

# **Mainstreaming Disability into Camara Schools**

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## **Disability Prevalence in Africa.**

According to the United Nations (2002), more than half of a billion people worldwide are disabled as a result of mental, physical or sensory impairment. Approximately 80% of these disabled persons live in developing countries. Disabled persons more often than not suffer from discrimination because of prejudice or ignorance, and may also lack access to essential services. The 'silent crisis', as the United Nations refers to it, affects not only disabled persons themselves and their households, but also the economic and social development of entire societies where a significant reservoir of human potential often goes untapped.

Debates among key stakeholders on issues of disability have increasingly noted the lack of sufficient and accurate data on disability. The unreliability of statistics is due to a number of factors. These include different definitions of disability, different survey methodologies used to collect information, negative traditional attitudes towards people with disabilities, a poor service infrastructure for persons with disabilities in underdeveloped areas, and violence levels (in particular areas and at particular times) – all these have impeded the collection of data, thereby affecting the overall picture.

In recent decades, the collection of data and the production of statistical information on topics relevant to disability have proliferated. Although, in many instances, the information produced fails to meet the needs of policy-makers due to the absence of common terminology or standard procedures and guidelines.<sup>1</sup>

Clear definitions on what a disability is vital to achieving a successful mainstreaming policy. Camara should be aware that unclear phrasing in surveys regarding disabilities will lead to misleading results and will have a negative impact on the implementation of a mainstreaming policy. For example, asking some variant of “Do you have a disability?” – generates the lowest rates of disability. The word “disability” has very negative connotations. People may feel stigma or shame at identifying themselves as disabled. For this reason, the question “Do you have a disability?” is especially inadequate at picking up mental or psychological disabilities which tend to be particularly stigmatising and are sometimes more easily hidden.

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<sup>1</sup>Prevalence of disability in South Africa, Census 2001 (<http://www.statssa.gov.za/census01/html/Disability.pdf>) p14

For purposes of promoting inclusion, it is more appropriate to view disability as a reduced ability to undertake and participate in “activities” as a result of functional limitations, rather than as a diagnosis of a medical condition. In the Zambian census (1990) a simple “Do you have a disability?” type question yielded a disability prevalence rate of only about one percent. However, a functional based approach with a much more detailed survey, yielded a disability prevalence rate of over 13 percent.<sup>2</sup>

Low birth registrations will also prevent Camara from collecting reliable data from government sources. A plan survey in Togo showed that 70 percent of children attended primary school without a birth certificate. Without valid proof of age, these children were unable to register for the exams that allow them to continue onto secondary education.<sup>3</sup> Children with disabilities are particularly vulnerable to non-registration, and their existence is sometimes denied by their families.

Government sources have also proven to be unreliable. For example, the Tanzanian national population and housing census of 2002 showed that out of a total population of about 35 million people 3% (1,050,000) of Tanzanians are living with disabilities. This figure does not compare well with one in ten WHO approximation which would otherwise give Tanzanian 3.5 million people with disabilities.<sup>4</sup>

Nevertheless, in order to develop an awareness program, it is important to examine the data already collected as a starting point. According to an independent study into disability, some five to eight million women and men in Ethiopia, or 7 to 10 per cent of the population, have a disability. A vast majority of people with disabilities live in rural areas where access to basic services are limited. A survey on disability in Ethiopia reported that 60 per cent of persons with disabilities of working age were unemployed in 1995, of whom some two-thirds were self-employed in rural areas in occupations such as agriculture, animal husbandry or forest activities. Begging is often a popular means of survival in urban centres, in addition to assistance from religious institutions and charities. Begging and receiving charity is often more profitable than pursuing a career<sup>5</sup>

The table below shows the prevalence of disability in South Africa. The table presents the most common disabilities in South Africa provided by the 2001 South Africa Census.

