
BASELINE STUDY FOR CHILDREN LIVING WITH DISABILITIES IN DOMBORAMWARI-EPWORTH: CHALLENGES FOR EMPOWERMENT

Ignatius Isaac Dambudzo

Zimbabwe Open University, PO Box MP1119, Mount Pleasant, Zimbabwe

ABSTRACT

The baseline study was carried out to investigate empowerment issues of women, children and young people living with disabilities. Literature has documented the plight of those living with disabilities as generally marginalised with no specific policy to guide their welfare. Government on its part has acknowledged the shortcomings in terms of policy as well as resources to cater for this category of the population. The study focused on Kuwirirana Day Care Centre at Domboramwari in Epworth, Harare. The target groups were 26 young people living with disabilities and 24 women/parents or caregivers. Twenty three women and their children with disabilities participated. A questionnaire and interview schedule were used to collect data. The interview was carried out with caregivers since the children and young people could not speak due to disabilities. Results showed that caregivers were disabled in their work due to lack of resources. The young people's education was generally in state of neglect and so was their health. The study concluded that as long as there is no policy targeted at those with disabilities and their caregivers this group of people would remain marginalised. It was recommended that government comes up with a policy to improve the welfare of parents and children living with disabilities. Further research should look at the impact of interventions on the empowerment of women and young people living with disabilities.

Keywords: disabilities, empowerment, education, women, assessment framework, caregivers, marginalised, baseline, questionnaire, interview

Background

According to a UNICEF report (2013) disabled children in Zimbabwe are failing to access basic human rights such as education, information and health care that are enjoyed by their other able bodied peers.

The world children's report for 2013 shows that many disabled children fail to realise their full potential as they struggle to access basic rights such as food, education, shelter or health care. Efforts by post independent Zimbabwe to improve the lives of people living with disabilities have been eroded by economic challenges.

It is reported that Zimbabwe has about 600 000 children and young persons with some form of disability. Globally children with disabilities face many challenges unlike their able bodied peers (Lawen Rumble, 2013). The report recommended that the government and donor community should allocate more resources to the disabled community to ensure families are not pushed into abject poverty.

Mr FaraiGasaMukuta of the National Association of Societies for the Care of the Handicapped (NASCOH) urged the government to promote the rights of children living with disabilities. He expressed concern over the fact that 52% of disabled children in Zimbabwe had no access to education. He also indicated that ablution facilities in rural areas were not accessible to the handicapped. Consequently it is feared that disabled girls were more vulnerable to sexual abuse. He recommended that professionals such as teachers, nurses, doctors, police and social workers should learn sign language at training institutions to help meet the needs of disabled children. Currently students are graduating with diplomas and degrees in special education or care without sign language skills. Similarly, the advisor to the president of Zimbabwe said that the Government should get more support from the donor community to enable children to realise their rights. However, the problem is the lack of data about the exact number of people and children living with disabilities. It was observed that even developed countries such as the United Kingdom had a similar problem.

It has been observed that government schools lacked facilities for the disabled children while many parents cannot afford privately run schools which have facilities for the disabled. UNICEF concluded that the future of the 600 000 disabled children depended on government and civil society to mobilise resources. The next section looks at learning disabilities and disorders.

Learning Disabilities and Disorders

Some children have been known to struggle with schooling-reading, writing, tackling maths problems, doing homework etc. If the experience is persistent it may be an indication of a disorder for which appropriate assistance can be given. Learning disabilities or disorders are umbrella terms for a variety of problems. A learning disability is not a problem with intelligence or motivation. Children with learning disabilities are not lazy or dumb. Some are just as good as everyone. Brains are simply wired differently. The differences affect the way they receive and process information. In other words, children and adults with learning disabilities see, hear and

understand things differently. This can present challenges when learning new information and skills as well as putting them to use. Common learning disabilities include reading, writing, maths, reasoning, listening and speaking.

