Community-Based Rehabilitation: One of the Most Practical Ways to Promote Inclusive Education in Sub-Saharan Africa

John Charema, Ph.D.
Mophato Education Center
Francistown, Botswana
charemajohn@yahoo.com

Abstract

In Sub-Saharan Africa, Inclusive Education continues to face a plethora of challenges that hinder and have a negative impact on its effective implementation. Among others, such challenges include, but are not limited, to lack of qualified human resources, lack of conducive rehabilitated environments, limited financial resources, negative attitudes, poor policy initiatives, poor service delivery, lack of appropriate equipment for students with disabilities, and lack of commitment. Considering financial constraints that bear testimony in most countries, this paper explores the possibility of marrying Inclusive Education to Community Based Rehabilitation in order to try and address the challenges in question and to further suggest practical considerations to make Inclusive Education a reality in Sub-Saharan countries. One way to address some of these challenges is to consider practical activities employed in Community Based Rehabilitation (CBR) programs. Community-based rehabilitation was initiated by the World Health Organization (WHO) following the Declaration of Alma-Ata in 1978 in an effort to enhance the quality of life for people with disabilities and their families (WHO, 2004), and this would enable them to meet their basic needs, ensure their inclusion and participation in the communities they live in.

Introduction

While there is a growing interest and attention in research on inclusive education, there is need for accurate statistics to ascertain the nature and size of the problem in order to plan accordingly. According to the 2010 global population estimates, more than one billion people or 15% of the world's population live with some form of disability (WHO, 2011). The United Nations Convention on the Rights of Persons with Disabilities (CRPD) adopted in 2006 and came into force in May 2008 aims to promote full inclusion and participation of people with disabilities (United Nations, 2007). This would enable them to enjoy fundamental human rights and freedom in accessing basic living conditions such as health care, education, accommodation, day to day functional movements, employment, and social life. Inclusion is about putting the right to social integration and more so education, into action by reaching out to all people with disabilities and learners, respecting their diverse needs, abilities and characteristics, and eliminating all forms of discrimination in the social and learning environment (Khan, 2015; ILO, UNESCO and WHO, 2004; World Education Forum, 2015). Inclusion should guide education policies and practices, starting from the fact that education is a basic human right and the foundation for a more just and equal society (Farrell, 2010). This requires attention to a wide range of interventions, among them the curriculum, the nature of teaching and the quality of the learning environment. It means schools and learning settings should not only be academically effective but also friendly, safe, clean, healthy and gender responsive (World Education Forum, 2015). It is paramount to develop a multidisciplinary approach to improve the equalization of opportunities and total inclusion of people with disabilities with the aim to combat the perpetual cycle of poverty and disability (WHO, 2004). Through the guidance of WHO, CBR has taken a new approach, one of involving stake-holders right from the planning stage of the programs up to the implementation, through the combined efforts of people with disabilities, their families and communities, and relevant government and non-governmental, health, education, vocational, social and other services (Chavuta, Kimuli & Ogot, 2010). This approach gives a sense of ownership to the people involved in the programs. As such if inclusive education could tow

this line some of the challenges that act as barriers would be alleviated.

Financial and educational resources

As cited by the World Education Forum Report (2015) most countries in Sub-Saharan Africa have booming populations thereby having increased people with disabilities and shrinking resources which are further compounded by poor governance, lack of or poor health care services, corruption, and unequal distribution of resources. The allocation of funds in these countries that often operate on shoe string budgets does not favour people with disabilities (Charema, 2010). If there are any resources or funds allocated to implementing inclusive education, they are often inadequate. Lack of financial resources is a major obstacle to the implementation of inclusive education. Mariga et al (2014) assert that lack of adequate resources to meet the educational needs of the learners with disabilities in the regular schools causes most of the parents to have doubt as to whether the needs of their children are adequately met in these schools. In the end, most parents might be tempted to take their children to special schools where the needs of their children are likely to be met as compared to inclusive schools. This affects negatively the success of inclusive education. Thwala (2015) posits that additionally, many schools in the developing countries, Sub-Saharan Africa included, are characterized by inadequacies in basic facilities such as properly ventilated classroom, furniture suitable for the disabled and non-disabled learners, safe clean water, playgrounds, toilets, and play materials among other things. The absence of suitable facilities, assistive devices, appropriate technology and appropriate health care poses barriers to the success of inclusion of people with disabilities.

