BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES DEPARTMENT OF SOCIAL WORK

BACHELOR OF SCIENCE HONOURS DEGREE IN SOCIAL WORK

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REG NO: B201866B

PROGRAMME: SOCIAL WORK

RESEARCH TOPIC:

A MODEL TOWARDS THE EVALUATION OF WELFARE SERVICES TO CHILDREN WITH DISABILITIES IN ZIMBABWE, A CASESTUDY OF SEKE DISTRIC

BINDURA UNIVERSITY OF SCIENCE EDUCATION

FACULTY OF SOCIAL SCIENCES AND HUMANITIES

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DECLARATION FORM

I declare that the dissertation entitled **A model on the efficacy of Welfare Services to Children with Disabilities. A case study of Seke district** is my own work. I also declare that all sources I have used or quoted have been fully cited and acknowledged. I authorize Bindura University of Science Education to loan this dissertation to any individual for scholarly purposes only.

Name: Mufaro Lydia Marufu

Signature: .....NMarufu...........

Date: ...23./.06./.25......

ACKNOWLDGEMENTS

DEDICATION

To my family members my father W. Marufu, my mother T. Chizarura and my siblings Takunda Redemption and Kimberly for the unwavering support.

PLARGIARISM REPORT

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SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

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MARKING GUIDE

Chapter 1 INTRODUCTION	Possible Mark	Actual Mark
Abstract	10	
Background to the study- what is it that has made you choose this particular topic? Include objectives or purpose of the study	20	
Statement of the problem	10	
Research questions	15	
Assumptions	5	
Significance of the study	15	
Limitations of the study	5	
Delimitations of the study	5	
Definition of terms	10	
Summary	5	
Total	100	
Weighted Mark	**15**	

**Comments……………………………………………………………………………………………
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Chapter 2 LITERATURE REVIEW

Introduction- what do you want to write about in this chapter?	5	
Conceptual or theoretical framework	10	
Identification, interpretations and evaluation of relevant literature and citations	40	
Contextualisation of the literature to the problem	10	
Establishing gaps in knowledge and how the research will try to bridge these gaps	10	
Structuring and logical sequencing of ideas	10	
Discursive skills	10	
Summary	5	
Total	100	
Weighted Mark	**20**	

**Comments……………………………………………………………………………………………
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Chapter 3 RESEARCH METHODOLOGY

Introduction	5	
Research design	10	
What instruments are you using to collect data?	30	
Population, sample and sampling techniques to be used in the study	25	
Procedures for collecting data	15	
Data presentation and analysis procedures	10	
Summary	5	
Total	100	
Weighted Mark	**25**	

Comments……………………………………………………………………………………………
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Chapter 4 DATA PRESENTATION, ANALYSIS AND DISCUSSION

Introduction	**5**	
Data presentation	**50**	
Is there any attempt to link literature review with new findings	**10**	
How is the new knowledge trying to fill the gaps identified earlier	**10**	
Discursive and analytical skills	**20**	
Summary	**5**	
Total	**100**	
Weighted Mark	**30**	

Comments

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Chapter 5 SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction- focus of the chapter	**5**	
Summary of the whole project including constraints	**25**	
Conclusions- have you come up with answers to the problem under study	**30**	
Recommendations(should be based on findings) Be precise	**30**	
References	**5**	
Appendices i.e. copies of instruments used and any other relevant material	**5**	
Total	**100**	
Weighted mark	**10**	

Comments

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SUMMARY:-

	Actual	**Total**
Chapter 1		
Chapter 2		
Chapter 3		
Chapter 4		
Chapter 5		
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ABSTRACT

An investigation into the efficacy of welfare services for children with disabilities in Zimbabwe case study of Seke district: had the following objectives; to assess the efficacy of the welfare services to children with disabilities in remote areas. to identify challenges faced by welfare organizations in providing welfare service to children with disabilities, to determine a model that seeks to improve the accessibility of welfare services to children with disabilities in remote areas. It aims to assess the accessibility, availability and quality of these services, identify key challenges faced by service providers and examining the impact of these services on the well-being of the children with disabilities in Seke district. The study made use of the qualitative research design making use in-depth-interviews and semi-structured questions as data collection methods. The study found out that the efficacy of welfare services for children with disabilities is mostly affected by the geographical isolation, caregiver resistance and resource constraints are the three major challenges that children with disabilities are facing. The study concluded that welfare services in Seke District remain insufficient to meet the needs of children with disabilities and recommends a multi-sectoral approach that includes a call for government and NGOs to coordinate so as to provide better results. The study also recommended having assistive communication tools in schools to benefit children with disabilities and raising awareness to caregivers and the people in the community. These intervention are vital to promoting equity, social inclusion and realization of rights for children with disabilities.

ACRONMYS

ACRWD   African Charter on the Rights and Welfare of the Child

CBR   Community Based Rehabilitation

CCW   Community Childcare Worker

DSD   Department of Social Development

NGO   Non-governmental organizations

PWD   People With Disabilities

SDG   Sustainable Development Goals

UN   United Nations

UNESCO   United Nations Educational, Scientific and Cultural Organization

UNCRPD   United Nations Convention on the Rights of Persons with Disabilities

WHO   World Health Organization

TABLE OF CONTENTS

CHAPTER 1 INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

Welfare services were designed as organized programs and support system by the government to uphold the welfare, health and standard of living for the vulnerable. This research aims at evaluating welfare services issued by the Zimbabwean government to children with disabilities through the Department of Social Development. This chapter comprises of the study's background, statement of the problem, aim of the study, objectives, conceptual framework, and justification of the study, definition of key terms and dissertation outline and the chapter conclusion. A model will be developed after conducting a thorough research, discussion and analysis towards the welfare services issued by the Zimbabwean government to children with disabilities in Seke district.

1.2 BACKGROUND OF THE STUDY

Evaluation of the welfare services for children with disabilities globally has gained increasing attention as a critical constituent of human rights advocacy and social justice. Historically children with disabilities were marginalized and excluded from society. The mid-20th century marked the turning point as advocacy for the rights of persons with disabilities emerged, highlighting the need for integration and support. An international standard was set by the United Nations Convention on the Rights of Persons with Disabilities (2006), including children elaborating the significance of accessibility, and the need for countries to provide inclusive welfare services. It further stipulates that children with disabilities cannot be excepted from free and compulsory education and healthcare services, thus caregivers who facilitate children with disabilities access to welfare services must be adequately supported. Globally, according to the, Convention on the Rights of Persons with Disabilities (CRPD), article 7 ensures that children with disabilities have their full enjoyment of all human rights and fundamental freedoms on an equal basis with all other children. The CRPD also demands measures to protect the equal rights of children with disabilities in respect of inclusive to welfare services. Despite these global agreements children with disabilities still experience discrimination and social exclusion in every aspect of their lives therefore the Convention on the Rights of Children (1989), and the Convention on the Rights of Persons with Disabilities who are mutually reinforced, need to be used together to advocate for children with disabilities.

The regional context provides important insights into the welfare services available to children with disabilities in Africa, with Southern Africa having high prevalence of disabilities with an estimated 10.2% of the population living with disabilities. The Southern African Development Community (SADC), established various protocols aimed at promoting the human rights and well-being of children with disabilities encouraging member states to adopt inclusive policies and share best practices. The regional collaboration in addressing welfare services for children with disabilities was of great importance in addressing common challenges such as cultural attitudes and resource limitations towards children with disabilities. African countries collaborated and came up with the African Charter on the Rights and Welfare of the Child which emphasizes protection and support for children, including children with disabilities across Africa to implement measures that ensure the rights of all children are upheld. An example of South Africa who made significant progress in inclusive education, implementing policies that integrate children with disabilities into mainstream schools. According World Report on Disability (2011), in Africa an estimated 6.4% of children under the age of 14 have moderate or severe disabilities; and less than 10% of all children with disabilities under the age of 14 are attending school. Regionally children with disabilities, despite the African countries collaborations they still face a challenge in accessing welfare services due to cultural attitudes and lack of resources. Despite regional efforts, there is a lack of comprehensive evaluations of welfare services for children with disabilities in Zimbabwe.

In Zimbabwe, an estimated 7.3% of the population lives with disabilities with 430,000 children with disabilities according to 2020 Zimbabwe Statistics. The Zimbabwean Constitution recognized the persons with disabilities rights including children, mandated the state to take measures to ensure their well-being and social justice. The National Disability Policy was implemented in 2018 with the aim to promote the rights and welfare of persons with disabilities, but implementation remains inconsistent due to limited resources and capacity. Despite the government implementing welfare services to children with disabilities many isolated regions lack the necessary resources and infrastructure to accommodate their diverse needs. Despite progress in policy development, significant challenges remain in the effective delivery and accessibility of these services. In the Zimbabwean context the government can collaborate with Non-governmental Organization in providing welfare services to children with disabilities. According to Chikwanje (2020), NGOs has a role in

raising awareness and advocating for children with disabilities rights, stressing the need for a collaborative approach among stakeholders.

