

LEARNING TOGETHER IN THE MPIKA INCLUSIVE EDUCATION PROJECT



Child-to-Child Trust 2003

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1: How MIEP started and how it grew

Introduction

During the years 1999 to 2002, children with disabilities have studied in the regular classrooms of 17 local primary schools in the Mpika district of Northern Province, Zambia, as part of the Mpika Inclusive Education Project (MIEP).

The term ***inclusive education*** is often taken to refer solely to the inclusion of children with disabilities in regular classrooms. However, in MIEP, the term ***inclusion*** has been extended over time to take on the broader meaning of including all marginalized children, whatever their circumstances, without discrimination, as outlined in the Salamanca Statement,¹ and in accordance with the fundamental tenets of children's rights.

Looking at inclusion in this way has meant that profound changes have had to take place within schools and in the way teachers teach, and within the community as a whole. The MIEP experience has emphasized the difference between ***integration*** and ***inclusion***. Integration implies that the child with a difficulty is fitted into the existing structures, and the child has to change rather than anything around the child. MIEP has demonstrated that existing structures have to change if inclusion is to become a reality.

Before MIEP started, a few local teachers had successfully used Child-to-Child methods to promote health learning and action. This experience, which was the spur to MIEP, had demonstrated that *all* children benefited from a participatory approach and learning that was relevant to their lives. Children who previously had difficulties improved and hidden talents were revealed.

When MIEP started in Mpika, in 1999, there was thus a core group of teachers with experience of the Child-to-Child approach in health education, but none of inclusive education. They were aware of the power of children and how effective they could be in bringing about change. However, they had to learn a lot about inclusive education and the techniques that teachers could use to facilitate the inclusion of all children in their classes. They learned by trial and error, as they progressed.

Using the Child-to-Child approach to promote inclusive education, children in Mpika, both disabled and non-disabled, have been able to explore issues around disability and exclusion, and the role that they as children could play in facing related challenges. In so doing, they have been able to make an important contribution to the inclusion of disabled children in regular schooling. Teachers in the 17 project schools have had opportunities to reflect more deeply on their own practice, recognizing that many children already in school were experiencing difficulties in learning as a result of unrecognized impairments, poverty, illness and family breakdown. Whilst working to include previously excluded children – mainly those with disabilities – teachers developed new ways of teaching that helped to ensure that the learning in their classes was more meaningful to all the children.

¹ *'The fundamental principle of the inclusive school is that all children should learn together, wherever possible, regardless of any difficulties or differences they may have. Inclusive schools must recognize and respond to the diverse needs of their students ... There should be a continuum of support and services to match these needs. Inclusive schools are the most effective at building solidarity between children with special needs and their peers.'* (UNESCO, 1994)

What children have done through MIEP

- Children have participated in the identification of children with disabilities in the villages.
- They have befriended children until they could confidently attend the local schools.
- They have supported them in their learning at school.
- They have facilitated their journeys to and from school.

There is evidence that many of the teachers involved in MIEP have explored, and continue to explore, the use of more participatory teaching methods.

Group work has been especially important, as it has encouraged the children to support each other's learning. Children have worked together, learning from each other and sharing their knowledge and experiences. All have benefited and been enriched by this experience.

Disabled children have learnt from non-disabled children, and non-disabled children have also learnt many skills from their disabled friends, such as signing. Many children and teachers were thrilled to learn sign language and use it to communicate with their friends with hearing impairments — as well as creating a 'secret' language, impenetrable to most adults.

As one head teacher stated, *'All the children, both disabled and non-disabled, have benefited socially and academically.'*

For inclusive education to be accepted in the schools and communities of Mpika, changes in attitudes have had to occur at many levels of both schools and communities. Children and teachers have acquired new skills to accommodate and care for children who would not otherwise have been accepted in their classrooms.

Changing attitudes and transferring skills are difficult, time-consuming processes, requiring continuous support and imaginative strategies. However without such changes it is impossible to remove some of the psychological barriers to inclusion.

Those involved in MIEP have made enormous efforts to make inclusive education a reality in Mpika, which is in a region of Zambia with very few material resources. They have encountered both difficulties and successes, and gained knowledge, skills and experience during the process. This process is still underway. Various strategies have been tried and some have been more successful than others. It has been a 'grass-roots' effort by teachers and children themselves to find ways to cater for all the children in their classrooms, and what they have learnt is well tested on the ground.

This report is about that process, and has been written to share the skills, knowledge and experience acquired during MIEP with others attempting similar projects.

Why promote inclusive education?

The policy of the Ministry of Education in Zambia is that children with special educational needs should, as far as possible, remain in the regular school system.²

An important Ministry of Education initiative to implement this policy has been the Inclusive Schooling Programme (INSPRO). INSPRO was initially implemented as a pilot project by the

² Republic of Zambia Ministry of Education (1996 and 2000)

Ministry of Education in Kalulushi district, Copperbelt province in 1997. A positive evaluation of the programme in 2002 has led to its expansion to 16 more districts throughout Zambia.

MIEP, in contrast, has been a locally-grown project, inspired by Patrick Kangwa who was to become the MIEP co-ordinator. He was already well known to the Child-to-Child Trust as a teacher in Kabale Basic School and a Child-to-Child co-ordinator at the district level. MIEP was set up through discussions between Patrick Kangwa and the Child-to-Child Trust, and the financial support of Comic Relief was secured.

The project builds on many years of Child-to-Child activities³ in Mpika, including work done to promote the 'democratic' classroom. As part of these ongoing Child-to-Child activities, children in Mpika have been encouraged to work in partnership, share ideas, and develop solidarity. MIEP has shown that the principles underlying Child-to-Child match well with those that promote inclusive education. The Child-to-Child strategy of 'twinning' – linking one child to another child or group of children and sometimes one class to another class (see pages 26-27), is seen to have great potential in inclusive education and has become a central pillar of MIEP.

Teachers realized that working in this way helped all the children in a class to achieve more. It was the teachers' own experience that gave them the confidence to believe that children previously excluded from school, or placed in special units, could also be included into their classes. This was the inspiration that led Patrick Kangwa to initiate the Mpika Inclusive Education Project.

Mpika Inclusive Education Project

Some facts and figures

The project was set up in two phases. It has involved 17 schools with 10,387 children (5,023 girls and 5,364 boys) including about 200 children with disabilities.

The schools all lie within three central zones, Central, Chikwanda and Chilonga, in Mpika District, and are located within a radius of 33 Km from the Boma (central administrative offices).