Children with learning difficulties can, and do succeed in school and in life. No parent wants their child to suffer. However, fear of labelling and assignment to less challenging class is a main drawback and concern. Such children need to be taught in ways that are tailored to unique learning styles. Personalised learning is highly recommended as all learning is designed to meet individual needs identified in advance and documented as an individual education plan (IEP). Parents and teachers work together to come up with a learning programme which both will monitor and report on from time to time. Children with learning difficulties look different from one child to the other hence a generic learning programme will not work for everyone equally. Developmental milestones can help identify learning challenges and design of appropriate interventions for individuals in each age group as will be illustrated in the next section.

In the review of the curriculum for the primary and secondary education (2014-2015) the following observations were made which all confirm the marginalisation of those living with disabilities:

- **Inclusion of those with special needs was minimal**
- **Focus was mainly on those with visual, hearing and physical impairments**
- **Special education was offered mainly up to Grade 7 because there are very few to secondary schools**
- **Therapy was available at hospitals only and transport was needed to get the children and their caregivers**
- **There was only one college training special needs teachers**
- **Children with special needs were generally segregated while others were hidden from neighbours and society**
- **Resource centres were poorly resourced**
- **Data on children living with disabilities was not readily available**
- **There was little advocacy in the community on the need to send special needs children to school**

- **Teaching of Sign language was not properly co-ordinated**
- **Very few sporting facilities and disciplines**
- **No access to Early Childhood and Development(ECD) classes**
- **Special class teachers at stations had no training in working with slow learners**
- **There was no Government policy on special education for all the levels**

(Ministry of Primary and Secondary Education, 2015; Commission of Inquiry into Education and Training, 1999).

The Survey

Aim: To assess empowerment issues affecting women looking after children living with disabilities in Epworth, Harare.

Objectives:

The study sought to:

1. identify empowerment needs of women looking after children or young people living with disabilities.
2. document the nature of disabilities of children and young people living with disabilities in Domboramwari area in Epworth.
3. assess the levels of disabilities for children and young people living with disabilities.
4. assess empowerment needs for children and young people living with disabilities.
5. recommend interventions for the parents / guardians of the disabled children and young people.

Research Questions:

- 1.**What are the empowerment needs of women looking after children and young people with disabilities?**
- 2.**What is the nature of disabilities affecting the young people and children?**
- 3.**What is the extent of disabilities for the children and young people?**

4.What are the empowerment needs of children and young people living with disabilities?

5.What interventions can be implemented to Empower caregivers, children and young people living with disabilities?

Issues examined:

1. Health related issues affecting the children and young people living with disabilities.
2. Issues concerning safety.
3. Children's access to learning and development.
4. Impact of poverty on the well-being of the women, disabled children and young people.
5. The needs of the women, children and young people for independent living.
6. Recommendations for empowerment

Significance of the study

It is hoped that the preliminary study will unveil basic issues affecting children and young people living with disabilities and their caregivers. The information will enable planning for interventions leading to the empowerment of the women looking after children and young people living with disabilities. The interventions will be expected to enhance the well-being of the women, the children and young people and promote independent living for the latter.

Methodology

Quantitative and qualitative methodologies were employed for the study. The quantitative was preferred to enable recording of objective data especially the number of people involved in the study, and the prevalence of needs and challenges. In addition, the qualitative was also used to collect rich evidence on what the women looking after children and young people with disabilities experienced on a daily basis. This would complement the objective data and enrich the evidence. The questionnaire contained both closed and open-ended questions. Due to limitations of literacy among caregivers and inability to speak of the young people, the researcher completed the questionnaire while respondents gave responses to each one of the questions in turn. Though progress was slow, it was worthwhile collecting detailed data on the experiences of young people living with disabilities as well as their caregivers. This was an exploratory study which did not seek detailed data but basic information. Consequently, each participant took about 10 minutes to interview and record responses.