Therefore, evaluation of welfare services for disabled children in Zimbabwe is a field of research due to the unique challenges faced by this vulnerable children in accessing essential services. Approximately 1 in 10 children has a disability, yet many of these children encounter significant barriers to accessing essential services, these barriers include societal stigma, inadequate infrastructure and limited resources allocated to disability services. Children with disabilities in Zimbabwe have been marginalized, with many families lacking awareness of available services and support system. The government and non-government organizations have made efforts in improving the situation through policies and programs. However, implementation remains uneven, particularly in rural areas where access to services is hindered by economic constraints.

1.3 STATEMENT OF THE PROBLEM

Regardless of the global, regional and Zimbabwean efforts in approaching the multifaceted obstacles encountered by children with disabilities they are still gaps that need to be readdressed supported by evidenced based approach. Children with disabilities especially those in inaccessible regions encounter significant barriers which hinder their accessibility, quality care and effectiveness of welfare service delivery. Policies does exist that aims to uphold the rights of children with disabilities but many families in remote areas are unaware of the services available for them, and societal stigma continues to pose significant barriers.

The study seeks to develop a comprehensive evaluation model for welfare services directed at children with disabilities in Zimbabwe. Analyzing the existing welfare service by identifying gaps and their efficacy. The study seeks to enhance welfare service delivery, educate the community about the existing policies and promoting an inclusive society where all children can thrive in remote area such as Seke district.

1.4 MAIN AIM

Developing a complete evaluation model of support services for children with disabilities in Zimbabwe identifying gaps and possible measures that might be implemented to fill-in the gaps.

1.5 OBJECTIVES OF THE STUDY

- To assess the efficacy of the welfare services to children with disabilities in remote areas.
- To identify challenges faced by welfare organizations in providing welfare service to children with disabilities.
- To determine a model that seeks to improve the accessibility of welfare services to children with disabilities.

1.7 RESEARCH QUESTIONS

1. How accessible are welfare services for children with disabilities in terms of location, cost and eligibility requirements.
2. Are the services tailored to address the diverse need of children with different types of disabilities?
3. How effective are welfare services in improving the quality of life for children with disabilities and their families.
4. What role do partnership (eg government, NGOs and private sector) play in delivering welfare services to children with disabilities?

1.6 SIGNIFICANCE OF THE STUDY

The evaluation of welfare service to children with disabilities is of vital importance as it aims to improve service delivery and accessibility to those in remote areas. The study will identify the gaps in service delivery and accessibility; this analysis will assist in filling the gaps thus improving service accessibility and delivery using the Seke district as a case study. The findings of this study aims to educate children with disabilities and their caregivers about the welfare services available for them and how to navigate the system effectively. The model aims to raise awareness about the barriers faced by children with disabilities and their families in remote areas. Their experiences need documentation to save as a powerful tool for advocacy tool to mobilize support from government agencies and NGOs and can also promote social inclusion. Hence its findings might change the way of living for children with disabilities and their families in Zimbabwe.

1.8 RESEARCH ASSUMPTIONS

The assumption of the research is that welfare services should be reachable to all children with disabilities, regardless of the geographical location or the type of disability. These welfare services are designed to promote social justice, equity and social inclusion. The study assumes that welfare services should address all the needs of children with disabilities which include educational, health and social needs regardless of the location and background.

1.9 LIMITATION OF THE STUDY

Evaluating welfare services to children with disabilities is a complex process that can face several limitations. These challenges may arise due to various social, administrative and methodological factors. The first limitation might include many welfare programs lacking universally agreed-upon criteria for success, making it difficult to compare outcomes. Cultural and social barriers which discriminate children with disabilities limiting them access to welfare services may hinder getting adequate evaluation of service provision in Seke district. The need to obtain consent from children with disabilities and their guardians can be complex and sensitive. The gaps in collaboration among disciplines can result in fragmented findings. Communication with children with specific disabilities, such as speech and hearing impairment may result in incomplete data finding.

1.10 DELIMITATIONS OF THE STUDY

Geographical Scope:

The study's focus will be Seke District, a rural area in Zimbabwe in the Mashonaland East. The findings will be on the welfare services provided to children with disabilities in inaccessible areas in Seke District.

Participants

The study might include children with disabilities from different backgrounds and with different disabilities currently receiving welfare services and those who has not yet received any welfare service. It will also include the caregivers of children with disabilities and the service providers in government sector and NGOs.

Type of Welfare Services

It might evaluate specific welfare services such as educational support, healthcare services, assistive devices and social integration programs rather than a broad spectrum of services.

1.11 DEFINITION OF KEY TERMS

Model is defined as a simplified representation or abstraction of a system, concept or phenomenon that is used to analyze, understand, predict and stimulate real world scenario.

Alcock (2016), define **welfare services** as programs and interventions designed to enhance the well-being of individuals and families, particularly those in vulnerable situations.

Children's Act Chapter 5:06, define **child** as any person below the age of 18 years.

According to the Disabled Persons Act 17:01, person with disability is an individual with a physical, psychological or sensory disability, including a visual, hearing or speech impairment which gives rise to physical, cultural or social barriers hindering him or her from participating at an equal level with other members.

1.12 DISSERTATION OUTLINE

Chapter 1: Introduction and background of the study

The chapter in research delivers background and possible interventions of the study on the welfare services of children with disabilities. It outlines the statement of the problem, significant of the study, research objectives and the main agenda of evaluating welfare services to children with disabilities in remote areas as Seke District.

Chapter 2: Literature Review

The chapter evaluates the existing scholarly research on the relevant study topic. It outlines theoretical framework, concepts and empirical studies related to the study topic. The chapter demonstrates the researchers own understanding evaluating the existing information and highlighting the gaps and what need to be done to address the aims of the study.

Chapter 3: Research Methodology

The chapter overall describes the research designs, approaches and methods used in the study. It gives research designs, approaches and methods in detail for example the use of data

collection tools, the data analysis process and the use of different sampling methods. It also discusses the ethical considerations and the research methodology limitations.

Chapter 4: Data Analysis and Findings

It analyses and interprets the collected data by the researcher. In this chapter charts, graphs and tables may be used to present data collected. The implications of the findings are discussed with its alignment to the research objectives.

Chapter 5: Conclusion and Recommendation

The key findings of the study are summarized in this chapter answering the research questions or objectives of the study. It also discusses the contribution of the study to the existing knowledge in the field. The chapter also identifies the limitation and points out the areas of future researches to be carried out. It may also provide practical recommendations based on the study's findings.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The chapter provides theoretical framework and reviewing of literature relating to the study. It aims to evaluate existing knowledge, identifying gaps and the need for further evaluation of welfare services for children with disabilities in remote areas. It will be centered on the objectives of the research. It allows researcher to recognize what is known globally, regionally and nationally about the welfare services to children with disabilities in remote areas.

2.2 THEORETICAL FRAMEWORK

The current study utilized two theories namely the Social Model of disability and the Systems Theories to frame the research. The social model was pioneered by Paul Hunt and Mike Oliver in (1970), who were activists in the Union of the Physically Impaired Against Segregation. The Social Model of disability, gives understanding that the societal and environmental barriers limit individuals with impairments, rather than viewing disability as a medical concern. The model emphasizes that disability results from environmental, attitudinal and organizational barriers rather than individual impairments. Environmental barriers these are the physical, social and built environment that prevents individual with disabilities from participating actively in the society. Oliver (1990), advocated for focusing on accessible environments as a way to liberate disabled individuals from societal exclusion. It also emphasizes that negative societal attitudes prevent people with disabilities from participating in the society because they often manifest as prejudice, discrimination and social exclusion. Organizational barriers refer to institutional policies, practices and systems that discriminate or fail to accommodate people with disabilities thus contributing to social exclusion. Shakespeare pointed out that bureaucratic systems often fail to accommodate the diversity of disabled experiences, leading to exclusion. Henceforth, the Social Model of disability theory relevance to be discussed below.

2.2.1 RELEVANCE OF THE SOCIAL MODEL OF DISABILITY THEORY

Oliver (2010), articulated that the Social Model of disability arguing that incapacity arises from structural barriers and societal attitudes, advocating for societal change rather than individual adjustment. The application of this model in the research helps the researcher to ensure that every child with disability get accessibility of welfare services despite their geographical location for example those in Seke district which is a remote area. Mtetwa and Nyikahadzoi (2013), the study finds that those in rural areas face substantial challenges in accessing education and services, impacting their human, social and capital development. Children with Disabilities in remote areas often face inaccessibility to welfare services due to poor infrastructure, transport and healthcare facilities. Mercer (2010), argue that inaccessible infrastructure and lack of transport disproportionately affect children with disabilities in remote areas, leading to limited access to welfare services. The Social Model of disability contributes to the researcher's confidence to address these environmental barriers limiting children with disabilities accessibility to welfare services comparing with those in urban areas.

