



Journal of
**Developing Country
Studies**
(JDCS)

Community Driven Initiatives for The Enrolment of Children with
Disability in Ghana



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Accepted: 11th Apr 2023 Received in Revised Form: 30th Apr 2023 Published: 8th May 2023

Abstract

Purpose: The purpose of this study was to determine nature of participation and the contributions local communities make in the enrolment of children with disability in schools in the Jirapa District of Ghana. The study was anchored on the concern that inspite of the importance of inclusive education, globally, 258 million children, majority with disability are out of school. About 400,000 of these are in Ghana.

Methodology: A case study design was employed with a sample size of 72 respondents drawn from parents who had their children in the basic public schools, community leaders, School Management Committees and Parent Teacher Associations, head teachers, class teachers and pupils from 10 communities and their public primary schools. Through thematic analysis of the qualitative data and descriptive statistics of enrolment records the study the awareness and specific contributions and best practices from community members and actual number of children with disability who have been enrolled in school.

Findings: The study revealed a high level of community awareness regarding children with disability while community participation and their contributions manifested in mapping, house to house enrolment drives and sensitization forums as these addressed stigma and discrimination against children with disability and their families, ultimately resulting in the former's enrolment in school.

Contribution to theory, practice and policy: The findings provide more empirical evidence regarding specific contributions of local communities in the realisation of the provisions of Ghana's Inclusive Education Policy. Globally, best practices such as community mapping as revealed by the study can contribute significantly to the attainment of the Sustainable Development

Goal 4 which seeks to ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.

Keywords: *Disability, ESONG, Ghana, Mapping, Best practice*

1.0 INTRODUCTION

Globally, the inclusion of persons with disability in all spheres of life is believed to contribute to the realization of a just society. When education, which represents a central sphere, is inclusive it increases the likelihood that children with disability will persist through all other stages of life (Mezzanotte, 2022 and The European Agency for Special Needs and Inclusive Education, 2018). On the contrary, when children with disabilities are deprived of education, they become isolated, marginalized and this affects other opportunities later in life (Gomda et al., 2022). The inclusion of children with disability in education assumes centrality in the Agenda 2030 of Sustainable Development Goals. In the view of the United Nations (2022), an expressive participation of all children with disabilities in all their diversity in schooling ought to extend beyond the school to include communities in which learners live as that creates a welcoming and nurturing opportunity to thrive to their optimum capacities.

Notwithstanding the importance, about 258 million children, majority with disability are out of school. In Central Europe and Central Asia, 75% of children with disability are excluded from quality education. In Sub-Saharan Africa, over 93 million children remain excluded from education (UNESCO, 2017; Quentin et al., 2018 and UNICEF, 2019). In Ghana, over 400,000 children still miss out on the school system and one in eight of these have a disability. The dominant forms of disability are visual impairment, physical disability, hearing impairment, intellectual, deaf-blind and multiple (Ghana Statistical Service, 2021; UNICEF, 2019 and Ministry of Education, 2015).

Inadequate disability-friendly systems, and educational inputs shape the exclusion of children with disability. Education systems characterized by low priority, inadequacies in policy and legal support often result in inadequate resources and facilities which may continue to obstruct the realization of true inclusion (UNICEF, 2019). Also, majority of school systems are still plagued by lack of specialized staff, poor teacher preparation, and are unacceptably ill-equipped in terms of teaching aids. These lapses are believed to prevent children with disability from enrolling in school and where they do, they are exposed to inappropriate and inadequate specialized attention (Nyaaba, Aboyinga & Akanzire, 2021). Mutakubwa (2022) observes that beyond the school environment, cultural norms continue to pose great barriers to quality inclusive education particularly for children who have disabilities. Some cultures still demonstrate engrained negative beliefs about disability to an extent some associate it with sorcery and magical powers (Nketsia, 2019). The COVID19 pandemic with the associated restrictions on social interactions globally

further exclude children with disability from enjoying an unimpeded access to quality learning (Madhesh, 2021).

The approaches for addressing the barriers to the education of children with disability vary and remain highly contested. The enactment of the Standard Rules on the Equalization of Opportunities for Persons with Disabilities (1993) and the United Nations Convention on the Rights of Persons with Disabilities (2006) are notable approaches that provide a significant leap from viewing persons with disability historically as welfare recipients to rights holders with a claim to the right to education without discrimination. The Sustainable Development Goal 4 also provides for the completion of free, equitable and quality primary and secondary education for all children (United Nations, 2020).

In Ghana, the creation of spaces that guarantee the active participation of children with all forms of disabilities in education and social life has long been advocated (Ministry of Education, 2015). The Inclusive Education Policy of Ghana recognises the continuous existence of special schools as centres for the education of children with profound disability while placing greater emphasis on making regular and mainstream schools everywhere more conducive for all learners, including those with mild disability (Ministry of Education, 2015). However, in practice the special and inclusive education system currently caters for only three categories of students with disabilities namely the deaf and hard of hearing, the blind and learners with intellectual disabilities (Ametepee and Anastasiou, 2015).

The implementation of a pilot project on sensitization on disability, assessment of school children and training of teachers on management of learners with special needs in 529 schools in 34 districts across Ghana and the Universal Design For Learning initiative which targeted 15 first grade teachers, head teachers and district-level staff are recent initiatives seeking to promote the inclusion of children with disability in education (Ministry of Education, 2015 and UNICEF, 2022).

Beyond the lead role of central government, local buy-in is paramount and advocated as a success factor attaining inclusivity in Ghana's education system. Efforts in reaching out to other stakeholders and the adoption of best practices particularly in local communities where state led involvement may be limited or non-existent are mechanisms for securing local buy-in (UNICEF, 2019 and Ministry Of Education, 2015). However, limited evidence exists regarding the awareness and the specific contribution of such communities particularly in the enrolment and support to children with disability. Therefore, the objective of the study was to determine the contributions of communities to the enrolment and support to children with disability. Answers to the following questions enabled the realisation of the objective of the study;

1. To what extent are community members aware about the forms of disability among children living in their communities?

2. In what ways do communities contribute to the efforts to include children with disability in schools?
3. What best practices emerge through the participation of communities that may shape efforts at deepening the inclusion of children with disability in school and in social life?