Type of disability	Male	Female	Total
Sight	28.30%	35.60%	32.10%
Hearing	20.70%	20.70%	20.10%
Communication	7.20%	5.80%	6.50%
Physical	30.70%	28.60%	29.60%
Intellectual	13.50%	11.30%	12.40%
Emotional	17.30%	14.30%	15.70%

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However it is important to note that the types of disability will differ in the countries that

<sup>2</sup> Measuring Disability Prevalence, Daniel Mont (<http://siteresources.worldbank.org/DISABILITY/Resources/Data/MontPrevalence.pdf>) p9

<sup>3</sup> The African Child Policy Forum ([http://www.africanchildforum.org/Documents/Universal Birth Registration\\_final.](http://www.africanchildforum.org/Documents/Universal%20Birth%20Registration_final.pdf))

<sup>4</sup> Disability and poverty reduction, N'nyapule R.C. Madai, 2003

<sup>5</sup> Inclusion of People with Disabilities in Ethiopia ([http://www.ilo.org/wcmsp5/groups/public/---ed\\_emp/ifp\\_skills/documents/publication/wcms\\_112299.pdf](http://www.ilo.org/wcmsp5/groups/public/---ed_emp/ifp_skills/documents/publication/wcms_112299.pdf))

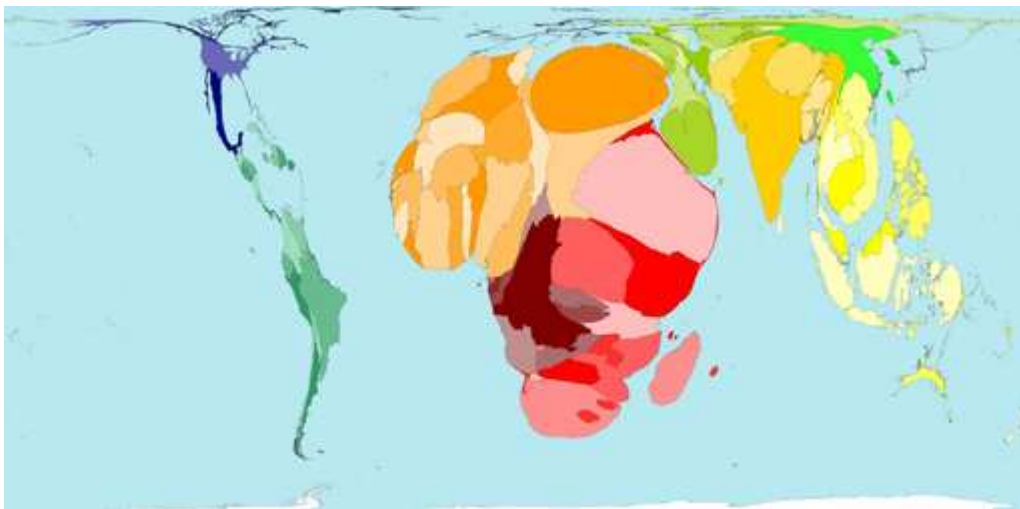
<sup>6</sup> Prevalence of disability in South Africa, Census 2001 (<http://www.statssa.gov.za/census01/html/Disability.pdf>) p22

Camara works in due to the geographic and environmental conditions of the various countries. For example the risk of river blindness is higher in countries with fast flowing rivers. These rivers are a breeding ground for the parasitical worm which causes onchocerciasis (river blindness). Tanzania is one example of a country with many fast flowing rivers. In 2004 onchocerciasis (river blindness) was documented in five regions and 15 districts throughout Tanzania, with an estimated four million people at risk for infection overall. In certain focal endemic areas, prevalence rates reach up to 64%.<sup>7</sup>

The highest rates of Trachoma in children are recorded in Uganda (38%) and Ethiopia (35%).<sup>8</sup> Trachoma is associated with poor socio-economic conditions, such as overcrowding, limited access to water and poor sanitation. Infection is one of the main causes of blindness. These infections spread fast often creating 'blind villages'.

As the definitions between blind and varying degrees of visually impairment are not clearly outlined, this data is not reliable and does not present a clear picture of the severity of blindness in Africa. However we are aware that about 87% of the world's visually impaired live in developing countries.<sup>9</sup>

The diagram below presents global blindness prevalence. The territory size shows the proportion of all children living with trachoma in that area. It shows that Trachoma is most prevalent in Africa, especially Sub Saharan Africa.<sup>10</sup>



The reasoning behind a focus on Blindness in the Camara Disability Awareness course is not only the high prevalence of blindness in Africa but also, blindness is largely preventable in Africa. 314 million people in the World are visually impaired. From that figure 45 million people are blind.<sup>11</sup> About 85% of all visual impairment is avoidable globally.<sup>12</sup> Students should have access to information about blindness and what infections to look out for and what to do if they get an eye infection. This information is available on the Moodle site and a lesson plan accommodates the student material.

