
Creating Inclusive Educational Settings for All Children in Zimbabwe: From Rhetoric to Action

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ABSTRACT

This study looked at inclusive education in the Harare Metropolitan Province of Zimbabwe. Inclusive education has been talked about for a long time. International regional and national policies have been set up to enable this provision to take off. The inclusion debate is no longer if but how it can be implemented beneficially. It is necessary to move from rhetoric to action in order to include the excluded. This study therefore explored the implementation or status of inclusive education in all primary schools in the capital city of Zimbabwe. A quantitative research using a survey design was used for this study. The sample included all the heads of primary schools in Harare Metropolitan Province. A closed questionnaire was used to collect data from all the 221 primary schools in the province. The main findings confirmed that most primary schools had embraced the concept of inclusive education by having children with disabilities in their schools. They also indicated the different types of disability in their schools. The study recommended that schools move a step further in ensuring that the children who are included are properly provided for. Further research is needed to establish what exactly the schools have done to ensure that there is beneficial inclusive education in all schools in the whole country.

Key words: *inclusive education, children with disabilities, primary schools*

INTRODUCTION

This study focused on the inclusion of children with disabilities into all spheres of human life specifically looking at education since it is the most powerful socialising vehicle in human life. Currently 15% of the world population has disabilities (Peters, 2004; WHO, 2011). Legislation and policy has moved swiftly to enable all children to be academically and socially included. The Salamanca, the Jomtien conferences and the United Nations conventions were promulgated to enable the inclusion of children with disabilities. Many developing countries Zimbabwe included have meaningful policies and documents on inclusive education lying on shelves in government offices without effective implementation and practical realization (Charema, 2016; Chavuta, Kimuli & Ogot, 2010). The Zimbabwean Government ratified the United Nations Convention on the Rights of Persons with Disabilities (CRPD) (2006) convention of children with disabilities in 2013, which means that all schools should include all children from all social spheres. There has been rhetoric on how governments, Non-Governmental Organisations (NGOs) and individuals are planning to create inclusion both in educational and societal settings. The Nziramasanga Commission of Inquiry into Education and Training of 1999 confirmed that inclusion was mainly theoretical. Charema (2009) also raised the same concerns on the inertia of developing countries in embracing inclusive education. Such concern was also raised by the Zimbabwe Parents of

Handicapped Children Association (ZPHCA) concerning the rhetoric on the inclusion of children with multiple disabilities in their local and national schools.

The history of inclusion in Zimbabwe started in the 1980s with the advent of integration (Chimonyo, Kaputa, Mamvura, Hlatywayo, Munemo, Nyatsanza and Mutandwa, 2011, 2014). At the time integration was characterized by the placement of children with varying degrees of disability to be in contact with other children. Integration was the predecessor to inclusive education. Mpofu (2000) pointed out that integration could be partial, full or locational. He pointed out that partial integration was when a child was placed for a specified time among other children in an ordinary classroom for selected subjects. Full integration was when a child was placed in a class with full social and academic benefits. Locational integration involved placing the children with special needs in the school's environment with minimum academic contact but with emphasis on the social benefits.

According to Kaputa, Hlatywayo, Munemo and Mupandasekwa (2014) inclusive Education means that all children regardless of their condition or predicament are included with their peers in their neighbourhood schools in ordinary classes. Coots, Bishop and Grenot-Scheger (1998) explains that inclusive education results in the child with special needs getting extra support; be it human or otherwise. This enables the child to benefit from the classroom and the environment.

The justification for inclusive education in Zimbabwe has been influenced by international trends (Mutepe, Mpofu and Chataika, 2007). This is so because most of the specialists in Zimbabwe have been trained in the Western countries and have transported their knowledge and experiences back to Zimbabwe (Mpofu, 2000). Three conceptualisations have guided the inclusion of children with disabilities. These are human rights, ecological foundations of human life and lifelong learning.