2.0 COMMUNITY DRIVEN DEVELOPMENT APPROACH

Under Community Driven Approach, development is grounded in the control of the development process, resources and decision making authority directly to groups in the community (World Bank, 2021 and Chaudhry, 2005). The poor and their local groups or institutions are viewed no longer as mere targets for development but assets and partners in the development process with primary responsibility for the control of planning decisions and investment resources (Adusie-Asante and Hancock, 2012). The role of local government becomes critical where it exists and has obligation to support changes in the communities.

Beyond their challenges, communities often have inherent strengths and are the best judges of how their lives and livelihoods can be improved. Equipped with adequate information, they can effectively organize themselves to identify, prioritise and address local problems by working in partnerships. Communities are therefore no longer approached as passive recipients of interventions, but as active agents shaping their communities often with or without an external stimulus. Whether a need or idea emerges from the community or externally, community members own and drive the entire process of the intervention, from design through implementation, monitoring and accountability to ownership.

A Community Driven Development Approach provided promising directions to the key themes for understanding the participation and the relational responsibilities of community members. Awareness about their own needs and problems, problem identification, design, implementation, monitoring and ownership represented the key themes that framed the study. By community it implies a group of people living within a defined physical locality, accessing the same public basic school and bound by shared characteristics (Ghana Statistical Service, 2021 and Cobigo, Martin & Mcheimech, 2016). Participation among others reflected in community members' presence and role in specific efforts relative to decision making and or provision of financial and other material support. The Disability Act of Ghana, Act 715 (Republic of Ghana, 2006) and Inclusive Education Policy (Ministry of Education 2015) provided an understanding of children with disability and inclusion in education.

3.0 METHODS AND MATERIALS

The study employed a case study design based on its suitability in expanding understanding about a specific phenomenon and for examining social elements particularly by means of understanding, describing and relating case scenarios within a given context and period in time (O'Leary, 2004).

The qualitative aspect of the study comprised the awareness and viewpoints of community members and their contributory experiences regarding the enrolment and relational support to children with disability in education. The quantitative dimension was limited to actual enrolment of children with disability in school.

The study was conducted in selected communities and their schools in the Jirapa District of Ghana. The Jirapa District was selected as its geographic location along a major transnational route and predominantly rural nature offered some rich perspectives on how the communities were participating in disability inclusion in education. The total population of the district is 91,279, and 67.1% of these people rely on subsistence agriculture (GSS, 2021). An estimated 29,277 of these were within basic school going age.

There are 73 Kindergartens, 68 Primary Schools and only 45 Junior High Schools serving the entire district (Ghana Statistical Service, 2021). About 8,580 (9.4%) of people in the study district are believed to have one form of disability or the other. Close to 3.6% of the children aged 5 to 17 years and in school have a disability while 65.7% of the adults with disability have never attended school.

The study population comprised parents who had their children in the basic public schools, community leaders, School Management Committees and Parent Teacher Associations, head teachers, class teachers and pupils. Simple random sampling was employed in selecting one community and their public primary school from each of the ten circuits.

The sample size consisted of 30 parents, 10 community leaders, 10 head teachers, 20 teachers and two officers from the District Education Office, giving a total of 72 respondents. Through snowballing, three parents who had children with disability were selected from each community. All headteachers and the chiefs or their representatives were purposively selected. Also, two teachers were randomly selected from each school. These were teachers who had spent at least five years teaching in the same school and were believed to have an appreciable understanding about the community and the school. Similarly, two officers from the district education office were purposively selected due to their responsibilities as officers for special education.

Semi-structured interviews were conducted guided by one set of interview guide that contained both close and open-ended items. The data collection instrument and method were appropriate for the purpose of co-construction of knowledge, discussion and interpretations of disability around the respondents. In order to strengthen the evidence from the respondents, the study also conducted key informant interviews with the directors of two Non-Governmental Organisations and a director of education known for their involvement in the promotion of the education of children with disability and who had appreciable understanding about education and involvement in disability inclusion respectively.

Six focus group discussions were also conducted, yielding in-depth information regarding the lived experiences of the community members and also validating some of the responses obtained from the interviews. In each of the three communities where the focus groups took place, nine executive members of School Management Committees and Parent Teacher Associations participated in one group while seven learners with disability participated in the other. The executive members of the School Management Committees and Parents Teacher Associations were purposively selected while the learners were randomly selected from upper primary level to participate in the focus groups.

Additionally, enrolment data was sourced from school registers and community maps. The latter often depicted census data on children of school going age, with emphasis on those with disabilities. The data covered four years that were considered critical in the community efforts. These included 2012/2013 when most respondents reported the start of their active involvement in disability related efforts, 2015/2016 which marked the peak of most community efforts, 2019/2020 representing the year when there was no external assistance from the local NGO and 2021/2022 when the study was conducted.

Data collection lasted for three months, and was done mainly through face-to-face engagements. During the data collection, the author was mindful of quality assurance, ethical standards. The author also conducted the key informant interviews. Three trained field assistants, conducted the other interviews and focus group discussions. The choice of the field assistants was based on their understanding of the study context and their proficiency in the local language and sign language.

Guided by Braun and Clarke's (2006) notion of thematic analysis the key responses were reduced to codes and these were identified and described before the relevant linkages among the themes were established. Testimonies and quotations strengthened the presentation of key the qualitative data. While enrolment data were analysed and presented along frequency counts, simple percentages, graphs and charts.