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<sup>7</sup> Website: Imperial College London (<http://www3.imperial.ac.uk/schisto/wherewework/tanzania>)

<sup>8</sup>Blinding Disease (<http://www.worldmapper.org/display.php?selected=234>)

<sup>9</sup>World Health Organisation, Blindness and Visual Impairment <http://www.who.int/mediacentre/factsheets/fs282/en/>

<sup>10</sup><http://www.worldmapper.org/display.php?selected=234>

<sup>11</sup>World Health Organisation, Blindness and Visual Impairment <http://www.who.int/mediacentre/factsheets/fs282/en/>

<sup>12</sup>World Health Organisation, Blindness and Visual Impairment <http://www.who.int/mediacentre/factsheets/fs282/en/>

The data that Camara collects from schools on the numbers of students with disabilities should be checked with the causes of the disability. A certain type of disability, such as blindness will be widespread in one region and not another. A disability such as deafness is heredity and thus deaf communities are also quite common. Physical disabilities in Africa are often a result of war-time injuries. Cerebral palsy is prevalent where there is poor maternity services.

In order to get reliable data, Camara has to ask the appropriately phrased questions and check the answers with the geographic and environmental conditions of the various regions. Once this data has been collected then the mainstreaming policy can be tailored to the various needs of the students and teachers. The research already carried out on the disability prevalence in Sub Saharan Africa is inadequate and does not present an accurate picture of disabilities in Africa. Further research into disabilities in Camara schools is needed if a mainstreaming policy is going to be carried out.

### **Expected Disabilities in Camara Schools**

As data collection on disability is not reliable, we are forced to estimate the different types of disabilities we will encounter. When doing this, we have to bear in mind the geographical and environmental conditions of the countries Camara works in. Disability is caused by many factors, including malnutrition and disease, environmental hazards, traffic and industrial accidents, and civil conflict and war.

**Cerebral palsy:** In the African countries that Camara works in, maternity services are often quite poor and mothers do not get enough care before and during the birth of the baby. Damage is caused if the baby cannot breathe quickly after being born or if the blood supply to the baby before birth is insufficient. Cerebral palsy can also be caused by the baby getting meningitis or cerebral malaria soon after birth and these diseases are very common in most African countries.<sup>13</sup> All Sub Saharan countries have poor health services. In Kenya every 12 children born out of 100 will die before they reach their 5<sup>th</sup> birthday.<sup>14</sup> In 2005 only 5.7% of Ethiopian babies were delivered by skilled health staff.<sup>15</sup>

**Other Physical Disabilities:** War can be the result of a high prevalence in physical disability. In 2004, 85,000 former soldiers were demobilized in Eritrea. From these 85,000 soldiers, an estimated total of 32,400 soldiers were identified with having a war-related disability upon demobilization.<sup>16</sup> Rwanda is still collecting data on disabilities caused due to the 1994 war. Poor safety measures in the workplace and on the roads can also lead to physical impairments. When urbanization is inadequately planned, residential, commercial and industrial activity will evolve haphazardly. Road traffic systems will often not be adequate. More than 3000 people die on the world's roads every day. Tens of millions of people are injured or disabled every year.<sup>17</sup>

**Blindness:** Africa carries a disproportionate responsibility in terms of blindness and visual impairment. With approximately ten per cent of the world's population, 19 per cent of the World's

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<sup>13</sup><http://cerebralpalsyafrika.org/Aboutcerebralpalsy.htm>

<sup>14</sup>[http://www.who.int/whosis/mort/profiles/mort\\_afro\\_ken\\_kenya.pdf](http://www.who.int/whosis/mort/profiles/mort_afro_ken_kenya.pdf)

<sup>15</sup><http://data.worldbank.org/indicator/SH.STA.BRTC.ZS>

<sup>16</sup>USAID/Eritrea report on PWD-related activities for 2003-2004  
([http://www.usaid.gov/about\\_usaid/disability/dis4responses/disafrica.pdf](http://www.usaid.gov/about_usaid/disability/dis4responses/disafrica.pdf))

<sup>17</sup>[http://www.who.int/violence\\_injury\\_prevention/road\\_traffic/en/](http://www.who.int/violence_injury_prevention/road_traffic/en/)

blind live in Africa. The state of eye care in Africa stands in alarming contrast to that in the rest of the World. Poor practitioner-to-patient ratios, absence of eye-care personnel, inadequate facilities, poor state funding and a lack of educational programs are the hallmarks of eye care in Africa, with preventable and treatable conditions being the leading cause of blindness.<sup>18</sup> Due to poor sanitation in the countries that Camara works in, the data should show a high prevalence in blindness. River blindness should be prevalent in Tanzania as it has fast flowing rivers. There have also been high records of Trachoma in Ethiopia and Uganda. These high numbers could be the result of poor sanitation.

