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Basic Education for Children with Special Needs in Zambia: Progress and Challenges in the Translation of Policy into Practice*

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Abstract

Zambia's national policy on the formal education of children with special educational needs (CSEN) began to evolve following the completion of a nation-wide campaign to reach disabled children (ZNCRDC), which was spurred by the UN declaration of 1981 as the International Year of Disabled Persons (IYDP). The campaign generated epidemiological estimates of the prevalence of various types of disability among the population of basic school age (5–15 years), that showed that existing

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special educational provisions were reaching less than 10 per cent of those ascertained as severely disabled. The first phase of public policy focused on programmatic expansion in the 1980s of the number of units, located within the premises of existing basic schools, and offering specialised educational support to children with one particular broad type of disability (hearing, intellectual/learning, physical/mobility, or visual). This expansion programme was retarded by a number of factors: resource constraints arising from a severe, national economic recession; refocusing of the principle of affirmative action to ensure equity to prioritise action to redress the disadvantages faced by girls (PAGE), and by children orphaned by the AIDS pandemic (OVC); and heightened emphasis on the principle of inclusion, which was often operationalised in the form of mainstreaming. Concurrently with the expansion of specialised units for CSEN, the quality of instruction and certification for specialist teachers was upgraded by the re-staffing and rehabilitation of the national college (LCTH/ZAMISE). Despite the enlarged output of qualified teachers from the College, staffing of CSEN units has remained problematic, largely due to poorly managed deployment of the college's graduates. A recent shift in policy at the college in response to this problem has involved preparing graduates with skills to address the special educational needs of children with all four broad types of disabilities. Several lines of evidence are reviewed on these trends, including government policy documents and statistical reports, as well as a qualitative analysis of interviews with a sample of key informants. Major challenges currently faced by the government in attaining its policy objectives are itemised and some strategic options for addressing them are presented.

Keywords

Formal education, disability, affirmative action, special needs, inclusion

Education has been one of the most important fields of application in Africa for the discipline of psychology. Two competing themes inform the provision of education to children with special educational needs (CSEN): fine-tuning instructional procedures to match the individual strengths and needs of each CSEN (individual programme planning), and integration of CSEN within mainstream educational settings

(mainstream inclusion). The growth of attention to mainstream inclusion in Zambian public educational policy has the potential to increase the level of access to education by CSEN. But, in the absence of consistent application of reliable assessment methods to individuals, aggregate statistics cannot provide a valid index of progress. In this article we first provide an analysis of data collected in the context of the Zambia National Campaign to Reach Disabled Children (ZNCRDC) in the 1980s, showing how the level of existing service provision could be used for setting service development targets. Next we review government statistics published over the 30 years since then, showing that they do not allow systematic appraisal of the areas in which progress has been achieved or of the current areas of greatest need. Finally, we examine how well the specialised skills imparted to teachers at the national institute of special education match the opportunities available to them when they are posted to the field, drawing on a recent survey of serving teachers of CSEN.

Zambian Society and Public Educational Policy

A young nation that achieved political independence in 1964, Zambia is proud of its reputation as a peaceful and democratic society, one of the very few on the African continent that has never experienced a military coup or a civil war. Zambia is situated in the centre of the southern-half of the continent, with a surface area of about 750,000 square kilometers, mostly on a plateau about 1200 m above sea level. The climate includes both temperate and sub-tropical ecosystems. The population of about 11 million is predominantly composed of indigenous Africans, speaking a variety of Bantu languages, of which Nyanja, Bemba, Tonga and Lozi are the most widely spoken, alongside English, which is the principal medium of communication in all official domains, including the daily press, most radio and television broadcasting, parliamentary debates, higher law courts, civil service administration, and the formal sectors of commerce and industry, as well as all tertiary and secondary education and the upper grades of basic education. Other small sections of the population (less than 2 per cent each) are of European or Indian origin or of mixed ethnic heritage, and are generally well integrated into the life of the society. In contrast with its 50-year history of colonial oppression

and racial segregation as part of the British empire, Zambia has, from the beginning of its existence as a sovereign state, espoused a public policy of racial equality, tolerance and integration.

Zambia is one of the most urbanised countries in Sub-Saharan Africa north of the Limpopo, with close to 50 per cent of its population residing in large cities along the line of road and rail that connects the Copperbelt (a cluster of seven mining towns) with the tourist centre city of Livingstone in the South, passing through the industrial town of Kabwe in Central Province and the capital city of Lusaka. Each of the four more heavily urbanised Provinces (Lusaka, Copperbelt, Central and Southern) contains a substantial rural population, but for purposes of broad analysis they can be treated as a group (where 52 per cent of the population resided in 2000) in contrast with the other five provinces (Eastern, Northern, Luapula, North-Western and Western) where the urban population comprises less than 8 per cent of the total and resides in relatively small towns with a population of less than 80,000.

Prior to 1980, the predominant terminology of policy discourse in Zambia regarding the educational needs of children with various types of impairment or disability was rooted in the concept of handicap. Such terminological confusion was widespread around the world and was recognised as an impediment to the effective raising of public consciousness and mobilisation of resources for the development of appropriate services in many African societies (Helander, 1993; Serpell, 1984; WHO, 1983).

The Salamanca statement and framework for action on special needs education, adopted by the 1994 World Conference on Special Needs Education, Access and Quality, highlighted an internationally

> ...emerging consensus that children and youth with special educational needs should be included in the educational arrangements made for the majority of children. This has led to the concept of the inclusive school. The challenge confronting the inclusive school is that of developing a child-centred pedagogy capable of successfully educating all children, including those who have serious disadvantages and disabilities. (UNESCO, 1994, p. 6)

The Government of the Republic of Zambia was one of the 92 governments whose representatives, alongside those of 25 international organisations, adopted the Statement by acclamation at the Conference.

The most important educational policy document produced in Zambia since its independence was entitled 'Educating our future' (GRZ, 1996). It emphasises egalitarian principles, proclaiming that 'where access, participation and achievement in education are impeded by gender, physical, mental, economic, or social factors, the government will seek to eliminate sources of educational disadvantage in order to enhance equity,' and acknowledges that 'the concept of equity in education necessitates the diversification of the curriculum in order to suit different abilities, talents and interests'(*Ibid*., p. 5).