As part of the ethical considerations, two senior researchers with expertise in community participation and inclusion thoroughly reviewed the instruments and field plan to improve the face and content validity. The review also ensured responsiveness to disability and conformity with standard applications of key concepts. Prior to the data collection, the researcher sought permission from the schools through the District Education Office and head teachers and also from community members through their leaders. All respondents gave their prior consent, verbally while in the case of the learners with disability who participated in the focus group discussion, their parents, or caregivers consented on their behalf. Special codes were also employed in anonymizing the identities of respondents and their communities particularly those that provided testimonies, quotations and other confidential information.

4.0 RESULTS

4.1 Demographic characteristics

The demographic characteristics revealed that 60% of respondents were males while 40% were females. Also, 12% of the respondents were persons with disability as contained in table 1.

4.2 Community Awareness

Over 80% of the respondents affirmed a general awareness about disability. On the specificity of their awareness, one in three respondents indicated their ability to identify a person with disability and the various types of disability. They could also explain the characteristic features and behavior of persons they may categorise as having a disability. Majority of the respondents explained that they have heard about and can also identify and describe people who have physical, visual and hearing disability. Only the head teachers, teachers and the officers from the district education office however confirmed being aware of the characteristics of other forms of disability particularly intellectual disability.

It can be observed from figure 1 that 65% of respondents gained their awareness and knowledge about disability issues through community and school-based events. Also, 14% of respondents identified radio and TV as the major source of awareness while 11% mentioned district level activities of association of persons with disability. Similar sources of awareness emerged from the focus group discussions with the members of the School Management Committees, Parent Teacher Associations and the children with disability. The other sources included social media, occasional meetings with the Department of Social Welfare and posters of the Ghana Health Service, Electoral Commission, National Health Insurance Authority and Livelihood Empowerment Against Poverty.

4.3 Local initiatives

(i) Local Government driven initiatives

A review of documents sourced from the District Assembly, District Education Office and also from key informant interviews revealed that material and financial assistance from the Municipal Assembly to persons with disability remains the dominant means of local government support to children with disability. In 2019, about 75 persons with disability including parents who had their children with disability in school benefited from this assistance. In 2020, about 86 persons benefited. Also, In the Medium-Term Plan, the Municipal Assembly made provision for financial assistance to 201 persons with disability, to be realised over the period 2021 and 2024 (Republic of Ghana, 2021). Data on details of the nature of assistance, particularly to children with disability and any other form of assistance from the local government was unavailable.

Also, at the district level, the Ghana Education Service has created a Special Education Unit with designated staff including District Special Needs Coordinators and Community Advocacy Officers with the mandate to drive the implementation of inclusive and special education interventions at

the district and school level. There are also general directives from the Ministry of Education to the Municipal Education Office to address the gaps in the needs of children with various forms of disabilities but no details nor plans on the actual ways of complying with the directives. In their narration, An Education Officer from the District Education Office provided the following;

‘In the absence of a comprehensive plan on the inclusion of children with disability, we occasionally carry out specific activities anytime the district is included in national disability projects. The most recent ones were sensitization on inclusive education in partnership with the Department of Social Welfare and Community Development and data that we collected on children with disability. That one, it is often Headquarters of Ghana Education Service or some NGOs like UNICEF that request them’. 17/02/2022

Also, the following represents a lived narration of another officer from the District Education Office;

‘As part of our work to promote inclusive education we ask all schools to submit data on children that have disability which we often submit to Accra for use for decision making. What I can also remember is that we received some small support which we used in partnership with Social Welfare to sensitise a few communities on the need for them to send their children with disability to school’. 17/02/2022

(ii) Community initiatives

In table 2, the top five initiatives identified as having contributed to active participation of communities in the education of children with disability over the last decade are presented. A diversity of individuals, groups of parents and or community members as well as disability and professional associations and civil society organisations initiated and implemented these.

From figure 2, it can be seen that all the respondents confirmed their involvement in one or more efforts that focused on disability issues. The length of their involvement varied from under one year to over ten years. The majority of respondents (54%) have been participating in disability related efforts for between five and ten years while 24% have been involved for periods lasting three to five years. The parents, community leaders and teachers were the majority of respondents with 5 to 10 years involvement in the efforts.

The data on figure 3 shows that, out of the nine identified types of involvement 93% of the parents and community leaders have participated more frequently in four key activities namely sensitization, school-based meetings, community mapping and house to house enrolment drives. About 94% of respondents mentioned meetings as what they participated in more frequently while 74%, 65% and 60% identified sensitization activities, monitoring and community mapping respectively. On the other hand, financial and material support and others such as leading some children with disability to seek specialist attention in health centres were the least frequently

undertaken. When asked during a focus group discussion regarding the nature of depth of their participation, an executive member of a Parent Teacher Association narrated the following;

‘The welfare of every member and the education of children with disability matter to us and we make efforts to sensitize members and support enrolment drives. Every now and then too we participate in community mapping. But there are some other activities which we do not participate in as frequently as what I have just mentioned. For those ones some parents and community members or donors do them and once in a while we support them. The only problem is that it’s only once in a while that some individuals or organizations, from NGOs and also politicians come to donate materials or funds to some of our members. Rotary Club once donated wheelchairs to a few school children, but we hardly get anything for the other children who also have disability. I also know sometime some SMC community members accompanied some disabled children to the District Hospital for surgical operation. What we need most is support for education of all children with disability since they will grow to be part of us and may be a burden to us without education’.

Executive Member, Parents’ Association, Community IV 16/02/2022

Majority of the respondents (74%) mentioned the *ESONG* as the initiative that provided more opportunities for their participation in disability activities. The key informants corroborated the respondents’ assertion, further revealing that *ESONG* (do good) *in* the native language, Dagaare, comprised voluntary parents’ groups on disability that began around 2010 and peaked in the 2015/2016 academic year. Through the *ESONG* initiative, respondents indicated they have participated and contributed variously to disability inclusion efforts as narrated by one stakeholder below.