In order to combat challenges of inadequate funding, partnership between CBR programs, people with disabilities themselves and parents' organizations in Southern Africa can lead to a development of more viable and sustainable inclusive programs. The use of CBR would engage fully the business, parents, and community in supporting the programs financially without necessarily waiting on the government sponsorship, which may be difficult to come by. Each community would be involved in the funding of their own children's educational needs. As pointed out by Miles (2001), community-based inclusive education includes a wide range of inclusive educational initiatives in the community. Typically, such a program embraces the community as a whole in providing safe drinking water through borehole drilling, building workshops and training people to make assistive devices, providing clean toilet facilities, and a variety of learning materials (Khan, 2010). This type of inclusive education provides dynamic community-based learning environments. Community members pull their resources together to support and provide opportunities whilst empowering and encouraging the active participation of people with disabilities, other vulnerable groups, and the industrial society at large. These initiatives also could include non-formal education community environments (Miles, 2001). While this is further supported by article 24 of the Convention on the Rights of People with Disabilities, it also becomes the project of the whole community. In the African culture it is very important to place the development of CBR and inclusive education in the context of a collective consciousness; hence the needs of the collective, or community, are paramount, whereas in the west it is the individual whose needs come first. The idea of community service or working in community groups is inherent in the African culture and therefore it is likely to be easily acceptable. Salend (2005) posits that the benefits of involving parents, people with disabilities, and the whole community in the implementation of inclusive education cannot be overemphasized.

Qualified human resource and negative attitudes

Many developing countries face challenges of lack of qualified human resources, inadequate teaching materials, assistive devices and stereo-type attitudes in trying to implement inclusive education (Gladnet Collection, 2002; Thwana, 2015; WHO, 2011). A study by Adebayo and Ngwenya (2015) in Swaziland indicates that the major challenges in the implementation of inclusive education are teachers' competency, teaching materials and financial resources, societal attitudes, and efficacy of the administration. To alleviate the challenges of lack of qualified personnel in every district or area the local education authorities could work together with teachers' colleges to enhance the inclusion of

inclusive teaching in teaching programs. Chivuta et al (2010) cite examples from Malawi and Uganda with Uganda doing very well on CBR and inclusive education programs, with the involvement of the community and yet very little is happening in Malawi. Community involvement alleviates strained budgets particularly in developing countries where resources are very limited. However, the fact that most developing countries have limited resources does not exonerate them from providing quality education through inclusive education, they can make use of what is available in their own situation. Refresher courses and in-service training could also be run for teachers who trained well before inclusive education was introduced in order to equip them with the necessary teaching skills. Community based rehabilitation workers could be involved in helping training teachers on working with students with disabilities without unnecessarily giving them (student with disabilities) exclusive treatment.

Awareness campaigns on disability, disability demands, and restrictions would help the community understand the need to work together and help individuals with disabilities who have the right to quality services like any other member of the society. This would give them (people with disabilities) the opportunity to exercise their rights. If negative attitudes are not addressed, their effects might drive people with disabilities into poverty, low self-esteem, un-employment and even become vulnerable to exploitation and diseases such as HIV and AIDS (Miles, 2001). Beliefs and prejudices constitute barriers to inclusive education, employment, health care, and social participation (WHO, 2011). The WHO report goes on to point out that attitude of teachers, school administrators, other children and even family members affect the inclusion of students with disabilities in mainstream schools. There is need to dispel the misconception by prospective employers and the community that people with disabilities are less productive and also create an opportunity to deal with ignorance about available adjustments and accommodations for such people to do well (Khan, 2015; Farrell, 2010). CBR programs would be useful in educating people with disabilities on their rights, freedom, and independence which inclusive schools remotely deal with. People with disabilities need information on what to do and where to go when they meet challenges of various degrees whether it is at school, at home, work place or in the community. Salend (2005) points out that empowerment of people with disabilities is necessary for their independence and freedom. An ideal committee could be created to represent CBR and inclusive education and be of people from various backgrounds such as people with disabilities (different impairment groups), academicians, people with different socio economic backgrounds, people coming from rural areas or representing vulnerable groups, policy makers, practitioners, promoters, and representatives from public and private sectors (WHO, 2011; Mariga, McConkey and Myezwa, 2014). Gender and disability balance are some of the key factors to the success of any CBR and inclusion network.