Population

This comprised 23 children and 22 care givers at Kuwirirana Day Care Centre at Domboramwari in Epworth, Harare.

Due to the nature of the population, which comprised diverse disabilities, sampling was regarded as inappropriate since the children were different hence the experiences of the care givers too. Consequently the researcher met every care giver and child at the centre. The study simply sought preliminary information to determine whether there was a need regarding women's empowerment for this category of people in the community. To obtain the information, it was felt that talking to the care givers would yield more information since most of the children and young people had speech impairments. The children's experiences were therefore captured through reports by care givers. By describing what they did for the children and the physical, cognitive, social and emotional state of the children and young people it was possible to interpolate the situation of the caregivers.

Data Collection

As already stated, data was collected through a questionnaire and interviews. There were ten questions covering health state, safety, learning and development, impact of poverty, support needed for the child and the caregiver, and whether or not the child would need further assessment. The questionnaire was an adaptation of the Common Assessment Framework (CAF) used by the British Social Services Department of Health (DOH), 2000) to collect information about every child before determining the kind of support needed.

The questionnaire comprised closed and open ended questions. The closed questions required Yes/No responses while the open ended questions sought detailed information on the variables already stated. Table 2 summarises the quantitative responses of the participants.

QUANTITATIVE RESPONSES

Quantitative Data

Health Issues

Participants were asked whether they had health issues. The caregivers responded on behalf of the child/young person living with disabilities due to speech or communication difficulties. All the(100%) participants reported that the children they looked after had health issues to attend to from time to time.

Safe from harm

Asked if the children were safe from harm, the participants reported that some were at risk of harm while others were not. Those who said they did not, may not have experienced any incidence where the children appeared unsafe or their perception of safe may have been different from what was described to them. All people with disabilities were vulnerable and susceptible to harm hence unsafe. It will be a matter of degree.

Opportunities for learning and development

The question on this concept sought to find out whether the child/young person living with disabilities had been exposed to formal education. Fifteen out of twenty three had not had the opportunity to attend formal schooling due to lack of funds for school fees or unavailability of suitable school facilities. Eight had been to primary school and of these two were attending secondary education. This was once again due to the fact that secondary schools for children with special needs were unavailable in the area. Those living outside the area needed transport to access schools. Transport was unavailable. In addition, the schools available were outside Epworth and had no special facilities for those with disabilities and they could not be accommodated. Consequently, they were excluded from mainstream education owing to disabilities. This may have been compounded by the fact that there was no specific policy on education for those living with disabilities. Poverty prevented the parents from sending their children to school. Inclusive education was not tried as an option. Even if tried, the nature of disabilities is such that inclusive education would not have been of benefit to them. Most of the young people had profound and multiple learning disabilities (PMLDs). Teachers with training in special needs education would have been needed for any meaningful education for these children. Thus, the children were discriminated against in as far as education is concerned though government policy regards education as a basic human right. This philosophy and policy does not appear to apply to those living with disabilities. Thus, their potential may never be realised. Yet some may be keen on acquiring basic life skills and live independently. Table 1 shows the state of education of children living with disabilities in the area which seems to confirm the state of neglect.

Table 1: Summary of Education Status of Children Living With Disabilities

Level of Education	Number of Children	Percentage of Children
Secondary	2	8,7
Primary	6	26,1
ECD/Other	2	8.7
Never Been To School	13	56.5
TOTAL	23	100

Positive Impact on Others

Asked whether the children had a positive impact on others, the respondents indicated that some of the children, through play, involvement in domestic chores such as washing up cutlery, social interaction with others were a joy to live with. It was probably the positive perception with which their activities were viewed which led to such an evaluation. In addition opportunities to get them involved in the life of the home, positive attitude of the parents or caregivers were crucial for this to happen. They did not regard disability as inability. Just like for education, if they had the money the children would have gone to school. The parents were confident that their children could achieve something in life but were powerless due to the nature of the difficulties confronting them-poverty and the physical demands of the children living with disabilities. They needed a lot of time to attend to them every day and had little help from family members or the community.