As Dawes et al. (2007) have explained in meticulous detail, the implementation of such declarations depends critically on specifying explicit indicators that can be used for objective measurement, monitoring and evaluation. Unfortunately, those responsible for planning public policy often lack sufficient familiarity with the demands of hands-on educational practice with CSEN to focus their attention on the fine-grain details of children's development that should ideally be indexed as criteria for assessing the outcomes of attempts at 'successfully educating ... children ... who have serious disadvantages and disabilities'. Without such objective assessments of impact, the inclusive educational approach is bound to remain a target of profound scepticism by expert practitioners of special education.

On the other hand, the range of outcomes that fall within the scope of what UNESCO (1994, p. 6) terms 'successful education' is also subject to controversy. Kangwa et al. (2003), for instance, noted that in the Mpika Inclusive Education Project in Zambia's predominantly rural, Northern Province, the benefits extended well beyond acquisition of cognitive skills and knowledge by CSEN to reduction of prejudice against children with conspicuous physical abnormalities, deformities and/or disabilities both among normal children enrolled in the basic schools and among adult members of the residential communities from which the schools drew their clientele. Arguably the life-course of CSEN was very likely to be impacted by such changes in their social environment, and indeed a number of parents testified to that effect. Other benefits noted were an increase in the level of local accountability, as teachers negotiated with parents the desirability of enrolling their disabled child in school, and enhanced sensitisation of teachers to individual differences among their students' learning needs, styles and preferences. Striking opportunities were found for applying and refining the Child-to-Child

approach through which primary school students had been mobilised in an earlier programme in the district (Mumba, 2000; Mwape and Serpell, 1996; Serpell, 2008) to take responsibility for nurturing the healthy growth of their younger siblings, their less able classmates, and other needy persons in their neighbourhood.

'In 2002, the total number of CSEN in basic education was just over 23,000, representing only 1.1 per cent of the total school population. By 2004, the number had risen to over 73,000 pupils, representing 2.9 per cent of all the pupils' (GRZ, 2006, p. 149). Moreover, in the Statistical Bulletin of the Ministry of Education for 2007, the number had grown to 170,084 (GRZ, 2007). This impressive statistical indication of growth conceals a major distinction between CSEN whose presence in the mainstream schools is reported without any indication of the level of support being provided for their special needs, and a much smaller number of seriously disabled children enrolled in special schools and units staffed with trained specialist teachers and equipped with relevant specialised resources to enable them to overcome the special challenges to learning posed by their particular disabilities.

The Zambia National Campaign to Reach Disabled Children, 1982–1986

The campaign was launched by the national government in 1982, following a series of consultations prompted by the World Health Organization (WHO) and the United Nations International Children's Education Fund (UNICEF), in response to the declaration of 1981 as the International Year of Disabled Persons (IYDP). The campaign was coordinated by an inter-sectoral steering committee, which in turn was advised by a technical support team based at the national university (UNZA). The following objectives were stipulated:

- to raise the level of public consciousness of the special needs of disabled children;
- to establish comprehensive provincial registers of disabled children;
- to lay the foundations of nation-wide health and education services for disabled children; and

- to supply technical aids and prosthetic devices to as many disabled children as possible and to train the children and their families in the use of such aids
  (Serpell, Nabuzoka et al., 1988, p. 118).

The endeavors of the technical support team based at the University of Zambia's Institute for African Studies generated four types of contribution to the expansion, refinement and reorientation of the government's campaign: elaboration of policy options, development of technical instruments, disseminating techniques through training and evaluation of impact.

Elaboration of Policy Options

One of the stimuli for the initial consultations that eventually gave rise to the Campaign was dissatisfaction with the meagre level of coverage by existing special education services in the country. While international agencies were speculating that up to 10 per cent of children of school-going age might have special educational needs, the proportion of children enrolled in special education in Zambia was less than 0.1 per cent. A total of about 1,200 children were enrolled in such classes around the country, whereas demographic projections estimated that 1.7 million of the nation's population were aged between 5 and 15 years (see Table 1). Planning at various levels of special education programming in the public and private sectors would typically regard as very ambitious a target of doubling or tripling enrollment within a decade. Yet even a ten-fold increase seemed unlikely to meet existing needs.

One radical alternative to the gradual expansion of this type of institutionally based provision was the concept of Community-Based Rehabilitation (CBR) promoted by WHO (1983). The key principle of CBR is to rely on the family and neighbourhood into which the child is born as the base for any service provision. Affordable, immediate coverage of the majority of needy children and their families was a major theme in some of the WHO's early advocacy of CBR.

But other, perhaps more significant, advantages can also be claimed for it relative to typical institutionally-based service provision (Serpell, 1986). These include:

Table 1. Zambia's Primary School Population and School Enrollment Over Time

	1980	1982	1990	2000
(*projected at population growth rate of*)		(2.7% p.a.)		
Children aged 5–14 years	1,775,800	(1,872,988)	2,149,328	2,666,728
Children aged 7–13 years			1,486,062	1,826,590
Grades 1–7 school enrollment, aged 7–13			829,223	1,136,139
Per cent nominal age-group attending school—Zambia			56%	62%
Net school attendance ratio (Grades 1–7)				
Rural girls			45%	53%
Rural boys			44%	53%
Urban girls			71%	74%
Urban boys			71%	74%
Gross school attendance ratio (grades 1–7)				
Rural girls			66%	69%
Rural boys			75%	75%
Urban girls			97%	92%
Urban boys			104%	94%
Per cent population reported as being disabled—all ages			0.9%	2.7%
Per cent population reported as being disabled—aged 5–14			2.1%	1.4%

- acknowledging and fostering family commitment to the welfare of a disabled child,
- cultivating the growth of parental confidence in meeting the child's needs,
- focusing on the child as a whole person,
- recruitment of community involvement in the process of (re)habilitation, and
- ensuring continuity of care over the lifetime of the individual.

By explaining these benefits and illustrating them with local case studies, the university researchers raised the consciousness of policymakers in the government that viable alternatives existed to the present pattern of institutional service, and that these deserved consideration in the context of long-term planning.