The Social Model of disability will assist researcher to shift focus from the child's limitation to the systemic factors that limit their inclusion into welfare services. The unaddressed societal attitudes towards children with disabilities can hinder the effective service delivery of welfare service providers as the service providers unintentionally perpetuate biases. It also emphasize the fact that caregivers of children with disabilities are unaware of the available welfare services, thus making it a barrier in enabling the service providers to effectively provide welfare services to children with disabilities. Coles (2010), argues that social model can inform service delivery for individuals with learning difficulties, advocating for practices that remove societal barriers to improve access to welfare services. Dyer & O'Brien (2016), argues that children with disabilities in remote areas often face unique challenges, including limited transportation, poor infrastructure, and lack awareness among service providers about disability needs. Hence, the research has to address the issue of service providers' participation in remote areas so as to meet the needs of children with disabilities in remote areas like the Seke district.

Barnes (2003), expanded on Oliver's idea by arguing the need for services that actively involve children with disabilities in their design and delivery, advocating for participatory approaches. Ainscow & Sandill, (2010), in their research underlines the necessity of community engagement in creating effective welfare services. Hence the research will apply

the social model theory to engage the community in identifying the needs of children with disabilities and possible ways in making sure that they receive welfare services. Community engagement is essential in ensures that information about services is available in multiple formats to cater for diverse needs. Barnes & Ainscow, advocated for participatory approaches that incorporate feedback from children with disabilities and their families, ensuring that services are relevant then effective, thus supporting that community engagement is crucial in the evaluation of welfare services being provided to children with disabilities. Hence, making the Social Model of disability applicable to the research as it involves participatory approach to get enough information during the study.

Lindsay & Dockrell (2012), their research on the barriers encountered by children with disabilities in schools highlights the need for accessible educational resources and support systems, aligning with the social model's principles. Thus the need for the government or NGOs to partner and build a school in Seke district that accommodates children with disabilities. United Nations (2006), argues that the Social Model of disability is relevant in inclusive education because it aligns with global movements towards human rights-based approaches to education, which advocate for the removal of obstacles to contribution for children with disabilities. Henceforth, it inspires the government and NGOs that is if they are unable to build disability friendly schools should renovate and make the existing schools conducive for children with disabilities.

The Social model of disability will provide important framework for developing strategies to improve the accessibility and promote inclusion of welfare services to children in remote areas for better evaluation.

2.2.2 SYSTEMS THEORY

This theory provides a framework for understanding the complex interplay for children with disabilities highlighting how various factors influences from family dynamics to societal structures impact the experiences and outcomes of children with disabilities. They are different pioneers of the systems theory with Ludwig (1968) being one of them often credited as the founder of general systems theory, emphasizing the need for interdisciplinary approaches to study complex systems. It suggests that a person's behavior is shaped by factors which include family, environment and social networks. The author explains that understanding family dynamics as a system, is whereby each family member behavior affects others requiring analysis of the whole family to understand a certain individual, thus showing

that the systems theory is interdependent. According to Bertalanffy (1968), the system can be influenced by external factors from the surrounding environment meaning that changes from the environment can affect the system. He also argues that systems do not operate in isolation but are embedded within and influenced by their environment. Wiener (2010), argues that the environment continuously influences the system requiring the sytem to adapt to change helping the system to grow and evolve over time. Bertalanaffy (1968), social network is an interconnected relationship between different individuals in a society or a social group (organizations) with various influences on the functions of the system. Porta (2005), emphasized that social networks within a system can facilitate collective action and influence change addressing Betalanaffy's ideas on interconnectedness and dynamics. It also has key points which include the holistic perspective whereby all aspects about an individual's life influence him or her which include the family, friends, neighbors, workplace and broader societal influences. It also indicated the interdependence whereby a change in one aspect of an individual's life can affect the person. Henceforth, due to the above incite the relevance of the systems theory to the study will be explained further.

2.2.3 RELEVANCE OF THE SYSTEMS THEORY TO THE STUDY

The study will also make use of the systems theory which was developed by Ludwig von Bertalanffy in the 1950s, which was adapted to address the complexity of human behaviour and social environments. This theory provides a framework for understanding the complex interplay for children with disabilities highlighting how various influences from family dynamics to societal structures impact the experiences and outcomes of children with disabilities. The systems theory is of great consideration because family dynamics to societal structures can assist in improving the accessibility. The microsystem being the immediate environment that is the family and peers attitude, resources and support networks can impact the child with disability accessibility to welfare services. Turbiville & Turnbull (2014), emphasizes role of the family dynamics when shaping the experiences of children with disabilities, effective welfare services must engage families as key stakeholders, recognizing their influence on children's development and access to services. For example families that receive education or have knowledge about welfare services are equipped to advocate for their child's welfare needs. Chikanda (2020), argues that programs that provide training and resources to families can enhance their ability to support their children to be able access welfare services. Ainscow & Sandill (2014), argue that welfare services should evaluate how

educational institutions collaborate with families and community resources to provide comprehensive support.

The macro-system is the broader societal factor comprising of cultural beliefs, laws and policies. Societal perception of disability play a crucial role in shaping the way children with disabilities are treated and integrated into society, impacting how they are viewed and the level of support they receive. Encouraging informal access to welfare services for children with disabilities requires a societal shift in perceptions and collective commitment to initiatives that improve these children's access to support. To enable informal accessibility of welfare services to children with disabilities the society enlarge has to change their perspectives about children with disability and support them to enable the accessibility of welfare. Society intervention can make development better for children with disabilities. Lindsay & Dockrell (2015), demonstrate how community-based evaluations can provide insights into the effectiveness of welfare services by considering multiple systems and their interactions. Moyo (2018), inadequate infrastructure, particularly in rural areas, limits access to welfare services thus if they is societal engagement these barriers can be solved. Henceforth, availability of welfare services to children with disabilities requires interconnectedness of the family dynamic to the societal structures.

2.3 LITERATURE REVIEW

A literature review is a written synthesis of journal articles, books, and other documents that reflect the historical and current understanding of the topic under investigation, Creswell (2014). According to Fink (2014), it involves a systematic, transparent and replicable process for locating, assessing and integrating existing research conducted by academics, professionals and scholars. Consequently, the researcher will examine this body of work to identify knowledge gaps, propose potential solutions and offer recommendations for future research.

2.3.1 EFFICACY OF WELFARE SERVICES TO CHILDREN WITH DISABILITIES IN REMOTE AREAS

UNICEF (2020), welfare services are difficulty to access due to physical remoteness, poor infrastructure and limited transportation options. For instance research in rural Africa it emphasizes the long distance families must travel to access healthcare and educational services. Knasbias et al (2016), highlighted that remote areas often lack the necessary

infrastructure, leading to limited transportation options and difficulty in reaching healthcare and educational facilities. WHO (2021), limited availability of specialized staff such as therapists and special educators, is a common issue in remote regions. Many welfare programs for children with disabilities fail to account for local cultural contexts, resulting in resistance from communities or inappropriate interventions, Plan International (2018). Cultural perceptions of disability can greatly influence the efficacy of welfare services as stigma can prevent families from seeking help, Mitra et al (2013). Thus, due to the gaps identified globally there is need for improvement so that children with disabilities in remote areas are included in welfare services.

Globally to promote inclusion of children with disabilities in remote areas, Kumar & Jain (2018), highlight the need for outreach efforts to educate families in remote areas about available welfare service since they might lack awareness. The researcher needs to aware the families in Seke district of the available welfare services. Australian Institute of Health and Welfare (2020), countries like Australia and Canada have implemented mobile units and telehealth to reach children with disabilities in remote areas effectively. Lindsay et al (2016), innovative telehealth projects in rural Australia and Canada have shown promise in reducing barriers to healthcare access, proving necessary medical consultations and support services remotely. Henceforth, the researcher will advocate for children with disabilities in Seke district so that the Zimbabwean government need also to implement telehealth services so as to make welfare services for children in remote areas efficacy.

Regionally many countries in region adopted the UNCRPD, but implementation remains weak due to limited resources. Chataika et al (2012), services are disproportionately focused on urban centers leaving rural areas underserved. Moodley & Graham (2015), countries like South Africa and Namibia have disability-inclusive policies, as outlined in the UNCRPD, implementation in rural areas lags behind. Educational policies in Southern Africa are often aspirational rather than operational thus, teachers in rural schools lack training and resources to support children with disabilities effectively. Kuper et al (2014), report that absence of assistive technologies and tailored learning materials hampers learning outcomes for children with disabilities in rural Zambia and Lesotho. A study by Banks et al (2017), in rural Uganda, with implications for Southern Africa found that only 5% of children with disabilities had access to adequate rehabilitation services, it was also observed in Malawi and Eswatini. In rural Morocco Boukhari et al (2016), found that only 20% of children with disabilities attend school due to inadequate infrastructure and cultural barriers. In Ethopia, Tekola et al, (2020),

emphasizes that stigma surrounding disability leads to social exclusion and limits access to services, families in rural areas often hide children with disabilities due to fear of discrimination. Peters (2004), highlights that inclusive education policies in Nigeria remain largely theoretical with limited impact on rural areas. In Nigeria, hospitals and clinics in rural areas often lack the equipment and personnel to address the needs of children with disabilities, Mbada et al (2008). Thus regionally efficacy of welfare services for children with disabilities in remote areas still has gaps which need to be addressed.