Conducive rehabilitated environments

The World Health Organisation 2011 report clearly indicates that many built environments (both public and private), transport systems, and information are not accessible to all. If inclusion is to be real, rehabilitation of the environment is one of the driving factors which can be instrumental in enabling people with disabilities to function effectively. It is important to create conducive environments for people with disabilities' mobility, communication and day to day operations. With faculties that are impaired, people with disabilities can remain in or return to their home or community, live independently, and participate in education, the labour market and civic life (ILO, UNESCO and WHO, 2004). Access to rehabilitation and quality health care can decrease the consequences of disease or injury, improve health and quality of life, and minimise social barriers. While global data on the need for rehabilitation, the type and quality of measures provided, and estimates of unmet needs do not exist, national-level data reveal large gaps in the provision of and access to such services in many low-income and middle-income countries (WHO, 2003). This is an area that needs to be addressed through research in order to establish the magnitude of the problem for planning and implementation purposes. A research centre could be established in one of the countries in Southern Africa and researchers can create a data base. Both CBR and inclusive education personnel could facilitate greater exchange of knowledge and information among member countries and the world at large.

Researchers would meet and share information and build a comprehensive authentic data base to be used by WHO and World Bank for planning and support. The research centre personnel would assist to collect statistical information from Sub-Saharan countries on CBR and Inclusive Education practices and eventually allow for identification of a global coverage rate. This information would assist to identify gaps and develop future plans of action. WHO would use this global database to update enlisted members on the organization's activities related to disability and rehabilitation with a specific focus on CBR and inclusive education. All submissions to the global database would be verified with the researchers and published for use, thereby minimizing the use of estimates.

The provision and use of assistive devices and technologies would be encouraged in all CBR and inclusive education programs. The primary purpose would be to maintain or improve an individual's functioning and independence to facilitate participation and to enhance overall well-being. Effective and appropriate assistive devices should suit both the environment and the user. The use of assistive devices can aid functionality and help prevent further impairments and secondary health conditions. Examples of assistive devices and technologies include but are not limited to wheelchairs, prostheses, hearings aids, visual aids, and specialized computer software and hardware that increase mobility, hearing, vision, or communication capacities. In Sub-Saharan Africa and many other developing countries only a small percentage of people who require assistive devices and technologies have access to them, due to financial constraints.

Inclusive Education in practice

As cited by Miles and Singal (2008), there is an increasing debatable argument about some children who are said to be "uneducable" in an inclusive set up in overcrowded and under-resourced schools that cannot cope. 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 or her functionality in an inclusive set up. As pointed out before, more than a billion people in the world today experience disability (WHO, 2003). These people generally have poorer health, lower education achievements, fewer economic opportunities, and higher rates of poverty (ILO, UNESCO and WHO, 2004). The same factors play a critical part in the implementation of inclusive education especially if strategies, training, and resources are not put in place to combat such obstacles. The challenges are further compounded by negative attitudes from some teachers, some parents of non-disabled children, some children, and members of the community (Adebayo & Ngwenya, 2015; Thwala, 2015; WHO, 2011). These are some of the barriers they face in their everyday lives, in addition to their disability. The challenges they face due to limitations caused by their disabilities further compound their situations. Schools can make interventions and review their curriculums, methods of teaching and assessment, rehabilitate their learning and sporting environments, and make accommodations to cater for the diverse needs of people with disabilities (Charema, 2007). Disability is not only an educational or public health issue, but also a human rights, moral, and development issue. The community rehabilitation approach for inclusion is both a philosophy and a strategy for providing rehabilitation and inclusive education services in the community in a more equitable, sustainable and appropriate way than can be provided in a health or educational institution exclusively (Gladnet Collection, 2002). If community based rehabilitation can be married to inclusive education the product is likely to be a story of success. There is need to forge collaboration between parents, the school, community and people with disabilities in order to plan and implement successful inclusion programs. Inclusion requires adopting a holistic approach to education from early childhood, onwards to incorporate the learning concerns of marginalized and excluded groups and addresses the four pillar of learning (learning to know, to do, to live together and to be) (WHO, 2003). Education authorities and practitioners should assess inclusive programs to establish their effectiveness and report the challenges they face as well as what they think should be done to make inclusive education beneficial to students with disabilities.