‘As community members we did a lot. When we formed our community group on disability, we often developed and implemented action plans every school term. Regular meetings of parents to discuss the general concerns of our children with disability, sensitizing our community members on the importance of educating all children with disability and for that one we often engaged parents and some community members we believe needed that more. We also encouraged community members to avoid stigmatizing people who have disability because that affects their interest and willingness to send the children to school or even take part in social activities. Our members also used to support parents to send their disabled children to school every term’.

Executive member, Parent Teacher Association, Community VIII

On the need for *ESONG* community groups on disability, a key informant narrated the following;

‘This need was identified by some parents from, I still remember, one community but soon spread to more communities. The initial efforts of parent volunteers were confined to monthly meetings of groups of parents of children with disability. Individual parent volunteers organized and facilitated these meetings during which they explored ways by which they could encourage community members to value children with disability and support their parents to stop hiding them from public view but enroll them in school. Soon, some of the parent volunteers, through information that an International Volunteer provided them contacted our NGO for support. We also provided small funds once in a while and some limited training. The initiative extended to more communities and by 2016 these groups were in over 40 communities’. Lead Officer from a local NGO 12/02/2022

In table 3, the specific roles that community members played around key themes, and as prioritized from focus groups are presented.

4.3 Outcomes of sub-district and community initiatives

Two out of every three respondents who have been involved in disability issues in the last 5 to 10 years confirmed that they now have an increased awareness and interest in doing something to promote the education of children with disability. Also, more than 70% of respondents indicated that cultural norms and practices that hitherto stigmatized children with disability and their families were no longer very common. When asked about their experiences regarding stigma almost all the children in the focus group were unanimous that they neither saw people pointing fingers at them or gossiping about them. One girl with a physical disability had the following to say;

‘My mother told me that my auntie complained that long ago people used to be looking at Dakurah (not real name) and laughing at him anytime he was passing or his mother was taking him to school. But for me, since I started going to school people rather say they like me. Some even help by picking me on their bicycle’. Girl with disability, VIII Community 22/01/2022

On her part, the mother of a girl with disability narrated the following;

‘People no longer stare at me or tease me because my daughter has a physical disability. I no longer hear people saying I should hide my child in the room due to the disability. Some rather praise me for sending my daughter to school and others help me to send her to school. Also, when there is a social event in the market square or at the school everyone including my daughter feels free to go and watch’. Mother of a child with disability, IV Community. 22/ 07/2022

The enrolment data in Figure 5 show that in 2012/2013, about 97 children with disability were enrolled in the schools and 42% of these were girls. This increased to 440 in 2015/2016,

representing a 354% increase. This declined subsequently by more than 100%, to 55 in 2019/2020 and 45 in the 2021/2022.

4.4 Best practices

Adopted and contextualized from Osburn et.al's. (2011) categorization, best practices involved the popularity and or acceptance of a key effort, the active participation and lead role of community members, and those contributing the most in terms of the enrolment of children with disability.

The data on figure 6 shows that 72 per cent of the respondents considered community mapping, house to house enrolment drives and sensitization forums as the key efforts that could be considered as best practices. Beyond their impact in terms of the identification and enrolment of more children with disability in school, about 60% of respondents considered them as a novelty accepted and pursued by most community members. The secretary to a Parent Teacher Association said 'to me, the movement of community members from house to house to encourage parents to bring out their children with disability is something unique and good. Just waiting in the school for children to come and you enroll them as we used to do will never yield the results we want. But with what the community members were doing we were getting the children with disability to enroll'. Head teacher, VIII School 16/02/2022

One in every two children with disability in the focus groups agreed to the importance of the house-to-house enrolment drive. One of the children from IV Community with disability narrated ' I was always happy anytime I saw the people visiting our house. Anytime they visited they talked to us and I became happy. Not only did I always like their presences and friendliness but how they would talk to my grandmother and my aunt to try and help me go to school every day'. 15/02/2022.

5.0 DISCUSSION

The results revealed a generally high level of awareness which manifested community members' ability to identify the different forms of disability particularly among children, those in and out of school and the challenges that confront them and their parents. Indubitably, an appreciable awareness is an important precondition for their interest and participation in efforts that would guarantee the enrolment of children with disability and support to their education once they are in school.

Community members' knowledge and awareness about the forms of disability was limited to physical, visual and hearing impairment. This may have implications on their appreciation and support for the other forms of disability given that one in five children with disability belonged to other forms and some of these were profound and included mental and intellectual problems, epilepsy, and others with multiple disabilities.

The main sources of awareness about disability were community-based meetings and sensitization forums. These were often organized at the community centre or at designation locations. On the other hand, the school-based events include meetings of parents who have children with disability

and a routine practice of parents or community volunteers accompanying children with disability to school. They also included meetings of Parent Teacher Association that often targeted all parents. Notwithstanding the existence of other traditional sources and new media, the reliance on the community and school-based events as local spaces for awareness is important in terms of sustainability as these do not involve cost.

Government-led efforts at promoting the enrolment of children with disability have been restricted to the establishment of a dedicated unit for special education in the district education office and occasional data collection on children with disability for headquarters or NGOs. This finding supports studies on inclusive education in Ghana by Appiah (2016) and Caseley-Hayford et al. (2013) which concluded that real and timely government response to local efforts and in the right direction often hardly extends beyond the creation of structures and institutions. The implications of the limited focus of government are that any expectation of the Ghana Education Service in identifying and acting on specific needs such as stigma, discrimination and actual exclusion of children with disability was unlikely.

About five other opportunities for promoting the education of children with disability were identified. With the exception of the *ESONG* community groups that lasted more than half a decade, the others have been temporary and ad hoc measures relative to the role of communities. The need to address stigma and discrimination against children with disability and their families was identified by parent volunteers. The volunteers who initially identified a problem with stigma and discrimination against children with disability and their parents and volunteered to mobilise others to address this need implies a group which was no longer waiting for central government to drive the process of educating their children with disability. These findings are in line with the position of the World Bank (2021) and IFAD (2013) that in real community driven development approaches, communities become agents of change, driving their own development agenda without relying entirely on others to do so.