Another contribution of the research team's conceptual input to the campaign was to focus the government's felt need for concrete, local epidemiological information about the prevalence of various disabling conditions, their causes, and the prospects for their prevention and/or amelioration. This was of particular value with respect to the distinction between various types and degrees of developmental disability. The concept of mental retardation, for instance, is a difficult one to grasp without a background of psychological theory (Kathuria and Serpell, 1998; Serpell, 1999; Serpell et al., 1993; Serpell, Zaman et al., 1988).

Development of Technical Instruments

In order to implement a short-term nation-wide campaign, it was necessary to design and field-test a set of ascertainment procedures that could be performed reliably by personnel with limited professional experience. Techniques for the rapid, preliminary assessment of visual acuity, hearing and intellectual functioning were designed and field-tested by the technical support team, drawing on the professional experience of applied psychologists and members of allied professions abroad, as well as the cross-cultural research literature on psychological measurement.

Snellen charts composed of 'Es' at various orientations were used to assess visual acuity, and a set of three standard chime bars to assess hearing across the major frequency range of human speech. For intellectual

competence a set of questions addressed to a key informant was combined into a simple scale with a set of directly observable behavioural indicators.

Disseminating Techniques through Training

University-based personnel also played an important role in the design and implementation of the training procedures for the orientation of the 57 District Ascertainment Teams (DAT). Each DAT comprised three members: a regular primary school teacher, a general Medical Assistant (or Clinical Officer), and a Community Development Assistant (or Social Worker), each seconded from their respective posts for six months to conduct the ascertainment and registration of cases of childhood disability while touring their district to examine children referred to reporting centres. In addition to planning the logistics of travel and accommodation, and explaining the registration procedures of the campaign, the two-week training courses for Ascertainment Officers were designed

- to expose participants to children with each of the three less common forms of severe disability (blind, deaf and severely mentally retarded) and to examples of how fully trained teachers manage these disabilities;
- to introduce them to the nature, causes and consequences of each of the four major types of disability;
- to provide them with demonstration and supervised practice in the administration of each of the assessment instruments; and
- to introduce them to the concept of CBR through demonstration, tutorial discussion, and explanation of the principles of formulating a provisional care plan for each child ascertained as disabled, together with distribution of relevant family training packages published by WHO.

Evaluation of Impact

Research was also applied at several levels to evaluate the impact of the campaign. In one district a sample door-to-door survey was conducted

of all the children aged 3–9 years residing in a single rural area, in order to provide a more controlled, exhaustive epidemiological estimate of the prevalence of severe childhood disability in a limited area. All those rated as possibly disabled on a screening instrument, and a sample rated as non-disabled were then referred for verification of their preliminary diagnostic categories through an intensive examination by a team of specialists including a physician and a psychologist.

In two districts, following the six-month registration procedure, the secondment of the Ascertainment Officers was extended for a further six months to conduct follow-up, community-based (re)habilitation activities with all of the children ascertained as severely disabled in their district, visiting their families, and, where appropriate, liaising between them and relevant specialist services (Broge, 1986; Nabuzoka, 1986b). The outcomes of these activities were evaluated through a survey based on objective criteria, a set of qualitative case studies, and a follow-up study two years later (Serpell and Nabuzoka, 1985).

Social Benefits of the Campaign

At the end of the day, the campaign generated beneficial outcomes at several levels. It imparted to a substantial number of individual children with disabilities and to their families some practical aids, social support and new hope for their future lives. It demonstrated the feasibility of CBR as a strategy for service development, as well as revealing some of its limitations. And it generated a more realistic estimate of prevalence of severe childhood disability in the nation—not the 170,000 children aged 5–15 years implied by the global 10 per cent statistic floated by international agencies, and not the 2,400 or 12,000 projected by doubling or multiplying by 10 the current enrollment in special education, but 36,000, a figure based on careful examination of reporting rates and ascertainment rates in each of the nation's 57 districts, allowing for error, and broken down by categories of disabling condition (Desai, 1986; Fryers, 1986).

The most obvious contribution of scientific psychology to the campaign was as a source of technical information to guide the process of ascertainment through the design of the screening instruments, and the

training of ascertainment officers to administer those instruments. Another was as a conceptual framework for the articulation of provisional care plans with ascertained categories of disability on the one hand and family training packages on the other. Over and above those technical contributions, the campaign afforded an intriguing opportunity for the diffusion of psychological concepts and methods to a segment of the Zambian population who had not previously encountered them, or, if they had, had only dimly appreciated their significance and utility in their professional work and/or their everyday activities. One aspect of this process of diffusion has been designated 'giving away skills' (Mittler and Serpell, 1985), an approach to service provision that contrasts with the secrecy and mystification that sometimes accompany professional practices. Professionals, according to this philosophy, should take pride in their ability to communicate the insights of their specialised field to generalists, empowering the latter to conduct more and more of the 'hands-on' work that was reserved for specialists in an earlier era. Another aspect involves the validation of psychological theory through its intelligibility to lay members of society with a stake in the processes being represented (Serpell, 1990), its connection with 'common sense' (Joynson, 1974) and its eventual absorption into the common discourse of a society. In both of these ways, it may be claimed that the science of psychology contributed through the ZNCRDC to a modest empowerment of Zambian citizens. Regular primary school teachers, general medical personnel, and community development assistants, returning to their posts at the end of the campaign were able to deploy concepts such as organic impairment, functional disability, and social handicap, habilitation, prosthesis and task analysis to their work and to their social relationships, enhancing their understanding and in some cases their efficacy.

Strategic Alternatives for Addressing the Gap between Documented Needs and Existing Services

One of the concrete benefits of the campaign for planning purposes was the specification of more realistic levels of need for the expansion of existing services. Rather than the 10 per cent statistic much touted by the

UN agencies, the Zambian state could now with some confidence target provision of special education for about 1–3 per cent of the primary school client population of 7–14 years olds. Even that relatively modest target proved to be quite intimidating, since it implied expanding provision from about 1,200 CSEN to a population of 40,000 children with serious disabilities (Fryers, 1986).