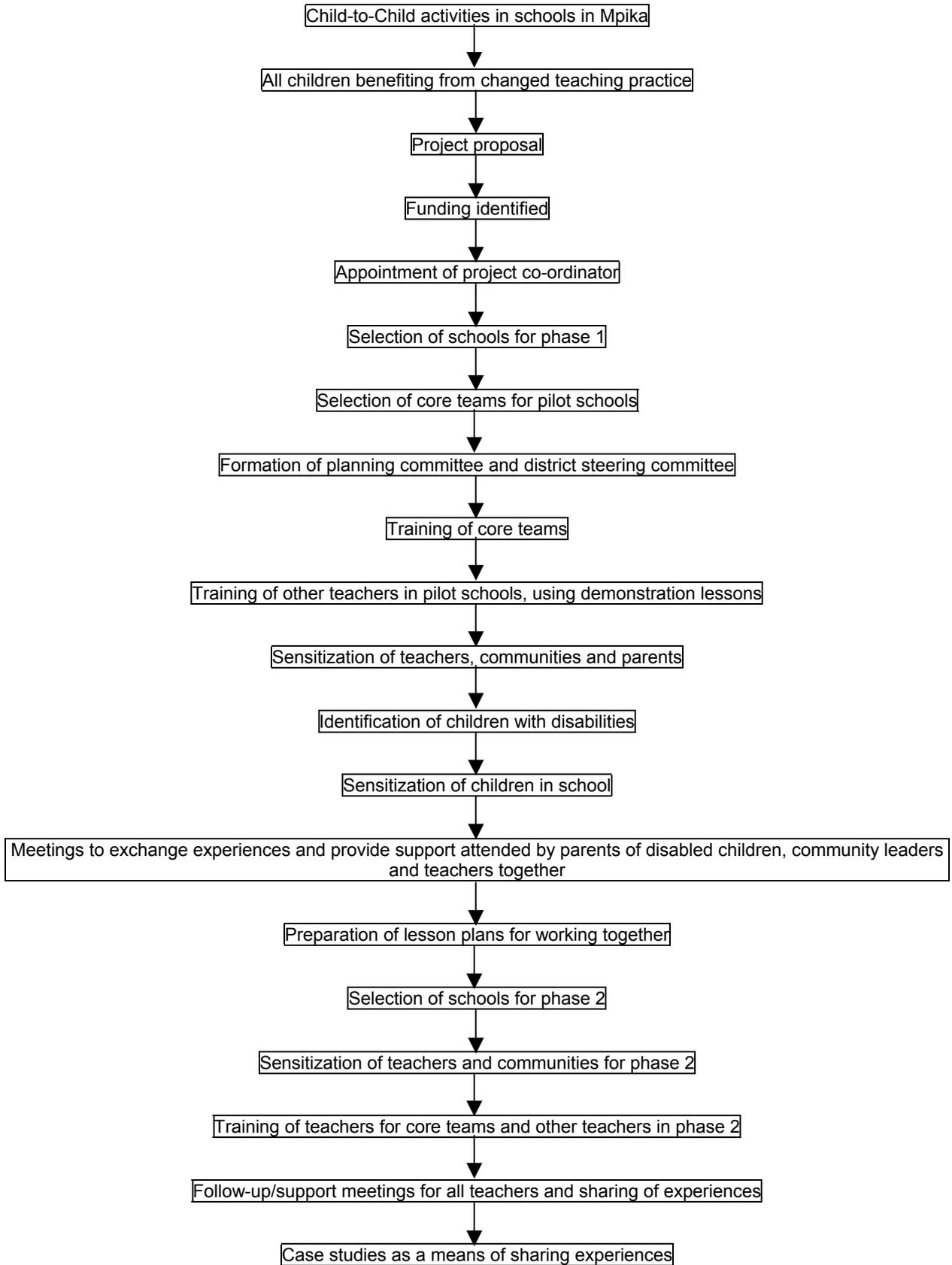
Phase 1 of the project involved three schools. These were Kabale and Musakanya, two large urban schools with attached units for children with special needs, and Kaole, a small rural school. Kaole was included in order to develop strategies for working with the community in a rural area.

Phase 2 included 14 more schools, which benefited greatly from the experiences of the first three schools involved in phase 1.

³ Since 1986, Child-to-Child activities have been used in Mpika to raise awareness of health issues in schools and communities. The Child-to-Child approach was introduced by the Institute of Christian Leadership, which trained teachers in this approach, until Child-to-Child activities at school level became self-sustaining.

The project process is summarized in the flow chart below.

Mpika Inclusive Education Project – Flow Chart



Phase 1 – Three pilot schools are chosen – one rural and two urban

Kabale, Musakanya and **Kaole** Schools were selected for the first phase of MIEP. It was thought that Kabale and Musakanya would be easier to approach because of their long history of Child-to-Child and the presence of units for children with special needs in both schools. However, there was some resistance from the teachers and the administration. Many teachers believed that children with disabilities could only be taught by specially trained teachers and not by regular class teachers who had had some extra training.

The presence of special education teachers was initially a barrier to inclusion. The special education teachers felt that they had special knowledge. The disabled child had 'problems' that could only be solved by someone with their specialist training. This tended to overawe the regular teachers and de-skill them. It made them feel that the whole area of disability and special education was beyond their capabilities.

After many discussions at Kabale and Musakanya, the idea of inclusion was partially accepted but with some misgivings. Over time, teachers gained confidence. They were helped by practically-based workshops where they could share experience with other teachers and the project co-ordinator. Teachers were able to face and articulate their own fears and prejudices.

Significantly, by the end of the funded stage of the project, three quarters of the teachers with a special education background had become trainers and resource people and were opposed to the retention of special units. Also teachers with no specialist training displayed skills and ingenuity in working with children with additional needs.

Kaole, a poorly-resourced, small, isolated, rural school, had no special disability unit, and therefore teachers, parents and the community were less aware of the 'problems' surrounding disability.

Nevertheless, many discussions and meetings with headmen, community leaders, church leaders, traditional birth attendants, teachers and parents (individually and together) were needed to convince the community in Kaole of the importance and viability of MIEP. Help came from an unexpected quarter. The agricultural extension worker was of great help in convincing the community of the feasibility of the project.

Setting up a planning committee ...

Once the three schools had agreed to participate, a planning committee, charged with the task of planning the project's activities, was selected from representatives of the three schools. The committee has met monthly and comprised four teachers from Kabale, two from Musakanya and one from Kaole.

... and a district steering committee

A district steering committee was set up to provide support on policy. Its members included the project co-ordinator, the district education officer and the director of health services, a representative from the Tanzania Railway Authority (TAZARA) and the pastoral co-ordinator for Mpika diocese Catholic Church. A special effort was made to include someone with a disability in the district steering committee. A man with multiple disabilities who had successfully completed his schooling and obtained employment in a district council office in Mpika was approached. Initially he was rather shy to offer his support. However, he soon became a key member of the committee and an inspiring teacher trainer for the project. (Sadly, he died in 2001 and is greatly missed.)

The district steering committee has met once or twice a year throughout the project, depending on need. Members of the committee have been important advocates for the project. The district education officer and the director of health services have been consulted from time to time to give advice on government policy. However changing personnel meant some lack of continuity.

Community sensitization

Advocacy and sensitization played a key role in this project. This was essential as there was so little awareness of the issues involved – either in schools or in the community. Three annual surveys were conducted on attitudes to the inclusion of children with disabilities. They showed some positive attitudes – *‘When God created us He did not say children with disabilities should be discriminated against – He put us together.’* (Child). However, deep-seated fears that disability was caused by witchcraft and was contagious and contaminating were also expressed. So it was vital to include all the members of the community to ensure their support for the project and help to dispel these fears. The different groups – teachers, headmen, community development workers, councillors and parents from the schools and their surrounding communities – exchanged views and considered what more they could do for disabled children and they began to question why they were not already concerned with the welfare of these children.

Identification of disabled children

The following groups were involved in the identification exercises to minimize the chances of missing out some of the children:

- Village headmen.
- Church leaders.
- Traditional birth attendants.
- Community development officers.
- School children using Child-to-Child surveys on ‘identification of disabled children in the community’ (see pages 25-26).

Each group was prepared and trained before carrying out the activity.

During the workshops, all the participants were given some training on keeping records. The task was to identify all disabled children in their area, from newborn infants to adolescents.

Information from the children’s clinic at the hospital was also collected and the records of the first four groups listed above were brought to the office of the area school head. Through the efforts of all involved, the whole district was covered by the survey. This minimized the possibility of not identifying disabled children.

‘My experience as a teacher since the beginning of MIEP is that teachers at our school have developed a sense of responsibility over the issue of identifying kinds of disabilities in school children in the community. They have identified one boy in Grade 4. The boy is 15 years old. He was in school some years back but stopped coming to school. His friends are now in Grade 8. We encouraged him to begin schooling again and he is doing much better than he used to. His parents also confirm that their child is much improved. He is clean and able to help around the house better than before. The other three children identified have also improved.’

Kaole Child-to-Child co-ordinator

Selection of core teams

As teachers came to accept the ideas behind the project, each head teacher selected staff from his or her school to form a core team. Each core team included between three and five teachers.

Before the selection of core team members, however, discussions were held with the head teachers of all the project schools. These discussions helped to define the role of the teams. As the head teacher was responsible for appointing team members from among his or her staff, this was an important step in ensuring ownership of the project by schools.

The teams took responsibility for co-ordinating MIEP activities within their own schools. Another responsibility was to plan home visits to the families of children with disabilities who had been identified through the exercise described earlier.

Core team workshops

Two-day training workshops were organized for the selected teachers. The main purpose was to help them identify the skills and knowledge that would help them support inclusion. The teachers were given opportunities to plan strategies for sharing ideas between schools. They were also prepared to train other teachers in their respective schools.