Furthermore, the expansion of the efforts of the *ESONG* groups on disability beyond the originating community and their routine practice of prioritising and acting on specific disability issues every school term, represents community drive and lead role. This supports Bonye and Aasoglenang's (2013) findings that once a need originates from within a community, members, without being coerced, heed the collective intentions of the larger community and act in ways that benefit everybody. Even though the guidelines for the implementation of school capitation grant in Ghana mandate every basic school to prioritise support to needy children in their school performance improvement plan, such plans were generally absent in majority of the schools. In the few instances where such plans existed, they contained very little or no provision for children with disability. The role of parent volunteers in the development and implementation of community action plans on disability therefore represents the only evidence of sentient planning and action in support of the education of children with disability.

Either as individuals or in teams, community members voluntarily facilitate the community sensitization forums, house-to-house enrolment drives, regular meetings and routine monitoring of children with disability. Once the children are in school, the parents also support school authorities to conduct physical and psychosocial examination of each child to determine the depth of their disability and related learning needs. The mobilization of children for the screening and provision of detailed background information on each child remain the responsibility of community members. School authorities would often intervene by rearranging seating in the classroom for those with sight or hearing impairment and dedicating more attention to learners with disability.

Occasionally, community members provided financial support and accompanied children with disability who have profound conditions requiring specialist attention at the district hospital. This implies that small grants and the initial training from the local NGO to community groups only served as an external stimulus, seeking to capacitate community members to be more effective in their effort to reduce stigma and enroll their children with disability in school.

The phenomenal increase in the enrolment of children with disability between 2012/2013 and 2015/2016 occurred at a time the community groups on disability were very active. It may be argued that increases in enrolment into basic schools in Ghana are not a new phenomenon as net enrolment nationally increased from 84% in 2012/2013 to 97% in 2015/2016 and in the case of the study area from 79% to 88% over the same period (Ministry of Education, 2021). However, a 354% increase in the enrolment of children with disability in just three years, as revealed in the study schools, is phenomenal and may be attributed in part to the active and varied roles of community members. This finding supports Iqbal and Hamdan's (2013) study in Pakistan which showed that a significantly positive correlation exists between community participation and access to education, retention and attendance.

On the other hand, the sharp decrease from 2015/2016 may be due to a reduction in the bouquet of efforts particularly by the community groups. The sharp decreases may also imply sustainability concerns. Feedback from key informants suggests a lack of clarity on lead roles in the exit strategies particularly in situations where the children of parent volunteers transited from the schools and also where very active community members were no longer available. The findings do not support the assumption from focus groups that a motivated cadre of community members and school authorities will maintain and sustain the same momentum of community effort.

The practice of community mapping, house-to-house enrolment drives and sensitization forums emerged as novelties and best practices addressing stigma and discrimination and for increasing the enrolment of children with disability in school. Their effectiveness in revealing more children with disability, general popularity and ease with which community members accepted and pursued them emerged as the reasons for their consideration as best practices. Community mapping and sensitization forums are not new as they have been pursued as participatory processes by many development organisations. The introduction of community mapping and the active involvement

of community members were more pronounced in their communities through the initiatives under consideration. This finding supports the evidence from an earlier work by Water Aid (2005). WaterAid found that community maps help communities to get directly involved in their own development, encourage communities to consider what they can do for themselves before seeking for assistance elsewhere, and more importantly contribute to lasting solutions to community problems.

Arguably, enrolment drives are not new and have been encouraged under the Ghana Education Service guidelines on the management of school capitation grant. However, the evidence suggests that enrolment drives were hardly pursued as a means for increasing enrolment of children with disability until the community groups on disability. the pursuit of a blended approached involving house to house enrolment drives and community mapping in particular is worth considering as best practices in community driven approaches to the enrolment of children with disability.

6.0 Conclusions and recommendations

The study established that one in ten children who are out of school in Ghana has a disability. It was further revealed that awareness about disability, particularly the forms and presence of children with disability has been high among community members. Community and school-based events constitute the dominant sources of community awareness about disability. Identification of the problem to be addressed, their presence and lead role in planning and actualization of sensitization forums, enrolment drives, community mapping and direct financial and material support to children with disability represent the dominant ways communities participate in the promotion of education of children with disability.

A phenomenal increase in the enrolment of children with disability during the peak of the participation of community members has been attributed largely to the practice of community mapping, house to house enrolment drives, community sensitization, assessment of children's disability and assistance based on their learning needs. It is however concluded that a blended approach involving community mapping, sensitization and house to house enrolment is a novelty that revealed more children with disability. As a result, it may be best practice worth considering in the quest to increase community participation in the enrolment and support to children with disability. Based on the findings, the following recommendations are made:

1. Since the realization of the aspirations of inclusive education in Ghana is anchored on awareness and stakeholder buy-in, it will require the institution and conduct of mass awareness creation targeting all citizens particularly local communities. National support to District Education Offices and their schools will be required in order to attain the desired citizens' awareness and participation in disability inclusion
2. A blended approach involving participatory mapping of entire communities to reveal and enroll children who may have disability, house to house enrolment drives and sensitization of parents should be instituted and pursued in all basic public schools

3. In order to sustain local efforts in the promotion of the enrolment of children with disability, there is the need for an effective succession plan that enables other community members to assume and play lead roles, taking over from those whose children transit to higher grades or who no longer reside in the community.