In conceptualising disability for the national campaign, we took the view that priority should be related to severity of need. Thus, with respect to provision of specialised educational services, a child who is completely blind should receive priority over a partially sighted child, a child who is completely deaf over a partially hearing child, and a child with severe mental retardation (intellectual impairment or learning difficulties) over a child with milder disability of this type. The logic of this premise was that a child with mild disability arising from visual, learning or intellectual impairment can more easily be accommodated within a mainstream class at school than a child with more severe disability, who will typically require specialised equipment and/or training for effective education in a mainstream setting and in some cases may not be able to learn without at least some separate facilities. Because the official terminology was (and indeed remains) inconsistent with respect to levels of disability and the resources available for training ascertainment officers were strictly limited, we adopted the somewhat loose expression 'serious disability' as the focal criterion for registration.

Table 2 summarises at the provincial level the detailed projections from the campaign of how many children with various types of serious disability were living in each of the nation's 52 districts.

Three broad, alternative strategies have been articulated for closing the glaring gap between the level of need identified in the campaign and the level of service provision currently available. The first strategy was to expand the number of special schools and/or special education units attached to regular basic schools. The second was the CBR approach. And the third was to actively promote inclusion of children with disabilities within the mainstream educational system, i.e., in the existing primary and basic schools. Despite reasonably well-documented feasibility studies, a good deal of publicity, and a carefully orchestrated series of inter-sectoral meetings among education, health and social service

Table 2. Estimated Prevalence of Serious Disability in 5–15 Yr-old Population and Educational Inclusion in 1982

	Learning Dis.	Hearing Imp.	Visual Imp.	Physical Dis.	All Types
4 Most urbanized provinces combined					
a. Registered estimated prevalence	1,675+e	1,115+e	372+e	2,357+e	5,519+e
b. Minimum	6,584	3,736	2,492	6,939	19,751
c. Maximum	139	314	524	789	1,766
d. Registered, attending school	156	190	119	278	743
e. Receiving special education	295	504	643	1,067	2,509
f. No. accessing some education % inclusion (f/c-f/b)	5–16%	13–39%	26–130%	15–40%	13–40%
5 LEAST urbanized provinces combined					
a. Registered estimated prevalence	2,206+e	1,470+e	490+e	3,106+e	7,272+e
b. Minimum	9,417	5,345	3,563	9,928	28,253+e
c. Maximum	86	427	635	738	1,886
d. Registered attending school	7	76	201	182	466
e. Receiving special attention	93	503	836	920	2,352
f. No. accessing some education % inclusion (f/c-f/b)	1–4%	9–32%	23–121%	9–28%	8–30%

Total Zambia	Children with serious disabilities (all types)	Total school enrolment Grades 1–9	% enrolled students reported as CSEN
Attending school (ZNCRDC registered)	3,652		
Receiving special education	1,209		
Accessing some basic education	4,861		
FNDP aggregates:			
CSEN in basic education (2002)	23,000		1.1%
CSEN in basic education (2004)	73,000		2.9%
CSEN 1–9 (% enrolled) (2007)	170,084	3,166,310	5.4%
CSEN 1–9 (% enrolled) (2009)	202,115	3,352,365	6.0%

professionals and administrators in the wake of the campaign (Nabuzoka, 1986; Parekh and Serpell, 1983), the concept of CBR was never formally adopted by the national government as a key element of its national strategy for addressing the needs of persons with disabilities. Moreover, prior to the adoption of the Salamanca Framework (UNESCO, 1994), Zambian government documents made little or no mention of the concept of inclusion. Equity of access to education was primarily regarded as a matter that concerned only gender. Thus, the principal drive within the special education sub-sector was represented by a programme of expansion of existing specialised facilities to cover more districts, together with an upgrading of the training college for specialist teachers of CSEN.

Expansion of Specialised Provision 1982–2007: Constraints, Progress and Challenges

This expansion programme was retarded by a number of factors. These include not only general resource constraints arising from a severe, national economic recession, but also refocusing of the principle of affirmative action to ensure equity to prioritise action to redress the disadvantages faced by girls (PAGE) (Programme to Advance Girls' Education), and by children orphaned by the AIDS pandemic (OVC) (Orphans and Vulnerable Children).

Following the slump in industrial demand for copper in the mid-1970s in the wake of the OPEC crisis, the Zambian economy went into a deep and prolonged depression that undermined a number of progressive programmes of national development, including the expansion of educational provision. As the World Bank (2007, pp. 3–5) put it, by the end of the 1990s,

> stagnant enrollment rates and … poor learning outcomes were two key issues, which were affected by the shortage and poor conditions of classrooms, lack of teaching and learning materials, and limited number of programmes to support the education of the poor. Prevalent malnourishment and poor health condition of many children led to poor readiness to learn at school. In the meantime, domestic financing of education was extremely constrained by the unfavourable macro conditions. School fees kept the children from poor households out of school. In addition, external aids were fragmented and their effectiveness was in question.

Aimed at reforming macro policies and stimulating growth, in 1998 the government reached agreement with the International Monetary Fund (IMF) and the World Bank on a three year (1999–2001) macro-economic and fiscal framework, to be supported by a structural adjustment credit from the Bank, and an 'Enhanced Structural Adjustment Facility' (ESAF) arrangement with the IMF. In the meantime, the government put in place sector investment programmes in education and health in order to reverse the decline of social sector performance and reduce poverty. Strategies and plans for a 'Basic Education Sub-Sector Investment Program (BESSIP)' were developed over a three-year period. The process was led by the Ministry of Education, with support from multilateral and bilateral financing agencies and key stakeholders. The preparation process culminated in an agreed Joint Appraisal Report in September 1998. The Bank's involvement in supporting the basic education in Zambia was consistent with the Country Assistant Strategy (CAS). The overriding CAS objective was poverty reduction through increasing targeted assistance to the poor and improving public sector efficiency in social service delivery. The CAS envisaged an education sector programme providing a policy framework which would allow greater access and improved quality of primary services to benefit the poor.