**Deafness:** 250 million people in the world have disabling hearing impairment. Two-thirds of these people live in developing countries. Half of deafness and hearing impairment is avoidable.<sup>19</sup> We assume that, because of higher rates of malnutrition, chronic otitis media, meningitis, and other diseases that may affect hearing, along with limited access to medical treatment and hearing aids, the incidence of deafness is higher in African countries compared to more advanced continents such as the United States or Europe. It is clear that the majority of deaf children in sub-Saharan Africa lack access to education. The situation is especially serious in the rural areas of most countries, where poverty is widespread and services are limited or nonexistent.<sup>20</sup> Deafness is also hereditary and therefore deaf communities should be expected too.

**Learning Disabilities:** Awareness about learning disabilities will most likely be extremely low. Nevertheless the increase in the number of slow learners and children with learning disabilities in schools in Africa has become a major issue of concern. The situation is reflected in various school-leaving examinations, where an average of 30 percent of the results are below average or failures each year. Although there are no statistical records available in most African countries on the number of children and youth with learning disabilities, it is believed that about eight percent of the students in school are experiencing learning difficulties in the classroom.<sup>21</sup> Different factors contribute to the large number of school difficulties, including overcrowded classrooms, poverty, health issues, shortages of experienced teachers, lack of teaching materials, school expectations, and motivational issues

**Down Syndrome:** Up until 1955, authorities believed that Down syndrome did not occur in people of African extraction where it was described to be, "uncommon or even rare." However, it is now thought that the incidence of Down syndrome is as high in African births, if not higher, than in other populations. There is a general lack of awareness of Down syndrome among the population – there is not even a word for this condition in many African languages. Therefore the difficulty of identifying the characteristics of down syndrome in the African make-up and the very short time that mothers remain on maternity wards after giving birth, result in a misdiagnosis of the condition.<sup>22</sup> The reality of the situation will most likely show that very few Down syndrome children enroll in schools.

These are a few of the health issues that should appear when collecting data on disabilities in Camara schools. If these disabilities do not appear on in the surveys, then inappropriate questions may have been asked or the teacher answering the question may have little awareness about disabilities and health issues in his/her school.

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<sup>18</sup><http://www.ncbi.nlm.nih.gov/pubmed/17958563>

<sup>19</sup><http://www.who.int/pbd/deafness/facts/en/>

<sup>20</sup>[http://muse.jhu.edu/journals/american\\_annals\\_of\\_the\\_deaf/v148/148.1kiyaga.html](http://muse.jhu.edu/journals/american_annals_of_the_deaf/v148/148.1kiyaga.html)

<sup>21</sup><http://www3.interscience.wiley.com/journal/118480768/abstract?CRETRY=1&SRETRY=0>

<sup>22</sup><http://www.downsyndromecentre.ie/news/2008/jun/18/world-view-down-syndrome-africa/>

## Terminology

There are many different definitions of what a disability is. This causes major difficulties when collecting data. Agreeing on a definition will help tackle the challenges that mainstreaming presents. It is important to recognise the difference between impairment and disability. An understanding of these two terms will highlight how communities can disable the capabilities of people with impairments. WHO defines impairment and disability as follows;

*Impairment: Any temporary, permanent or abnormality of a body structure or function, whether physiological or psychological. An impairment is a disturbance affecting functions that can be mental (mental, consciousness) or sensory, internal (heart or kidney) or external (the head, the trunk or the limbs).*

*Disability: A restriction or inability to perform an activity in a manner or within the range considered normal for a human being, mostly resulting from impairment.<sup>23</sup>*

Students with impairments are often disabled by the hostile education system that they are placed in. As a result their impairments are transformed into a disability.

## What is inclusive education?

Inclusive education is a process of increasing the participation of all. It acknowledges that all children can learn. It respects the differences in children. Inclusive education enables education structures, systems and methodologies to meet the needs of all children. It is part of a wider strategy to promote an inclusive society. It is a dynamic process that is constantly evolving.

Special education is not inclusive education. Special education is run outside the mainstream educational system. Special education operates in institutions located in cities. In most cases, the child has to move away from his/her family to live in institutions that are specifically suited to them. Many students experience difficulties re-adapting to life upon returning to their communities after finishing education. Special education is also expensive and suggests that students with disabilities, need 'special' help. This singles out students with particular needs and can create tension in a community where resources are low.