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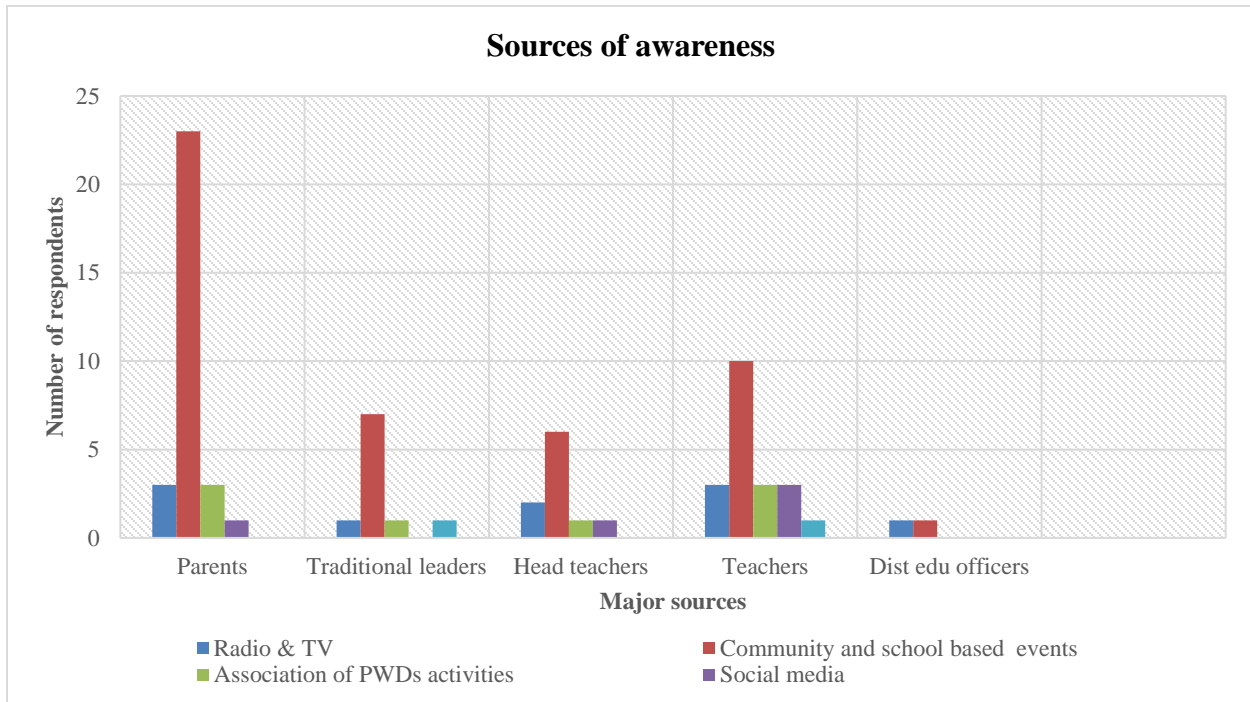
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TABLES AND GRAPHS**1. Table 1****Demographic characteristics of respondents**

Respondent	Males			Females			Total
	Without disability	With disability	Subtotal	Without disability	With disability	Subtotal	
Head teachers	6	1	7	3	0	3	10
Teachers	10	2	12	8	0	8	20
Traditional leaders	7	1	8	2	0	2	10
Parents	12	3	15	13	2	15	30
GES Officers	1	0	2	1	0	1	2
Total	36	7	45	27	2	30	72

Source: Field data (2022)

Figure 1**Major sources of awareness**



Source: Field Data (2022)

Table 2: Community and private initiatives on disability

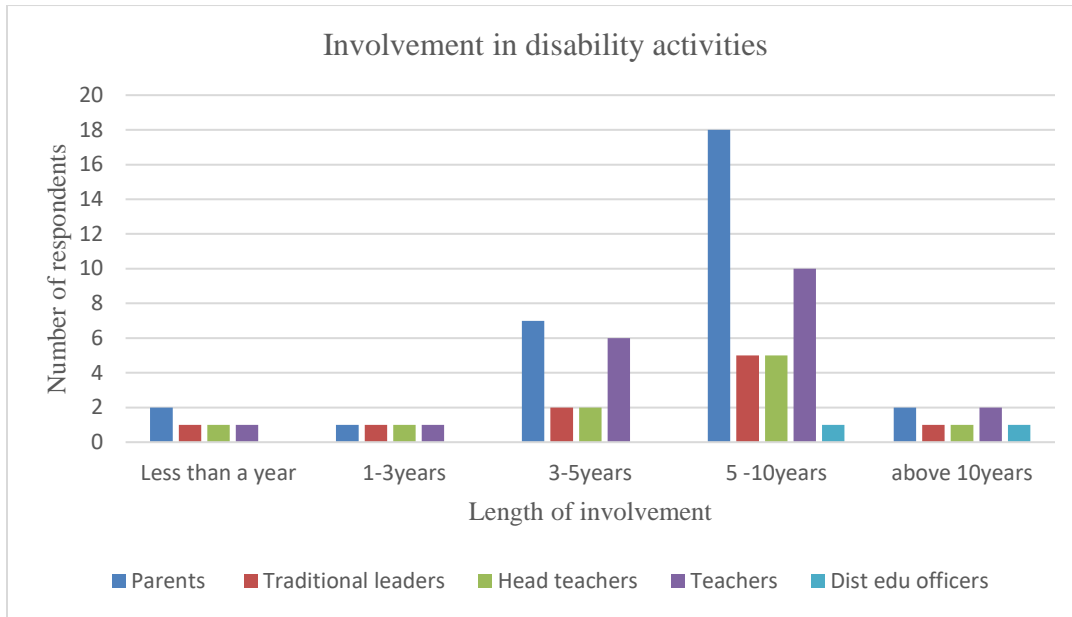
Initiative	Characteristics	Contribution to disability inclusion in education
Associations	District chapters of persons with hearing, visual or physical disability, mostly adults. Membership and welfare based.	Sensitization of parents. No documented evidence of the number of children supported.
Jirapa Cross Disability Movement	A district-based group comprising adults with disability. Membership	Advocacy at district level on the inclusion of persons with disability in decision making and social life. No

	is open to all categories of disability	direct support to the education of children with disability
Bahass Foundation Camp	An institution for persons with mental health and disability	Shelter for persons with disability. No specific information on support to education of children with disability
ESONG Community initiative on disability	A community led initiative on the importance and enrolment of children with disability. Initiated by community volunteer parents who had children with disability, supported by a National NGO.	Benefited 40 communities. Sensitization, enrolment drives. Screened about 1,628 children in school and enrolled about 440 children with disability during its peak
Rotary Club	A professional association based in regional capital.	One-off support. Wheelchairs to aid mobility of 15 school children with disability and sewing machines supplied to adults with disability.