The main objectives of BESSIP were to: (1) provide relevant education for all children in relevant age range and particularly for disadvantaged groups, with gross enrollment rates increase to100 per cent and net enrollment rates increase to 90 per cent; (2) improve learning outcomes for all children with achievement scores in ongoing national assessment showing improvement over scores in preceding assessments…. The primary target beneficiaries are the children of basic education age groups, particularly those from rural and poor households where schools were not accessible and affordable. The teachers in basic schools also benefit as they will be supported in improving their qualification and teaching capacity.

BESSIP had five main components:

(a) Primary Teaching/Learning/Readiness component covered classroom teaching/learning and related support to enable children at risk to attend school and persist in school. Four sub-components included the following:

(a1) instructional material sub-component supported textbooks supply and capacity building in decentralization of responsibilities for textbooks selection and purchase to schools;
(a2) school health and nutrition sub-component supported a baseline study of school children's health and nutrition, and pilot interventions on food supplementation, micro-nutrient provision and de-worming;
(a3) equity and bursaries sub-component expanded the bursaries to girls under the 'Programme for the Advancement of Girl's Education' to all provinces. It also supports the schooling of the 'children at risk'; and
(a4) teacher's deployment and compensation sub-component supported teacher employment and deployment, covering the teachers' salaries and other compensation.

(b) Primary school infrastructure supported demand-driven community construction modality managed by Micro Projects Unit of the Ministry of Finance.
(c) Teacher-training components included the implementation of a comprehensive pre-service and in-service teacher education reform programme; provision of accelerated in-service training to teachers delivered through provincial and district resource centres; and rehabilitation of teacher-training colleges.
(d) Curriculum-development component supported the revision of basic school curriculum to emphasise the core skills of literacy and numeracy; and the design, piloting of new instrument for curriculum and learning assessment.
(e) Administration and capacity-building component supported training and advisory services to assist the Ministry of Education in restructuring, decentralization, improving planning, monitoring and evaluation functions and strengthening EMIS (Educational Management Information System).

It is noteworthy that, despite including equity and affirmative action for the disadvantaged, among its objectives, this massively funded initiative[1] made no explicit reference to the special educational needs of children with disabilities. Thus, on the one hand, 'BESSIP responded to the Government's priorities and CAS objectives of improving basic service delivery to the poor <and> aimed at providing learning opportunities to pupils who were excluded from basic education and improving the education quality' (World Bank, 2007). Yet when it came to indicators of impact, learning outcomes for disabled children (one category of Zambia's children known to be exceptionally disadvantaged in access to basic education) were notably absent.

'The BESSIP PDO indicators include the Grade 1–7 enrollment and students' performance improvement in national assessment.' And by this criterion, the programme was quite conspicuously successful.

> From 1999 to 2005, the gross enrollment rate increased from 85 per cent to 119 per cent, representing nearly 10 per cent annual growth. The net enrollment rate increased from 71 per cent to 96 per cent during the same period. Both indicators exceeded the PDO targets. The investment under BESSIP ensured that there were increased school places to accommodate enrollment expansion. From 2001–2005, IDA credit financed the construction of 2,924 new classrooms and 1,945 teachers' houses, and the rehabilitation of 2,992 classrooms and 1,366 teachers' houses. IDA funding contributed to 65 per cent of the total classrooms and teachers' houses constructed and rehabilitated under BESSIP. About 33 per cent of the construction took place in urban areas and 67 per cent in rural areas. The quality of education in terms of student learning outcomes has also improved. The increased provision of learning materials strengthened teacher training, and other investments in key education inputs to maintain and further improve the teaching the learning quality ensured that the vast expansion of basic education coverage were not at the cost of education quality. According to the National Assessment Survey Report 2003, both English and Mathematics scores improved from 33 per cent to 34 per cent and from 34 per cent to 38 per cent respectively from 1999 to 2003. From 2000 to 2006, IDA funds provided 6,044,135 copies of textbooks and teacher guides. The 2003 National Assessment Survey indicated that there were very few pupils (0.1 per cent) who had no access to English and Mathematics textbooks by 2003, comparing with 3.4 per cent and 14.7 per cent respectively in 2001. (World Bank, 2007, pp. 3–5)

Although, the World Bank claimed that BESSIP 'was guided by the Government's policy document: "Educating Our Future: National Policy on Education" (World Bank, 1997, p. 3), which focused on providing relevant basic education of good quality to all children', in practice it diverted attention from the national government document's explicit plans for the development of a comprehensive programme of inclusive education for CSEN, in favour of a much heavier emphasis on targeting economically disadvantaged, rural communities (under the banner of poverty reduction—PRSP) and girls (under the banner of the Programme to Advance Girls' Education—PAGE). The majoritarian philosophy informing BESSIP affords little or no opportunity for attaching priority to

fine-tuning educational provision to the unique individual needs of learners with challenging disabilities. As a result, in the context of intense focusing of energies around the criteria to which the BESSIP programme was held accountable by Zambia's international cooperating partners (the so-called 'Donor Community'), opportunities were seldom found for elaborating policy options and implementation strategies addressed directly to the special needs of such pupils.

Next, in the late 1990s, hard on the heels of the Poverty Reduction Strategy Programme (PRSP), and the Programme to Advance Girls' Education (PAGE) came yet another powerful advocacy movement on behalf of children orphaned by the HIV and AIDS pandemic. Affirmative action for orphans and vulnerable children (OVC) became a significant preoccupation of the Ministry of Education in the early years of the 21st century, giving rise to important socially protective policies in a number of institutions, but also to a number of anomalies and distortions, allowing children and youth from well-to-do families to invoke orphanhood as a basis for financial aid sometimes at the expense of more needy individuals.

Despite these various competing priorities, quantitative and qualitative enhancements in the provision of special education for children with disabilities did make significant advances during the 25-year period under review. Only incomplete data are currently available on the exact rate at which the expansion was achieved. But from a base of less than 20 units in 1982, the complement had grown to 51 by 1995, and to 149 by 2007 (of which 93 were dedicated to meeting the special educational needs of children with learning disabilities, nine to those of children with visual impairment, 31 hearing impairment and 16 physical disabilities). Unfortunately, data are not yet available to show the total number of children enrolled in 1997 in these units combined, or in the 17 remaining separate schools for children with disabilities (down from 28 in 1995).

