCCBR1 stated:

*“Cheshire CBR works with the government by lobbying and advocating for CWDs on the importance of education be it special or inclusive for severe/profound and mild/moderate disabilities respectively. We lobby for the adaptation of the curriculum and policies to include the plight of CWDs”*

Participant P12 said the following:

*“Umwayi ulipo niwakuti ise makolo tifunika kucitapo kanthu monga kuthandizira kudyesa bana bathu bolemala kuti baziphunzira bwino. Kugulako tunthu tung’ono-tun’gono monga mabuku na mapheso. Tifunika kupanga tumagulu twamene tingazikambisana monga mocitira malonda kuti tipeze ndalama zothandizira zamaena ba Cheshire baticititira. Siti funika kubalekelela monga bana nibao iyayi. Tifunika tigwepo ndithu. Ngati nikotheka, ba Cheshire bangazibwera kutiphunzisa mocitira malonda kapena bizinesi kuti tithandize bana bathu baphunzire.”*

*English translation: “The opportunity that is there is for us parents, is to get involved in the education of our children with disabilities. We need to do our part by trying to provide food, books, pencils and other small requirements to our children so*

*that they can well acquire education. We need not leave everything to Cheshire Home CBR. Cheshire Home CBR is just but a help. We own the children and as such need to be responsible and accountable to them.”*

Participant T5 had this to say:

*“As for this school together with Cheshire here, I think we still embrace the children with different disabilities, that’s why we have even continued to have these children at this school. And these children they don’t just come from Chipata District, they come from different parts of the Province.”*

Participant CCBR3 indicated:

*“Now that we have been given a vehicle, there are opportunities for us to continue with outreach programmes such as community mobilisation, disability awareness campaigns on the causes and management of disabilities, early identification (child-find), the importance of educating all children including those with disabilities and the organisation of self-help groups that can advocate for the needs of children with disabilities and also economic empowerment for parents and children with disabilities.”*

The interviewees also stated Cheshire CBR strengths in relation to the provision of education to children with disabilities as follows:

#### **4.4.1 Education**

The interviewees were asked on how Cheshire CBR programmes helped CWDs towards their education such as carrying out the actual teaching and learning or having a school for Cheshire CBR providing the education service. It was discovered that 14 out of the 19 interviewees stated that Cheshire CBR education programmes acted as equalisers in the lives of CWDs and those children without disabilities, while 5 participants could not relate Cheshire CBR programmes to the education of CWDs. In view of this, the findings indicated that Cheshire CBR education programme helped provide education to CWDs as seen from participant 2 and 3 below:

Participant CCBR2 stated:

*“As Cheshire CBR, we’re providing education to the children with disabilities.”* Participant CCBR3 said: *“Mainly we have Inclusive Education for Early Childhood. Primary, Secondary and Tertiary teaching of these children is mainly done by other schools such as St. Anne’s and other secondary schools. As Chipata Cheshire CBR, we have an Inclusive Education Pre-school right here. We educate both the able-bodied and those with disabilities side by side. So, we don’t want to completely withdraw them from society to study by themselves. So, we’re trying to make them to go to a regular school like these two Early Childhood inclusive classes that we have here where they mix with their friends without disabilities. This makes them feel a sense of belonging and worth”.*



**Picture 1: An Early Childhood Inclusive Education Class**

#### **4.4.2 Educational Support Programmes**

The question on how Cheshire CBR education programme helped in providing education to CWDs also yielded the response of educational support programmes. All the 19 participants talked about how educational support programmes such as Cheshire CBR’s provision of school fees, uniforms, books, food and transport to

CWDs acted as a prerequisite to accessing education. The results revealed that 100 percent of the participants knew how Cheshire CBR educational support programmes helped provide education to CWDs. This is evidenced in the following interviewee responses:

Participant LCCBR2 said:

*“We’re providing educational support. Not just education in the Homes, but educational support like paying school fees for these children.”*

Participant P11 said:

*“Ba Cheshire bamamugulira ma uniform, mabuku na zina zonse za kusukulu mwana wanga. Pa ici niyamikila na kupempha kuti Mulungu abadalise maningi cifukwa ca nchito yabwino imene bacita.”* English translation: *“Cheshire takes care of my child’s school welfare. For this, I am thankful, I pray to God to bless them abundantly for their good works.”*

#### **4.4.3 Rehabilitation Programmes**

This part of rehabilitation came out as a vehicle for education access to CWDs. 12 participants out of 19 explained that without rehabilitation of children with cleft palate and limb deformities for instance, such children would either face challenges to access education or rather not access education at all. However, 7 interviewees could not relate Cheshire CBR rehabilitation programmes to the education of CWDs. The results of the study showed that the participants were able to link Cheshire CBR rehabilitation programmes to the educational provision of CWDs.

Participant LCCBR1 stated:

*“Cheshire CBR mainly provides rehabilitation services to CWDs. This is in form of surgery and physiotherapy.”*

Participant LLCBR2 had this to say:

*“CBR programmes encompass mostly rehabilitation activities like surgery, physiotherapy and exercises.”*

Participant P13 said:

*“Mwana ezo peza bvuto mumayendedwe. Tezocita kunyamula. Koma lomba, ba Cheshire banampereka kucipatala ku oparesoni nakumunyondolola mwendo.” English translation: “Our child had challenges to walk. We used to carry him. Now Cheshire CBR took him to the hospital for surgery where they operated on him and rehabilitated his leg.”*

#### **4.4.4 Outreach Programmes**

Under this sub-theme, the respondents were asked to ascertain the relevance of Cheshire CBR outreach programmes to the education of CWDs. Out of the 19 participants, only 8 had the ability to relate Cheshire CBR outreach programmes to the education of CWDs whereas 11 could not figure out the relationship between Cheshire CBR outreach programmes and the education of CWDs. The responses from the 8 participants pointed to these programmes as being a source of strength and disability knowledge to the families of CWDs as quoted below:

Participant C18 indicated:

*“Ba Cheshire bamatilimbikisa. Bamatiphunzisa kuti bolemala nabo bangaphunzire maningi monga bosalemala. Bamatiuza kuti ngati mwana maka-maka wolemala waphunzira, mabvuto monga ya ndalama amacepako. Sukulu ku bana bolemala maka-maka ili ngati baibo mumanja ya aKhristu. Imacosa umphawi na manyazi. Munthu wophunzira amalemekezeka kwambiri cifukwa ca maphunziro.” English translation: “CCBR teaches us that people with disabilities can also be very well educated just like those without disabilities. They tell us that when children with disabilities are educated, they become economically empowered. To children with disabilities particularly, education is like a Bible in the hands of a Christian. It is a weapon which has the ability to defeat or conquer poverty and embarrassment. An educated person commands respect just by virtue of being educated.”*

Participant CCBR3 said:

*“We also have outreach programmes. We go into the villages to search for the children with disabilities especially those with physical disabilities. We organise communities to help*

*children with disabilities. We sensitise them on how to handle children with disabilities.”*

However, since the study revealed that 11 out of the 19 participants were not aware of CCBR outreach programme for the education of CWDs, it is evident that the existence of CCBR outreach programme is less known to people.

#### **4.4.5 Spiritual and Moral Programmes**

Spiritual and Moral Support programmes were among the Cheshire CBR programmes identified by the interviewees. The participants stated that these programmes had a link to the education of CWDs. They said that believing in God could in the long run make it easier for CWDs to apply the Bible principles to their education thereby excelling in their education. 11 out of the 19 respondents supported the point that Cheshire CBR Spiritual and Moral Support programme aided CWDs in their education pursuit while 8 did not support the point. The findings revealed that there were more participants that supported Cheshire CBR Spiritual and Moral Support programme as an aid to the education of CWDs than those that did not support the programmes as shown below.

Participant P13 stated: *“Uko ku Cheshire, amayenda ku Church kwamene aphunzira za Mulungu. Ici cizamthandiza kuti aphunzire bwino nakukula bwino.”* English translation: *“While at Cheshire, he goes to Church to learn about God. This will result in him being well-educated and growing up into a good person.”* Also Participant C18 had this to say: *“Timapemphera ku Church.”* English translation; *“We go to Church to pray.”*

#### **4.4.6 Income Generating Activities**

##### **Hammer Mill Projects**

The results indicated that the CCBR had hammer mill projects in its catchment areas such as Jerusalem, Chiwoko and M’gubudu. It was discovered that the one at M’gubudu was awaiting the connection of power to the shelter by the Zambia Electricity Supply Corporation (ZESCO). Participant CCBR10 said that, *“As CCBR, we have hammer mills that in a small way, help us make a bit of money to run the CBR programme for these children.”*

##### **Office Blocks**



The study revealed that all catchment areas had office blocks with some rooms rented out to either individuals or organisations. Dunavant was one of the organisations renting two rooms at Kasamanda. Participant CCBR3 for instance, said,

*“another way we raise some funds is through renting out office blocks to people and organisations. We are currently renting out two (2) office blocks that are at Kasamanda to Dunavant.”*

### **Oil Expeller**

The results of the study showed that CCBR was running oil extracting business using an expeller in Chiwoko. However, at the time of the research, the oil expeller was not functioning properly. It was stated by participant CCBR10 that,

*“We have an oil expeller that is presently non-functional due to some mechanical faults. It helped us generate funds for the education of CWDs and their general well-being.”*

### **Poultry Business**

The results of the research also indicated that CCBR had a poultry house at the Home and also in Jerusalem, a place along the Chadiza-Chipata road. However, at the time of the research, chickens were not being reared in Jerusalem. Participant CCBR3 stated that,

*“CCBR has a poultry house here at the Home and in Jerusalem. But for now, we only have chickens here at the Home. There are no chickens being reared in Jerusalem as I am talking. We sold the chickens two (2) weeks ago and are planning to buy some day-old chicks to continue with our business. There is a ready market for chickens here.”*



**Picture 2: Chickens in a poultry house**

### **Retail Shop**

The study revealed that CCBR had a retail shop which was closed due to pilfering. Participant CCBR3 had this to say,

*“the retail shop which was of great help was closed due to pilfering. We hope to see it flourish as we put measures in place to curb pilfering.”*

### **Piggery Business**

The study established that CCBR had a piggery at the Home and another at Kamulaza area with few pigs at the time of the research. Participant CCBR10 said,

*“we also rear pigs to assist us with money to continue running the CBR programme. It’s challenging but we just have to work hard to raise funds in collaboration with the parents since the donors pulled out.”*



**Picture 3: Pigs in a Piggery**

### **Orchard**

The study revealed that CCBR was at the time of the research managing an orchard full of orange plants that were fruit bearing. Participant CCBR11 excitedly mentioned of the oranges they had in the orchard: *“Income is also generated through the selling of the orange fruits from our orchard over there. The surrounding community buys the oranges from us and this gives us some money to support the CWDs.”*



**Picture 4: Oranges in an orchard**

### **Gym**

Resulting from the study, the gym was another income generating project at CCBR. The project had not reached completion at the time of the study. Nonetheless, it seemed promising with regards to funds generation. Participant CCBR3 said,

*“Once we complete the gym project, the charges from the people that will be coming forth to exercise will be channelled into aiding children with disabilities.”*



**Picture 5: Gym Project**

### **Direct Beneficiaries**

The results of the study revealed success stories from some beneficiaries of CCBR programmes. A female beneficiary who acquired training in tailoring and empowerment of sewing machines and materials had used the business to educate her girl child from grade 8 to 12. Participant P13 for example said, *“nakwanisa kuphunzisa mwana wanga mkazi kuchokera grade 8 kufika grade 12 na thandizo bananipasa ba Cheshire CBR kuno ku Chipata. Bananipereka ku kosi ya tailoring nakunipasa mashini yosokela zobvala. Nathandizika maningi cifukwa nimasoka Malaya ndipo nigulisa ku banthu.”* English Translation: *“I have managed to educate my girl child from grade 8 to 12 through the help I received from Chipata Cheshire CBR. They supported me by taking me to a Tailoring training and later gave me sewing machines. I sew clothes and sell to people. This helps me make money for my family.”*