Freedom from Negative Impact of Poverty

From the accounts by caregivers it was clear that poverty had taken its toll on the lives of the children living with disabilities. They could not get involved in learning and development activities because they could not afford money for tuition fees, transport, food, clothing, blankets assistive devices and in some cases decent accommodation. All were affected. The caregivers had twenty four hours of surveillance hence no rest. They were mentally and physically exhausted all the time. Fatigue reduced quality of care hence the child/young person could not get the best. The caregivers appeared to have no regular source of income. **Table 2** summarises the issues discussed.

Additional Support Needed and Ability to Provide Additional Services and Facilities

From the responses given it was clear that there were additional needs for both the child and the caregiver. The additional support needed included: food, accommodation, clothing, bedding, assistive devices/equipment, medication, cash, toiletries, play centre equipment, transport, and employment. Some children had special food they needed but parents could not afford. Children had no assistive equipment such as wheelchairs or were not always available to all the children. The majority of the children had mobility problems and had to crawl on the ground resulting in their clothes getting worn out more frequently. Getting replacements was a big challenge for the poor parents and yet some of the children are now teenagers. Money for medication was not readily available either. Harare Hospital health personnel used to visit the children regularly but can no longer do so due to lack of funding for transport. The same applies to Physiotherapists who used to attend to the children. Teenage girls cannot get proper sanitary pads because parents cannot afford.

Similarly, those with incontinence problems cannot get pampers as they used to. This emphasises the impact of poverty and the general economic climate has had on the lives of children living with disabilities. There is no clear support policy for children living with disabilities let alone their parents or caregivers.

Some parents lodge and do not have accommodation of their own. Life is rather difficult because of the stigma for children living with disabilities. Own accommodation would be ideal.

All the parents contacted are keen to work or get engaged in income generating projects but cannot do so because most of the time is spent looking after their disabled children. Thus, they are disempowered by poverty, lack of opportunities to look for employment and get employed, lack of time, money, appropriate skills for employment and self-employment. Accordingly, any intervention for empowerment must seek to do so for both the children and their caregivers. For the children, the aim is to increase opportunities for independent living and for the parents to improve their capacity to look after the children/young people living with disabilities and the able bodied children too, and their own independent living and contribution to the family.

Table 2 summarises quantitative evidence on the additional needs for children/young people and caregivers discussed.

Table 2: Characteristics of Children

Criteria	Yes	No	Not Sure
Child has health problems/ issues	23 (100%)	0 (0%)	0 (0%)
Child safe from harm	2 (8.7%)	21 (91.3%)	0 (0%)
Learning and development (Schooling)	8 (34.8%)	15 (65.2)	0 (0%)
Child has a positive impact on others	16 (69.6%)	7 (30.4%)	0 (0%)
Child is free from negative impact of poverty	0 (0%)	23 (100%)	0 (0%)
Additional support for child	23 (100%)	0 (0%)	0 (0%)
Additional support for caregiver	23 (100%)	0 (0%)	0 (0%)
Ability to provide additional support	0 (0%)	23 (100%)	0 (0%)

Table 3: Additional Support Needed

Nature of support	Child	Caregiver
Food	23 (100%)	23 (100%)
Accommodation	5 (21.7%)	5 (21.7%)
Employment	5 (21.7%)	23 (100%)
Clothing	23 (100%)	0 (0%)
Assistive equipments	23 (100%)	0 (0%)
Medical Attention and Medication	23 (100%)	0 (0%)
Money	23 (100%)	23 (100%)
Toiletries	23 (100%)	0 (0%)
Regular assessment	23 (100%)	0 (0%)
Learning and Development	23 (100%)	23 (100%)

QUALITATIVE RESPONSES

Health Issues

Care givers reported health issues affecting the children ranging from cerebral palsy to hearing, speech, epilepsy, mobility and other physical ailments. Participants were not asked to bring medical records therefore information on the nature of health problems was not verified. However, looking at them physically showed that these health issues were real. Children needed regular intake of medication and close monitoring. Care givers have to source money to buy medication for the children. This is an expense which puts the young person at risk should money run out at the same time as the medicine. They have to go out to look for the medication leaving the young person in the care of some strangers or neighbour.