The improvement of healthcare initiatives like the introduction of telemedicine, so as to make sure that healthcare services reach children with disabilities in remote areas and not being limited by the geographical isolation. Mobile health initiatives in South Africa, such as using mobile clinics and telemedicine, have demonstrated potential for improving access in remote areas, Leon et al (2012). NGOs such as Leonard Cheshire Disabilty and Save the Children play a pivotal role in bridging services gaps by providing assistive devices, vocational training and inclusive education in some areas of rural Zimbabwe and Zambia. Loeb et al (2008), emphasizes the need for better monitoring and evaluation frameworks to measure the efficacy of services in rural areas. In Sierra Leone, Leonard Cheshire Disability has supported community based initiatives that integrate education, healthcare and rehabilitation services for children with disabilities, Kett et al (2011). In Tunisia, international organisations have amalgamated with local governments to provide assistive technologies and vocational training for children with disabilities in underserved areas, Elwan (1999). Thus, collaboration between the government and NGOs is of great significance so as to support each other's weakness. Henceforth, regionally the government and NGOs are putting some efforts to guarantee that children in remote areas receive the adequate welfare services.

Locally, in Zimbabwe welfare services for children with disabilities in remote areas is a challenge which needs to be improved. For example, in Zimbabwe UNICEF found out that only 26% of children with disabilities accessed welfare services, with rural areas being most undeserved. Societal perceptions need to be addressed because they limit social inclusion limiting them from accessing welfare services. There is need to engage the community by educating a few who will act as advocators for children with disabilities in Seke rural district. Mpofu & Harley (2002), highlight how societal perceptions shape access to care and inclusion in social services as disability is often stigmatized and viewed as a curse or associated with cultural taboos. Zimbabwe ratified the UNCRP in 2013, Disabled Persons Act in 1992 and the National Disability Policy in 2021 with an aim to uphold the rights of

persons with disabilities but the gap remains significant especially in rural areas. Thus they is need to implement other policies that focuses on children with disabilities in rural areas. There is need to train teachers specifically for children with disabilities so that they are placed in schools in rural areas. UNICEF Zimbabwe (2020), indicate that less than 10% of children with disabilities in remote areas attend school, they are barriers which include inadequate teachers training, inaccessible infrastructure and lack of assistive learning devices.

Moving on, continuous collaboration between the Zimbabwean government and NGOs is needed to guarantee social inclusion of children with disabilities by providing efficacy of welfare services. The Community-Based Rehabilitation was developed by the government, WHO and ILO so as to meet the needs of children with disabilities. The DSD offer services for children with disabilities which include disability loans, assistive devices and vocational training centres, although all these services are available people in remote areas are unaware and the processes are too long. Mavuso & Mutepfa (2017), emphasizes that the exclusion of parents and community stakeholders in program planning leads to low uptake of available resources. Thus, there is need to educate children with disabilities and their caregivers in rural areas thus, the government also need to allow the processes to be friendly.

2:3:2 Challenges Faced by Welfare Service Providers

Welfare service providers which include the government and NGOs for children with disabilities globally face a range of challenges. These challenges stem from the systemic, cultural, economic and political factors. The key challenges are to be mentioned globally, regionally and nationally, pointing out what other scholars researched and the gaps that need to be addressed.

Geographical isolation

There is need for infrastructure improvement so as to enable accessibility of quality welfare services for children with disabilities in remote areas. Mitra et al (2017), argue that geographical isolation limits access to healthcare, education and rehabilitation services. Shakespeare et al (2018), emphasizes that children in remote areas are often far from specialized healthcare and rehabilitation centres, leading to delayed interventions unmet needs. He also argues that, difficulties in accessing transportation hinder families from reaching services, leading to missed appointments and inadequate care. First Nations & Family Caring Society (2021), indigenous and northern communities in Canada struggle with

service accessibility due to harsh weather conditions and dispersed populations, thus mobile clinics and telehealth services have been used to bridge the gap.

Regionally challenges vary as per region due to differences in infrastructure, sociocultural and government support. World Bank (2019), poor road networks and unreliable transport systems hinder access to essential services in regions like Sub-Sharan Africa. Community Based Rehabilitation programs, supported by local NGOs in Sub-Saharan Africa and international organisations have been instrumental in addressing the challenge of poor transportation due to geographical isolation, WHO (2010). UNCRPD (2006), investment in rural infrastructure and disability-inclusive policies is essential for addressing systemic inequities in regions like Sub-Saharan Africa and Southeast Asia. Henceforth, the Zimbabwean government also need to invest in rural infrastructure development so as to allow efficacy welfare service delivery to children with disabilities in Seke district.

Nationally, Initiatives by NGOs and local government provide mobile health clinics to deliver therapy; assistive devices and medical consultations in remote areas so as to assist children with disabilities, UNICEF Zimbabwe (2019).Thus, the government in collaboration with other welfare service providers need to make use of advanced technology like the use of telehealth and digital learning tools. Geographical isolation limit the use of advanced technology in remote areas because of poor internet connection and communication networks, thus due to these the government is unaware of the needs of children with disabilities. Geographically isolated places has poor infrastructure, poor road networks and inadequate public transport systems hinder the movement of both service providers and families, Maphosa (2021). A study by Nyanga (2021), highlighted the experiences of NGOs working in remote areas, emphasizing the need for mobile service units to reach isolated communities. Henceforth, the government and NGOs need to collaborate and provide efficacy welfare service to children with disabilities in Seke district.

Caregiver resistance

Resistance is particularly prevalent in inderserved regions where caregivers face compounded challenges, including stigma, poverty and limited access to information, Gona et al (2011).

Globally, many caregivers struggle to accept their child's disability, resulting in avoidance of welfare services, Abdullah et al (2019). African countries like Kenya and Uganda successfully reduced caregiver resistance by providing localized culturally sensitive services, Hartley et al (2009). Mungála-Odera et al (2006), in many cultures disabilities are viewed

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negatively, discouraging caregivers seeking assistance from welfare providers. There is need to educate the caregivers and create peer support groups were the caregiver engage with welfare service providers for children with disabilities in remote areas for example Seke district. An example in India, peer support groups and educational initiatives have helped caregivers overcome stigma and engage with welfare services, Mukuria & Korir (2006). Thompson et al (2012), programs like Positive Parenting for Children with Disabilities have been effective in engaging caregivers and reducing their resistance globally.

Regionally, caregivers are influenced by societal stigma, personal beliefs and mistrust of service providers, thus resisting welfare service providers from assisting children with disabilities in remote areas, Mukuria & Korir (2006). In regions like Sub-Saharan Africa and South Asia, disabilities may be attributed to spiritual causes, leading caregivers to seek non-medical remedies instead of welfare services. Hartley (2009), disabilities are often attributed to curses, witchcraft or punishment leading to caregivers to seek spiritual remedies rather than professional welfare services provided by welfare providers. In Kenya a community-based rehabilitation program successfully reduced caregiver resistance by involving local leaders and offering financial incentives. Henceforth, welfare service providers need to educate the caregivers and create support groups where they encourage each other to make use of the available welfare services for children with disabilities.

UNICEF report indicates that 92 % of caregivers in Zimbabwe turn to traditional healers for assistance, highlighting a significant barrier to accessing appropriate care from welfare providers. In Zimbabwe disabilities are viewed as lens of superstition, attributed as curses, witchcraft or punishment for wrongdoings, these beliefs discourages caregivers from seeking formal welfare services, opting instead for traditional healers. These stigma and superstitions limit welfare service providers from getting enough information of the needs of children with disabilities in remote areas. UNICEF (2013), social stigma leads to isolation, further deterring caregivers from engaging with service providers. Charema (2010), building trust with resistant caregivers requires additional time and effort, creating strain for welfare providers. UNICEF Zimbabwe (2013), UNICEF and local NGOs collaborated and implemented the parenting program that equip caregivers with skills and knowledge. The program combines education, peer support and practical intervention leading to caregiver engagement. Thus, welfare providers in Seke district also need to collaborate with other NGOs to allow caregiver engagement so as to allow the provision of efficacy welfare service to children with disabilities.

2.3.3 Adopted or implemented strategies that seek to improve accessibility of welfare services to children with disabilities in remote areas

A model is a simplified representation or abstraction of reality, constructed to facilitate understanding, prediction or decision making in a given context, Bunge (1973). In this context a model is a framework or approach designed to address the challenges and achieve the designed goals. They are designed often based on theoretical foundations, research and practical experiences.

Community-Based Rehabilitation Model

At global level, the CBR initiative was developed by WHO in the 1970s, as a strategy to integrate health, education and social service within local communities, World Health Organisation (2010). Hartley (2005), In Uganda, CBR programs empowered local caregivers through training and reduced travel for medical consultations. In India, CBR initiatives have been instrumental in increasing school enrolment for children with disabilities, Deepak (2013). Rachmawati (2020), CBR programs in post-disaster settings address the needs of children with disabilities in remote areas affected by calamities, thus creating effective disaster resilience strategies for children with disabilities. There is need for a strong financial support to make this strategy effective in remote areas like Seke district.