Two features of the data currently available stand out as possible distortions: the relatively small class sizes that predominate in the special education units, and an unbalanced distribution of facilities catering for CSEN across urban and rural areas (see Table 3).

In the returns to our questionnaire survey of teachers posted to units in five of the nine provinces since 1990 (described later), the majority reported that they were responsible for teaching a class of less than 10 children. In order to appreciate just how privileged a pupil–teacher ratio

Table 3. Regional Distribution of Basic Schools and Facilities for CSEN in 2007

(a) in the four most urbanised provinces of Zambia (accounting for 53% of Grades 1–7 enrollment)

	Lusaka	Copperbelt	Central	Southern	Total Zambia
Grades 1–7 school enrolment	376,740	534,72	367,520	422,828	3,166,310
% basic schools classified as rural	37%	551%	88%	90%	85%
N urban basic schools	350	439	111	105	1231
N rural basic schools	204	459	864	994	6782
Total N basic schools	554	898	957	1099	8013
N special schools (SS) for CSEN	3	3	0	2	17
N Basic school Units (U) for CSEN	27	43	17	8	149
Total CSEN facilities	30	46	17	10	166
For children with Learning/Dis (U)	23	24	14	4	4
(SS)	2	0	0	0	0
For multiple types of Imp/Dis (SS)	1	0	0	2	5
For children with Hearing/Imp (U)	3	14	1	1	32
(SS)	0	1	0	0	0
For children with Visual/Imp (U)	0	1	2	2	14
(SS)	0	1	0	0	0
For children with Phys/Dis (U)	1	4	0	1	17
(SS)	0	1	0	0	0
% basic schools catering for CSEN	5%	5%	2%	1%	2%

(*Table 3 continued*)

(*Table 3 continued*)

(b) in the five least urbanised provinces of Zambia (accounting for 47% of Grades 1–7 enrollment)

	Eastern	Northern	Luapula	North-western	Western
Grades 1–7 school enrolment	353,657	437,577	245,597	210,889	216,777
% basic schools classified as rural	96%	95%	93%	96%	95%
N urban basic schools	47	68	46	25	40
N rural basic schools	1,033	1,334	584	604	724
Total N basic schools	1,080	1,402	630	629	764
N Special Schools (SS) for CSEN	2	3	2	0	2
N Basic school Units (U) for CSEN	9	12	11	11	11
Total CSEN facilities (SS+U)	11	15	13	11	13
For children with Learning/Dis (U)	6	5	8	4	5
For children with Hearing/Imp (U)	1	5	1	5	0
(SS)	1	1	0	0	1
For children with Visual/Imp (U)	0	2	2	0	0
(SS)	1	1	1		1
For children with Phys/Dis (U)	2	0	0	2	6
% basic schools catering for CSEN	1%	1%	2%	2%	2%

this constitutes a comparison can be made with the pupil–teacher ratios in public schools nationwide in 2007. According to a circular distributed to the managers of Lusaka schools by the ministry, the ratio in Grades 1–4 was 62 in Lusaka province and 75 across the nation, while for Grades 1–9 the corresponding ratios were 43 and 50, respectively. The facility in Lusaka where this circular was posted on the notice-board of the manager's office was offering special education to 177 CSEN with a complement of 30 teachers (26 of whom had received specialist training), and an overall pupil–teacher ratio of 2.

Table 3, which presents the distribution of basic schools and CSEN facilities in Zambia in 2007, shows that the two most urbanised provinces have disproportionately more facilities containing for CSEN. Lusaka and Copperbelt provinces have a total of about 1,500 primary and basic schools between them, representing 18 per cent of the total nationwide. And the total enrollment in Grades 1–7 in the two provinces amounted to nearly 800,000 or 28 per cent of the total nationwide. For grades 1–9 enrollment in the two provinces amounts to over 900,000 or 29 per cent of the nationwide total. When we examine the number of basic schools in each province that are either fully dedicated to CSEN or include a specialised unit for CSEN, Lusaka and the Copperbelt account for 76 of the facilities out of a total of 166, i.e., 46 per cent. And this translates into a significantly higher proportion of Basic Schools catering to CSEN in these provinces: c. 5 per cent as compared with 1–2 per cent in the other provinces.

Another important dimension of the provision at this point in history is whether it is catering in an equitable manner to the different needs of learners with different types of disability. The largest category of special needs catered for by these facilities is that of children with Learning Disabilities (LD) with 95 facilities nationwide (49 in Lusaka or Copperbelt province), followed by children with Hearing Impairment (HI) with 35 facilities (18 in Lusaka or Copperbelt province), then 17 (6) for children with so-called Physical Disabilities (PD), i.e., impaired motoric functions, and finally 14 (2) for those with visual impairment (VI). Informative comparison of this distribution with the epidemiological estimates generated by the national campaign in 1982 would require a more detailed breakdown of the categories of disability manifested by the children currently enrolled in special education programmes.

Training and Deployment of Specialised Teachers of CSEN: Experience and Coping Strategies in the Field

In 1995, training at the Lusaka College for Teachers of the Handicapped (LCTH) was upgraded from a one-year certificate programme to a two-year diploma programme. The institution was renamed the Zambia Institute of Special Education (ZAMISE) and became institutionally affiliated to the University of Zambia, which moderates the examinations and underwrites the diplomas. From 1995–2008 a total of 605 teachers were awarded Diplomas in Special Education by ZAMISE. Between 1971 and 1995, the LCTH had awarded Certificates in Special Education to about 2,300 teachers, some of whom were still serving in 2008. In 2005, the Institute undertook a major curriculum revision, moving from its previous practice of training single-disability-specialists to training its graduates in holistic special education.

A short survey was conducted in October–November 2008 with the assistance of lecturers at ZAMISE. The aim of the survey was to find out the level of experience held by the teachers within the field of special education and their coping strategies whilst working in schools with CSEN. Lecturers administered the questionnaire to serving teachers during an inspection tour undertaken to assess the performance of current ZAMISE students who were posted for teaching practice to various units around the country.