The development of inclusive settings is paramount because it meets the facets of human rights. Human rights have been the main driving force of inclusive education (Mariga, McConkey and Myezwa, 2014). Numerous policy instruments have been enacted to enforce countries and individuals to implement inclusive education. The General Assembly of the United Nations, World Programme of Action Concerning Disabled Persons of 1983; World Conference on Education in Jomtien (Thailand) in 1990; The UNESCO Salamanca (Spain) Statement and Framework for Action on Special Needs Education held in 1994 and the CRPD (2006) all encourage the development of inclusive environments in member countries (Chimonyo, et al, 2011, 2014; Mariga, et al, 2014).

The second driver for the promotion of inclusive education has been the acknowledgement that all human beings are valuable as they belong to their environment. This means that they are part of their community and an asset to their environments. Ecologists like Bronfenbrenner (1979), describe human behaviour in detail in a four level model representing the external physical and social environment of the child. Dockrell and McShane (1992) point out that this is the situation the child survives.

The third driver of inclusive education is the quest for lifelong learning inherent in everybody including those with disabilities. The area of lifelong learning is an important attribute of all human development. All learning starts from conception and proceeds on up to the grave. Inclusive education promotes optimal learning to occur for all as it enables them to interface with all possible teaching agents in and around them.

It is apparent that all learning occurs in one's society. People learn to speak, dress, eat and all other chores from other people and all the objects in the environment. If a person is socially excluded from their society then limited learning and stimulation will occur. However, this is also a two faced situation as it also robs the so called able bodied persons the opportunity to learn about and from those who are different. The provision of inclusive education in the early childhood development of the child is vital to the children's development of positive attitudes and the valuing of all persons as equal and should be afforded all possible opportunities to develop. There is a Chewa saying which goes '*mumera uripoyamba*' meaning a good crop is nurtured from the beginning. This is the same with all children if you begin their education in inclusive settings whilst they are young that education will remain with them throughout their life. In line with the above this study endeavoured to answer the question 'Is there any inclusive education taking place in all primary schools in the capital city of Zimbabwe?'

Research questions

The study was guided by the following research questions:

1. How are schools implementing inclusive education in the Harare Metropolitan area?
2. Who are the children with special needs included in the primary schools?
3. What have been the reasons for lack of inclusive education in some schools?
4. How can schools be made to be more inclusive?

REVIEW OF RELATED LITERATURE

This review of literature looked at the implementation of inclusive education; those who are included and impediments to inclusive education. The provision of education in Zimbabwe to children with disabilities usually called children with special needs started off in segregated settings in the form of special schools (Chitiyo and Wheeler, 2004). These children were gradually integrated into the ordinary schools as they were placed in special classes, units and the remedial programme. These programmes were institutionalised through Policy circular number 36 and the Chief education Officer Circular 12 of 1987 which were revised periodically to ensure that the children are provided with an appropriate education. This meant that all schools were required to identify children with special needs and offer them special and remedial education. Through these policies the government clearly indicated that its intention was to integrate children with special needs in schools so that they can get intensive teaching. This was contrary to inclusive education which advocates for the teaching of all children in the ordinary classroom.

The CRPD elaborates the rights of persons with disabilities (PWDs) and sets out a code of implementation. In article 24 on education the CRPD (2012: 29) stipulates that 'state parts shall ensure an inclusive education at all levels'. The Salamanca Framework for Action (1994) also states that the fundamental principle of an inclusive school is its ability to enable all children to learn together whenever possible regardless of their differences or difficulties (Peters, 2004). Goodwin (1997) asserts that assessment and inclusion are naturally connected and insists that assessment should occur in the classroom instead of a separate environment. Inclusion encourages the accommodation of learners of diverse needs and requirements eliminating all environmental and educational obstacles that act as enforcers for discrimination. Ainscow (2004) concurs with this as he says learning alone is

disadvantageous because we learn with and from other people. Bandura (1977), a social psychologist, points out that children learn through modelling of other people's behaviour. It is important to ensure that all children are given opportunities to learn from each other and benefit in an inclusive setting.