Another boy who benefitted from CCBR programmes also told his success story brought about by CCBR programmes. He said he had his bow legs which gave him

challenges to walk rehabilitated. Participant C18 had this to say, *“ninabwera kuno na mendo yobenda. Nenze kukangiwa kuyenda bwino koma aba ba Cheshire bananipereka ku Chipatala ku St. na ku Lusaka ndipo bananinyondolola mendo. Manje niyenda bwino kusukulu nakusebera na banzanga.”* *“I came here with a disability on my legs. I was not able to walk properly but CCBR took me to St. Francis Hospital in Katete and Beit Cure in Lusaka where I was rehabilitated. I am now able to walk properly as I go to school and play with my friends.”*

#### **4.5 Challenges of Cheshire CBR in Educating CWDs**

This part of the interviews was meant to examine the challenges experienced by Cheshire CBR in educating children with disabilities. The interviewees were asked to bring out the challenges that Chipata Cheshire CBR encountered in educating children with disabilities. The data was recorded and analysed qualitatively. The challenges revealed included: Lack of funds to effectively implement and sustain the programmes as stated by Participant LCCBR1: *“Cheshire CBR faces financial challenges in order to effectively carry out its activities.”*; Large catchment area creating difficulties of satisfying the unique needs of all CWDs as alluded to by Participant CCBR9: *“There are number of them. One of them is finances because the catchment area is big. Most of them who send pupils here are coming from the shanty compounds and it’s hard for them to find money. So financial challenges.”*

Lack of special facilities for CWDs as lamented by CCBR/T4: *“Our institution does not have special facilities for CWDs to use. Things like computers, I-pads. In short the institution does not have special equipment and learning aids for CWDs.”*; Lack of the government’s involvement in funding Cheshire CBR programmes; Lack of knowledge and skills by many mainstream teachers on how to handle CWDs as evidenced by Participant T4: *“Since we don’t have any knowledge on how to handle such children so we face all sorts of challenges because we need someone who is trained in that particular area.”*; Unwillingness and or incapability of some schools to accommodate CWDs as reported by Participant LCCBR2: *“And there’re still some people who do a bit of stigmatisation, some people who discriminate them.”*; Self and external discrimination and stigma; Physical and attitudinal barriers to the education of CWDs; Centralised hospital services; Poverty; Lack of the ability to generate own income using local resources. The CBR lacked a strategic resource mobilisation plan

to generate and source for funds locally. Moreover, the plans developed were donor-based thereby making the CCBR organisation a donor-based one; The CCBR staff had inadequate professional qualifications and experience in managing programmes' activities. This made the implementation of some activities difficult even when people had undergone training in CBR programmes and activities; There were poor linkages between CCBR and other stakeholders; and There was poor record-keeping in the entire CCBR that made internal monitoring and evaluation of programmes' activities difficult.

#### **4.6 Summary**

In this chapter, the results obtained from semi-structured interviews and relevant project documents were presented. The chapter presented findings of the study that investigated into the provision of education to children with disabilities under Cheshire Community-Based Rehabilitation Programme in Chipata District. The findings were: Chipata Cheshire Community-Based Rehabilitation (CCBR) had several ways of providing education to CWDs. These were the actual education; educational support programmes; rehabilitation programmes; outreach programmes; spiritual and moral programmes and income generating activities. Furthermore, the data dealt with the strengths of CCBR in providing education to CWDs. Some of the strengths were that CCBR had two (2) early childhood inclusive education classes; educational support programmes; outreach programmes; proximity to a primary school; and a number of Income Generating Projects such as hammer mill, office block, oil expeller, poultry, retail shop and piggery. Ultimately, the challenges of CCBR in educating CWDs were shown too. These included: Donor dependence; lack of the ability to generate local/own resources, poverty; inadequate parental involvement; lack of specialised facilities for CWDs; lack of knowledge and skills by mainstream teachers on how to handle CWDs; attitudinal barriers; CCBR staff's inadequate professional qualifications and experience in managing the programmes' activities, poor linkages between CCBR and other stakeholders; and lack of funding by the government. The next chapter presents a discussion on the results.

## **CHAPTER 5: DISCUSSION OF FINDINGS**

### **5.1 Overview**

The previous chapter presented the results and analysis of reviewed relevant documents and interviews. This chapter presents a discussion of the presented findings in chapter four above. The themes are organised in the order of the objectives. Therefore, the chapter discusses how CCBR provided education to CWDs; the strengths of CCBR in providing education to CWDs; and the challenges that CCBR faces in providing education to CWDs.

### **5.2 CCBR Provision of Education to CWDs**

It was established that there were a number of ways in which CCBR provided education to Children with Disabilities (CWDs). These were: Two Early Childhood Inclusive Education classes; educational support (sponsorship); rehabilitation; outreach activities; spiritual and moral support; and Income Generating Activities (IGAs). The study further indicated that the CCBR offered four types of rehabilitation namely; Medical, Educational, Vocational and Social rehabilitation. These types of rehabilitation had activities such as Rehabilitation, Training, Information/Publicity, Administration, and Income Generating Projects (IGPs) (Chipala, 2009).

Looking at the afore-mentioned ways of education provision to children with disabilities, it could be deduced that all of these ways were interdependent. For instance, rehabilitation, outreach activities, income generating activities and spiritual and moral support put together, aided in the provision of education to CWDs. This was so in that a rehabilitated, well-informed (outreach activities), financially, spiritually and socially equipped child with disabilities could easily be provided with the required education. In order to provide quality education to CWDs, there was also need to look into their overall well-being such as health (physical, mental, emotional, etc.) and finances. Therefore, despite the challenges that CCBR encountered in providing education to CWDs, the above stated ways practised contributed greatly to the education of CWDs. Although the CCBR's contribution to the provision of education to CWDs might have had seemed small, it proved to be a step towards ensuring persons with disabilities had the same rights and opportunities as all the

other community members. The small efforts put together yielded bigger achievements.