Inclusive education advocates for an inclusive society. A society that celebrates our differences and emphasises the capabilities of people living with disabilities. Inclusive education ensures that all children despite their disabilities are learning effectively in mainstream schools. It differs from integrated education that only accepts students living with disabilities into mainstream schools. Camara should aim to create an inclusive environment rather than an integrated environment.

*In inclusive education the system is expected to adapt, not the child.*

Inclusive education provides an opportunity for students living with disabilities to challenge prejudice and become more visible. It enables students with disabilities to stay with their families and strengthen their ties in their communities. Inclusive education improves the overall teaching

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<sup>23</sup>Teaching Children with Disabilities in Inclusive Settings. (2009)

standards and it can be a catalyst for changing the curriculum into a more child centred system. Please note there is a potential difficulty in translating the meaning of inclusive education, special education and integrated education.

### **Why should we include students living with disabilities into Camara schools?**

- Improvements in quality of education go hand in hand with inclusion: accessible, quality, responsive learning environments will benefit all children but they are particularly crucial for students living with disabilities.
- By law children with disabilities have the right to education. (UN Convention on Right of Persons with Disabilities (CRPD) Article 24) Including children with disabilities in education is essential for both the Millennium Development and Education for All Goals.
- Mainstreaming disability promotes respect for others that are different, such as those with living with HIV/AIDS, TB status, those from different ethnic backgrounds and gender.
- Disability Awareness is part of a wider strategy to promote an inclusive society.
- 75 million children around the World are missing out on an education and it is estimated that one third of those children have a disability. In fact it is estimated that 90% of children with disabilities in developing countries do not go to school.
- 40 million of the 115 million children who do not attend school have a disability/impairment (UNESCO).

### **The strengths of mainstreaming disability are:**

- that it enables people with a disability to participate in daily society;
- that it helps decrease attitudinal, institutional and environmental barriers;
- that it is more cost-effective and capable of servicing many more people than charity approaches;
- that it allows for people with a disability to be independent and make their own decisions for life.

### **The weaknesses of mainstreaming disability are:**

- that the sheer scope and size of the project, as well as its sustainability, is often grossly underestimated;
- that due to a variety of different (half-hearted) approaches, views and interests mainstreaming efforts are fragmented and uncoordinated. There needs to be more clarity on the concept.
- that disability as a concept and disabled people as a group are often generalised;

### **The opportunities for mainstreaming disability are:**

- The new emerging legislative and policy frameworks;
- Learning from other mainstreaming efforts, such as gender mainstreaming;
- The increasing numbers of freely available tools and manuals online;

- Networks and platforms in which NGO discuss and coordinate their strategy.

### **The constraints to mainstreaming disability are:**

- A (perceived) lack of money, time and/ or capacity, especially for local NGOs;
- That disability is not mentioned in the Millennium Development Goals;
- Attitudes among professional (development) staff;
- A lack of (academic) research on disability-related development issues in general and on disability statistics in particular;
- A lack of formal accountability mechanisms and of disability-specific indicators for monitoring and evaluation.<sup>24</sup>

### **Addressing the Barriers to Inclusive Education.**

#### Negative Attitudes

The single biggest barrier is negative societal attitudes, that manifests itself from the family home to schools to government agencies. Even people living with disabilities may have negative attitudes towards disability themselves. They might not believe in their own capabilities. Many people living with disabilities believe that they are destined to beg on the streets. In some cases even when people living with disabilities are trained in a certain trade, they may return to begging as it secures a better income than working with their trade. Despite this discouraging information, it is still important to raise disability awareness among the able bodied students. Students today are the next government policy makers of tomorrow.