Progression of Inclusive Education in Zimbabwe

In Zimbabwe inclusive education developed through two systems of provision in relation to meeting the needs of children with disabilities. These were integration and self-inclusion. Integration which has already been defined was introduced by the Zimbabwe Schools Psychological Services and Special Needs Education (SPS and SNE) department through the placement of children with disabilities in schools with the sole purpose of meeting their educational needs. Zimbabwe through the SPS and SNE managed to integrate children into both primary and secondary schools in special classes, units and resource rooms set up in urban schools and some selected rural schools (Mpofu, 2000; Chitiyo and Wheeler, 2004).

The second one is self-inclusion through which children have found their way into the school system under the insistence of their parents and guardians. Most of these have been children with moderate physical disabilities who use clutches which enable them to access their environment regardless of the existing barriers.

Zimbabwe embraced inclusive education as it moved away from integration as the latter did not afford children a wholesome education. The turning point occurred in 2013 when the government of Zimbabwe ratified the CRPD (2006) (Manatsa, 2015). This meant that governments that ratify the convention must domesticate their laws and create inclusive educational settings (Chataika, Mckenzie, Swart and Lyner-Cleophas, 2012; Mittler, 2014). However, the question has been "What preparations and adjustments were made in schools in order to accommodate children living with diverse needs and disabilities that impact them in different ways?" This study sought to find out how inclusive education is implemented in schools in the Harare Metropolitan Province.

Implementation of inclusive education

The current situation in Zimbabwe is characterized by various policies accompanied by a lot of rhetoric. Piecemeal attempts have been made in some schools to implement inclusive education (Chimonyo et al, 2011), but without much preparations to make inclusive education successful.

However, inclusive education has been attempted in some specific schools. For example The Leonard Cheshire Disability trust in partnership with the Ministry of Primary and Secondary Education carried out an Inclusive Education project in twenty three schools in Zimbabwe across the provinces (Hlatywayo and Nleya, 2014; Kurebwa, Majaha, and Nyika, 2014). Did this result in the creation of a barrier free landscape in the form of ramps, specially built toilets and curriculum modification in the piloted schools? There was need to find out if this affected the other schools. The spread of this implementation needed to be confirmed and checked in order to improve inclusive education.

There are now many teachers who have done special education in the country. The United College of education has developed teachers in special education; The University of Zimbabwe, Zimbabwe Open University, Great Zimbabwe University and recently the Reformed Church University have been offering degrees in special education to thousands of

primary and secondary school teachers across the country. This means that Zimbabwe has teachers with special needs expertise in the schools. These could be used to staff develop their peers and be advocates for the children included in their schools.

Children with special needs identified in the schools

Studies have been carried out to establish the type of children with disabilities who are being included in schools (Peters, 2004, WHO, 2011). Children who should be included in schools are those children with disabilities, the orphaned and vulnerable children (OVC) who also include abused children (Kaputa, et al, 2014). These are also called children with special needs (Schwartz, 2005). There are six categories of disabilities and these are visual or seeing disabilities; physical or moving disabilities; hearing or speech disabilities; learning disabilities (LDs); mental, intellectual or cognitive disabilities; and challenging behaviours (see Thorburn, 1994, Chiinze and Tambara, 2000 and Chakuchichi, Chimedza, Chiinze and Kaputa, 2003). Kaputa and Ndoro (2001) observed that schools had in class and clinical remedial programmes for children with LDs. Therefore inclusive schools should make the necessary preparations in terms of teaching staff, parent body, pupils to be included and those already in the mainstream and the community at large. This would diffuse unnecessary fears in the school and community.