The theoretical framework used in this study correlated very well with CCBR provision of education to children with disabilities. As already alluded to in the first chapter of this report, both Bronfenbrenner's Ecological Systems Theory and CBR work towards enriching the child for growth, learning and holistic development. Both concepts emphasise the significant roles played by various stakeholders to see to it that children develop all round.

### **5.2.1 Two Early Childhood Inclusive Education Classes**

The study established that CCBR provided Early Childhood Inclusive Education to CWDs right at the Home. It had two (2) early childhood classes. CWDs were enrolled for early childhood education right at the Chipata Cheshire Home. Some Catholic Sisters who were trained teachers taught right at the Home. Early childhood inclusive education has been proven to equip children for more challenging work at primary level of education. It also prepares children for an inclusive society which appreciates individual difference and diversity. Both children with and without disabilities learn to coexist at a tender age. This reduces stigmatisation and discrimination of persons with disabilities making them confident and happier persons. This is supported by WHO (2010) assertion stating that education in early childhood is important because of its influence on development. The human brain grows particularly rapidly during the first three years of life, and if adequate stimulation is not received during this period, development will be delayed, sometimes permanently. The early years provide a "window of opportunity" to lay the foundations for the healthy development of language, social ability, thinking and physical skills. Early childhood education sows the seeds for an inclusive society, because it is where children with and without disabilities can learn, play and grow together. Early childhood education also increases the child's chances of completing basic education and finding a way out of poverty and disadvantage.

The Home was also very close to a nearby Primary School, St. Annes. This made it easier for transition from early childhood to primary level. This meant that CWDs had less mobility difficulties walking from the Home to attend school at a nearby primary school. In addition, transport costs for CCBR were cut such that the money that could



have been meant for transport was used for other needs such as food and books for the CWDs. Literature by Kumar et al (2018) agreed with the result of this study. He stated that CBR played a very important role in reducing the distance that PWDs covered to access essential services such as education and health.

Pictures showing children in an Early Childhood Inclusive Education class under Chipata Cheshire CBR

### **5.2.2 Educational Support (Sponsorship)**

The study revealed that CCBR offered educational support to CWDs by providing school fees, transport and other school necessities. This is in support of Bongo et al (2018) and Udongo (2018) who asserted that parents and children with disabilities cited the provision of school fees and food, psychosocial support and clothes as the major benefits that CWDs got from the CBR programme. The provision of educational support especially to poor CWDs encouraged them to access and participate in education. The children felt loved, accepted and a sense of belonging. They were motivated to do more so as to acquire education for the purpose of independence. Moreover, CCBR linked the children to other institutions of learning at Secondary and Tertiary levels. The Home acted as a liaison between the parents and learning institutions. Since many parents of CWDs lacked knowledge on which schools to take their children, the CCBR acted as a link to ensure CWDs were provided with education by securing school, college and university places for them.

### **5.2.3 Rehabilitation**

The Zambia's National Policy on Disability (2015: iv) defined rehabilitation as "The processes through which persons with disabilities are provided with tools or skills to partially or fully restore their physical, mental, sensory and social functional abilities." Rehabilitation is regaining skills, abilities, or knowledge that may have been lost or compromised as a result of acquiring a disability or due to a change in one's circumstances.

Rehabilitation is an essential component in disability issues as stated in the CRPD since it "enables persons with disabilities to attain and maintain maximum independence, full physical, mental, social, and vocational ability, and full inclusion and participation in all aspects of life." According to the study, CCBR offered four types of rehabilitation namely; medical, educational, vocational and social

rehabilitation. Since the results indicated that rehabilitation activities were well-known by the respondents, this might have been as a result of physiotherapies and surgeries that children with disabilities underwent and were witnessed by most of the respondents. The effects of physiotherapy and surgery were easy to witness as could be clearly seen by simply looking at the children.

Most importantly, many parents of children with disabilities focus was primarily on rehabilitation while education seemed secondary as evidenced in the verbatims in the preceding chapter of this report. This assumption came in as most parents talked of how difficult it was for them to care for their children prior to their rehabilitation. This was evident in Chipala (2009) who stated that CCBR took CWDs to hospitals for surgery and physiotherapy where appropriate. This statement could insinuate that the need for rehabilitation preceded the need for education. Bongo et al (2018) also postulated that the aim of rehabilitation was to help children or persons with disabilities to achieve quality of life by way of enhancing their natural abilities in the natural environments. Subsequently, information sharing, and knowledge and skills transfer occur effectively since the child has a higher likelihood of demonstrating their abilities in familiar settings.

Moreover, CWDs received education just at the Cheshire Home and also at a nearby primary school (St. Annes Primary School) and other distant schools such as, Chipata Day Secondary School and Magwero Schools for the Blind and Deaf. While at school, the children were involved in extra-curricular activities that sharpened their vocational skills, and the school environment offered them social rehabilitation as they interacted with other learners. In the absence of rehabilitation, PWDs might be deprived of the opportunities to go to school, work, take part in cultural, sports, or leisure and recreational activities, thereby adversely affecting their well-being. Bongo et al (2018) further agreed with these findings. They postulated that CBR had helped parents and children with disabilities to manage disability in that some parents and families were involved in the day-to day physiotherapy exercises with their children.

#### **5.2.4 Outreach Activities**

Although slightly more than half of the participants could not properly relate outreach programmes to the provision of education to CWDs, a good number of them were able to see the relationship between the outreach programmes and the education of CWDs. The study agrees with that of Kuiper (2014) as well as Charema (2016) which argued that reaching out to persons with disabilities was an essential element in the early intervention of disability. It was through outreach programmes that children with disabilities could receive early intervention to ameliorate or mitigate the negative effects of disabilities, share information and transfer knowledge and skills pertaining to disabilities. The findings established that outreach activities were treated separate from educational activities. This could be due to the inability of respondents to link outreach activities to the education of CWDs. The other reason why outreach activities were less known to the participants could be due to the CCBR lack of transport to reach out to communities that were far. As stated in the previous chapter that for quite some time, the CCBR did not have transport to go into the field. Therefore, this incapacitation could have had made outreach activities less known to the participants.