Learning and development

Participants have not been exposed to education as much as their peers without disabilities. Statements such as; *'Never been to school due to lack of funds, 'attended at Zimcare Trust for a while and then dropped out due to lack of funds; 'have been to Jairos Jiri and Tose (Centres for children with disabilities) now at home due to lack of fees; 'did Grade Seven, no secondary education since local schools do not cater for disabled children (has great interest in computers and also writes with his feet; 'keen to go to school but hampered by lack of funds and help; not at school, parents cannot afford and BEAM cannot pay for her fees/BEAM stopped paying; 'Did grade seven and then to Zimcare Trust for life skills training; 'Once did ECD at Jairos Jiri but stopped due to lack of fees; Attending Grade Seven, position in Grade Six was 13 out of 50; 'No schooling. Nearby school discriminates against the disabled; 'uses sign language and currently undergoing toilet training,'* are some of the comments made by the carers about the children they looked after.

Environment

Generally the children and young people were living in conditions of poverty. The description under learning and development highlights the state of poverty which has prevented the children from going to school. Some of the children are keen to participate in what happens in the family home and environment while others cannot do much on their own. Consequently independent living is almost impossible for the majority. They do depend on others for most of their needs. The caregivers come in to provide the support. Most constitute a physical and mental burden to the caregivers for the whole day. Those with mobility problems have to be moved from one point to the next. For example, turning them in bed, putting them on bed, going to the toilet, putting them on the wheelchair, changing their clothes, preparing their meals and feeding them in some cases pose big challenges. The following comments testify what the children go through:

'have limited opportunities for socialisation due to isolation by able bodied peers who seem to be afraid of the disabled,'

'cannot afford to attend social functions or activities or going on holiday away from home,'

'highly vulnerable and susceptible to physical abuse and bullying, some participate in football and athletics, lack living or technical skills, loves music, reading newspapers,'

'limited resources limit level of independence;'

'does knitting, cooking and general housework under supervision for safety.' *'Given resources, she can do more and live independently,'* *'due to poverty they cannot afford decent accommodation, clothing, meals;'*

'always crawling, clothes do not last;' 'needs toiletries, bed linen and a suitable bed and clothes,'

'helps with washing up and housekeeping but bad behaviour makes others miserable and upkeep is from well-wishers.'

Mothers and carers for these children cannot go to work or engage in income generating activities because they have to be around supporting the children and young people with their needs. Yet they have the desire and potential for income generation and independence. This has disempowered the women who have to rely on others for support. In the majority of cases the male parent has virtually disowned the disabled child adding the burden to the woman. Add poverty to their situation, the women have been disempowered and need to gain some form of independence for a better life for themselves and the children. Thus, both the condition of the child and poverty are actually leaving the women powerless and burdened. Looking after a child can be a challenge and physically draining.

Impact of Poverty on Livelihoods

Reports have shown that poverty has had a negative impact on the learning, development and livelihoods of both the children living with disabilities and their caregivers. Some could not go to school altogether while others had to terminate their school attendance due to lack of school fees and appropriate schools with facilities for people with disabilities. Some children cannot have the type of food they prefer due to poverty. The same applies to clothing and toiletries. For example, some children need pampers due to incontinence but they are too expensive for the parents since they have to be changed several times a day. Others need clothing because what they have gets torn easily due to mobility problems when they have to crawl all the time and frequent washing. Some children cannot get walking aids or beds that help them change positions. Aids like commode may be helpful. These are too expensive for the families and the caregivers have to do everything manually which is physically strenuous. These children have missed out on education and training for independent living skills.