In table 2, the top five initiatives identified as having contributed to an active participation of communities in the education of children with disability over the last decade are presented. A diversity of individuals, groups of parents and or community members as well as disability and professional associations and civil society organisations initiated and implemented these.

Figure 2

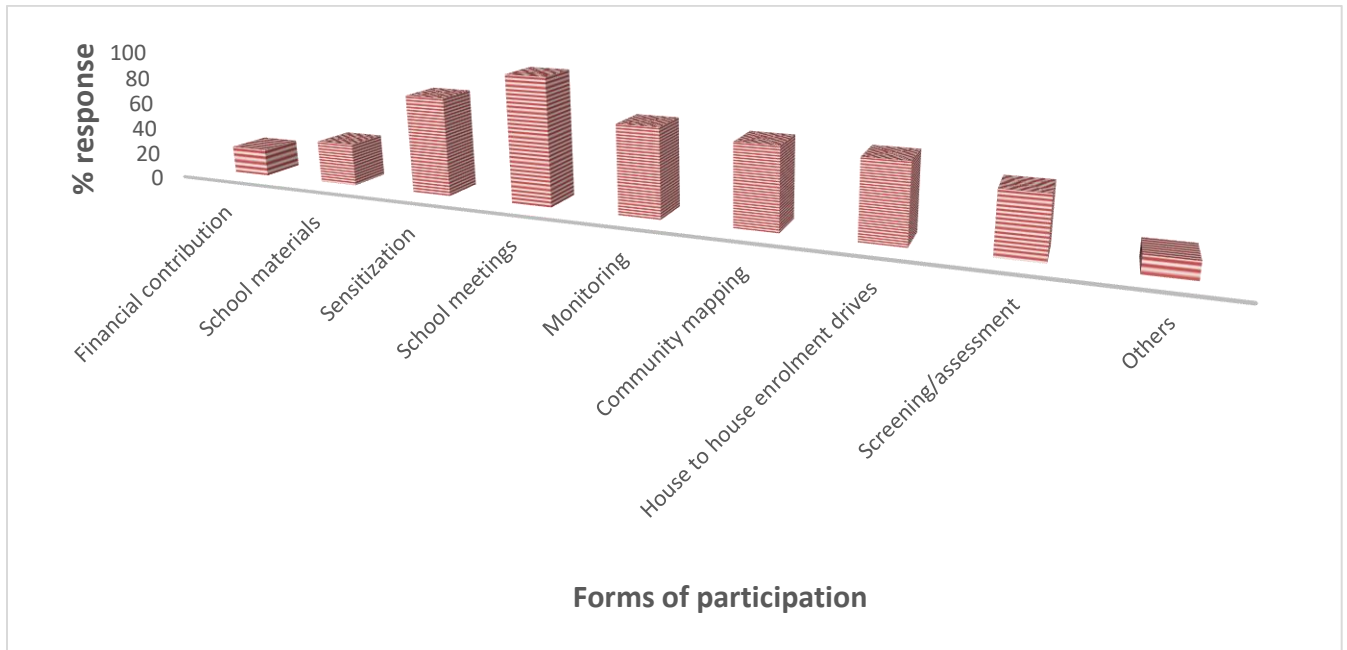
Length of involvement in disability activities



Source: Field Data (2022)

Figure 3

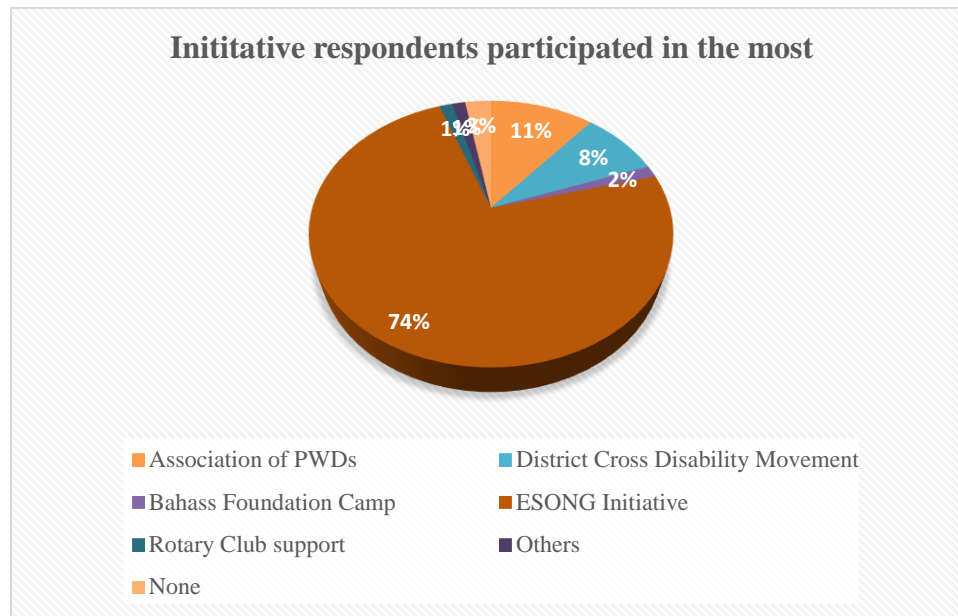
Forms of participation



Source: Field Data (2022)

Figure 4:

Most popular initiative



Source: Field Data (2022)

Table 3: Role of community members along key themes

Theme	Role of community members
Problem identification	Parents’ volunteers identified stigma and discrimination against children with disability and their parents
Initial efforts	Monthly meetings and sensitization on disability by parents’ volunteers. Parent volunteers obtained support from a local NGO.
Design/Planning	Soon, a practice of developing an action plan every school term based on specific things on disability. Community members, through their local community groups identified priorities that were included in the action plan.
Implementation	Volunteers from community groups facilitated awareness raising sessions, undertook house to house enrolment drive. Conducted community mapping.