The respondents to the questionnaire thus constituted a convenience sample of serving teachers who are graduates of the ZAMISE. These teachers were working or had worked with children who have special needs in various schools around the country. The sample comprised 19 participants (10 men, 9 women), in the age-range 30–59 years. They were recruited from five of the nation's nine provinces: Lusaka, Copperbelt, Central, Southern and Western. A focus group discussion covering the following topics was held with 10 lecturers at ZAMISE in October 2008: training of special education teachers at ZAMISE, deployment and placement of these teachers, skills training of children with special needs, their perspectives on inclusive education, and what they thought the role of NGOs and government should be in the area of special education.

The questionnaire included a total of 19 questions, some open-ended, others multiple-choice, and was divided into two sections: the first relating to background information, the second relating to experience and coping strategies. The responses collected were tabulated according to the periods during which the participants received their training. Two time frames were selected: before 1998, and between 1998 and 2007. All of the participants who graduated before 1998 were specialised in special education for just one of the following categories: learning-disabled, visual impairment, hearing impairment, physical impairment but never a combination. Among those who graduated between 1998 and 2007, about one-third was trained in more than one area of specialisation.

Most of the respondents stated that the training they received from ZAMISE was excellent preparation for their first posting, especially among those who graduated since 1998. In addition to their formal training, several of the teachers, especially among those who graduated before 1998, reported having obtained a variety of other kinds of professional experience, relevant for teaching CSEN, including assessment of CSEN, guidance and counselling, physiotherapy and epilepsy programmes, making of learning and teaching materials, membership of a self-advocacy organisation of disabled persons and sports. The commonest type of prior experience cited was working as a primary school teacher, cited by about a quarter of each group.

Those who graduated before 1998 had found more resources in the areas where they had first been posted than in the group that graduated since 1998. Most of the more recent cohort stated that they had found no specialised educational resources at their disposal on arrival at their first posting after graduation from ZAMISE, and more than half said the same of their second posting. Braille materials were the most often cited resource found on site. Both groups reported improvising and fund-raising to complement the limited resources they found.

As for opportunities outside the scope of hands-on classroom teaching, the most frequently endorsed was the opportunity to advocate for children with special needs, with more than half the sample stating that they had many opportunities to do so by advising/helping families enrol their children and by advising/helping teachers/school managers to cater for CSEN.

Regarding how they specifically acted as advocates for CSEN, both groups reported that much of this was done through the process of sensitisation of the community, school pupils, teachers and school administration. The questionnaire also requested each teacher to make an estimate, since completion of his or her training at ZAMISE, of

(a) How often have you been able to assist another teacher (who had less specialised training than you) to cater effectively to the special needs of a CSEN enrolled in a mainstream class?
(b) How often have you been able to assist the family/parents CSEN to cater effectively to his/her special education/developmental needs at home or in the community settings away from school?

A choice was offered among five alternative responses: more than 20 cases, 10–20 cases, 5–9 cases, 1–4 cases, none. In response to question (a) about helping a less specialised teacher in a mainstream class, only 8 out of 19 respondents chose the highest frequency estimate of over 20 cases (four in the earlier trained cohort, and four in the later cohort), while four chose 10–20 cases, two chose 5–9 cases and five chose 1–4 cases. In response to question (b) about helping a family in a community setting, again only eight (half in each group) chose the frequency estimate of over 20 cases, four chose 10–20 cases, two chose 5–9 cases, three chose 1–4 cases, and two chose none.

When asked for additional comments or suggestions, both groups gave a variety of replies. Those who graduated before 1998 emphasised the need for more trained teachers and infrastructure, as well as increased learning and teaching materials. Those who graduated since 1998 placed greater emphasis on sensitisation, on improved teaching and learning materials and infrastructure and on the need for teachers of CSEN to be given more incentives in order for them to be better motivated to do their work.

The focus group discussion with the ZAMISE lecturers highlighted the need for government to facilitate the integration of high-achieving CSEN into society by assisting to further their education, creating employment for them or increasing the number of vocational and technical institutions to which they could be admitted. This would not only improve the image society has about CSEN, but it would also increase the morale

and motivation of both the pupils and the teachers in this sector as well as give hope to other CSEN that they have a place in society.

Responses to the survey showed that the CSEN teachers trained in the earlier period only received training for addressing the special needs of children with one particular type of disability, whereas the group that had received training more recently had acquired a wider range of specialised educational skills. This disparity reflects a deliberate change in the curriculum at ZAMISE. From 2006, the Institute changed its curriculum from a specialised type of approach to a more holistic approach where students were given training in all the different areas of disability instead of just specialising in one area. This change was necessitated by the observation that after students graduated from the training institution (ZAMISE) they were in some instances deployed to areas that did not have a unit for pupils with the type of special needs in which the teacher had specialised. Furthermore, the range of children enrolled in special units usually includes children with a wide range of impairments instead of one type. Based on these observations, the Institute decided that it was imperative that a holistic approach be made a part of the curriculum so as to better equip the teachers to teach and interact with children who have various types of impairment. It is noteworthy, however, that whether the teachers received training in the holistic approach or not, they considered their training had adequately prepared them for the challenges they encountered at work.

The fact that teachers during their first posting found very little or no specialised teaching resources on site highlights the need for more investment in such resources. The difference between the responses of the two cohorts suggests that these units had some equipment when they were initially established, which became dilapidated over time and was never replaced, thereby making teaching a challenge for the teachers. One of the most pressing issues, based on the suggestions and comments made by the teachers, is the need for improved infrastructure, teaching and learning materials, followed by the need for an increased number of trained special education teachers.

Teacher motivation was also highlighted by the teachers, who indicated that special education teachers are not given enough incentives to continue working within the field of special education. The focus group

discussion with lecturers at ZAMISE acknowledged a trend for many specialist-trained teachers to prefer to become a part of the school administration, which is less demanding and more rewarding than teaching in a special education unit. Several lecturers expressed the view that the preparation of special education teachers at the Institute should not only be theory based, but should also include a much more practical side to it than is currently being offered. It was also suggested that the selection of individuals for specialist training should place greater emphasis on professional interest in and vocational motivation for the field of special education than on prospects of monetary reward.