#### Government inclusive policies incorrectly implemented.

Despite inclusive policies in many African countries, inclusive education barely exists. A genuine inclusive education policy requires a change in attitudes, knowledge and practice and a significant increase in resources, so that children with a full range of abilities are genuinely offered equal opportunities. Even where resources are available, there has always been an unhelpful polarisation between those who believe in promoting *special education* and those who promote *inclusive practices*, yet the majority of disabled children do not attend school at all.<sup>25</sup>

#### Misinformation

Fear, taboo, lack of knowledge, misinformation and socio- economic barriers, values about human life all encourage negative attitudes towards disability. These fears are very much real in the eyes of many communities and therefore we should encourage an open discussion about their anxieties. When we take into consideration that discrimination against people living with disabilities is even supported by government agencies, then we have respect the fears of the general public. In Zambia a disabled child was locked inside for 15 years because his parents are ashamed of having him. The child was not given a bath and was contaminated with faeces.<sup>26</sup>

<sup>24</sup>Visions on mainstreaming disability in development : strengths, weaknesses, opportunities, constraints p4  
HENDRICKS, Vera, Veenendaal, the Netherlands, Dark and Light Blind Care, 2009

<sup>25</sup><http://ablechildafrica.org/downloads/educationleaflet.pdf>

<sup>26</sup>Its our world too p 33

Children with a disabilities are often shunned away from social interaction and hidden away from the community. The reasons behind this vary between overprotective parents and parents that completely disregard their children that have disabilities. Also worth noting is that in home surveys and population census, families may not include their children with disabilities. This emphasises the difficulties in data collection.

The Camara Disability Awareness Program should counteract the widespread misinformation available. Steps can be taken to highlight how achievable inclusive education can be. For example in Maputo, Mozambique teachers took part in an inclusive education competition. Each district in Maputo asked teachers to share their experiences of identifying children with special needs in the classroom and to report how they teach pupils that have learning difficulties or impairments. The teachers who produced the best case reports were rewarded with bicycles, radios and books on inclusive education. This generated a change in attitude in the education sector, which now regards children with disabilities in the same way as it does all children.<sup>27</sup>

### Hostile schools that disable students with impairments

Some children may be struggling in a certain area such as a speech or minor hearing impairments. If these difficulties are not recognized and dealt with, the children are most likely to have difficulties in learning key skills such as reading and writing. Teachers should realise the further difficulty that a student has when learning in a foreign language. Physical punishment only worsens the problem. In these cases, the student arrives to the school with a particular impairment and in the duration of his stay in the school, the student's impairment transforms into a disability, which then prevents the students development. Camara should not perpetrate 'system created' delays by misunderstanding the child, misplacing the student in an unwelcoming school system or tolerating poor teaching standards. Camara should identify the conditions that disable students' abilities. Admittedly this is a challenging task and any real success will only be achieved by a mainstreaming officer that takes a hands on approach to his/her duties.

### Accessibility

Another cause for concern is the physical access that a student living with a disability may have. When funding is available, education officers should look into the problems that students with disabilities face when traveling to and from school. They should also investigate the access into the building and the movement that students in wheelchairs have in a classroom.

### Pseudo Barriers: Cost and Class Size

Class sizes and the cost of an inclusive system are often used as excuses for not implementing mainstreaming policies. In reality these are pseudo barriers to inclusive education. A study into inclusive education in Malawi found that the economic costs of excluding disabled people far outweigh the cost of including them.<sup>28</sup> Support teachers are recommended when mainstreaming students with disabilities into the classroom and students can benefit from small units catering to their special needs. However when resources are low, these services are not the primary ingredients for an inclusive educational system. In fact special services and aids can result in community tension. Considerable thought should go into the process of granting assistive devices to students in Camara schools. Teachers should be prepared for potential bullying in the classroom and should be trained how to use the equipment appropriately.

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<sup>27</sup>Implementing Inclusive Education: A Commonwealth Guide to Implementing, Richard Rieser pg 66

<sup>28</sup>Disability is not inability, Annika Salmonsson, pg 21

Camara should highlight the capabilities of students with disabilities in the community that they live in. Communities should be able to recognize the abilities of people with disabilities. In many cases PWLDs are seen as being a financial burden on the community. An inclusive education should focus on what people living with disabilities can do, rather than what they cannot do.

### ***An example of inclusive education that works!***

*A successful implementation of an inclusive educational system on a low budget can be seen in Lesotho. A study undertaken in 1987 showed that very few children with disabilities attended school in Lesotho. A feasibility study was later conducted with the objective of introducing an inclusive school system. From 1990 to 1992, 371,950 pupils enrolled in 1,201 primary schools with a pupil teacher ratio of 1 to 54. A sample of year 5, 6, 7 pupils were interviewed and this showed 17.4 per cent of the students had some form of impairment. The lack of appropriate teaching was thought to account for the high drop out rate and a high incidence of repeated years.*