Regionally, CBR was adopted in the region to address these issues, focusing on empowering communities and integrating Children with Disabilities into society. The CBR was developed because institutional rehabilitation was not meeting the needs of Person with Disabilities, Rifkin & Kangere (2002). In Nepal CBR strategy empower caregivers with skills to provide basic rehabilitation at, Pandey & Dhakal (2017). The CBR initiatives empower caregivers to be resilient and not depend only on the welfare services provided by NGOs in providing care for children with disabilities. In Brazil, there is a mobile rehabilitation team that provide services to children in remote Amazon region, Santos et al (2018).

According to, Chataika (2012), Zimbabwe adopted the CBR in the 1980s, spearheaded by organizations such as the Jairos Jiri Association to fill gaps in formal rehabilitation services. Munsaka (2014), through the CBR initiatives they was advocacy and support groups empowering families to demand services and uphold disability rights. Chataika et al (2012), highlighted successful integrating of children with disabilities into schools through CBR initiatives. Munsaka & Charnely (2013), highlighted how vocational training programs improved economic participation of caregivers and children with disabilities. However,

Munsaka (2014), highlights that resource scarcity, worsened by Zimbabwe's economic instability, limits CBR effectiveness. Thus, there is need for funding, community engagement and collaboration from different NGOs to ensure the effectiveness of CBR initiatives for children with disabilities in remote areas.

Social Protection Programs

These programmes have emerged to address the barriers faced by children with disabilities in accessing welfare services, as a strategy to promote inclusion, reduce poverty and ensure equitable accessibility to essential needs. According to the World Bank (2020), children with disabilities are likely to experience poverty, marginalization and segregation from social services. Thus different types of social protection programs were adopted globally which include the cash transfers. For example in Brazil, the Brazil's Bolsa Familia Program offers financial support to families, including those with children with disabilities, contingent on school attendance and health check-ups, Barrientos (2013). Lund (2008), South Africa's Care Dependency Grant provides monthly financial support to caregivers of children with severe disabilities, ensuring their access to medical and educational services. There is also the distribution of assistive devices under the Social Protection Programs. Singal (2008), India Sarva Shiksha Abhiyan distributes fee assistive devices and ensure inclusive education in remote areas. Thailand's Disability Allowance Program combines monthly cash grants with access to rehabilitation and vocational training services, benefiting children with disabilities in remote area, ILO (2016). Henceforth, cash transfers need to be activated in remote areas like Seke district so as to ensure that children with disabilities get accessibility to healthcare services and education services.

At regional level, in region like the Sub-Saharan these Social Protection Programs aimed at reducing poverty and ensuring social inclusion for children with disabilities in remote areas. An example in Sub-Saharan, Kenya's Inua Jamii Program provides cash transfers to vulnerable groups, including households with children with disabilities, ensuring access to basic needs and education, ILO (2016). Ethiopia provides food and cash transfers helping families of children with disabilities in rural areas, Hoddinott et al (2012). Uganda's Expanding Social Protection Program provides direct income support to households with children with disabilities while promoting inclusive community development, Mitra (2018). Cash transfer programs reduce financial pressure, allowing families to invest in their children's welfare Roelen et al (2017). In South Africa, the child support has proven effective

in improving the welfare of children with disabilities, in that it enhances access to education and healthcare services, contributing to better family outcomes, Schubert & Slater (2006). To ensure effective delivery of welfare services to children with disabilities in Seke district, it is essential to first address the existing barriers, as the area lack the necessary infrastructure and services required to implement social protection programs effectively, Ferguson & Wood (2013).

In Zimbabwe the National Social Protection Policy Framework was implemented in 2016 as a way to prevent poverty and social exclusion, Devereux & Sabates-Wheeler (2004). In Zimbabwe under the Social Protection Program there is the Harmonized Cash Transfer (HCT) and the Basic Education Assistance Module (BEAM) which have the potential to improve the availability of welfare services to children with disabilities. Despite benefits of social protection to children with disabilities in remote regions, they are a several challenges that hinder their efficacy which include the initiatives depending on donor funding, lack of commitment from the government and NGOs and references of existing services are usually unreliable. The government through the DSD offer disability loans for children with disabilities, but the application of these loans are too long and unreliable. Thus, there is need to adopt sustainable projects that fund these social protection programs.

2.3.4 POLICIES THAT SUPPORTS PROVIDING WELFARE SERVICES FOR CHILDREN WITH DISABILITES

The UNCRPD was implemented in 2006 globally, article 7 focuses on children with disabilities, ensuring their equal enjoyment of rights. The key objective of this policy was to uphold inclusion, guard rights, provide accessible education, healthcare and social services. Degener (2016), argues that the CRPD has influenced national policies, including inclusive education in Brazil and healthcare reforms in South Africa. Article 24, emphasizes the right to inclusive education for children with disabilities, advocating for access to mainstream schools with appropriate support services, individualized accommodation and teacher training and prohibition of discrimination in educational settings. Singal et al (2020), argues how the CRPD aligned policies in India and Kenya have improved school enrolment rates for children with disabilities. Despite all these successes the resource limitation and societal stigma are still a challenge. The CRPD also calls for social protection services for children with disabilities ensuring access to housing, nutrition and financial support. For example in South

Africa, the Child Support Grant was expanded to include children with disabilities following CRPD ratification, Lorenzo & Cramn (2012).

Globally, SDGs were adopted in 2015 emphasizing inclusivity, equality and addressing the rights of everyone. The goal number four which is ensuring inclusive and equitable quality education and promote lifelong learning opportunities for all aligns with the CRPD article 24, emphasizing the rights to inclusive education. UNESCO (2020), reports that since the adoption of SDG 4, over 60 countries have implemented inclusive education policies. SDG number three, which is ensuring healthy lives and promote well-being for all at all ages. Hartley et al (2017), demonstrate the success of Community-Based Rehabilitation (CBR) programs in providing healthcare services to children with disabilities in low-resource settings.

Regionally, ACRWC was adopted in 1990, it recognizes the rights of children with disabilities to special care and protection. Viljoen (2020), emphasizes the charter's role in shaping disability-inclusive policies across Africa. The ACRWC has made efforts to promote inclusive education across Africa for example, in Kenya the Education for Learners with Disabilities Act (2003) aligns with the ACRWC, providing free primary education and inclusive policies for children with disabilities, Mukhopadhyay & Abosi (2021). It has also advocated for the development of healthcare programs that prioritize children with disabilities for example, in Ethiopia, the Community-Based Rehabilitation strategy has expanded healthcare access for children in rural areas, Tefera et al (2018). Although the policy supports the provision of welfare services for children with disabilities, many African nations struggle with financial constraints that hinder the implementation of disability-inclusive welfare programs, Grech (2016).

Nationally, the Disabled Persons Act (1992) it was implemented to advocate for the rights of people with disabilities including children with disabilities focusing on their equal accessibility to education, healthcare services and social services. Choruma (2007), argue that the act lacks a clear enforcement mechanism and fails to address modern challenges faced by children with disabilities. Section 9, the government agencies are tasked with providing medical care, rehabilitation and educational services for persons with disabilities. Hence, there was the expansion of Community-Based Rehabilitation programs particularly in rural areas, Marimbe et al (2016). However, the policy is outdated making it not address the needs and challenges encountered by children with disabilities in receiving welfare services.

The National Disability Policy of 2021 with the objective of operationalizing the rights of persons with disabilities including children with disabilities. Mpofu & Mandipa (2022), the policy encourages donation of assistive devices for children with disabilities to facilitate learning. Chitiyo et al (2021), argue that while the policy promotes inclusive education, there is a need for a structured plan to equip schools with accessible infrastructure and learning material. Mutepfa & Mpofu (2023) stress the need for early identification and intervention services to develop sustainable consequences for children with developmental disabilities. However, there is need for the government and NGOs to partner and bridge resource gap.

2.4 Summary

The above chapter included the theoretical framework arguing its significance, sustainability and applicability to the evaluation of the efficacy of children with disabilities in Seke district. Also, the chapter provided an in-depth literature review on the efficacy of welfare services to children with disabilities, challenges faced by welfare providers and the different adopted strategies adopted in ensuring the accessibility of welfare services in remote areas giving a globally, regionally and nationally perspective. However, it gave the researcher an idea of the gaps that still exist, what other countries has adopted and what need to be done in Seke district to enhance the efficacy welfare services to children with disabilities in areas like the Seke district. The researcher observed that there is need for technological advancement to deal with healthcare and educational services, collaboration of welfare service providers in Seke district and the need to educate the community about the available welfare services for children with disability and how to access them. Thus, despite the challenges being faced in the provision of efficacy of welfare services being faced in remote areas the researcher has recommendations for further researchers to look at the welfare providers dependency on donor funding and how to deal with such challenge.

RESEARCH METHODOLOGY

3.0 INTRODUCTION

This chapter was to explain ways in which the study was conducted. The previous chapters focused on the relevance of the study and the literature review. It seeks to present the research methodology, explains the general research philosophy, research approaches, research designs, study setting, the targeted population, sampling techniques and sample size, data collection techniques and tools in addition to the ethical standards that must be upheld in the research.