OVC are groups of children who experience negative consequences, such as the loss of their education, morbidity, and malnutrition, at higher rates than do their peers and those who are abused (OVC Tool kit, 2006). A significant number of children are considered to be slow learners in the schools. According to Borah (2013) slow learners are not the same as those with mental or intellectual disabilities as they do not have significantly low intelligence quotients (IQs) like their counterparts. They can learn but at a slower rate than the other learners. It is important to take into consideration the degree and impact of a child's disability such that he/she is included in an environment or school set up where they can benefit. Charema (2016) posits that conflicting arguments have come to the fore concerning wholesale inclusion, due to how the nature or and severity of the individual's disability impacts on his/her functionality in an inclusive set up. If it is inclusion for the sake of it, it is simply dumping which can cause more harm than good.

According to the World Health Organisation the most prevalent disabilities in the world are visual (WHO, 2011). A study carried out by the UNICEF (2013) in partnership with the Zimbabwe Ministry of Health and Child Welfare established that physical disabilities, visual impairment, intellectual disabilities, multiple disorders and albinism were the most prevalent disabilities among persons with disabilities. Gandari, Ndoro and Kaputa (2003) and Schwartz (2005) point out that learning disabilities in its different forms is the most pervasive disability in schools.

The study also endeavoured to establish the types of disabilities included in the Harare Metropolitan province.

Reasons for lack of inclusive education in some schools

Schools have also met obstacles in trying to implement inclusive education. There have been a plethora of challenges that hinder and have a negative impact on the implementation of inclusive education in schools and their communities (Charema, 2016). Negative attitudes,

policy inadequacies, inadequate resources, poor advocacy, inertia in provision, acceptance of foreign ideologies, and inadequate research have been some of them.

The major challenge facing children with disabilities as they try to access inclusive education are negative attitudes. These come from a belief system which sees people with disabilities as unable to do anything. Such negative attitudes may begin from the family and then permeate into the community. The existence of excuses on poor resources has been really an indicator of negative attitudes among policy makers and implementers due to the absence of people with disabilities among them. The allocation of funds in most developing countries, which most of the time, operate on shoe-string budgets does not favour people living with disabilities in booming populations and shrinking resources compounded by poor governments (Charema, 2010). And yet the demonstration of ability and cooperation of people with disabilities in organizations help to change attitudes, policy and practices in those institutions.

Policy has to a large extent determined the nature of the provision. Charema (2009) pointed out that ineffective policies and legislation were some of the challenges facing the implementation of inclusive education. In the case where policy has been weak they have been a trend to follow a lacklustre provision. There are many wonderful policy documents which have been crafted in the world and specifically in Zimbabwe but have weak implementation. This is the challenge. There is need to shift in the way we do things. We need to create and assign to people or groups activities to ensure the implementation of inclusive education. The issue of inadequate resources, although a convenient excuse, is not convincing at all to a person with disabilities. There is inertia in the allocation and provision of resources. Of the little resources available not much is availed to children with disabilities to make the environment barrier free. Even in the educational provision few schools if any allocate in their budgets money for changing the school environments so as to accommodate children with disabilities especially at the early childhood development (ECD) level and above.

There has been poor advocacy in our society. Parental advocacy and institutional advocacy need to be improved. The inclusion of children with disabilities in ECD and all schools creates a firm foundation for their development in all domains. Children with disabilities have been excluded from society for too long hence there is need for research to inform policy and budget allocation.

The future of inclusive education in Zimbabwe

The future of inclusive education in Zimbabwe should be determined by the attitudes of all people both able bodied and those living with disabilities. Research has shown that commitment by all people ensures the success of inclusive education. According to Mpofu (2003) inclusion should begin in homes, in schools and in the environments. This will result in individuals accepting others with disabilities; all schools being accessible to all children with disabilities. Companies will have people with disabilities in their midst. It must be part of each institution's mission to have people with disabilities among them. Individuals with disabilities must also be assertive in demanding space in the different environments.

Teachers' knowledge and expertise is needed if teachers are to implement inclusive education. Universities and other institutions have the capability to offer courses in this area

at both the undergraduate and post graduate level. This attempt to develop teachers in inclusive education would be a significant step in the right direction.