The workshops enabled teachers to discuss their concerns about the project with the MIEP co-ordinator and other members of the planning committee. Teachers were encouraged to think of how they might need support in the future.

The workshops combined theory and practice and included demonstration lessons. Teachers were themselves expected to give lessons, illustrating what they had learnt, and to prepare an action plan for a term.

Head teachers attended the final day of the core team workshops to work alongside their teachers.

School-based training

After attending the core team workshops, team members delivered training sessions for other teachers in their own schools.

The training sessions were evaluated using a questionnaire developed by the core team members. The replies to the questionnaire demonstrated that teachers were not yet confident about working with children with disabilities, and that the training needed refining and reinforcing.

One finding was that the training sessions were too theoretical. It was therefore decided to include demonstration lessons at each school as a fundamental part of the training. These demonstration lessons were a good advocacy tool as they helped to show teachers that inclusive education was possible.

Support from local school inspectors

The two school inspectors for Mpika worked closely with the MIEP co-ordinator. Their frequent visits to the schools involved meant they gained a deep understanding of the project. It also sent a message to the schools that MIEP received their approval and support. Two senior inspectors from the provincial office also attended the core teams' workshops.

Initial activities in Kabale and Musakanya

The unit for children with special needs at Kabale School was designed for children with hearing, visual and physical impairments, as well as for children who have behavioural difficulties. The unit at Musakanya School was mainly for children with hearing impairments but also includes some children with physical and learning difficulties. The units had been set up in 1993 in response to a Ministry of Education campaign to 'Reach the Disabled'.

The two units operated in almost total isolation from the rest of their respective schools. There was little or no contact between unit teachers and other teachers. Schools and units operated on different timetables so that even in break times children could not mix. Some of the teachers with a special education background even asserted that the maximum class size should only be four children. The units were a barrier to inclusion – reinforcing the mystique of 'special education'.

The MIEP project co-ordinator had been concerned about the isolation of the units from the main schools and in 1997 had initiated the 'twinning' of children from the units with children in regular classes. He observed that this tended to be a one-sided activity – the emphasis being on the non-disabled children helping their disabled peers. Until the start of MIEP there was no mechanism for sustaining these activities.

In order to begin to break down some of these barriers between school and unit, activities were planned to bring the children from the units into the regular classrooms.

The following activities were initially introduced in Kabale:

- Toy-making with children from Grade 7 and the children from the unit.
- Preparation of books by children from Grade 7 for handwriting practice by children in the unit.
- Twinning⁴ of children from Grade 5 with children from the unit (three Grade 5 children were twinned with one child from the unit).

At Musakanya:

- Children with hearing impairments were twinned with children from Grade 5 to make toy animals from *papier maché*.
- Younger children from the unit were twinned with children from Grade 2 for physical education.
- Older children were twinned with Grades 6 and 7 children. They worked together in home economics and other practical classes such as woodwork.

All these activities were designed to help children get to know each other, and they did so effectively.

At a workshop, a teacher from Kabale School described one child who had been very disruptive while in the special unit, but who had behaved much better since joining the regular class. He enjoyed role-play and practical activities and, having an out-going personality, encouraged the others who were often a little shy to participate in dancing and other performances.

The children in the unit had a very broad range of ages and it was inappropriate to group them together. Once this child was in a regular class with his peers his behaviour improved.

⁴ Read more about twinning on pages 26-27.

Enter Kaole

Much advocacy work was required to involve Kaole fully but eventually the school and community understood and accepted the rationale for the project.

Community members around Kaole School began to identify children with disabilities and tell the Kaole Child-to-Child co-ordinator about them. As the project gained acceptance, children participated in this activity too. Teachers became aware that several children with previously unidentified impairments were already in their classes.

One of the strengths of adopting an inclusive approach is that it helps teachers to recognize that any child may experience difficulties at some time in their school life. Through MIEP, teachers not only included previously excluded children, they also became more sensitive to the differing needs of children already in their classes.

Phase 2 – Consolidation and Expansion

The experience gained during the first year of the project formed the basis for future developments. Fourteen more schools and their communities were included in the second phase. A training team was set up that consisted of teachers trained in Child-to-Child and special education, a physiotherapist, an HIV education specialist and a district in-service trainer. The team began organizing sensitization and training courses.

Sensitization workshops

Sensitization and advocacy were extremely important at this stage. Although the three pilot schools had done a lot of work, not all the teachers from those schools had taken part. Additionally, the teachers from the 14 additional schools needed to learn about the project.

Consequently, sensitization workshops were held with groups comprising teachers, headmen, community development workers, councillors, parents, etc., from the schools and their surrounding communities.

The deputy head of Musakanya School is an enthusiastic supporter of inclusive education. While not a specialist in learning and hearing difficulties, she has nevertheless initiated many activities to bring children from the unit into the life of the main school. She described the successful inclusion of six girls from the unit into a class of 10 hearing girls. She has done much to help to dispel myths, such as *'deaf people are selfish people'*.

Some of the workshop facilitators were specialist-trained teachers working with children with learning and hearing difficulties. However, the deputy head offered a powerful example of a non-specialist teacher working successfully with children with hearing difficulties.

Outreach programme to children out-of-school

While some children with disabilities entered the regular schools, it was nevertheless recognized that there were others who had difficulties attending. These difficulties were not necessarily related to disability but were often a result of poverty and family difficulties, as a teacher's comments indicate: *'So many children have no means to go to school because the school cannot accept them without school uniforms, payment of school fees and education support.'*

The possibility of 'taking the school' to children who were still excluded was discussed. Several meetings were arranged for teachers to exchange experiences and reflect on this issue. Through home visits, teachers and children identified some of the difficulties children faced and offered solutions. Here are some of their findings.

'I identified the child without a helper (someone who could walk with him to school). I went to his house, together with some pupils who had volunteered to go with me. Children volunteered to accompany the child to school and go back with him after knocking off. They agreed to do this every day.'

'With some of my pupils I visited the parents of a child who had difficulty walking. I advised the parents to take their child to the physiotherapist. We also visited a carpenter who helped make some crutches. The physiotherapist explained to the parents how to use the crutches. In the meantime, the pupils have arranged to visit the child twice a week, to carry out activities such as simple games.'

'The parents were anxious that their child would be laughed at in school. We arranged for the parents and child to visit a music teacher. The music teacher encouraged the child and then convinced the parents that the child should go to school. The children in class presented songs and artwork, which also encouraged the child and his parents. Two pupils volunteered to help the child to and from school.'

'Pupils identified a disabled child in the community who could not walk the long distance to school. I paid her a home visit with the children. After that, some of our children started working with the child at home. They wrote progress reports on their visits. I then made periodic visits to the child to check her progress.'

Follow-up support and workshops

As the teachers developed their own ways of meeting the challenges of inclusive education, it became increasingly necessary to support their efforts. Constant encouragement was provided by the co-ordinator's visits to the participating schools. A powerful means of support was to facilitate an exchange of experiences with opportunities to discuss difficulties and solutions that the teachers had found. School-to-school, class-to-class and teacher-to-teacher sharing have all been encouraged and facilitated through a series of meetings and workshops throughout the project. We give more details in the next section.

2: KEY STRATEGIES AND TECHNIQUES

Advocacy, sensitization and community contacts

We have already indicated above how advocacy and sensitization have played a key role in MIEP in both schools and communities.

These are some of the comments made at sensitization workshops early in the project, showing that MIEP had much to do to bring disability and inclusion issues to the fore.

Teachers: 'We don't discuss anything on the issue of disabled children in our meetings because we feel that they are not part of us in our schools. There are schools set aside for disabled children with their own special teachers.'

Headmen: 'We have never been given a chance to discuss disability before.'

Church: 'We have been helping disabled people in the charity sense but not as regards education.'

Health, social welfare and community development departments: 'We have no time to meet and discuss the issue of disability due to lack of co-ordination with other departments or stakeholders in this district.'

Parent teacher association (PTA): 'We are resolved to put disability on our agenda and work in partnership with MIEP.'

Programme ownership

People with disabilities were invited to each of the 11 sensitization workshops. Their presence affirmed the importance of involving people with disabilities at every stage of the project and sent a clear signal to all participants of their central role in helping to shape project policy.