3.1 RESEARCH PHILOSOPHY

It is a system of beliefs and assumptions about the development of knowledge which guides how research is designed and conducted, Saunders & Thornhill et al (2016). Bryman (2012), frames it as the foundation for understanding the nature of social reality and the relation between the researcher and that reality. The researcher accepts that values in social research influence everything from research questions to data interpretation. Creswell (2014), emphasizes that a researchers philosophical stance directly informs their methodological choices thus qualitative methods could reveal barriers and facilitators unique to remote settings. The study applied both positivism and interpretivism because positivism allows the study to use quantifiable data (service reach, impact assessment) and interpretivism focuses on understanding lived experiences of participants with welfare services.

3.2 RESEARCH APPROACH

Creswell (2018), categorizes research approaches into qualitative, quantitative and mixed methods which is a procedure to collect, analyse and interpret data. The research approach for evaluating welfare services for children with disabilities is designed to assess the accessibility, effectiveness and inclusiveness. As the research is guided by the Systems theory and Social Model of Disability the study made use of the qualitative research approach. Creswell (2002), qualitative research is the approach of data collection, analysis, and report writing differing from the traditional, quantitative approaches.

Having defined the qualitative approach, the researcher made use of the qualitative approach so as to discover the gaps of welfare service for children with disabilities by collecting data and conducting further analysis. Data collection of the challenges being faced by welfare organizations in delivering services and developing a model from the data collected and analyzed.

3.3 RESEARCH DESIGN

The research was premised on a qualitative approach hence, qualitative specific research design was utilized. Boyd & Mckoy (2023), states that phenomenology study design includes systematic steps in the data analysis procedures, including identifying a phenomenon to study, interviewing participants and its purpose is to study the lived and shared experiences of children with disabilities. The researcher used the descriptive research design which used different methods which include surveys, observations and case studies.

3.4 STUDY SETTING

This research was conducted in Seke District which is in Mashonaland-East 41Km from Harare by road. The research was conducted in surrounding areas where children with different disabilities reside in different communities. Most of the communities in Seke District are rural areas thus making the research ultimate for better evaluation of welfare services to children with disabilities in remote areas. Researcher first gained admission to conduct the research in different communities through the District Councilor. In addition, the researcher had access to records and documents of children with disabilities and their caregivers from Community Childcare Workers through the Seke DSD. Henceforth, after gaining the accessibility the researcher managed to gather essential and ultimate data of the efficacy of welfare services for children with disabilities.

3.5 TARGET POPULATION

The study was aimed at evaluating the welfare services for children with disabilities, hence the main target population was children with different disabilities in remote areas. These included children with disabilities who are between the ages 5 to 18 years. It included children with physical, intellectual and developmental disabilities. The other target population was the caregivers so as to understand their perspective of services and support.

The secondary target was the service providers which included the NGOs, governmental welfare providers and stakeholders which are policy makers and donors.

3.6 SAMPLING TECHNIQUES

It is a process of choosing a smaller group of participants to express what a larger population might express if asked the same questions. Creswell (2014), sampling involves choosing participants because you believe that they might contribute something to your analysis. They are different examples of sampling techniques and these include convenience sampling, stratifies sampling, cluster sampling, purposive sampling and random sampling. The research made use of the purposive sampling, which is a technique where the researcher selected participants based on specific types of disability and accessibility to services. The technique was useful for in-depth qualitative studies and for targeting specific groups, thus the researcher used it to caregivers who have children with multiple disabilities. The researcher also made use of the snowball sampling method where participants referred others in similar circumstances

3.6.1 Purposive Sampling

The study implemented Purposive Sampling method where the researcher intentionally selected participants who had direct experience with welfare services for children with disabilities. Creswell (2014), explains purposive sampling as selecting individuals who are knowledgeable about or experienced a phenomenon of interest, often used in qualitative inquiry to ensure rich, relevant data. Thus the purposive sampling method was exercised to welfare service providers, children with disabilities who had received welfare services before and their caregivers. For primary participants it was children between 13 to 18 years of age and the researcher with the assistance of key informants gathered the information. The secondary participant it was used on 1 of the welfare service providers from DSD. Henceforth, these participants were chosen based on their past experiences with welfare services for children with disabilities in remote areas.

3.6.2 Snowball Sampling

The study also adopted the snowball sampling method because children with disabilities in remote areas is a hard to reach population, hence the researcher started with the few known participants who referred her to others with the same circumstance. Noy (2008), snowball

sampling is a chain referral method that is effective for accessing social knowledge and interaction patterns within a particular group. This method was mostly used for the primary participants and their caregivers who would refer the researcher of other people with the same circumstances. Henceforth, this made data collection easier for the researcher as more participants participated because trust was built through personal connections and referrals from trusted sources.

3.7 SAMPLE SIZE

The evaluation aims to consider the affected population that is children with different disabilities, the caregivers and welfare providers (stakeholders). The sample size is 15 maximum, so as to ensure that the findings are generalized to the larger population. The population will include 8 children with different disabilities, 5 caregivers and 2 service providers both governmental and non-governmental.

3.8 DATA COLLECTION TECHNIQUES AND TOOLS

The study, being qualitative research guided by research designs and sampling techniques, data collection is of great importance. Creswell (2014), defines data collection techniques as the systematic procedure and strategies researchers use to gather, record and analyze data from several sources so as to answer research questions or explore phenomena.

3.8.1 SEMI-STRUCTURED INTERVIEW

The researcher used the semi-structured interview guide in which she prepared the open-ended questions in advance allowing the participant to elaborate their experiences, providing more information. The researcher used the semi structured interview on her 9 both primary and secondary participants. The researcher interviewed 1 welfare service provider at her respective organization. The following day the researcher managed to interview 3 children with different disabilities and 2 caregivers with the assistance of key informants at their respective homes. The researcher on the third day visited Seke 5 High School and interviewed other 2 children with different disabilities in a quiet room at school and 1 caregiver at the school who lived with children with disabilities at home. The interviews would take 20 to 30 minutes no one exceeded that timeframe in which the researcher used the recording skill to capture enough in a journal.

3.8.2 In-depth interview

This is a qualitative research method designed to collect in depth and broad information from individual participants. Conducting in-depth interviews with children with disabilities require the principle of controlled emotional involvement and acceptance especially those with multiple disabilities. Objectives and purposes were articulated knowing what the researcher wanted to learn from them which included experiences with welfare services, challenges faced and recommendations for change to occur. The researcher appealed for consent from parents, informed the participants the purpose of the interview and informed them that they had the right to withdraw. The researcher created a comfortable environment so as to build rapport with the participant. The researcher allowed the use of local language. The research made us of the recording skill recording information obtained during the interview with the participants. The researcher used the in-depth interview to 3 children with physical disabilities, who had no trouble in communicating. The researcher used the visual aids that are the use of pictures or other visual tools in order to convey questions and ideas so as to get comprehensive findings. Adding on, the in-depth interview was excised to 2 caregivers of children with multiple disabilities and 1 welfare service provider from DSD. The interview took 45 to 50 minutes until all the questions were answered.

3.9 DATA COLLECTION PROCEDURE

The researcher engaged the qualitative research design with the aim to seek a model of the efficacy of welfare services for children with disabilities in Seke District. Firstly the researcher obtained permission from the Councilor of Seke District so as to carry out the research in his community. The researcher also went on to seek permission from the school head of Seke 5 high so as to be able to collect data from his students and co-workers. The researcher went on to seek consent first by making the participants sign consent papers. For the researcher to get enough participants she used the snowball sampling technique whereby the available participants referred the researcher to other participants with the same circumstances as them. Thus, after getting all the permissions from different stakeholders, the research was carried out using the semi-structured interview and the in-depth interview using interview guides. The researcher used the note taking skill in a journal to record detailed information as most participants were not comfortable with the researcher using a recorder. Thus, the researcher with following the above data collection procedure managed to get

enough information she needed and also was able to identify gaps that future researchers need to consider.

3.10 VALIDITY AND RELIABILITY\ TRUSTWORTHINESS

The study employed a range of techniques and methods to enhance its validity and reliability. One key strategy was triangulation, which involves using multiple methods or data sources to strengthen the validity of the findings. According to Messick (1989), validity represents an integrated evaluative judgement regarding how well empirical evidence and theoretical reasoning support the interpretations and actions derived from assessment results. Similarly, Joppe (2000) defines reliability as the degree to which research findings remain consistent over time and accurately reflect the population under study. This research adopted a qualitative approach, incorporating various techniques, tools and sampling strategies. Dta collection involved multiple sources, including semi-structured and in-depth interviews, to capture diverse perspective and ensure validity. By drawing from participants in different locations, the study effectively triangulated the data. As Noble & Heale (2019) assert, triangulation enhances both the credibility and validity of research outcomes.

The researcher employed the member checking strategy, a method commonly used in qualitative research, which involves allowing participants to review and confirm the collected data. According to Birt et al (2016), member checking is a techniques used to assess the credibility of results by returning the data or findings to participants for verification of accuracy and alignment with their experiences. In this study, the researcher reread the semi-structured questions and the corresponding participant responses to ensure that the information was recorded accurately and reflected the participants' intended perspectives. Through multiple rounds of member checking, the findings remained consistent, thereby enhancing the trustworthiness of the research.