The issue of sustainable motivation appears to be crucial, considering the amount of hard work, patience and commitment that goes into caring and teaching CSEN. Most of the special education teachers in our sample first became teachers in the mainstream. Their responses to the questionnaire showed that they came from varying backgrounds and brought with them a variety of valuable skills in addition to those of teaching. For example, experience in physiotherapy, epilepsy programmes, guidance and counselling or school sports can prove very valuable when working with CSEN. Moreover, many of the suggestions and comments made by respondents to the survey reflected a strong interest, commitment and drive to improve the lives of the children with whom they work.

Towards Greater Coordination and Harmonisation of Complementary Strategies

Although the teachers surveyed were all in post at specialised units, they were clearly aware of the fact that Zambia has been embarking on various programmes to implement inclusive education in all the schools. Understandably, they considered that all inclusive schools should have specialised teachers deployed to them to help deal with children who may have special needs within the classrooms.

Apart from their responsibility for teaching children with special needs within the units, the specialised teachers surveyed acknowledged that they have opportunities to conduct other activities that can improve the learning process of children with special educational needs (CSEN)

as well as educate the community, parents, other teachers and school managers on the needs of CSEN and how best those needs can be met. Most of them indicated that they have experienced a number of instances when they have been approached by their fellow teachers who are not trained in special education, or by the school administration, by parents or by the community, to render assistance within the area of special education. These opportunities have provided a platform for teachers to conduct sensitisation, and to advocate for more funding for the area of special education and improved infrastructure as well as teaching and learning materials. Even more important is the fact that these opportunities have given the specialised teachers further opportunities to be involved in community-based rehabilitation programmes within their areas. Yet a close examination of the frequencies with which many of these experienced teachers remembered having encountered such opportunities to engage with educational challenges in mainstream classes or in children's home and community settings revealed that, despite most of them having completed several years of service, less than half the sample estimated they had more than 20 opportunities to assist a mainstream teacher to cater to the needs of a CSEN or to assist a CSEN's parent or family to cater effectively to his/her special education/developmental needs at home or in the community settings away from school. This suggests that the training of such teachers might benefit in future from more explicit orientation to such outreach responsibilities. Over and above their general goodwill, specialist teachers may benefit from learning some explicit skills and strategies in the fields of communication and community mobilisation.

On a broader level, the following principles proposed in the Salamanca Framework for action on special needs education (UNESCO, 1994) seem of particular relevance to the current situation in Zambia.

> The situation regarding special needs education varies enormously from one country to another. There are, for example, countries that have well established systems of special schools for those with specific impairments. Such special schools can represent a valuable resource for the development of inclusive schools. The staff of these special institutions possess the expertise needed for early screening and identification of children with disabilities. Special schools can also serve as training and resource centres for staff in regular schools… (Article 9) (UNESCO, 2007, p. 12).

> There should be a continuum of support and services to match the continuum of special needs encountered in every school (Article 7) (UNESCO, 2007, p. 12).
>
> Within inclusive schools, children with special educational needs should receive whatever extra support they may require to ensure their effective education (Article 8) (UNESCO, 2007, p. 12).
>
> Educational policies at all levels, from the national to the local, should stipulate that a child with a disability should attend the neighbourhood school, that is, the school that would be attended if the child did not have a disability. Exceptions to this rule should be considered on a case-by-case basis where only education in a special school or establishment can be shown to meet the needs of the individual child (Article 18) (UNESCO, 2007, pp. 17–18).
>
> Educational policies should take full account of individual differences and situations. The importance of sign language as the medium of communication among the deaf, for example, should be recognised and provision made to ensure that all deaf persons have access to education in their national sign language. Owing to the particular communication needs of deaf and deaf/blind persons, their education may be more suitably provided in special schools or special classes and units in mainstream schools (Article 21) (UNESCO, 2007, p. 18).

Taken together, these selected principles point to the need for specialist teachers of CSEN and the teachers and managers of mainstream schools to recognise not only the complementarity of their perspectives but also their interdependence and opportunities for close cooperation. New forms of training may be needed both for mainstream teachers and prospective school managers and for special education teachers to highlight methods of collaboration that would be of mutual benefit and of particular benefit to the children and families they are mandated to serve.

It is clear, for instance, that the mainstream preoccupations with economic and gender equity have a direct bearing on the needs of CSEN. Another area of collaboration that may become of special interest in the coming decade as the Zambian government moves into the provision of Early Childhood Development Care and Education, as is proposed in the fifth national development plan (GRZ, 2007), is the unique opportunity such provision affords for early, secondary preventive education for children at risk for disabilities (Serpell and Nabuzoka, 1991).

Finally, we would emphasise that both public policies and professional practices in the field of education for CSEN have evolved dramatically over the past century, and are likely to continue to do so in the light of scientific research. There is much still to be learned, both in Zambia and abroad about what works best for particular types of disability. Rather than confrontation over ideology, collaboration in a spirit of mutual respect and openness is the best way forward to resolve the many outstanding differences of opinion about what should be the provision offered to CSEN for the optimisation of their development and that of the families and communities in which they live. Government can facilitate the discovery of new solutions by following the recommendation of Article 23 (UNESCO, 2007, p. 19) of the Salamanca Framework:

> Progress towards inclusion should be carefully monitored through the collection of statistics capable of revealing the number of students with disabilities who benefit from resources, expertise and equipment intended for special needs education as well as the number of students with special educational needs enrolled in regular schools.[2]

Notes

1. The total BESSIP cost was estimated at US$ 340 million for 1999, 2000 and 2001, with US$ 167 million financed by GRZ, 40 million by IDA and 127 million by other development partners including ADB, DANIDA, EU, DfID, Finland, Irish Aid, JICA, Netherlands, Norway, OPEC, SIDA, UNDP, UNICEF, USAID and WFP. There was a financing gap of US$ 6 million in 2001 at appraisal.
2. We have presented elsewhere concrete proposals to the Zambian government's Ministry of Education for improving the collection and reporting of such statistics, and for enhancing the training and deployment of specialist teachers to enable them to contribute to the accurate identification of CSEN in mainstream classes and to provide more support to their less specialised teacher colleagues and to the children's families at home (Serpell and Jere-Folotiya, 2010).

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