It might be worth noting that outreach activities led to awareness and sensitisation of disability issues which included the education of children with disabilities (CWDs). Geert, 2001 asserted that awareness was the level of understanding that individuals had of themselves, their situation and the society in which they lived. Raising awareness aided people to recognise that there were opportunities for change. For example, education opportunities. Raising awareness in families and communities about disability issues and human rights could also have helped to remove impediments for people with disabilities in order that they could have greater freedom for participation and decision-making. The study corresponds with that of Burke (2014) who mentioned that in special education, parents and schools collaborated to ensure that children with disabilities received appropriate services. This is true because when parents get involved in their children's welfare, the children have confidence to face the world with boldness in that their academic performance is enhanced. This in turn lowers high school drop-out rates, resulting in higher academic expectations. CCBR outreach activities of awareness raising might have had played a role in helping provide education to CWDs. It must have had been through such

activities that parents of CWDs knew about the CCBR programme for CWDs. Hence, the outreach activities drew parents and CWDs closer to education opportunities. This claim was supported by Musoke and Geiser (2013) who hypothesised that the more the outreach activities conducted, the closer the parents of children with disabilities became aware of the opportunities for the education of their children with disabilities.

### **5.2.5 Spiritual and Moral Support**

It was established that CWDs received Spiritual and Moral Support from CCBR. This gave the children hope and aided them to concentrate on their school. CRS (2016) stated the importance of spiritual and moral support for CWDs as follows: Children with disabilities need as many life experiences as typically developing children and should be able to participate in all cultural and religious celebrations. Parents and teachers work together to find ways to adapt the environment, change seating arrangements, or help a child interact with other people (2016:11).

### **5.2.6 Training**

Although the training in entrepreneurship, project management, records management and basic income generating activities involved the CBR adult members, CWDs also received training in academic and co-curricular activities through the St. Annes Primary School. The pupils were involved in class work, sports, chicken rearing, vegetable gardening and maize cultivation. It was evident that school going children needed to learn a variety of skills in order to prepare them for productive adult life or life in the community. The results agree with Samuel (2015) who asserted that CBR is typically oriented towards achieving optimal functioning, quality of life, and community integration. Similarly, Khanzada and Kamran (2012) stated that CBR needed to ensure the possibility of the work of persons with disabilities and enhanced their mental and physical abilities and reached to usual services and equal opportunities and contributed positively to the development of their communities. It also enabled communities to promote the rights of persons with disabilities and protected it by changing the communities themselves to remove barriers and obstacles that disrupted participation. Ultimately, this could lead to the equalisation of opportunities as it could promote inclusion of persons with disabilities in all aspects of their lives.

### **5.2.7 Referrals**

Through CCBR children with disabilities were referred to hospitals such as Chipata General Hospital, St. Francis Hospital in Katete District and Beit Cure Hospital in Lusaka Province for further investigations. This helped CWDs to receive the desired treatment with regards to their disabilities. Eventually, this led to CWDs being able to get back to school and concentrate on their education. Referrals might have had led to early intervention. The Federal Law; Individuals with Disabilities Education Act (IDEA) 2004 stated: “The purpose of early intervention is to minimize children’s chances of being behind in their educational potential as they enter preschool or elementary school.”

### **5.2.8 Empowerment**

Cornell Empowerment Group (1989) gave the following definition of empowerment: “Empowerment is an intentional, on-going process centered in the local community, involving mutual respect, critical reflection, caring and group participation through which people lacking an equal share of valued resources gain greater access to and control over those resources.” Mechanic (1991) defined empowerment as “a process where individuals learn to see a closer correspondence between their goals and a sense of how to achieve them, and a relationship between their efforts and life outcomes.” Through the teaching of extra-curricular activities such as gardening and sports, CWDs were empowered to face the future and society with the required self-worth. The provision of items such as sewing machines to children that had challenges with formal education gave them an opportunity to generate their own finances to sustain them. Therefore, this equipped the children with disabilities to ultimately lead independent and productive lives.

## **5.3 Strengths of Cheshire CBR Programmes for Educating CWDs**

The study established that Chipata Cheshire Community-Based Rehabilitation Programme for the education of children with disabilities had several income generating activities which included hammer mill projects; office blocks; oil expeller, poultry, retail shop, piggery and gym. This study does agree with WHO (2011) that stated that CBR programmes could facilitate the process of change of mindset of persons with disabilities from being passive receivers of resources to being active contributors. This was evidenced since the funds raised from the above income

generating activities supported the education of CWDs through their school fees and upkeep. The children were accorded the opportunity to acquire education so that it could liberate them from being passive receivers of resources to being active contributors to development. The education that these children acquired could be used to create employment for themselves and others but also where they were unable to create one, look for employment to sustain their lives. Ultimately, they could become economically independent and contribute to the development of the nation.

It was also established that CCBR had two (2) Early Childhood Inclusive Education classes situated right at the home. This offered both the CWDs and those without, the ability to interact in an integrated and inclusive environment. This fostered a sense of belonging to all children and reduced isolation, discrimination, stigmatisation, segregation and exclusion of marginalised groups of people like persons with disabilities. The study is in agreement with that of Samuel (2015) which stated that CBR programmes endeavoured to include persons with disabilities in mainstream services and activities, unlike establishing separate facilities for them.

Conducting outreach activities was seen as another strength of CCBR in providing education to CWDs. This result is in line with MOGE (2016), Implementation Guidelines for Inclusive and Special Education in Zambia aimed at reducing exclusion of CWDs in the education system. The CWDs were followed to their homes which acted as isolation places so as to help them be integrated with other children in inclusive schools or classes. The results of the study are similar to those of Bongo et al (2018) who argued that participation of children in CBR activities had enhanced their self-confidence and reduced feelings of isolation and dependency. As a result of this, it was clearly indicated that children's participation in CBR activities helped them become more active, productive and independent. For instance, if CBR provided a wheel chair to a child with mobility challenges, the child could be able to move about and do various activities such as activities for daily living with less dependence on others.