Table 4: Services and support needed for the care givers and children

For Caregivers	Strategy	For Children	Strategy
<ol style="list-style-type: none"> 1. Respite 2. Funding for self-help projects, 3. School fees, medication, toiletries, bedding clothing and food for the children 4. Care training for different disabilities 5. Suitable accommodation 6. Empowerment to be able to look after the child living with disabilities 7. Advocacy 	<ol style="list-style-type: none"> 1. Establish a centre 2. Identify needs and provide appropriate training 3. Appeal for donations or sustainable source 4. Invite specialists in care giving to train 5. Parents to receive priority in allocation of housing by local authority 6. Training, funding 	<ol style="list-style-type: none"> 1. Respite 2. Physiotherapy and sports 3. Speech therapy 4. Health support 5. Education and training 6. Independent living skills 7. Enabling equipment/assistive equipment: wheelchairs, hearing aids, commode, hoist etc. 8. 24 hour care support 9. Transport to hospital and other places for services 10. Holiday/play centre (socialisation); reading materials and communication facilities e.g. cell phone. 11. Water and sanitation 	<ol style="list-style-type: none"> 1. Establish a centre 2. Bring specialists: Speech therapists, GPs, physiotherapist to the centre 3. Source funds to establish a centre or special school in Epworth 4. Appeal for donations or secure funding to procure the equipment 5. Hire care workers to provide relief to parents 6. Organise at least one holiday per year

On the whole caregivers and the children need empowerment for more independent living and general wellbeing. As stated before the caregivers need:

1. Funding to start and run income generation projects to enable them to meet the needs of their disabled children.
2. Suitable accommodation to live with the disabled children. Lodging would not be appropriate.
3. Training in caring for children living with disabilities. (It is more difficult and expensive to bring up a child with disability than one without. Parents need empowerment in this respect).
4. Money for transport to hospital, buy food clothing and medication.
5. Training in Sign language so that they can easily communicate with their children who are living with disability.
6. Training in skills to run their own projects.
7. Need support from other people who can look after their disabled children while they rest and get time to raise money to look after themselves and their children. A respite centre with residential accommodation would be ideal for children to spend say a weekend away from home while parents take turns to have a rest.
8. Caregivers or parents need community based advocacy to highlight their plight. This will help bring information about their needs to relevant authorities and other organisations regularly. This will enable the children and young people they look after to enjoy the same or similar services as their able-bodied counterparts/peers.

The children living with disabilities and young people on their part need the following for their empowerment:

1. Training in independent living skills (Disability does not mean inability)
2. Education like any other children (Education is a basic human right including the disabled)
3. Respite (A change of environment is as good as a holiday).
4. Decent accommodation, clothing, food, bedding, water, toiletries and sanitation
5. Health care-physiotherapy, speech therapy ,occupational therapy
6. Socialisation (Everything possible must be done to avoid isolation of children with disabilities)

7. Communication (They must be trained in appropriate language to enable them to communicate with those in their environment).
8. Appropriate equipment or assistive devices/ equipment
9. Computers so that they can play games and also search for information on how other disabled children and youth are coping with their conditions.
10. Play grounds, sporting facilities and play centre equipment/Entertainment
11. The children and young persons need advocacy in the community so that their needs are always at the fore to enable them to enjoy the same or similar or appropriate services nearest where they live.

From the reports it was clear that the care givers who were all women were generally poor and struggling to maintain the wellbeing of the children living with disabilities. They have to spend twenty four hours with the children and 365 days a year. This can be physically and emotionally draining more so when they have to struggle to fend for their basic needs such as food and clothing as well as look after themselves and their families which include their other children. The children's education has been neglected due to abject poverty and inadequate educational facilities for the disabled. It should be realised that these children have potential like any other children which can be cultivated through education. The current apparent neglect should be challenged and corrected. Money is needed to keep these children in school.