METHODOLOGY

This was a quantitative research which focused on the first phase of a four year study which was divided into three phases. The first phase used a quantitative survey design to collect data. Probability sampling was used to identify the sample. The population consisted of all the 221 primary schools in Harare Chitungwiza Metropolitan province. The participants were heads of schools or those whom they designated to respond to the questionnaire. The whole population of 221 took part in the survey. District remedial tutors and educational psychologists were the key informants. The survey used a questionnaire which contained both closed and open items to collect the data (Flick, 2009).

Inferential statistics were used to analyse the data. The open ended items were coded and patterns and themes elicited. These were also quantified, analysed and interpreted in line with the research questions. Ethical and legal requirements were adhered to as confidentiality was guaranteed for all the respondents and the sites. Authority was granted by the responsible authority to carry out the study in the province. The results and discussion are presented in the next sections.

RESULTS

The results are presented in this section following the order of the research questions. Some of the heads asked their heads of departments responsible for special needs education to respond. Out of the 221 schools which received the questionnaire 171 (78%) responded in full. These were fairly distributed among the 7 districts of the Harare Metropolitan province of Harare. The information on Table 1 shows that 124 out of the 171 schools which responded claimed that they had inclusive education. Only 47 schools claimed that they did not have inclusive education. District 2 had the least number of schools with inclusive education however their responses to types revealed that more of them had children with disabilities included in their schools.

Table 1: Primary schools implementing inclusive education in Harare and Chitungwiza

District	Schools	Schools with inclusive education	Schools without inclusive education
1	27	18	9
2	18	3	15
3	20	17	3
4	24	23	1
5	27	24	3
6	24	19	5
7	31	20	11
	171 (78%)	124	47

N=171

Who are the children included in the primary schools?

The schools were also asked to indicate the types of children with disabilities who were included. Table 2 displays the types included. Against each of the types are the numbers of schools who indicated that they have such children. As can be noted various terms were used by the participants to describe the children with disabilities. The positive aspect of these results is that there is inclusive education in schools.

Table 2: Types of children with disabilities in schools

District	Schools	Schools with inclusive education	Types of disability included
1	27	18	Albinism (4) Fast learners (1) Hearing impaired(6) Learning disabilities (5) Mentally challenged (4) Orphans (1) Partially sighted (1) Physically challenged (5) Slow learners (5) Speech problems (2)
2	18	3	Albinism (2) Epilepsy (1) Gifted children (1) Hearing impairment (3) Learning disabilities (3) Low vision (1) Mentally challenged (7) Orphan (2) Physical disability (11) Slow learners (1) Vulnerable kids (1)
3	20	17	Albinism (1) Hearing impairment (3) Learning disabilities (2) Mental retardation (3) Physically challenged (4) Slow learners (1) Visual impairment (1)
4	24	23	Albinism (1) Hearing impairment (1) HIV infected (1) Mental retardation (6) Multiple learning problems (2) Physically challenged (4)

			Slow learners (3) Speech problems (1) visual impairment (2)
5	27	24	Albinism (3) Hearing impaired (3) Learning disabilities (6) Mentally challenged (10) Physically disabled (7) serious health problems (3) Slow learners (6) Speech (2) Visually impaired (5)
6	24	19	Brain seizures (1) Cerebral palsy (1) Emotional and behavioural disorders (1) Fast learners (1) 2 Learning disabilities (9) 27 Mentally challenged (3) 31 Orphaned child (1) 3 Physically challenged (5) 36 Slow learners (3) 23
7	31	20	Albinism (2) Children with different disabilities (1) Hearing impairment (2) Intellectually challenged (1) Learning disabilities (2) Mental disability (2) Physical disability (3) Slow learners (5) Speech impairment (1)

*The brackets show the number of schools with those indicated children.