*A committee was established who delivered a short in-service training courses in schools which provided teachers with the confidence to respond to the individual needs of students with disabilities, even though they were sometimes teaching classes as large as 100 pupils. Teachers from the schools for the deaf and blind were involved in training teachers in Braille and sign language. Previously they were resistant to inclusive education as they thought they might lose their jobs. The teachers were trained to do simple assessments with children who had learning disabilities and how to meet their needs. This made them more aware of children that could not advance academically. Teachers began to see the children as individuals rather than a whole class and they felt they had become better teachers as a result. The Ministry of Education produced a training package and supportive material which was piloted in ten schools and then rolled out across Lesotho.<sup>29</sup> This reinforces the belief that expensive assistive devices and software are not the primary ingredients to an inclusive system.*

A realistic mainstreaming policy will recognise and address the barriers that it faces. It should be ongoing and dynamic. Camara should facilitate the desired societal attitude shift by opening a discussion, addressing the fears and misinformation already present and adapting to the needs of PLWDs.

### **How can Camara support inclusive education?**

#### *Building a framework: Disability Awareness*

The single most important factor in implementing a mainstreaming policy is the promotion of positive attitudes. There is a real need to raise awareness in schools. To do this, Camara staff and teachers have to have the same values, beliefs and principles on mainstreaming disability. This will evolve and develop alongside implementation, and does not have to be 'perfected' in advance. But if people involved have conflicting values which are not made clear and conscious, then inclusive education can easily collapse.

The most effective method to do this is to expose teachers to people with disabilities and provide teachers and school staff with the skills needed to adapt to the needs of students with disabilities.<sup>30</sup> Emphasis should be taken away from the lack of skills or abilities of people with

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<sup>29</sup>Implementing Inclusive Education: A Commonwealth Guide to Implementing, Richard Rieser pg 65

<sup>30</sup>Inclusive education : where there are few resources, 2008, p52

disabilities. The focus should be placed on the lack of opportunity that PLWDs encounter. Learning environments should be welcoming and accessible. This may require an adjustment of teaching methods but it will ultimately benefit all students as the teacher becomes more child centred.

### Creating Welcoming Schools

Ensuring that a school is welcoming to students with disabilities does not have to be an expensive process. Small changes can make big differences. For example;

- Involving the parents of children with disabilities in the learning program
- Educating teachers and students on disabilities
- Being flexible and innovative with teaching methods and willing to make curriculum adjustments.
- Ensuring physical access to the best of the school's ability.
- Teachers should ensure there is sufficient light in the classroom.

### Low Cost Resources

The three most important resources are

- Buddy scheme: use students as a resource. PLWDs can use their able bodied peers as classroom assistants. These assistants can be responsible for making sure that the teachers commands are understood by the PLWDs and can make the teacher aware if the task is impossible for the student.
- Teachers; team work among the teachers promotes a shared commitment to inclusion and provides support when solving problems that arise when mainstreaming disability into schools.
  - Networking: it is important to share information and build close relations to local support services in the area. Albeit this is the duty of the mainstreaming officer, this will help teachers overcome their own prejudices. Further work with Sightsavers in Tanzania may prove to be instrumental in breaking down the barriers to inclusive education. Sightsavers are currently using the dolphin pen on Camara schools and are planning to accompany these visual impaired students into employment. Other agencies such as Able Child Africa and the Inclusive Education Project in Tanzania will provide support to our teachers at a local level.

### Teacher Support

Teacher training should be ongoing and adjust to the evolving needs of the schools. Once Camara succeeds in raising awareness into disability topics, teachers will be able to assess their individual situations. Local initiatives should be promoted and developed. The best ideas will come from the ground. It will create a sense of ownership on the issue and will be a great tool to overcoming negative attitudes. For example, a student from the Pacific who uses a wheelchair found the path to the local school was too bumpy: he couldn't get to school. The principal and teachers used their initiative. Now two boys from the school rugby team take turns to carry him and his wheelchair to and from school each day. If the student and his wheelchair don't show up at school, rugby is called off for that day.<sup>31</sup> These local initiatives will only be made if Camara is prepared to spend the time training teachers in inclusive education with an emphasis on practical problem solving rather than theoretical information.