Village headmen, church leaders, traditional birth attendants, community development officers and children were all involved in identifying children with disabilities as part of community sensitization. This helped secure the necessary support within the community and helped members gain awareness of key issues, as well as encouraging their participation in the project.

The more that parents became involved, the more they could see the impact of MIEP on their children's lives, and consequently, their lives too.

As we have said, cornerstones of MIEP were the sensitization workshops for teachers and other community members. These are described below.

Workshop programmes and demonstration lessons

Workshops were a key component of the project. They aimed to:

- Mobilize interest.
 - Raise awareness.
 - Develop professional skills.
 - Share ideas.
 - Focus action.
- **Workshops for community leaders**

Some sensitization workshops were organized for influential people in the community. Participants included church leaders from the Catholic, United Reformed and Pentecostal churches. Other participants were local leaders of community-based organizations, such as the Development Organization for People's Empowerment, and the staff of the international non-governmental organization, World Vision. District police officers, directors of health services, social services and education, and district council officials also attended.

- **Workshops for teachers and head teachers**

To ensure understanding and support for the programme, workshops were held at zonal level, with head teachers and teachers, and then at school level, with the whole school staff participating.

- **Workshop facilitators**

The project used local teachers, health professionals and community leaders to facilitate and resource workshops. One professional who volunteered his services was a physiotherapist working in Mpika, who was able to give information on causes of disability and offer practical support for children with physical difficulties. As has been mentioned before, a powerful facilitator was a mature disabled person who shared his experiences of disability. After some initial hesitation, most teachers with specialist training and experience became very valuable resource people. Teachers appreciated working with people with local knowledge and practical skills.

- **Making the workshops relevant and participatory**

Workshops were designed to allow participants to think about and freely discuss issues related to inclusion. Methods included debate, discussion and role-play.

Sharing of experiences was encouraged throughout. For example, teachers described experiences from their own classrooms:

'A girl in my class with a visual impairment and learning difficulties was given a front desk and twinned with another child. Both her reading and writing improved.'

'I gave extra attention to a pupil with a physical disability and learning difficulties. Her fine drawing skills were revealed. The other children have accepted her more.'

- **Ensuring workshops met the participants' needs**

The purpose and outcomes of each workshop were carefully planned. For example, at a teachers' meeting to exchange experiences between six participating schools, the teachers were divided into four groups to consider relevant questions. The questions and some of the teachers' responses are included below.

1. What benefits have you noted as a result of having a disabled child in your class?

Teachers answered:

- 'Children with disabilities are recognized by others as friends and classmates.'
- 'We have learned to recognize the abilities in children who are called disabled.'
- 'My teaching techniques and methods have improved.'
- 'It allows the slow learners to catch up.'
- 'It has enabled me to identify more pupils with disabilities in the community.'

2. What difficulties/challenges have resulted from having a disabled child in your class?

Teachers answered:

- 'We lack teaching aids and equipment.'
- 'Some parents think it is a waste of time to send their disabled children to school.'
- 'Some disabled pupils are violent.'
- 'We did not feel qualified to deal with children with certain disabilities, for example, those with visual impairments.'
- 'I took a lot of time attending to some of the children with disabilities.'
- 'There is unnecessary report-writing.'

3. What solutions have you found or would you propose to overcome these difficulties?

Teachers answered:

- 'We need to be more creative in making teaching aids.'
- 'Knowledge about children with additional needs must be included in training colleges and in-service courses.'
- 'Financial incentives would motivate some teachers.'
- 'We need to continue to sensitize parents by regular home visits and workshops.'
- 'We could improve seating arrangements in class.'
- 'We could invite medical personnel to give advice.'
- 'I give disabled children responsibilities and involve them in as many activities as possible.'
- 'Twinning of children and group work are very helpful.'
- 'I do not show any special sympathy towards disabled children — I have the same expectations of them as I have of the other children.'
- 'We need to continue to hold workshops for teachers.'

4. How has your classroom teaching changed as a result of having disabled children in your class?

Teachers answered:

- 'I have learnt to be considerate.'
- 'I have learnt to manage time.'
- 'I have come up with many new teaching strategies.'
- 'I have learnt to control my temper, language and mood towards the children.'
- 'I concentrate more on the disabled children.'
- 'I find it easier to identify children's disabilities.'

- **Presenting demonstration lessons**

Devising and presenting demonstration lessons encouraged teachers to be more responsive to children's differing needs. Three teachers prepared a lesson together and each played a role in teaching the lesson. Their colleagues watched the lesson and then held a review session. The lessons stimulated much discussion around issues of inclusion.

Demonstration lesson

A demonstration lesson was presented in Grade 1B. The class had a total of 55 children. One boy, V, was having particular difficulties in learning to read and write. The teacher described the experience.

'I introduced the new words, one after the other. Most children could read on their own from the flash cards as well as from the board. V could not read any word shown to him, whether it is on a flash card or on the board. He could not read any word when guided by me or by his group mate. The children wrote the letters in the air and wrote letters in their books. I gave V something to write. I gave him a letter card with letter 'a', in dots, so that he could trace around the letters. He did this with no objections. He traced around the letter 'a' nicely.'

By designing appropriate activities and materials to suit differing needs the teachers demonstrated that all children could be involved in the learning process.

- **Creating lesson plans**

Teachers worked together to create lesson plans around topics of disability and inclusion. This increased their involvement in the creative process. Workshops were based on clear objectives, which were well within the competence of all teachers. This meant that the lesson plans developed by the teachers could then be implemented by them. Although lesson plans varied in quality, they allowed teachers to tackle issues of disability and inclusion, practically, in the classroom.

School: Kabale, Grade 4A

Subject: Religious education

Topic: Caring for people

Objectives:

1. Pupils should be able to identify different types of people found in their families and the community, for example, old, young, sick and disabled people and discuss ways of helping them.
2. Pupils should be able to describe ways of helping and accepting a physically disabled child into their classroom.

Introduction:

The teacher asks pupils to mention different types of people they know such as those mentioned above. The teacher further explains to the pupils that disability comes in different ways, e.g. through sickness, accidents and at birth and we need to accept disabled people as they are.

Development:

1. Pupils in groups suggest ways of helping physically disabled children.
2. Children decide how they could receive physically disabled children in their class.

Activity: Pupils in groups perform a short play about a girl who was laughing at a disabled person.

- **Developing teachers' awareness of individual children's needs through case studies**

Case studies were one of the most successful strategies used with teachers during workshops. Creating the studies followed a three-stage pattern:

Stage 1 - Identifying difficulties

At this stage teachers identified the difficulties faced in including all children in successful learning.

These are some of the difficulties identified by teachers at one workshop:

- Absenteeism.
- Shyness of some children.
- Some children are hyperactive.
- Some children are passive.
- Children have problems with reading and writing.
- Lack of school learning and teaching materials.
- Over-enrolment, making it hard to give children individual attention.
- Giving enough attention to girls as boys usually take a leading role in practical activities.
- Some children are brought to school when they are under age.
- Some pupils come from poor families and as a result they come to school hungry and are unable to concentrate.
- Pupils arrive late due to long distances travelled to school.
- Difficulties in teaching children with learning difficulties.
- Difficulties in teaching children with visual impairments.
- Some children experience difficulties when classes are taught in English or another language that is unfamiliar to the child.
- Physically disabled pupils find it very difficult to participate in practical subjects like physical education.
- Pupils experience difficulties with dressing and cleanliness.
- Pupils of different ages are in one class.

Stage 2 - Research

Having identified some of the difficulties, teachers followed up individual children by visiting them at home, talking with relatives and by developing strategies in the class to help children. They then wrote up their findings.

The case studies that the teachers have written are a testament to their care and concern for the children. They also highlight some of the teachers' own difficulties of poor housing and poverty.

The teachers' detailed and frank accounts helped them look at children with new eyes. '*Lazy children*' became children who were up long hours selling beer at the station. '*Rude children*' were children who had lost both parents and were being housed by unwilling relatives who resented the extra burden of supporting an orphaned child. '*Disobedient children*' were those who had a difficulty in hearing. As can be seen in one of the stories below a teacher had to address her own fears about working with a child with albinism.