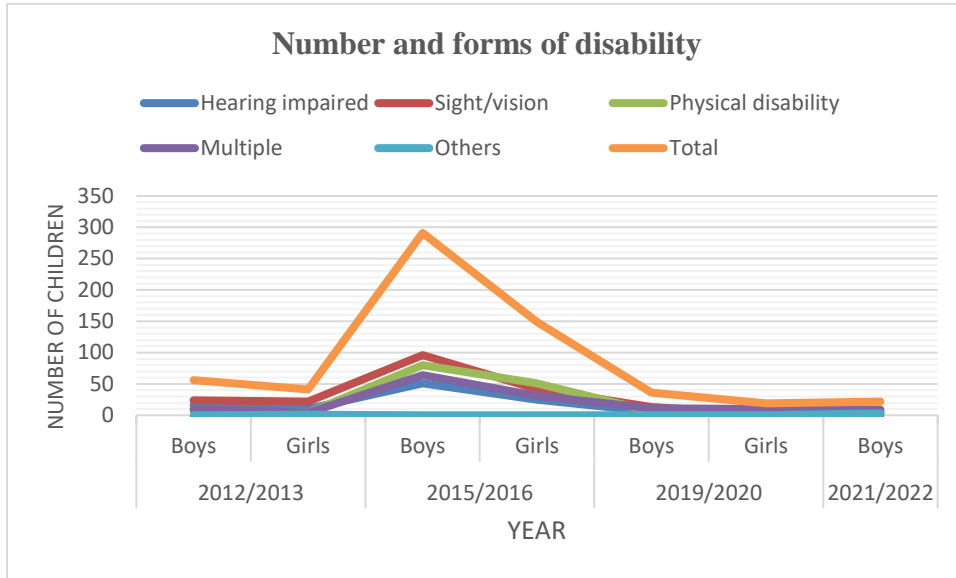
Sent children with disability to school for enrolment. Attended and contributed ideas during school-based meetings. Community members mobilized the children for routine screening and assessment.

Monitoring Individual parents regularly accompanied their children with disability to school. Members of the community groups also made regular monitoring visits to schools. Participation in community and school-based review meetings to assess progress.

Ownership and accountability Lead roles in facilitating and or leading on key activities was on voluntary basis. Parents encouraged to be responsible for the attendance of their children with disability. Active participation and a prompting role of executive members of school management committees, parents' associations and the chiefs. More frequent meetings due to disability related activities enabling communities' role in participatory decision-making and cultivation of a broad range of perspectives.

Figure 5

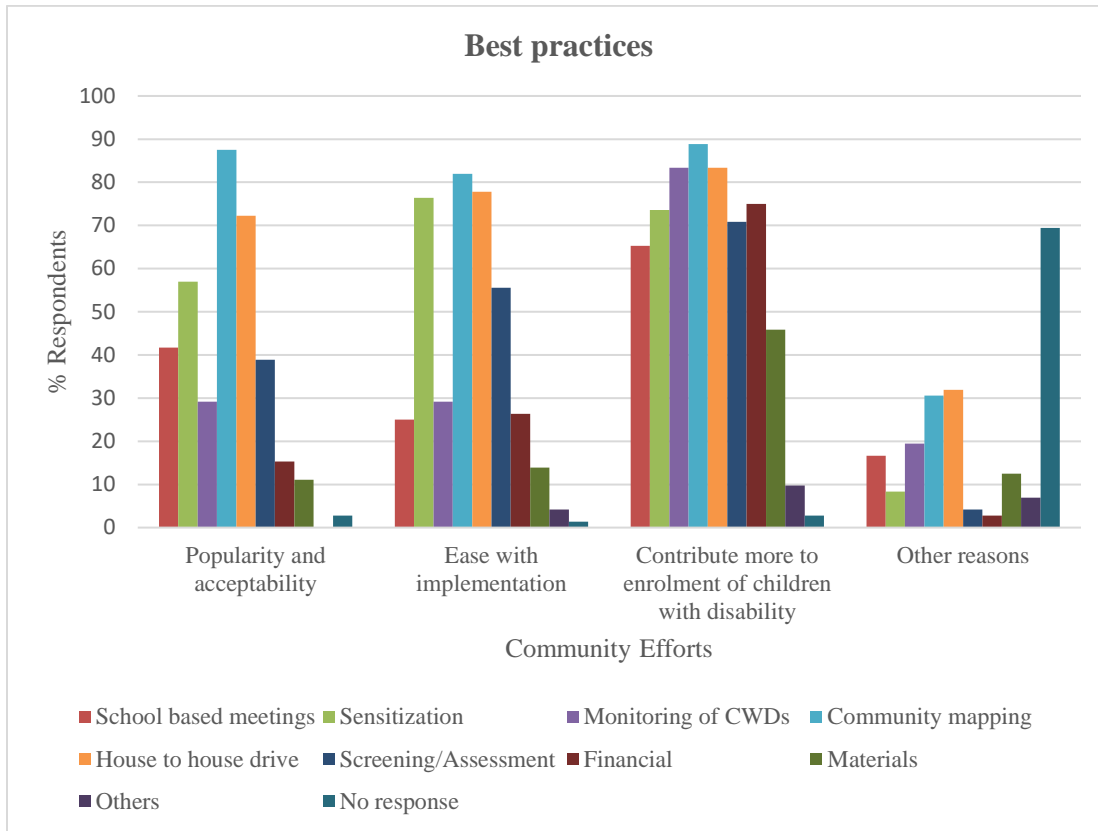
Enrolment of children with disability



Source: Community maps and school registers (2012- 2022)

Figure 6

Best practices



Source: Field Data (2022)



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