Children with physical disabilities, mental disabilities, learning disabilities, hearing impairment, slow learners, visual impairment and albinism were found in most of the schools. Children living with albinism were quite prevalent across the districts as indicated by Table 2. These children with albinism together with the orphaned vulnerable children (OVC) were present in ordinary classrooms. All participants mentioned that children with LDs were included in their schools. One school in district six gave more specific names for learning disabilities as dyslexia, A.D.H.D, A.D.D, auditory perceptual difficulties sensory processing difficulties, fine motor coordination and handwriting difficulties and developmental coordination disorder. This indicated that they were knowledgeable about LDs. These children are found in the classroom and may be placed in clinical remedial groups for brief periods. Slow learners included non-readers as mentioned by one school. Visual impairment included those with low vision and other visual problems. Some schools also had children with health problems like chronic illness and HIV related ailments. The use of correct terms by the heads indicates that they have knowledge of special education.

Table 3 shows rankings of the prevalence of the types in the schools. The highest ranked are those with physical disabilities followed by those who are mentally challenged. Learning disabilities are also ranked highly by heads. Slow learners were equally ranked highly in all districts. These pupils are found in all the classes and tend to significantly occupy teachers' time.

Table 3: Ranking of the most prevalent disability types in the school

Disability Type	Schools reporting	Ranking
Physically challenged	36 (21%)	1
Mentally challenged	31 (18%)	2
Learning disabilities	27 (15%)	3
Slow learners	23 (13%)	4
Hearing impaired	19 (11%)	5
Visual impairment	13 (7%)	6
Albinism	11 (6 %)	7
Health problems	6 (3%)	8
Gifted children	3 (1%)	9
Speech problems	3 (1%)	9
Vulnerable children	3 (1%)	9
Multiple learning problems	2 (1%)	10
Epilepsy	1 (0, 5%)	11
Emotional and behavioural disorders	1 (0, 5%)	11

N=171

The results show that children with disabilities and the OVCs are included in the schools in classrooms. The range is very wide for only one teacher to handle.

What have been the reasons for lack of inclusive education in some schools?

Schools were asked to give reasons why they did not have inclusive education. The findings indicated in Table 4 show lack of facilities and teacher expertise as the major reasons impeding the provision of inclusive education. Some of the schools felt that children with disabilities should just be placed in the schools for inclusive to occur. However, the main problem with that is lack or no preparation which might be a recipe for disaster. While that is according to the constitution and the laws of Zimbabwe that no child should be turned away because of their disability or circumstances it might not be beneficial inclusion. Yet it is the child's right to attend any school of their choice nevertheless they must gain like any other child.

Table 4: Impediments to Inclusive Education

District	Scho ols	Schools without inclusive education	Reason for lack of inclusive education
1	27	9	-No children with such handicaps came for enrolment -Do not have the facilities for a special class -Children are referred by S.P.S who are responsible for assessment and placement
2	18	15	-There are a few classrooms -Lack of facilities -We do not have the necessary facilities -We do not have such children at our school -No classroom for that
3	20	3	-There are no classrooms -No specialised teachers
4	24	1	-Do not have equipment, facilities and staff -No placement has been done by the S.P.S -School is awaiting teacher to take the special class -Only have mainstream classrooms -Do not have such pupils
5	27	3	-No specialist teachers to cater for them -The programme was never initiated -Nobody is knowledgeable about it -No facilities -No infrastructure for the pupils at school
6	24	5	-Only have mainstream classrooms -Do not have such pupils
7	31	11	-No applications to be part of this -Teachers not trained in special education -Children are referred by social welfare dept. -No special teachers

Most of the reasons given in Table 4 are indicative of negative attitudes towards children with disabilities. For example the school in district four which claimed that they do not have such children at their school might need an expert from SPS and SNE to help them.

How can schools be made more inclusive?