Stage 3 - Feedback and sharing experiences

The teachers' stories enabled them not only to share experience with colleagues but provided them with opportunities to reflect on their practice and beliefs.

Introducing a child with albinism into a class

The following is an example of a teacher's response to a challenging situation, and was a case study presented during a teachers' workshop in March 2001 and then followed up in June 2002.

'The aim of this lesson was to ensure that the pupils could socialize and communicate freely with A (a child with albinism) and accept him as a member of our class.

When A arrived, I told the pupils to stand and greet their friend. I told A to sit anywhere he wanted. He went to sit on the first desk, but the other pupils ran away from that desk.

When I observed this, I called all the pupils to the front of the class, and told them to do whatever I commanded them to do. I said, "jump", they jumped, "skip", they skipped, "turn around", they all turned, "dance", they danced, "clap", they clapped - and A was doing the same. After a while, I told them to go back to their desks. They went but still nobody sat at A's desk. Some kept on standing.

Finally I made A sit in front near my desk and asked two boys who were friendly to A, because they lived near each other, to sit with him.

I planned a physical education lesson. After running, I introduced '2 by 2', and each child was supposed to be with a partner, but still nobody agreed to be with A. After they had danced I was dancing with him and the song ended. I switched to "How are you my partner?" and again I said, "be with your partners." They chose, but A remained alone.

Worse still myself as a teacher, I was not so free with him. I feared his hands. He had sores on them. And especially since my belief was that whenever you see a child with albinism you have to spit saliva on your chest, so I imagined that touching him would affect me.'

This teacher's frank account shows how hard it is to shift deep-seated beliefs. The teacher was grappling with her own difficulties with this child. When this case study was presented it was hard for other teachers to make helpful suggestions because none of them had experience of working with a child with albinism. However, examples were given of older people with albinism who are in employment, including a doctor. Some other teachers confirmed their own fears based on beliefs. One teacher said, *'People like A do not die so that they cannot be buried but just disappear.'*

A year after this workshop the same teacher had not only overcome her own fears of working with A, she had become a strong advocate for the child, convincing teachers and parents of other children to also overcome their prejudices. A was much helped by his 'twin' in the classroom. The teacher now identifies A's only difficulty as poor vision.

'It is one of the greatest successes that has ever happened in our area. There was this barrier and we have removed it. A is happy at school. He's a normal child - he speaks normally - the only problem is his eyes. If this problem is sorted out he can learn as the other pupils in my class.'

Extracts from two more case studies appear below.

The story of a child with hearing difficulties

P was one of the seven children identified with difficulties in this area. She stays in M village with her parents. She had no difficulties until she was operated on. She had a problem with her intestine, and after the operation she was never the same again. That's how she lost her hearing.

I first taught her last year in Grade 2. That was her first time to be in school. She was put in my class because of her age, and I was the only teacher who had a bit of knowledge on the pupils with difficulties. Even at the moment she is still in Grade 2 because she stopped coming to school last term.

As written above, P has a hearing difficulty. It was very difficult for me to communicate with her because I did not know her. She could not write or copy anything.

She attracted the attention of almost all the pupils in class. That became a very big problem because pupils could not concentrate in class, because every pupil wanted to help and share with her. She would dance in class.

After being with P for some weeks, I was able to communicate with her in class. There was also a child, M, who knew her very well. She used to help me communicate with P.

To make my work simple, I twinned P with M. I used this method because P would get it clearer from her friends than from me. It also helped P concentrate on her work and kept her busy.

P's desk was put next to my table so that I could help her from time to time. I avoided talking to her while writing on the board. I talked to her face to face so that she could see the lip movement.

To fill in the learning gap, I gave her work every day such as copying some letters of the alphabet and numbers. I also arranged for her classmates to give her extra help.

Today P has improved because she is able to copy and draw some things. She is able to follow some instructions. She is able to participate more especially in music, she can dance and in maths she is able to share.

In conclusion, I would say that with the co-operation of parents, P would have improved more. But she does not come to school often, because of distance. But I will continue helping her in every way possible.'

A teacher supporting a sick child

M is 11 years old and is Grade 3B. He started in this school in 1997. He has repeated three times. His mother is dead and he has been living with his grandmother. His father is sick and M's stepmother does not care for him. M is also sick. The situation is so bad that the family sometimes goes without food. I tried to help M medically. I have taken responsibility for paying for his medical fees. In November he had measles and was admitted to hospital for three days. Later that month he had herpes zoster, which was bad. He was given aspirin and I looked for GV paint.

On several occasions I have given him lessons to help him catch up with his classmates. I do buy books for him where necessary.

This child is living in misery. He is capable of doing a lot of things academically but due to his illness he fails.'

- **Identifying barriers in the physical environment**

At workshops, teachers also discussed the unfriendliness of the physical environment to children with additional needs. In many cases a small intervention can make life considerably easier for them and often for the other pupils, too. Ideas for simple adaptations were collected during a workshop and are presented below.

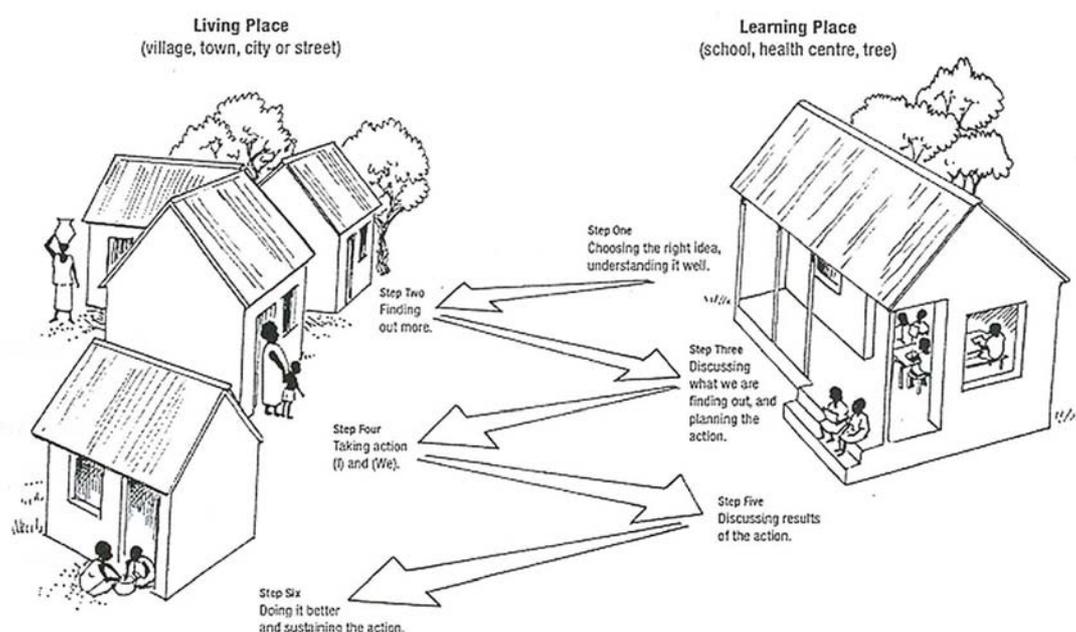
- Adapt seating arrangements to facilitate group work.
- Provide appropriate aids and appliances such as wheelchairs.
- Make the ground in the school as flat as possible, with any holes covered.
- Ensure all steps are in good condition.
- Ensure the classrooms receive adequate light.
- When writing on the board the teacher's handwriting should be clear.
- Teachers should always read aloud whatever they write on the board.
- Introduce sign language to the whole school.
- Decorate the classrooms with teaching aids to attract all the pupils.
- Make sure that a pupil with a hearing impairment is able to see the teacher's face clearly if the child relies on lip reading.

Despite their concern, teachers were not always able to come up with solutions. Over time certain situations were beginning to be resolved, such as the prejudice surrounding albinism. Other situations are intractable. However, what seems to be changing for some of the teachers is their level of care and compassion. There is a greater depth of understanding of the difficulties facing many of the children – both those in and out of school.

Some teachers suggested that extra pay should be given to teachers who include children with disabilities in their classes. As these stories show, there are many and varied reasons why children may need extra support at some point in their time at school. It would be impossible to say which child would be more needy than another at any given time. Linking extra payment to teaching a child with an obvious impairment makes the erroneous assumption that this child will be a 'problem' or a 'burden' for which the teacher must be compensated.