3.11 DATA ANALYSIS PRESENTATION

According to Creswell (2014), data analysis is the process of systematically searching and arranging the interview transcripts, field notes and other materials that you accumulate to increase your understanding of them and to enable you to present what you have discovered to others. For this study thematic analysis was utilized to analyze qualitative data, identifying themes and patterns related to the efficacy of welfare services for children with disabilities in Seke district. Braun & Clarkes (2006), define thematic analysis as a method of identifying,

analyzing and reporting patterns within data. Researcher used thematic analysis because it is flexible and it has a systematic process. The process was helpful in that it made the researcher identify the limitation of the accessibility of welfare services for children with disabilities in Seke district and what needs to be done.

➢ **Familiarization**

At this stage the researcher was familiarizing with the data to gain a deep incite of the content. Braun & Clarke (2006), familiarization is the phase of thematic analysis and it involves immersing yourself in the data by reading and re-reading the content, actively engaging with the material, and noting initial ideas and patterns. The researcher went through interview transcripts, filed notes and policy documents on the welfare services for children with disabilities. The researcher identified the recurring idea that the caregivers and the children with disabilities lacked information about the type of welfare services they are supposed to receive. Familiarization was also helpful to the researcher to understand that the surrounding environment and society have a great effect on the efficacy of welfare services for children with disabilities in Seke district.

➢ **Initial Coding**

Braun & Clarke (2006), initial coding is the process of systematically identifying and labelling features of the data that are relevant to the research question. Initial Coding was of great assistance to the study as it helped the researcher to identify sections related to service accessibility, quality, barriers and effectiveness.

➢ **Code Development**

Gibbs (2018), code development is when the researcher refine and revise codes through iterative analysis, ensuring a robust coding framework. The researcher was able to identify key issues from the collected data and organizing them with meaningful categories. This stage assisted the researcher to understand the complex factors influencing welfare service efficacy for children with disabilities in Seke district.

➢ **Theme Identification**

Braun & Clarke (2019), it involves examining patterns and relationships across codes, revealing underlying themes related to service efficacy. The researcher was able to cluster similar codes to form potential themes. The researcher managed to refine themes for the

study which include limited accessibility to welfare services, inadequate service provision and quality, social and cultural barriers to services utilization.

- ➢ **Theme Review and Refinement**

Theme review and refinement is a way to ensure that the collected data is accurately represented. Braun Clarke (2006), emphasize that themes should be coherent, distinct and meaningful while staying aligned with the research question. The researcher revisited the collected data to confirm that themes such as limited accessibility and social and cultural barriers to service utilization accurately captured the challenges that limit the efficacy of welfare service for children with disabilities in Seke district.

- ➢ **Theme definition and Naming**

The researcher was able to define each theme and named so as to capture the challenges faced by participants in terms of the welfare services for children with disabilities. Braun & Clarke (2013), this process of defining and naming themes in thematic analysis is crucial to ensure that the findings accurately represent the data and contribute to meaningful interpretations.

- ➢ **Writing a narrative**

Many remote areas in Zimbabwe including Seke district face significant barriers for children with disabilities to receive adequate welfare services, despite policies designed for them. The researcher through the conducted interviews and recorded data identified that the primary challenges affecting the efficacy of welfare services for children with disabilities are the geographical and digital barriers. The study started with familiarization making the researcher fully aware of the collected data hence, the second stage was initial coding which involved the identifying and labelling of data. Furthermore, the third stage was code development followed by theme identification, reviewing and lastly theme defining and naming. The findings of the study highlighted the need for digital accessibility, specialized and qualifies service providers and community engagement to improve the efficacy of welfare services for children with disabilities.

3.12 ETHICAL CONSIDERATION

Ethical consideration are paramount when conducting research of the evaluation of welfare services to children with disabilities in that they is need to respect the rights, dignity and

well-being of a person. Henceforth they are ethical considerations to guide the research these include:

3.12.1 Informed consent

According to Bell (2010), any researcher should seek first the consent of the study participants before recruiting them to be part of the study. This demands the researcher to prioritize informing participants about the study objectives and possible benefits. The researcher managed to fully inform the participants that they had the right to choose whether to participate or decline without any persuasions. The study participants were assured of their rights to independently choose to participate or not and the right to withdraw at any time of the interview.

3.12.2 Confidentiality

It is a condition whereby the researcher knows the identity of a participant, but takes steps in protecting the participant's identity from being discovered by others. This ethical consideration obligates researchers to preserve the confidentiality of the study participants (Babbie, 2014). The researcher employed different methods to keep their subject identity confidentiality such as keeping the records secure and making sure that collected information will be used for academic uses only. In addition, the use of pseudo names was employed.

3.12.3 Voluntary Participation

Voluntary participation refers to a research participant's exercise of free will in deciding whether to participate or not to in a research study, (Sharma, 2017). The researcher employed the principle of voluntary participation to ensure that participants felt comfortable and willing to engage in the study. Participants were allowed to take part at a time that suited them best. This ethical approach helped the researcher build trust and demonstrates integrity, which encouraged participation.

3.13 LIMITATIONS

In Seke district since it is one of the remote areas in Zimbabwe it lacks skilled disability specialists, therapists and educators to cater for children with different disabilities. The researcher from the study identifies that children with disabilities had different needs according to the type of disability one had, hence they was need for different welfare services

for each one of them. Henceforth for these needs to be met they is need for a specialized service providers for each type of disability. Mwangi et al (2021), rural communities face lack of specialists essential for diagnosing and treating children with disabilities due to recruitment difficulties.

In addition, lack of awareness many families in remote areas are not aware of available welfare services or how to access them, thus affecting its efficacy. This limitation affects families, communities and even service providers thus limiting them to deliver adequate care for children with disabilities. Due to lack awareness the researcher realized that some other caregivers still view disability as a spiritual stigma rather than a medical condition, hence preventing them from seeking welfare services. Simone (2016), indicates that parents and caregivers in rural communities often lack awareness of existing disability services, leading to underutilization of essential healthcare and support resources. Henceforth, they is need for a serious community engagement and culturally sensitive education campaigns.

3.14 CHAPTER SUMMARY

The chapter centered on utilizing the qualitative research approach to collect data from both primary and secondary participants. It also involved the utilization of research designs linking them with the researcher's objectives. The researcher collected data using different data collection techniques and tools, furthermore explained the validity and reliability of the collected data explaining the use of the triangulation technique. However there was the use of the thematic analysis to ensure transparency of the findings. Henceforth, this chapter was of great significance as the researcher was able to conduct her research and get the accurate data needed to support her research topic.

CHAPTER 4

DATA PRESENTATION AND ANALYSIS

4.0 INTRODUCTION

The research purpose was to evaluate the efficacy of welfare services for children with disabilities in Seke district. Case study of Seke district. The main agenda of this chapter is to present and analyze collected data through in-depth interviews and semi-structured interviews. The presented data will be guided by the three objectives which includes, assessing the efficacy of the welfare services to children with disabilities in remote areas, identifying challenges faced by welfare organizations in providing welfare services to children with disabilities, determining a model that seeks to improve the convenience of welfare services to children with disabilities in remote areas. Data collected will be analyzed in relation to the literature which was look over in Chapter 2 and the Social Model of disability theory and the systems theory.

4.1Demographic characteristics of the participants

4.1.1. Key Informants

DESIGNATION	ORGANISATION	EXPERIENCE (Years)	SEX
K1. Social Development Officer	Department of Social Development	5	Female
K2. NGO Officer	Mavambo Trust	6	Male
K3.School Teacher	Seke Teachers College	4	Female
K4. Community Childcare Worker	Seke Ward 2, Department of Social Development	8	Female
K5. Community Childcare Worker	Seke ward 1, Department of Social Development	6	Male
K6. Parent living with a child with disability	-	-	Female

K7. District Focal Person   National Council Of the Disabled   5   Male
                                       Persons of Zimbabwe

The above table shows 7 key informants chosen by the researcher. It displays their organisations, experience in the field and their respective genders. The researcher chose the experienced Social Development Officer (K1) because she possessed detailed understanding of the welfare services that are available for children with disabilities and the challenges being experienced in accessing them, thus enabling richer data collection. The government provides welfare services to vulnerable groups like the children with disabilities through the DSD. The researcher selected an NGO Officer from Mavambo Trust (K2) because they work directly with children with disabilities and their families in providing services and support, giving them insights of the successes of welfare interventions. Key informant 2 was familiar with the availability, limitations of resources, infrastructure and service networks in Seke District areas making him a good candidate to conduct an in-depth interview. The researcher selected a school teacher (K3) who interacts with children with disabilities regularly, providing firsthand observations of their development, needs and challenges. She is well-positioned to identify gaps in service delivery such as learning aids, mobility support and access to education resources.