The findings indicate that most schools have included children with disabilities but may not know how to teach them. Table 5 show two clear indicators of gaps in teachers' knowledge and skills. Wrong terms were used which indicated little knowledge of children with disabilities. District two shows a high usage of inappropriate terms. Some of the schools in district six equated special classes to inclusive education. Thus they used the name of the class to describe the children. In addition some of the participants thought that SPS and SNE

should be responsible for inclusive education and yet its mandate should be to support and capacitate them in line with their needs.

Table 5: Inappropriate terms used in schools that included children with disabilities

District	Schools	Terms used by the participants
1	27	Brain seizures Eye sight Handicapped Mentally retarded Mild M.R Physically disabled Physically handicapped
2	18	Albinos Clinical remediation Disabled Disabled children Mentally retarded Physically disabled Physically handicapped Stammering Those found in special class
3	20	Albino Chronic illness Hard of hearing, Physically disabled Speech,
4	24	Lame boy
5	27	Able bodied HIV infected Mental retardation Mentally retarded Unidentified learning disorders
6	24	Albino Mental retardation Mentally retarded Physically disabled Remedial children Resource unit Special class
7	31	Albino pupils with no disabilities Mentally retarded children who are in special class

The quest of inclusive education is to place the child with disabilities in the best place. The inclusion in the classroom is in line with the ideals of inclusive education. Some of the teachers in the study pointed out that:

The class teacher should identify children with learning disabilities; his or her general performance and then refer them to a specialist if there is need. Teachers who have been with the child must be consulted.

It was not the purpose of this study to find out what schools are doing to meet the needs of the children who are included, but clearly that should be the next stage of this research.

DISCUSSION

Are schools in Harare and Chitungwiza areas aware of the implementation of inclusive education?

The results show that school heads are aware of children with disabilities who are in their schools. The number is significantly large and shows that schools in Harare Metropolitan province have embraced the concept of inclusive education. However, it should be noted that some schools cannot differentiate between integration and inclusive education. Despite the rhetoric going on some schools claimed that they did not have any inclusive education.

Who are the children included in the primary schools?

Most schools indicated the presence of a variety of children with disabilities in line with the Thorburn (1990) findings. Some of the schools had the orphaned and vulnerable children included in their set up. This agrees with the OVC Tool kit (World Bank, 2005). Children with different disabilities and conditions were found in a number of schools as indicated in the tables above.

Children with physical disabilities were found in all schools as has always been the case even before inclusion was enforced, followed by children who are mentally challenged. This is in agreement with the UNICEF (2013) study which found out that they were more people with physical disabilities than any other disability in Zimbabwe. This shows the need for the creation of barrier free school environments to give access to such children. The presence of those with mental or intellectual disabilities, learning disabilities and slow learners demands that teachers should be capacitated in curriculum issues in line with the prevailing circumstances. However, the use of correct terms by teachers is indicative of exposure to College and University special education programmes. This needs more research to ascertain the number of teachers developed in special education and their current locations. This will help in placing them in all schools to promote inclusive education.

What have been the reasons for lack of inclusive education in some schools?

The lack of inclusive education has been due to a number of reasons including those identified before. Most of them are linked to negative attitudes as alluded to in the literature. Some of them are linked to lack of knowledge which breeds lack of confidence in teachers. This is a genuine problem which should be addressed through professional development courses in collaboration with colleges and universities. Currently universities have the capacity to offer diplomas and degrees in inclusive education. Teachers who have special needs qualifications can also be evenly distributed in all schools so that they can offer support to their peers.

How can schools be made more inclusive?

Although schools have inclusive education, their responses are characterised by lack of knowledge of terms to be used in describing children with different abilities. This study did

not find out how schools were addressing the need of all those children. The responses showed that most of the children, apart from those in special schools and in the remedial programmes were just naturally included. The children with multiple disabilities were mentioned by only one school in the province and did not say how they are helping them. The UNICEF (2013) study showed that 13% of such children are in the society. These children therefore are not included at all as claimed by ZPHCA.