The study also revealed that CCBR strength lied in its proximity to a primary school called St. Anne's. While CWDs received medical attention at the Cheshire Home, they had the chance to attend lessons at St. Anne's Primary School located opposite the home. The school provided inclusive education where CWDs learned together (in

the same classes) with children without disabilities. The Cheshire Home's proximity to the primary school helped cut transport costs on the part of CCBR. This made it easier for all CWDs to access education.

Pictures showing Income Generating Activities under Chipata Cheshire CBR

#### **5.4 Challenges of Chipata CBR Programmes for Educating CWDs**

The study revealed a number of challenges that CCBR encountered in the provision of education to children with disabilities. These were: Lack of funds to effectively implement and sustain the programmes; Large catchment area creating difficulties of satisfying the unique needs of all CWDs; Lack of special facilities for CWDs; Lack of the government's involvement in funding Cheshire CBR programmes; Non-parental involvement in CBR programmes; Lack of knowledge and skills by many mainstream teachers on how to handle CWDs; Unwillingness and or incapability of some schools to accommodate CWDs; Self and external discrimination and stigma; Physical and attitudinal barriers to the education of CWDs; Centralised hospital services; Poverty; Lack of the ability to generate local resources. The CCBR lacked a strategic resource mobilisation plan to generate and source for funds locally. The plans developed were donor-based thereby making the CCBR organisation a donor-based one; The CCBR staff had inadequate professional qualifications and experience in managing programmes' activities. This made the implementation of some activities difficult even when people had undergone training in CBR programmes and activities; There were poor linkages between CCBR and other stakeholders; and there was poor record-keeping in the entire CCBR that made internal monitoring and evaluation of programmes' activities difficult.

The above findings agreed with Samuel (2015); Odongo (2018) who asserted that in an effort to implement CBR programmes, there existed various constraints like infrastructure, discrimination, sustainability, collaboration/networking. The research was in line with Malungo et al (2018) who also mentioned economical, attitudinal and physical barriers as hinderances to the education of CWDs. In addition, the findings also confirmed the assertion of Bongo, et al (2018): "Factors that hinder the effectiveness of CBR programmes included continuous dependence on donor funding, lack of political will by government and local authorities to commit financial resources towards CBR implementation."

## **5.5 Summary**

Chapter five (5) presented discussion of findings. The discussion of the findings was in relation to what other scholars found on the subject of the provision of education to children with disabilities under Community-Based Rehabilitation programme. Chapter 6 presents the conclusion and recommendations of the study.



## **CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS**

### **6.1 Overview**

In the previous chapter, the results procured through the review of related literature, interviews and documentary reviews were discussed. It was deduced that Chipata Cheshire Community-Based Rehabilitation programme had a number of activities that helped provide education to CWDs and the Home had considerable strengths and challenges in the provision of education to CWDs. This chapter concludes the study as well as presents the recommendations in relation to the findings and discussions.

### **6.2 Conclusion**

Founded on the responses given by the participants, it was concluded firstly that Chipata Cheshire Community-Based Rehabilitation (CCBR) programme provided education to CWDs as they received rehabilitation. The Home had two (2) Early Childhood Inclusive Education classes. This helped CWDs to interact with those without disabilities. It instilled a sense of acceptance and belonging in CWDs. It also helped those children without disabilities to accept and appreciate diversity and uniqueness of humanity. Furthermore, CCBR's proximity to a primary school made transition easier for CWDs from accessing early childhood education to primary education. Secondly, CCBR made an effort to diversify its income, but funding remained a key underlying challenge. The income generating activities such as hammer mill projects; office blocks; oil expeller, poultry, retail shop, piggery and gym provided finances for the education of CWDs but all these had to be backed by government's funding. Thirdly, involving communities was difficult, which was rooted in negative attitudes towards disability. The majority of parents of CWDs had negative attitudes towards disability. This made it difficult for them to participate actively in the CBR activities that promoted the education of their children. Fourthly, due to poverty, CWDs were not a priority for many parents/caretakers. Resulting from the negative attitudes towards disability coupled with poverty, parents placed the education of their children without disability as top priority as compared to that of their CWDs. Finally, and largely, the financial, attitudinal and economical (poverty) environment offered major challenges towards the provision of education to CWDs.

Additionally, the findings revealed that there was inadequate parental involvement as parents had a lack of understanding of CBR. The fact that Cheshire Homes whose genesis was that of making PWDs passive receivers of resources had now been changed to that of active contributors with the CBR notion, had become difficult to understand by most parents of CWDs. The parents were used to receiving free goods and services from Cheshire Homes. However, the idea of CBR that required them to participate actively in the acquisition of resources sounded new and burdensome to them. It required time and effort to sensitise them on what CBR was and the importance of taking part in activities that enhanced the lives of their CWDs. While few parents appreciated the importance of active participation (parental involvement) in the education of their CWDs, the majority perceived this action as cumbersome.

### **6.3 Recommendations**

It was necessary to understand how CCBR provided education to Children with disabilities, its strengths and challenges in the provision of education to children with disabilities for the efficiency and effectiveness of the present and future Cheshire CBR programmes of education. The study established ways in which the CCBR provided education to children with disabilities, the strengths and challenges of the programme. The results of the study reported in this dissertation might help key stakeholders in the education of children with disabilities to have an update of what is currently transpiring in Cheshire Homes in relation to the education of children with disabilities under CBR programme by re-designing the CBR programme of education in Cheshire Homes throughout the country. The notion of Cheshire and that of CBR could be making it difficult for lay persons to draw the differences between the duo. This misunderstanding could have had led to the already mentioned challenge of lack of parental involvement which is key to the effectiveness of CBR programmes.

Below were the recommendations made to the study:

#### **6.3.1 Recommendations to the Government**

- The government should fund Cheshire CBR programme of education.
- Government to help build entrepreneurial capacity in CWDs, their parents and local communities to avoid donor funding dependence.
- Government to attach special education teachers to Cheshire CBR Homes, as well as provide in-service training for all teachers. in Special Education basics.

