

The role of CBR in introducing Inclusive Education in KwaZulu Natal (KZN) by Nokulunga Radebe

INTRODUCTION

Children of all age groups can learn if barriers to learning are adequately addressed. However in lower Umfolozi (Nongoma and Mahlabathini areas) there are a lot of learners who are not attending school due to disability, the impact of HIV / AIDS, parents' cultural beliefs and being above the school going age.

This document highlights the role of Community Based Rehabilitation (CBR) in introducing inclusive education pilot project so that communities can support the project. It is based on my experience as a Community Based Rehabilitation Facilitator (CRF)

COMMUNITY ENTRY

The process of working with the communities around the education pilot schools in the nodal areas began with entering into each community. In Nongoma I made contact with the principals of Zamimpilo and Bhaqa Primary schools as well as with Community Health Workers (CHWs) through Ceza and Nkonjeni hospitals. The principals and the CHWs guided me on which community leaders to meet with and the best ways to approach them. The principals and the Facilitator for CHW and the CHWs accompanied me to the 'izinduna' to introduce myself and the implementation of the project. The izinduna then approached amakhosi (chiefs) and the ward councillors. I worked in the communities of Kwaceza, Mhlahlane and some areas of Mahlabathini in Nongoma district.

I also worked in Pine town district in Inanda, Kwamashu and Ntuzuma. Amaoti Disabled Peoples Organisation (ADPO) assisted me to approach the community in Inanda. Through ADPO I was introduced to the ward councillors, the development committee and HIV/AIDS groups. The deputy principal of Sondelani School was helpful in introducing me to the ward councillors for Ntuzuma. The staff member of Khalipha special school who is responsible for community liaison was able to introduce me to the ward councillors and KwaMashu Poly clinic.

I experienced some difficulties in Empangeni district with approaching the community of Enseleni and Kwa Mthethwa. Long after speaking to the traditional house members in Ngwelezane I was unable to approach the community, as the traditional house members expressed their discontent with the selection of Dover Combined School as full Service School as they were not involved in the initial selection of schools.

It took a while before a member of staff of PGSES suggested an alternative way to approach community. Through the Assistant Director for the CHW programme at the District Health Office in Enseleni I was able to link with the CHW facilitator at the clinic, the CHWs and the Health Forum in the community. The CHWs, the CRF student and Health Forum all assisted me to approach the "Amakhosi" and traditional leaders council "umkhandlu"

Working with stakeholders in the community

On gaining access to each community I:

- identified a number of key stakeholders in each community with the help of the community leaders and others. These stakeholders included CHWs, parents, DPOs, organisation of parents of disabled children, the development committee, home based carers, organisations of people living with AIDS and health forum.
- held meetings with many of these different groups of stakeholders, as well as holding larger community meetings and running workshops for CHWs and Home Based Carers (HBC) on disability related issues. During these work shops we discussed disability related issues of inclusive education, types of learning barrier s and the importance of integration of learners experiencing barriers into mainstream schools were discussed. I also covered the main components of inclusive education as outlined in Education White Paper 6.
- included awareness of disability issues and HIV/AIDS during the meetings. Where parents of learners attending meetings, I also encouraged them to get involved in the education of their children.

In Nongoma, I was also specifically asked by the facilitator for CHWs to conduct disability awareness workshops. I conducted workshops for three groups of CHWs. I also facilitated a disability awareness workshop in the Empangeni district.

ACHIEVEMENTS

Working in these districts was a success, I noted the following:

Over 400 people attended meetings / workshop. Communities became more informed about inclusive education, its implications for parents, community members and other stakeholders.

The involvement of CHW in the implementation of inclusive education resulted in combined efforts. In conducting disability awareness workshops and sharing information on inclusive education. Currently one of the CHWs in the Nongoma district has started identifying and locating out of school learners. Who will need the assistance of the department of education for their needs to be addressed . In addition, near Ulundi, one CHW has initiated a pre -school that is inclusive of both disabled and non-disabled children in the community. Community leaders and key officials from the Department of Health (DOH) in the different district have co-operated well with the me and KIEP. Following the meeting that was convened in Enseleni, all stakeholders committed themselves to conducting HIV/AIDS and disability awareness in the schools around the community.

CONCLUSION

From experience, I can confidently say that CBR plays an important role in the integration of children experiencing barriers to learning. In view of this, I would like to recommend to the Department Of Education (DOE) to continue supporting the District in the nodal areas. It could be beneficial for each DST to designate a person or a committee that will be responsible for community liaison activities. I would like to propose that as the

implementation of inclusive education gets underway. There should be regular feedback and consultation with communities in order to ensure support for inclusive