Table 6 is a summary of what schools and other stakeholders could do to promote inclusive education. This information is taken from Chimonyo, et al (2011, 2014) who proffer ways in which Zimbabwean schools can be made more inclusive. However, research is needed to find out how teachers are teaching these children with disabilities in their classrooms. This information would serve as a baseline for staff development and other types of support.

Table 6: Making Schools Inclusive

Disability Type	*What can be done	*Who does it
Physically challenged	Adapt physical environment; rumps, grab rails, adapted toilets.	Schools, parents, community
Mentally retarded	Change pace, order or quality of the content. Use media and illustration. Repetition is encouraged.	Teachers
Learning disabilities	Use the individual educational programme. Focus on weaknesses and strengths.	Teachers
Slow learners	Grade and reduce the material and increase the amount and strength of work as children gain confidence.	Teachers
Hearing impaired	Learn basic sign language. Speak directly to children. Look directly at the child. Give the interpreter your plans.	Teacher, sign language interpreter
Visual impairment	The environment should be stable with little movement of objects. Learning should use lots of concrete media.	Schools, Teacher,
Albinism	Use sun filters such as hats and tinted glasses. Place in front for those with sight problems.	Teachers, Parents
Health problems	Work with parents.	Parents, teachers
Gifted children	Use group work to cater for different levels Provide extension work. Involve in clubs like chess, scientists etc.	Teachers, parents
Speech problems	Use modelling to correct speech and give opportunities to speak without stigma.	Teachers, parents, peers
Vulnerable children	**Mentoring, counselling, offer emotional and welfare support.	Teachers, caregivers, parents social welfare, community
Multiple learning	***Have educational teams. Use Individual	Teachers,

problems	educational plans, address medical, physical, learning, social and emotional needs.	professionals, parents, community
Emotional and behavioural disorders	Use cognitive behaviour therapy. Play activities. Verbal explanations.	Teachers, parents, educational psychologists

*Source: Chimonyo, et al, (2011, 2014)

**Source: Wood, L. and Goba, L. (2011)

***Source: Horn, E.M. and Kang, J. (2012)

Schools which have inclusive education need high and low level support by knowledgeable teachers who have studied special education, remedial/support tutors, sign language and braille interpreters, educational psychologists, speech and physio therapists and other medical personnel.

CONCLUSIONS

The study concluded that:

- A significant number of schools have inclusive education
- Some schools do not see the difference between integration and inclusive education
- A wide range of children with disabilities and OVC are present in the schools
- Physical disabilities, mental disability, learning disabilities, slow learners hearing impairment, visual impairment and albinism are the most prevalent in the schools
- The use of correct terms by some teachers shows that most of them have special needs knowledge
- Some schools say they do not have inclusive education
- The main challenges to in inclusive education are lack skills and confidence in teachers and lack of facilities
- If inclusion is to be implemented effectively, there is need to make thorough preparations that include awareness campaigns, educate teachers, the public and the children, make environmental and classroom adjustments in schools in order to accommodate the diverse needs of children with disabilities.

RECOMMENDATIONS:

The study made the following recommendations:

- Create specific and clear policies on inclusive education to introduce it to all the schools in Zimbabwe starting at the ECD level so that children learn and grow up together
- Schools with the help of the community should raise and allocate money in their budgets for creating barrier free environments
- Schools must carry out advocacy and awareness programmes in their communities on inclusive education

- Teachers with special needs qualification should be used to offer support to other teachers and also to run staff development courses in inclusive education to their peers
- Inclusive education policy must guide the development of teachers in Teachers Colleges and Universities
- Every teacher must ensure that all children with special needs, included in their classrooms are benefitting
- People with disabilities should be included in all decision and policy making bodies so that they also have ownership of the projects
- Schools should involve parents, communities, professionals and other support services when implementing inclusive education
- All places in the community must be inclusive, whether public or private, they must be user friendly to accommodate the diverse needs of people with disabilities
- Further research needs to be conducted to find out or assess how inclusive education is being implemented in the same schools.

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