3: A SIX-STEP APPROACH TO LEARNING AND ACTION

The Child-to-Child approach links what children learn now with what they do now. It links what children do in class with what they do in the home and community. It requires that health education messages are not simply taught in one lesson and then forgotten, but rather are learnt and developed over a longer period of time. It is a process that implicitly requires a period of reflection between each step. MIEP, like many projects around the world, has found a six-step approach advocated by the Child-to-Child Trust helpful in their work.



Examples of activities carried out in Mpika at each of the six steps

The activities at each step below are presented as examples of what has been done in Mpika. Many of them will also be suitable for other contexts.

- **Step 1: Choosing the right idea, understanding it well**

This step involved children in learning and understanding more about disability. Activities took place over a series of lessons in different subjects.

Lesson 1: Social studies

Learning about the family.

Lessons 2/3: Religious education

Caring for disabled people.

Stories of Jesus healing people with disabilities.

Acting out these stories.

Who would Jesus visit today?

Do we know any people with disabilities in our community?

What is our attitude towards them?

Lesson 4: Zambian language

Based on stories about helping disabled people.

Investigation of language used to describe disability.

Lesson 5: English language

Based on the Child-to-Child Reader *I Can Do It Too*,
Investigation of language used to describe disability.

Lesson 6: Science

Causes of disability.

Accidents, illness, and problems at birth and in early childhood.

• Step 2: Finding out more

Here, the children have been involved in gathering information about their families and the wider community, in order to identify children with disabilities both in and out of school.

Lesson 7: Social Studies (for Grade 7 pupils)

A family tree survey in the classroom

Creating a family tree, and marking the age and schooling of children: an activity developed by a teacher at Kabale school.

Revise vocabulary to be used. The teacher asks, *'Who belongs to the family?'* Children give answers, *'mother, father, children, parents, sons, daughters ...'*

Draw your (the teacher's) family tree on a piece of paper.

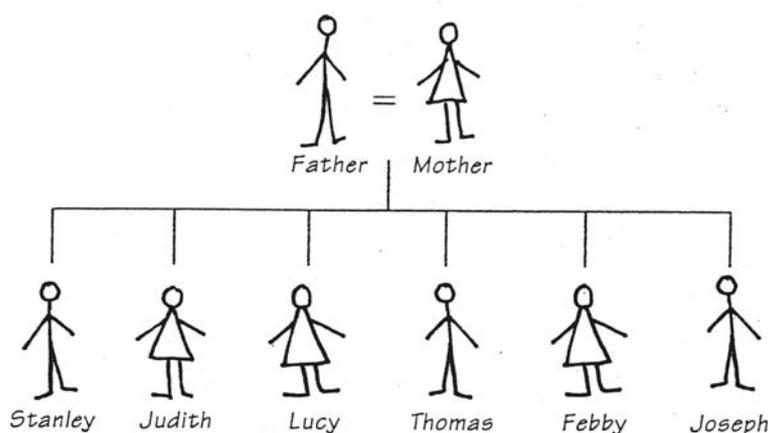
- Show the children your family tree.
- Now draw it on the board so the children can see how you do it.
- Use simple drawings to stand for male and female.
- Start with the mother and father.
- Then add the children. If the pupils know your family, ask them to provide the names of your children.
- Show them how to draw the children in the tree.
- Order the children by age.
- Add each child and their age, and show if they go to school, college or stay at home (symbols can be created to stand for this information).



Children draw their own family tree

Now ask the children to draw their own family tree. They must put in their own parents and all their brothers and sisters.

- Tell them to put the page of their book on its side to give more room.
- Tell them to draw a line about a quarter of the way up the page.
- Ask them to draw mother and father first.



- Then help them to space out their family across the page. If they have many people in their family, they will have to try to make an equal space between each. Ask them to try and space all the lines for the children so they are not squashed.

Ask the children to take their family tree home and to check with their parents if the ages they have written are correct.

Finding out in the community

An activity developed by a teacher at Kabale School.

The teacher draws a family tree on the board or chart and shows children how to record:

- Parents.
- Children.
- Disabled children.

Children and teacher discuss the tree and record:

- Disabled children.
- Disabled children in school.
- Disabled children not in school – including the child's age and sex.

Individual children draw their family trees and record disabled children in school and out of school.

Children in groups prepare forms for community survey of disabled children using the form below:

Family Name	No. of Children Under 15	List of disabled children	In special unit ✓	Age	Sex	Not in school or unit ✗	House no.

Children in groups go into the community to carry out an identification survey of disabled children using the forms.

As mentioned earlier, in addition to children several other groups were involved in the identification exercise to minimize the chances of disabled children being overlooked. The groups included village headmen, church leaders, traditional birth attendants, and community development officers.

The results of this activity as carried out by the pupils of Kabale School were:

Family trees

Number of family tree sheets completed	51
Number of parents included in family tree	102
Number of children included in family tree	279
Number of children in largest family	12
Number of families with seven children each	9
Number of families with six children each	9

Community survey

Houses covered	203
Adult population covered	1413
Child population covered	974
Disabled youth aged 12-plus	12 (4 girls and 8 boys)
Disabled boys and girls under 12	36

• Step 3: Discussing what we have found out and planning action

The children discussed the findings of the community survey. They then planned action to be taken, both within and beyond the school.

The information collected was discussed, analyzed, and stored by the head teacher. It was agreed that teachers and pupils would visit the disabled children identified during step 2.

Meetings were held to plan activities between the children in the special units and the children in the regular classes. It was important that children were sensitive to the feelings of disabled children, parents and community members. Consequently, through role-play and cross-curricular activities, children carefully practised how they would communicate with others to share their ideas and take action with others in and beyond the school.

• Step 4: Taking action

Home visits by teachers

The core team members were responsible for planning inclusive education at school level. One of their responsibilities was to plan home visits to disabled children identified in the survey and their families. The following are extracts from reports by teachers from Kabale School on some of the home visits they have made.

'R is a girl with learning difficulties. She was found very sick with malaria and there were no parents to look after her. She was alone. We took her to TAZARA Clinic where it was found she had a very high temperature. She was given Fansidar, but she was very hungry so we decided to buy her some food.'

'P is a boy with learning difficulties and was left alone to take care of the home. Therefore, we were not able to meet his parents.'

'M is a girl with learning difficulties. The parents were present and they were happy to see teachers at their home.'

'C is a boy with learning difficulties. The boy was locked inside his home, so we spoke to him through the window. He complained bitterly about the parents' decision to lock him up. Consequently, the following morning we met the parents and talked to them. They accepted what their child had said, but argued that they are poor and young. They complained that they had no money to take the boy to the hospital, where they would be asked to pay for registration and admission. However, they said that presently they were using herbs and had seen some improvement. We saw that the boy was not in good health. As professionals, we therefore decided on our own backs to take the boy to the clinic. At the clinic the boy was given folic acid, chloroquin and multivitamins. The clinical officer told us that the boy was lacking food.'

Home visits by children

One teacher emphasized the benefits of cross-curricular activities to help his children to express and overcome any initial concerns about visiting a child with a disability. He asked for three volunteers to visit and play with a child with disabilities. The teacher went with them to visit the child on the first occasion. He then asked them to report on how the visit went. One child did not want to go back but the others wished to continue, so he encouraged them to do so and to keep a record of their visits. They made friends with this child but also began to learn some things from him, as he was very willing to share his experiences. Soon other children in the class also wanted to be included in this activity. The boy now comes to school and when there is group work he rotates among the groups, as everyone wants him in their group. In such cases, each group discusses what they can share with him.

Twinning - a key strategy for children's action

Twinning is the linking of one child with another or several others and has been used in Child-to-Child activities in Mpika for many years. It works best when practical tasks are involved; for example, carrying water, preparing toys or alphabet books, and keeping clean. The aim is that these tasks are beneficial to both parties in the 'twinning' relationship.

The benefits of twinning

Two or more pupils can get to know each other. They can visit each other at home, come to school together and work together at school. Thus, through interaction, they can develop close and mutually beneficial friendships.