Parents have to scrounge for money to buy medication, food, clothing and toiletries especially pampers. Fair treatment is required. It should be noted that it is both expensive and more difficult to look after a child with disabilities than the able bodied. Parents need empowerment to enable them to perform their parental and care giver responsibilities more effectively and efficiently. They cannot achieve this without some support from the government or non-governmental organisations.

SUMMARY

Reports by UNICEF, representatives of people living with disabilities, Presidential Advisor, Commission of Inquiry into Education and Training and the Ministry of Primary and Secondary Education all agree that children and people living with disabilities have been marginalised. The lack of a specific policy on their welfare, particularly their education has greatly disadvantaged the children. They have received very little or no education thereby missing on exploiting their potential. Poverty on the part of the parents and caregivers has aggravated the situation since they cannot afford to meet the cost of schooling including transport to and from school. Schools

where school places are available do not have facilities to accommodate those with disabilities. These children grow into adults with no life skills. The lack of data has also worsened the situation because nobody knows how many children live with disabilities and where they live. Consequently planning for their provision becomes very difficult if not impossible. It was also noted that the nature of disabilities was diverse also needing diverse management or more specifically personalised solutions. While these may be expensive, it is important that these children be catered for adequately. The disabilities ranged from visual, hearing, physical to learning disabilities. These have been worsened by an environment that lacks capacity to provide for their needs thereby worsening the level of disability. This is what the Society for people living with disabilities called social model of disability. This means society is contributing to disabling the people by failing to provide facilities for people who are different from the able bodied persons. For example, lack of appropriate aids, stimulating environment, lack of appropriate toilet facilities, sporting facilities, learning environment and curriculum, poverty, public and family negative attitude, isolation due to stigma, poor nutrition and medical attention, appropriate language for communication, lack of policy and almost nil government involvement as done for the able bodied peers. All this is happening in the background of a strong desire to participate in mainstream life. Inclusion policy has not worked very well because teachers have not been trained to manage children with special needs. A separate category of teachers for children with special needs in order to provide education using appropriate methodologies and strategies may be needed.

CONCLUSION AND RECOMMENDATIONS

Background information from the government, private individuals, and representatives of organisations for people living with disabilities has concurred on the plight of people living with disabilities. They were generally marginalised from mainstream society. The situation has been accentuated by the lack of policy on disability. Consequently, children and young people living with disabilities did not have access to education, health and other basic services as enjoyed by their peers without disabilities. Results of the current baseline study confirmed observations by UNICEF, Ministry of Primary and Secondary Education, Advisor to the State President, Representative of those living with disabilities. The highest level of education attained by the group in the study was Grade Seven. No provision has been put in place for secondary education of post-primary education. Though some would do with training in independent living skills there was no provision for this in the curriculum. This can be blamed on the lack of policy on the welfare and needs of this group of people. It is therefore recommended that the welfare of the people living with disabilities can be addressed adequately with a policy in place in areas of education, health and empowerment in general. There is need to have a strong element of advocacy for this group of people to enable sharp focus and conscientisation on their needs on a

continuous basis. That they are disabled does not necessarily mean they are unable to perform in life. Their potential needs cultivation. Education is the vehicle to unleash the potential. Community based groups should be supported to facilitate enhancing the welfare of those with disabilities. Caregivers need empowerment to enable them to look after their children with disabilities. On the whole the baseline study revealed that parents or caregivers need as much empowerment as the children and young persons living with disabilities. Therefore any empowerment strategies for the caregivers would go a long way in empowering the children and vice versa. Specific needs of caregivers and the children have been outlined earlier to inform any interventions. Further research is needed to identify individual education needs and drawing up individual education and support plans (IEPs) and evaluation of any interventions implemented.

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