Poor policy initiatives and lack of commitment

The World Conference on Special Needs Education in Salamanca Spain 1994 was the major

impetus to an inclusive education. According to the report UNESCO (1994), the conference proclaimed that "regular schools with (an) inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all". This marked the basis of inclusive education in many countries the world over. However, due to a number of factors such as corruption, greedy, limited resources, priorities and many other factors, there has been lack of commitment and poor policy enforcement from many developing countries including Sub-Saharan Africa (Adebayo & Ngwenya, 2015; Charema, 2007, 2010; Evans & Lunt, 2002). While most countries bought into the affirmation by the World Education Forum meeting in Dakar, 2000, where the Forum declared that "Education for All must take account of the needs of the poor and the disadvantaged, including working children, remote rural dwellers and nomads, ethnic and linguistic minorities, children, young people and adults affected by HIV and AIDS, hunger and poor health, and those with disabilities or special needs", not a lot has been achieved (WHO, 2011; World Education Forum, 2015). Even after endorsing their signatures, most developing countries still have unclear policies on inclusion, and where policies are clear implementation is either ignored or left to chance without committing resources to secure required facilities for its effectiveness (Chavuta, Kimuli & Ogot, 2010; Evans & Lunt, 2002; Miles, 2011).

Suffice to say while some countries have started taking action to improve the lives of people with disabilities, much remains to be done. Many governments in the developing countries have not been able to effectively implement inclusive education policy framework (WHO, 2011). The evidence in the World report on disability (WHO, 2011), suggests that many of the barriers people with disabilities face are avoidable and that disadvantages associated with disability can be overcome. A study carried out in England and Wales, by Evans and Lunt (2002) on focus group discussions of mixed groups of professionals on inclusive education, indicates conflicts in government policy between "standards" and "league tables" debate and the "inclusive schools" debate, making it difficult for schools to become more inclusive. The world report calls on governments to review and revise existing legislation and policies for consistency with the Convention on the Rights of Persons with Disabilities (CRPD) (United Nations, 2007), and to develop national disability strategies and action plans. However, many developing countries have beautiful documented policies which decorate shelves in offices without practical realization (Charema, 2010; Chavuta et al, 2010). It is hoped that if governments incorporate CBR in inclusive education, allowing stake holder involvement, the community can pull resources together and support the education of their children in inclusive settings.

Conclusion

It is paramount to note that the success of inclusive education programs lies in: the training of teachers; cultivating positive attitudes in all people involved; the education of community members and professionals in allied service systems; the preparation of conducive learning environments in schools; the rehabilitation of buildings and surrounding environments; the empowerment of parents and people with disabilities and the provision of quality health care services and assistive devices. Of great importance is to keep the policy makers well informed of conducted workshops and giving them progress reports on regular basis. Disability movements can be engaged to campaign and advocate for better facilities. The more education authorities understand, the more supportive they are likely to become. When policy makers understand issues that affect people with different disabilities, their causes, their rights and inclusiveness, issues of inclusive policy are likely to be better handled. All these factors are likely to be achieved by marrying community based rehabilitation and inclusive education.