Two or three children can 'twin' with a child with a disability to make activities for the disabled child easier and more fun. MIEP has found this way of twinning to be very useful for all the children concerned as it reduces the responsibility that would otherwise be placed on one child and increases the companionship.

Non-disabled twins can often advise the teacher on how to work with their disabled twin, as the children know each other better than the teacher. For example, one child communicates through drawing, and the others interpret the drawings.

Twinning can link children from lower grade classes with those from upper grade classes. In this way, younger children can learn something from older children and vice versa.

Twinning helps children recognize the benefits of collaboration in everyday activities. Teachers can highlight these benefits and help children make links between the twinning process and their daily lives.

Some disabled children make enormous efforts to be like their friends and can benefit as a result. An example of this was one child who always wanted to clean the blackboard even though it was a great effort for him to do so. In fact he was giving himself some informal 'physiotherapy' and as a result his movements improved.

What children say about twinning

'Every day I work with my friend at home, especially working out mathematics.'

'My parents passed away in 2000 and now I stay with grandmother. I play and work with another boy who I am twinned with. He is the first person I share my problems with, including my problems with school fees.'

'I had a good time at school because I was busy helping my friend in class who is slow in hearing.'

'My legs hurt because I use metal crutches to help me walk and they cause me pain. I have three friends at school. They help me by bringing me to school and taking me back home.'

'Twinning has helped me pay extra attention to what the teacher is teaching us because afterwards I share it with my friend. My friend says she is now reading with less difficulty than before we were twinned.'

Working together to make model animals

A project to make model animals at Musakanya School unleashed a great wave of creative talent. It was enjoyed enormously by the children who took part and enabled hearing and non-hearing pupils to work together in groups. A teacher who worked in the Musakanya special unit led the project. Locally available and cheap/free materials were used and included wire, scrap paper and glue made from cassava flour. The activity provided many opportunities for communication and learning new words and signs. Many of the pupils in the school were unfamiliar with the animals that were being modelled. The idea was that the animals could be used as teaching aids. The pupils' enthusiasm for the work generated interest throughout the school. The project helped to break down negative images that had built up around the children in the unit because of their previous isolation. It showed that they were not '*lazy*' and '*selfish*', as some people had labelled them, but could work happily and co-operatively with others. Some of the children with hearing impairments became group leaders.

Resurrecting a sign language club

In order to address the difficulty of non-communication between the hearing and hearing-impaired population, the head teacher at Musakanya School had set up a sign language club in the local community in 1991. However, as most of the children in the Musakanya special unit were boarders, there was little local interest and in 1992 the club closed. Thanks to the urging of the MIEP co-ordinator, the sign language club was resurrected in a new form in 1999. It is now based in the school and targets the teachers and all pupils. After one year in operation, three quarters of the 53 teachers had acquired some ability in communicating with children with hearing impairments.

The club operates once a week. The head teacher selects teachers and teaches them a particular set of signs one week and they teach these signs to a group of pupils the following week. However, as hearing children work more closely with the children with hearing impairments the children's skills in signing have rapidly increased – outstripping the adults.

The children constantly make up new signs and gestures. They are particularly inventive when it comes to names. The head teacher has a scar on the left-hand side of his forehead, so his name sign is one finger brushing that area. Gradually all the hearing children who now interact with the unit children have acquired their own name signs.

Sharing responsibilities

Children with hearing impairments share responsibilities with other children, for example, being class monitors, closing and locking the doors and windows of the school, raising and lowering the school flag, helping to take care of the school pit latrines. Enabling the children with hearing impairments to take part in these tasks helps them feel that they are full members of the school, and has encouraged an atmosphere of co-operation and mutual understanding.

- **Step 5: Discussing results of the action**

The children have discussed what they have done with their teachers and tried to evaluate the effectiveness of their activities. Children's exercise books have been examined to see the kind of activities children with and without disabilities have done together. Disabled twins have been observed to see what they can do on their own, for example, keep themselves clean, bring water to school and so on. Checklists have helped children keep track of activities, such as how many toys were made for the Musakanya unit, which ones have been most popular or useful and which have needed replacing. In social studies and religious education, children have discussed how they felt about helping and co-operating with others.

Class attendance records have been used to monitor attendance by children with disabilities and others who were previously often absent. Records show that few out of approximately 200 children with disabilities who have come to school as a result of the project have subsequently dropped out.

There have been annual surveys to measure changes in attitudes of children, parents, teachers and other community members during the life of the project. The surveys were carried out by a lecturer from the University of Zambia who also took part in the final evaluation.

During an evaluation seminar one mother of a child formerly in the Kabale unit said,

'Before the introduction of the project, especially the inclusion aspect, my child behaved badly. She now behaves very well at home and is able to do a lot of work that she never used to do. We as parents of the disabled children do understand that you, our teachers, face a lot of problems. But as parents of a disabled child we are prepared to work with you so please do not send the children back to the unit.'

- **Step 6: Doing it better and sustaining the action**

During this step, improvements were made to activities carried out earlier, in order to make them more effective.

For example, the evaluation of the first community survey of disabled children highlighted some difficulties. Some of the 'children' identified were in fact adults. Additionally, it was not clear how many of the disabled children were in school in regular classrooms, how many were in special units, and how many were not in school at all. The survey form was amended to clarify these details.

Step 6 was also used to make improved practices part of everyday life. In Mpika, the children, teachers and parents have been involved in evaluating the strengths and weaknesses of the project through their own experiences. They have helped to identify lessons learnt and aspects of the project that might be sustainable in the future.

4: LESSONS FROM THE PROJECT

In this section we have grouped the various stakeholders together and tried to illustrate the effect of the project on their lives.

The adult community

The annual surveys of changes in attitudes carried out during the project revealed negative beliefs, such as disabled people are 'contaminating'. Some community members felt that children with disabilities could not learn and therefore it was pointless to try.

Arguably the greatest strength of MIEP has been that it has changed attitudes in the community towards children with disabilities, in particular, and highlighted the difficulties faced by many other children as well. The case studies of individual children and discussions in workshops showed that children are often excluded from school because of poverty, family breakdown and illness, and not only as a result of an obvious impairment.

The children's needs are being discussed - in some instances for the first time – and significant strides have been taken to help to meet some of these needs.

Communities have become safer places because the needs of their more vulnerable members are being addressed. Hurtful and harmful prejudices are being challenged.

Although much work remains to be done, some people's attitudes certainly have changed.

'Previously we thought the disabled are things we are supposed to clean, feed and look after. Now we are happy they are able to join other children during sports,' said a village headman.

Children with disabilities

MIEP has enabled children with and without disabilities to mix much more freely and make friends. *'Children without disabilities no longer call us names the way they used to. We learn and play together – football, netball, athletics – and no one notices the differences between us.'*

The project has actively promoted strong links between children in special units and children in regular classes.

Children with disabilities have, on the whole, been accepted in regular classrooms. Some have made good academic progress and gone on to high school. Disabled children have often been found to be determined and to work hard, once given the opportunity to study. This change again relates to MIEP's insistence on challenging attitudes to people with disabilities. Once children were accepted as children rather than as *'the disabled'*, they were able to shine like other children.

About 200 children with disabilities are now in regular classrooms in the project schools. About 30 of these children had previously been in the units for children with special needs and about 170 did not go to school before MIEP. Other children with mild impairments were already in school. Teachers, having recognized their difficulties, now make more effort to include them fully in classroom activities; for example, by letting children with visual impairments sit at the front and by twinning them with fully-sighted children.

Children in regular classes

The children involved in MIEP now argue quite forcefully that children with disabilities are no different from themselves and should not be treated badly. Many of them have become very

loyal and protective of their disabled friends and get angry if anyone laughs at or abuses children with disabilities.

After one demonstration lesson in a school, Grade 4 children were annoyed and told the MIEP co-ordinator, *'We were very upset during the lesson because some of the teachers who came to observe it were laughing at our friend and classmate K. We wouldn't like to have any more of this type of lesson. We do understand he sometimes makes mistakes but we all make mistakes, don't we?'*

Children have developed the ability to learn and work together with children with disabilities. This sometimes happens even without a teacher's supervision because children enjoy working with their disabled twins.