- Government to facilitate in alleviating physical and attitudinal barriers to the education of CWDs by seriously considering structural modification and regularly conducting deliberate public disability sensitisation/awareness campaigns.

### **6.3.2 Recommendations to Cheshire CBR Personnel and Other Stakeholders**

- To collaborate with government in building entrepreneurial capacity in CWDs, their parents and local communities to avoid donor funding dependence.
- To help strengthen parental involvement so as to ensure CBR programmes' ownership by parents. The Cheshire CBR personnel to educate parents on what CBR is and the importance of parental involvement in CBR activities of education. The difference between the terms *Cheshire* and *Community-Based Rehabilitation* should be clearly drawn for parents to understand that they are key persons in ensuring the well-being of their children.

### **6.3.3 Recommendations to Parents**

- To fully get involved in the education of their children with disabilities (ownership) by collaborating with other stakeholders willing to assist.
- To treat their children with disabilities as they treated those without disabilities even in relation to education.
- To take keen interest in disability matters so as to gain more knowledge and skills on disability management.

### **6.3.4 Recommendations for Further Studies**

- The criterion for integrating Community-Based Rehabilitation (CBR) programmes into Cheshire Homes needs further study as the two seem to have antagonistic principles where the former (CBR) emphasises active participation by stakeholders and the latter (Cheshire Home) is founded on selfless help or handouts.
- The provision of education to Children with Disabilities (CWDs) under Cheshire Community-Based Rehabilitation programme needs to be well developed and supported.

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## APPENDICES

### Appendix 1: Letter of Introduction and Participant Consent

**Dear Respondent,**

I am a second year Master's Degree student of the University of Zambia, pursuing Special Education in the School of Education (Postgraduate Department).

This interview guide is designed to study the Education of Children with Disabilities Through Cheshire Community-Based Rehabilitation Programmes in Zambia: Opportunities and Constraints for Empowerment. It is solely for academic purposes. You have been identified as one of the invaluable stakeholders in the Zambian education for children with disabilities to provide invaluable contribution to this study. I would like to request for some information from you, through answering the questions below. I am also requesting to record the interview for the sole purpose of accurate analysis of data. Please note that the information you will provide will aid in the understanding of the education for children with disabilities by Cheshire Community-Based Rehabilitation programmes in Zambia: Opportunities and constraints for empowerment. The interview may take between 30 minutes to 1 hour.

I would like to assure you that the information obtained from this research will be purely used for academic purposes. All the information provided shall be kept **Strictly Confidential**. I therefore, request you to respond to the questions frankly and honestly.

Feedback to the findings of the study shall be made available to interested parties on request.

Thank you very much for your time and cooperation. I really appreciate your assistance in furthering the endeavours of this study.

Cordially,

Nyembezi Jere.

Participant's Name:

Signature:

## **Appendix 2: Interview Guide for Chipata Cheshire Home Personnel**

### **Section 1**

#### **Personal Information**

1. What is your profession?
  - b. What position do you hold in this organisation?
2. What is your highest education qualification?
3. For how long have you been working for this organisation?

### **Section 2**

#### **Interviews**

- 4a. Do you consider yourselves to be a Community-Based Rehabilitation (CBR) Organisation?
  - b. Explain the reasons for your answer to question 5a above.
5. Say something on the CBR programmes for the education of children with disabilities carried out at Chipata Cheshire Homes.
  - a. Who conducts the programmes?
  - b. How are the programmes conducted?
6. According to CBR programmes, there are a number of areas of focus. What is your area of focus as an organisation?
7. How do Chipata Cheshire CBR programmes translate into the education for children with disabilities and their parents?
8. What strengths does Chipata Cheshire CBR have in the provision of education to children with disabilities?
9. What challenges does Chipata Cheshire CBR experience in the provision of education to children with disabilities?

## **Appendix 3: Interview Guide for Teachers at St. Anne's School**

### **Section 1**

#### **Personal Information**

1. What position do you hold in this school?
2. What is your highest qualification?
  - a. Primary
  - b. Secondary
  - c. College Diploma
  - d. University Degree
  - e. Master Degree
  - f. PhD
3. How long have you been working in this school?
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. > 20 years

### **Section 2**

#### **Interviews**

4. What are the programmes that St. Anne's School in collaboration with Chipata Cheshire CBR offer to children with disabilities?
5. How do the programmes in question 4 above help to empower CWDs towards their education?
6. How effective are the programmes in question 4?
  - a. If your answer to question 6 is that they are effective, which programme is the most effective and why?
7. In your own understanding, what strengths are available for St. Anne's School in collaboration with Chipata Cheshire CBR for educating CWDs?
8. What are the challenges that St. Anne's School in collaboration with Chipata Cheshire CBR encounter in educating CWDs?

## **Appendix 4: Interview Guide for Parents of Children with Disabilities at Chipata Cheshire Home**

### **Section 1**

#### **Personal Information**

1. What is your relationship with the child?
2. What is the disability of your child?
3. When and how did you discover your child had a disability?
4. Where does your child spend more time, at home or at Chipata Cheshire Homes?
  - b. For how long has your child been at Chipata Cheshire Homes?
5. How did you know of Chipata Cheshire Home CBR?
6. What attracted you to take your child with disabilities to Chipata Cheshire Homes and not any other centre?

### **Section 2**

#### **Interviews**

7. What were the constraints that you faced as a mother together with your family in relation to your child's disability?
8. How do Chipata Cheshire Home CBR programmes help your child?
9. What strengths or opportunities are available to Chipata Cheshire CBR concerning educating children with disabilities?
10. What are the challenges that Chipata Cheshire Home CBR faces when educating children with disabilities?