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<sup>31</sup>Challenges in Paradise: Inclusive Education in the South Pacific, Rebekah McCullough.  
[http://www.eenet.org.uk/resources/eenet\\_newsletter/news9/page10.php](http://www.eenet.org.uk/resources/eenet_newsletter/news9/page10.php)

If an effort to address the barriers of inclusive education is made, then we will see a major improvement in teachers confidence towards inclusive education and their capability of coping with students with disabilities. For example, a small group of Ethiopian teachers attended a teachers' meetings in Zambia which included practical problem-solving sessions on students with disabilities. These meetings enabled teachers to respond to the particular needs of the disabled children in their classes. Since the visit all 89 Ethiopian teachers have agreed to have disabled children in their classes for the first time.<sup>32</sup>

## **What does success looks like?**

### Teachers

- Teachers are informed on disability issues. Misconceptions that prevented inclusive education have been addressed and as a result teachers are more accepting of students with disabilities.
- Teachers are trained on how to adapt their teaching methods to the needs of students with disabilities.
- Teachers are capable of raising awareness of disability issues that may be present in the classroom. Bullying in the classroom due to disability-related problems can be addressed using the material in the student Disability Awareness Student Program.
- Teachers feel confident enough to change their teaching norms.
- Teachers are trained how to use the available assistive technology. They can identify disabilities in the classroom and are aware of the Assistive Technology that is available.
- Teachers are aware that their local hubs can provide them with additional support if they have students with disabilities in their classroom.

### Students

- Students can have an open and informed discussion about disabilities in their communities.
- Students are aware of the capabilities of people with disabilities. This includes a basic knowledge of assistive technology.
- Students promote the capabilities of people with disabilities in their communities.

### Students with Disabilities

- Students with disabilities are trained how to adapt the computer settings on the computer to suit their individual needs.
- Students with disabilities are participating in the classroom and in computer class. If the student is not participating, the M&E officer is aware of the reasons.

### Camara Staff

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<sup>32</sup>All equal, all different, p14, DCDD, April, 2006

- Camara Disability Awareness Program is rolled out. Volunteers sent to the African hubs in the Summer are aware of the Disability Awareness Program and are familiar with the Assistive Technology solutions that Camara can offer.
- Data on disability has been collected from all the Camara partner schools. Students with disabilities are identified by teachers. The data is linked with the geographical and environmental conditions that the region faces. Camara staff work to support teachers with students that have special needs with the aid of additional material.
- Feedback is gathered from the training and the material is adapted to the needs of teachers and students.
- A commitment to further mainstreaming in Camara schools is made.

**Recommendations on how to achieve success when mainstreaming disabilities into Camara schools.**

Stage 1

1. Provide training to teachers on disability awareness and AT in the classroom.
2. Collect data on students with disabilities in Camara schools.
3. Adapt the Disability Awareness Program with the guidance from the training feedback collected.
4. Ubuntu 10.04 is installed onto computers sent out to African countries.
5. Dasher and Zoom are installed onto Ubuntu computers
6. Dasher is installed onto Windows computers.

Stage 2

1. Employment of mainstreaming officer in Africa.
2. Build networks with local NGOs.
3. Send Enable Ireland volunteers to Africa to assess the students with disabilities.
4. Provide further assistance and support to teachers and students with disabilities.
5. Provide assistive software and devices to students with disabilities after the students have been assessed by Enable Ireland volunteers.

*Mainstreaming Officer*

- The mainstreaming officer would meet the students with disabilities and be able to assess their needs.
- The mainstreaming officer would work closely with local agencies that provide support for people with disabilities. The officer would ensure that the services local agencies provide would be taken advantage of by students and teachers. The officer would be aware of advanced assistive technology solutions, both software and assistive devices, that are available in developed countries.
- The mainstreaming officer would create links with suppliers and promote mainstreaming

disabilities in Camara schools in the hope of receiving free/a reduced price for assistive devices or software. A link has already been created with Tryit.ie. This company is a assistive technology library that has agreed to send out devices whereby parts of the particular device are no longer being produced and hence the device can no longer be repaired. They have agreed to donate these devices on the condition that the student has been assessed and the correct device is provided to the student. More links such as these should be created by a mainstreaming officer.

- The mainstreaming officer would be responsible for the training of assistive devices and software to the teachers and students. This training could take place in the summer, outside school holidays. This training would be adapted to the feedback from the participants and the mainstreaming officer would ensure that the training was being practiced in the school throughout the year.
- The mainstreaming officer would also be responsible for the Enable Ireland volunteers that travel to Africa to assess the students with disabilities.
- The mainstreaming officer would ensure that the Disability Awareness Program is kept up to date with the needs of the teachers.
- The mainstreaming officer would work to provide a more accurate solution to the assistive solutions that are presently available.