Many children have learnt sign language to communicate with their hearing-impaired friends and are very enthusiastic about doing so. *'Knowing how to call my hearing-impaired friend by name was an absolute need that made me learn sign language,'* said one Grade 7 girl.

Twinning has encouraged children to go to and from school together, and to carry out many other joint activities, such as visiting each other and playing together. As one child noted earlier, she pays more attention to what the teacher is saying because she then has to share this information with her twin – thus helping her own learning.

There is increased awareness about disability. Children in some schools now tell their teachers about newborn babies with congenital disabilities.

Parents have commented that the twinned children are more caring of their younger siblings.

Parents

Many parents of disabled children have been keen to work in partnership with MIEP. As one parent said, *'We now have hope for our children, where before we had none.'*

'I'm happy that my child was twinned. He has improved in his academic work and since they meet at my house I have seen the benefit of twinning. My child can now sit down to study,' said another parent.

Parents who have heard about the project from others are coming forward, so that their children can also take advantage of the new opportunities for schooling.

Parents invited to workshops with teachers have been able to make suggestions for improvements in the way teachers relate to children with disabilities.

Parents and teachers have come closer together. Thus relations between families and the school have improved. Parents now feel more free to come to the schools in order to discuss their children.

Some parents of disabled children were concerned that their children would inhibit the learning of other children and inconvenience the teachers. Other parents of disabled children had unrealistic expectations, for example for financial benefits, or that the schools would assume full responsibility for their children. Some parents therefore did not enable or encourage their children to come to school when these expectations were not met.

A few parents of non-disabled children were initially concerned that their own children's learning would be hampered because of the demands made on teachers by disabled children. These concerns have diminished as the project progressed.

Classroom teachers

Teachers have followed the progress of pupils and made enormous efforts to resolve pupils' problems. This is well documented in the case studies prepared, some of which have been quoted in this text.

As a result of demonstration lessons and lesson planning practised in workshops some teachers have gained skills in adapting their lessons to make sure all of the children are involved. Teachers now realize that all children are capable of achieving something in class if given a chance to perform based on their ability.

'When we started inclusive education I had a lot of difficulty managing time,' a teacher admitted. 'Sometimes I spent too much time helping the disabled child, as I wanted all the children to work at the same pace. Now I can manage my time well by allowing children to work at their own speed. Fast learners will do more work while those who are not very fast will do less, but as a class teacher I ensure that whatever work the child can manage is well done.'

While it is important for children to work as individuals, teachers also pay attention to group work. Teachers help children to help each other and to understand that group members have different abilities in different learning areas. Every member of the group is important.

When MIEP started, teachers reported their concerns about the consequences for their other pupils and their ordinary teaching if they also had to help children with special needs. As the project progressed there were fewer reports of this nature. Teachers have gained the confidence and skills to work with children of different abilities. A simultaneous programme called 'New Breakthrough to Literacy' has helped teachers to plan and prepare lessons and this has also benefited MIEP.

Special education teachers

It was initially more difficult for teachers from the schools with special units to accept the idea of inclusive education, as they had become used to the idea of segregating children with special needs. Some special education teachers told school heads that four disabled children form a full class, and that it was not possible to work with more than four children with special needs. Some special education teachers were protective of their professional expertise and did not want to share it. They were worried that inclusive education would make their expertise superfluous. However, during the project over three-quarters of special education teachers became resource persons for MIEP and took responsibility for spearheading local MIEP activities. The MIEP co-ordinator recalls:

'It took quite some time to bring special education teachers on board. Things changed when I invited them to become resource persons for the project, especially to help in workshops. They were given the aims and objectives of MIEP and as resource persons they were to base their work on these. In the process of helping teachers without a special education background, they helped themselves to understand MIEP's aims and objectives. It was interesting working with them. They applied their theoretical college knowledge to the task of working, in a workshop setting, with both disabled and non-disabled children as a regular class of pupils. Subsequently, they applied this knowledge – what they told other teachers in workshops – to their own classrooms and saw that it worked.'

Teachers started to look at all the things children could do. For example, it became apparent that several children in the Kabale unit were academically able but had been placed in the unit because they had a physical disability. They were labelled 'disabled' and no account was taken of their abilities.

During the course of MIEP the government gave Kabale School some extra unexpected funding to support the special unit even though most of the children had left the unit to join other classes. Some teachers wanted the unit to be restored but many disabled children refused to return to it. The unit remains open though with fewer pupils. Two of the three special education teachers at Kabale now teach in regular classes rather than the unit. Some teachers see a value in maintaining the unit.

'I don't think we can close the unit completely because it works as if it is a starting place. If they see that a child is not all that severe, that is when they can be pushed to the mainstream. And those severe ones can still remain in the unit. Because if we closed the unit completely and we make the decision to go into the normal classes, sometimes they tend to disturb a lot. If someone maybe has severe fits, it attracts the attention of other pupils. But if that child is in the unit where the special teacher is, there is no problem in leaving it like that. But otherwise it's better to try to get the children to be with the others so at least they're able to interact with one another. After all, these pupils, we stay with them in our homes, now why should we segregate them when they come into school? But I feel that the special unit shouldn't be closed. For severe cases only. But the rest must be pushed to the other classes.' Deputy head, Kabale School.

Traditionally, people who have fits are severely stigmatized. One of the remarkable achievements of MIEP is how children now deal with peers who have fits in a competent, caring and very matter-of-fact way.

One of the teachers who formerly taught in the unit has become a strong advocate for its continued closure.

'Now if the children are going to be confined to the unit then what normal life are they going to lead in the future? How are they going to interact with society? How is the community going to help them and how are they going to help their community? ... I think we need to include everyone by virtue of being born – by virtue of being a human being – it means that person has a right to an education ... I am a specially trained teacher, but I am happy that inclusive teaching happened at my school. I have learnt a lot of things that I didn't learn at college. We are not trying to put on things that will not work but are trying to look at things that will work – things that are going to help people. Many people say that IE is a very big challenge. But I say that is where opportunities lie so that at least we can help our kids.' Teacher, Kabale School.

Head teachers

The support of head teachers was crucial to the success of MIEP. Without their approval the project could not have succeeded. Their sensitivity has increased. They are more aware that there may be many children in their schools who have minor impairments or other difficulties that were previously unidentified and are in need of additional support.⁵

A head teacher acknowledged, *'At the back of my mind I had a feeling that as schools we are supposed to help the disabled children in our school communities but I didn't know where to begin. Thanks to the skills we have learned from MIEP, I can now discuss with my teachers the best methods to apply in their classrooms.'*

⁵ A study in Pakistan (Shivji, 1999) also showed that once inclusive education was talked about, many children were shown to experience difficulties that had previously been unrecognized, such as problems with seeing and hearing. In Viet Nam there were similar findings (Chalker, 1998). Also, children with, for example, hearing difficulties or learning difficulties, dropped out of school because teachers were unable to recognize why the children were having problems in class. Lack of recognition of their difficulties and suitable support can be a cause of children being disruptive in the classroom.

The steering committee

Initially, the steering committee members were more like 'figureheads'. Later they played a more integral role and were important advocates for the project in the wider community. Each member of the steering committee made a simple work plan for their own organization or profession on disability awareness.

For example, one steering committee member, the pastoral co-ordinator for the Catholic Diocese of Mpika, has promoted MIEP at parish and diocesan meetings with lay and church leaders, and also in ecumenical meetings.

He says, *'One of the most continuous challenges that we have to work with and to try to sensitize the communities about, is this problem of stigma. Most of our people in the communities that we reach still have the notion that someone who is disabled may not be of much help in society and they don't want to waste resources on them. So we always have to remind the communities about the dignity and potential that are inherent in these friends of ours.'*

In conclusion

When a group is excluded it is not only their loss, the community as a whole loses out because we are all deprived of the excluded group's gifts, energy and experience. Mpika is a richer place as a result of MIEP. This may be one of the most important lessons of MIEP.

There is still much to do – and part of that is sharing MIEP's experience with other people around the world. This is not a blueprint of how to implement inclusive education but a record of MIEP's struggle and a sharing of the lessons learnt.

However, we feel that MIEP has shown that great changes are possible when there is a vision for what makes for a better world and children and adults work together to make this a reality.

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