As indicated by the World Health Organization the objective is to support people with disabilities in an inclusive setting, to maximize their physical and mental abilities, to access regular services and opportunities, and to become active contributors to the community and society at large. Typically, this would be achieved by facilitating capacity building, empowerment, and community mobilization of people with disabilities and their families. Furthermore, it would activate communities to promote and protect the human rights of people with disabilities mostly by removing barriers to

participation thereby facilitating inclusion.

References

Adebayo, A.S. & Ngwenya, K. (2015). Challenges in the implementation of inclusive education at Elulakeni Primary Schools in Shiselweni District of Swaziland. *European Scientific Journal, 11*(13), 1857-7881.

Charema, J. (2007). From special schools to inclusive education: The way forward for developing countries south of the Sahara. *The Journal of the International Association of Special Education, 8*(1), 88-94.

Charema, J. (2010). Inclusion of primary school children with hearing impairments in Zimbabwe. *Africa Education Review, 7*(1), 85-106.

Chavuta, A.H.P., Kimuli, E. & Ogot, O. (2010). *Community Based Rehabilitation as part of Inclusive Education and Development in Community Based Rehabilitation*. In WHO, CBR Guidelines pages 64-73 Geneva, WHO.

Evans, J. & Lunt, I. (2002). Inclusive Education: Are there limits? *International Journal of Inclusive Education, 17*(1), 1-14.

Farrell, P. (2010). The impact of research on developments in inclusive education. *International Journal of Inclusive Education, 4*(2), 153-162.

Finland, Hesinki Report (2003). World Health Organization; the International Labour Organization; the United Nations Educational, Scientific and Cultural Organization; and the International Disability and Development Consortium; CBM, Handicap International, the Italian Association Amici di Raoul Follereau, Light for the World, the Norwegian Association of Disabled and Sight savers on CBR programs.

Gladnet Collection (2002). Cornell University: Community-Based Rehabilitation (CBR) as a Participatory Strategy in Africa. DigitalCommons@ILR. *http://digitalcommons.ilr.cornell.edu/gladnetcollect/60*

ILO, UNESCO & WHO (2004). Report on CBR as a strategy for rehabilitation, equalization of opportunity, poverty reduction and social inclusion of people with disabilities. Switzerland: WHO

Khan, A. (2015). Role of community based rehabilitation in promoting inclusive education. *CBM International*, 2-12

Mariga, L., McConkey, R., & Myezwa, H. (2014) Inclusive education in low-income countries: A resource book for teacher educators, parent trainers and community development workers. Cape Town: Atlas Alliance and Disability Innovations Africa.

Miles, M. (2001). Models of Rehabilitation and Evidence of Their Effectiveness: Production & Movements of Disability Knowledge, Skill & Design Within the Cultures and Concepts of Southern Africa. Independent Living Institute (ILI). Keynote Address presented at the Workshop on Research-Informed Disability and Rehabilitation Planning for Southern Africa. Harare, Zimbabwe

Miles, S. & Singal, N. (2010). The Education for All and inclusive education debate: Conflict, contradiction or opportunity? *International Journal of Inclusive Education, 14*(1), 1-15.

Salend, S. J. (2005). Creating inclusive classrooms for all: Effective and reflective practices (5th ed.). Columbus, OH: Merrill/ Prentice-Hall

Thwala, S. (2015). Challenges encountered by teachers in managing inclusive classrooms in Swaziland. *Mediterranean Journal of Social Sciences, 6*(1), 495 - 500

World Education Forum (2015). Incheon, Republic of Korea equitable and inclusive quality education and lifelong learning for all by 2030. Transforming lives through education. 19-22 May 2015.

World Education Forum Report (2015). United Nations; United Nations Convention on the Rights of Persons with Disabilities. Retrieved from http://www.un.org/disabilities/documents/convention/convention_accessible_pdf.pdf

World Health Organization Report (2003). Towards inclusive education for children with disabilities: A guideline. Bangkok, UNESCO.

World Health Organization Report (2011). World Report on Disability: Summary WHO/NMH/VIP/11.01. Retrieved from http://www.refworld.org/docid/50854a322.html