## **Appendix 5: Interview Guide for Children with Disabilities at Chipata Cheshire Home**

### **Section 1**

#### **Personal Information**

1. How old are you?
2. In what grade are you?
3. When did you come to Chipata Cheshire Home?

### **Section 2**

#### **Interviews**

4. How is Chipata Cheshire Home (CBR) helpful to you (What activities or programmes are you involved in?)
  - b. Do you think you are benefitting from the programmes offered by Chipata Cheshire Home CBR?
  - c. How beneficial are the CBR programmes here?
5. What can you do to motivate yourself towards your education?
6. Are there any of your friends who completed their programmes from here at Chipata Cheshire Home CBR? If yes to question 6 above,
  - b. Where are they?
  - c. How different are they before they came to Chipata Cheshire Home CBR and after acquiring the programmes here?
7. What are chances or strengths that Chipata Cheshire CBR has in educating you?
8. What are the challenges that Chipata Cheshire Homes (CBR) faces in trying to educate you?
9. What do you suggest Chipata Cheshire Home (CBR) should do to motivate you towards your education?



## **Appendix 6: Interview Guide for Cheshire Homes Personnel at Headquarters, Lusaka**

### **Section 1**

#### **Personal Information**

1. What is your profession?
2. What position do you hold in this organisation?
3. What is your highest qualification?
  - a. Primary
  - b. Secondary
  - c. College Diploma
  - d. University Degree
  - e. Master Degree
  - f. PhD
4. How long have you been working in this organisation?
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. > 20 years

### **Section 2**

#### **Interviews**

5. What are Cheshire Homes (Brief history)?
6. Who runs Cheshire CBR Programmes?
7. How many Cheshire Homes have CBR programmes in Zambia?
8. What are the functions of Cheshire CBR?
9. What CBR programmes are run by Cheshire Homes?
10. What CBR programmes for children with disabilities are run by Cheshire Homes?
11. Using your own experience, what strengths or opportunities are available for Cheshire CBR programmes in educating children with disabilities?

12. What are the challenges experienced by Cheshire CBR in providing education to children with disabilities?

## **Appendix 7: Interview Guide for the Headteacher of St. Anne's School**

### **Section 1**

#### **Personal Information**

1. What is your profession?
2. What position do you hold in this organisation?
3. What is your highest qualification?
  - a. Primary
  - b. Secondary
  - c. College Diploma
  - d. University Degree
  - e. Master Degree
  - f. PhD
4. How long have you been working in this organisation?
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. > 20 years

### **Section 2**

#### **Interviews**

5. What are the programmes that St. Anne's School in collaboration with Chipata Cheshire CBR offer to children with disabilities?
6. How do the programmes in question 5 above help to empower CWDs towards their education?
7. How effective are the programmes in question 6?
  - b. If your answer to question 7 above is that they are effective, which programme is the most effective and why?
8. Using your experience, what strengths or opportunities are available at St. Anne's School in collaboration with Chipata Cheshire CBR for educating Children with Disabilities?
9. What are the challenges that St. Anne's School in conjunction with Chipata Cheshire CBR encounter in educating Children with Disabilities?

**Appendix 8: Interview Guide for Teacher at St. Anne's School and Sister of  
Chipata Cheshire Home**

**Section 1**

**Personal Information**

1. What position do you hold in this school?
  - a. What position do you hold at Chipata Cheshire Home?
2. What is your highest qualification?
  - a. Primary
  - b. Secondary
  - c. College Diploma
  - d. University Degree
  - e. Master Degree
  - f. PhD
3. How long have you been working in this school?
  - a. 0-5 years
  - b. 6-10 years
  - c. 11-15 years
  - d. 16-20 years
  - e. > 20 years
4. How long have you been working in this Cheshire Home?
  - f. 0-5 years
  - g. 6-10 years
  - h. 11-15 years
  - i. 16-20 years
  - j. > 20 years

## Section 2

### Interviews

5. What are the programmes that St. Anne's School in collaboration with Chipata Cheshire CBR offer to children with disabilities?
6. How do the programmes in question 5 above help to empower CWDs towards their education?
7. How effective are the programmes in question 5?
  - a. If your answer to question 7 is that they are effective, which programme is the most effective and why?
8. In your own understanding, what strengths or opportunities are available to St. Annes School and Chipata Cheshire CBR for educating children with disabilities?
  - a. Strengths or opportunities available to St. Anne's School for the education of CWDs:
  - b. Strengths or opportunities available to Chipata Cheshire Home CBR for the education of CWDs:
9. What are the challenges that you encounter in educating CWDs as a Sister through Chipata Cheshire Home CBR and as a Teacher at St. Anne's School?
  - a. Challenges as a Sister at Chipata Cheshire Home CBR.
  - b. Challenges as a Teacher at St. Anne's School.

## Appendix 9: Ethics Approval Letter of Study



# THE UNIVERSITY OF ZAMBIA

## DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

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### APPROVAL OF STUDY

20<sup>th</sup> November 2019

**REF NO. HSSREC-2019- MARCH-012**

Ms Nyembezi Jere  
 Chainama Special School  
 P.O. Box 30043  
**LUSAKA.**

Dear Ms Jere

**RE: "THE STATE OF EDUCATION FOR CHILDREN WITH DISABILITIES UNDER COMMUNITY-BASED REHABILITATION PROGRAMME AT CHIPATA CHESHIRE HOME"**

Reference is made to your protocol dated 22<sup>nd</sup> March 2019. HSSREC resolved to approve this study and your participation as Principal Investigator for a period of one year.

Review Type	Ordinary	Approval No. HSSREC-2019-MARCH-012
Approval and Expiry Date	Approval Date: 20 <sup>th</sup> November 2019	Expiry Date: 19 <sup>th</sup> November 2020
Protocol Version and Date	Version - Nil.	19 <sup>th</sup> November 2020
Information Sheet, Consent Forms and Dates	<ul style="list-style-type: none"> <li>English, Nyanja, Bemba.</li> </ul>	19 <sup>th</sup> November 2020
Consent form ID and Date	Version - Nil	19 <sup>th</sup> November 2020
Recruitment Materials	Nil	19 <sup>th</sup> November 2020
Other Study Documents	Questionnaire.	19 <sup>th</sup> November 2020
Number of participants approved for study	600	19 <sup>th</sup> November 2020

Specific conditions will apply to this approval. As Principal Investigator it is your responsibility to ensure that the contents of this letter are adhered to. If these are not adhered

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