The researcher selected two Community Childcare Workers (CCW), who are community workers chosen by the DSD to work in their communities. They work closely with children with disabilities and their families, often providing hands-on care and support, which gives them a deep understanding of the children's needs. They usually monitor the well-being of children with disabilities allowing observation of the efficacy of welfare services, thus providing richer data. The researcher selected a parent because she is a primary caregiver and witnesses firsthand how welfare services impact her child's well-being and development. A parent can provide vulnerable information on how accessible welfare services are evaluating the quality, consistency and responsiveness of services. By being the primary caregiver the researcher noticed that a parent is of great significant to her research. The researcher also selected a District Focal Person form NCDPZ because he is directly involved in implementing national policies and programs at district level, offering on how well these initiatives reach children with disabilities in Seke district. Key informant 7, maintains records

on service coverage, outreach efforts and community needs, thus providing useful data for evaluating the efficacy of welfare services.

4.2 Demographic information of the Children with Disabilities

NAME	SEX	AGE	NATURE OF DISABILITY
P1	Female	10	Hearing impairment
P2	Female	15	Physical disability
P3	Male	8	Physical disability
P4	Female	12	Visual and speech impairments
P5	Male	7	Mental illness
P6	Male	17	Physical impairment
P7	Female	11	Speech Impairment
P8	Female	14	Physical disability

The table above shows the primary participants for this study of children with disabilities selected from Seke district. The study involved 8 participants and was presented using the letter P1 to P8 for confidentiality purposes. The participants involved 5 children with physical disabilities, 1 with hearing impairment, 1 with both visual and speech impairment 1 with speech impairment and the last one had mental illness. The highest number of children falls under those with physical disability. Amongst the 8 participants 5 children with disabilities were able to participate on their own without assistance which included P2, P3, P6, P7 and P8. The remaining 3 who were unable to participate on their own were assisted by their caregivers. This was mentioned in the study that caregivers would be interviewed if there is communication barrier.

4.3 QUALITATIVE FINDINGS

The discoveries of this research are prearranged according to its objectives. They focus on the findings from the research for the evaluation of welfare services for children with disabilities in Seke district. All participants had different insights to offer with the children with

disabilities involved in contributing their significant insights as they had first-hand experience with the welfare services being provided. The data findings will be presented in the form of objectives accompanied with sub-themes.

4.4 EFFICACY OF WELFARE SERVICES TO CHILDREN WITH DISABILITIES IN SEKE DISTRICT.

Regarding this objective, the study revealed that participants were generally aware of the welfare services available for children with disabilities. The findings indicated that key informants possessed comprehensive knowledge of these services, wehereas the primary beneficiaries were largely unaware of the full range of support available to them. To assess the effectiveness of welfare services provided to children with disabilities in Seke district, the researcher gathered information from various participants within the sample, beginning with the caregivers.

4.4.1 Enhanced Access to Healthcare

The need to improve the ability of children with disabilities to obtain necessary health services nearby when they need them. Organizations need to partner with local healthcare providers to facilitate access to specialized treatments and reduce health disparities, thus demonstrating the efficacy of welfare services to children with disabilities in Seke district.

K1. Department of Social Development Officer said:

> "*As a social welfare officer from DSD, the available welfare services for children with disabilities mostly favor their accessibility to healthcare services, for example there is the special Assisted Medical Treatment Order that allows them to receive treatment from private hospitals and they also get free treatment from government hospitals*".

K2 NGO OFFICER

> "*The funding from the Organisation to support the available welfare services for children with disabilities in Seke district is of great assistance because it improved the management of disabilities especially those with physical disabilities as they are able to access services such as physiotherapy which were inaccessible in rural regions*".

K4:CCW

"However, welfare services enhance their access to healthcare services but many of the beneficiaries and their families are unaware of what these welfare services are capable of because most of the children with disabilities who are assisted with these services fail to access them due to financial constraints to go to the hospitals, thus something need to be done".

The findings of the study shows that welfare services allows enhanced access to healthcare services for children with disabilities although it does not reach every beneficiary in Seke district due unawareness of all the welfare services available for them. This is consistent with existing literature from Kumar & Jain (2018), who argues the need for outreach efforts to educate families in remote areas about available welfare service since they might lack awareness. However, the researcher noted that they are available welfare services for children with disabilities that allow them to access healthcare services such as AMTO, disability loans and the application of special AMTO and assistive devices that allow them to easily access healthcare services especially those with physical disabilities. Henceforth, the community need to be educated about these healthcare accessibility services so that they reach everyone in Seke district.

4.4.2 Social Inclusion and Community Engagement

The welfare services play a crucial role in fostering social inclusion and community engagement for children with disabilities in Seke district where discrimination and stigma limit their participation. Social inclusion involves creating opportunities for children to participate fully in community life such as education and social activities. Government schools introduced special classes for children with disabilities so as to ensure that children with disabilities engage in community-based programs so that they engage in activities alongside their peers.

K1: DSD Officer

"Welfare services allow children with disability to gain social inclusion by being enrolled into schools alongside their peers giving them a sense of belonging, enhancing social skills and boosting self-esteem. Community engagement is of great significance in breaking isolation for children with disabilities".

P2

"*Kudzidza nevamwe vana kwakandibatsira kuti ndidewo kuita mitambo yandaiona yaienderana neni sekugona kutambawo chess isingade kuti ndiite zvekumhanya asi kuti ndinongoshandisa pfungwa dzangu nemaoko izvi zvatoita kuti ndipinde mumakwikwi akawanda nezvimwe zvikoro ndichitovakunda, zvaita kuti ndifarire kuenda kuchikoro zvakanyanya*"(These welfare services opened an opportunity for me to be enrolled into school alongside my peers and I was able to participate in school activities that required less effort since I have a physical disability, I managed to play chess which I'm good at and I managed to participate at district level and still won. This motivated me to participate more in different social activities, thus fighting stigma and discrimination)

The findings indicate that welfare services has been of great significance in allowing the children with disabilities to be included into social activities. The participants agreed that the available welfare services allow children with disabilities to be enrolled into the same schools as other children, thus promoting social inclusion. The researcher also identified that welfare services provided children with disabilities with the opportunity to participate in social activities they can be part of despite their physical disability.

4.4.3 Long-term development and Independence

Welfare services are essential in laying the foundation for the long-term development and independence of children with disabilities. The long-term development and independence is achieved through education, vocational training and life skills development.

K3 School Teacher:

"*It is not difficult to teach a child with physical disability compared to a child with visual or hearing impairment. However, providing vocational training to children with disabilities is of great significance to them as they can be able to do some work that benefit them in future thus making them independent*"

K6. Parent living with a child with disability

"*When a child with disabilities develop some skills through education or vocational trainings he or she cannot be a burden in future as he or she will be holding life skills that can assist him or her to be independent*"

The findings indicate that providing children with disabilities helps them to develop long term skills which will help them in future. Wehmeyer (2005), advocates for teaching self-determination skills as a foundation for lifelong independence and successful adult outcomes for children with disabilities, thus he supports that children with disabilities should be taught long term skills.. The researcher from the findings noted that welfare services assist children with disabilities with the opportunities to access life skill trainings and education helping them with long-term development and resilience.

4.5 Challenges faced by welfare organizations in providing welfare service to children with disabilities

Children with disabilities is one of the most vulnerable group that need welfare services to survive, the government and NGOs play a critical role in bridging the gap between these children's needs and available services. However despite their efforts welfare organisations frequently encounter numerous challenges that hinder the effective delivery of services to children with disabilities.

4.5.1 Inaccessible Infrastructure and Transportation

It is one of the major challenges faced by welfare organisations as it limits the participation of children with physical or sensory impairments. Many service centers, schools and clinics are not equipped with disability-friendly features. Different participants through in-depth interviews and semi-structured interviews were able to point out the challenges faced by welfare organisations in proving welfare services to children with disabilities in Seke district.

K1 DSD Officer:

"We want to reach more children, but transport is a huge obstacle. We often end up using our vehicle to fetch children, but it is not sustainable because of the distance where some of these children reside"

K7. District Focal Person

"We want to serve every child, but the truth is our facility is not accessible to everyone. Some families just stop coming because it is too difficult to get inside"

P8

"Kwandinokwanisa kubatsirwa handikwanise kuenda ndega nekuti kure ini makumbo angu handikwanise kufamba nekuti handina wheelchair uye zvekufambisa kuenda ikoko nezvandiri izvi zvinoti dhurei. Kunyangwe ndikaenda kuDSD kwacho handikwanise kupinda mavanoshandira nekuti mavakirwo apakaitwa panonetsa kuti ini ndikwire ndichipinde mukati zvinoita izvo kuti ndingogara ndaregedza kuenda hangu"(The center where I can get access to welfare services is far from where I reside hence due to my physical disability and that I do not own a wheelchair I cannot travel to the DSD. The infrastructures of the offices are not disability-friendly thus I end up not accessing the welfare services)

CCW

"The clinic we use is more 10 km from most households, the roads are unpaved. The distance to the hospitals limit children with disabilities to access healthcare services because they is limited transport, hence this causes the children with disabilities not to participate in accessing welfare services which is a challenge to the welfare organisations"

These findings illustrate that inaccessible infrastructure and transportation restrict participation in services that are intended to be inclusive and supportive for children with disabilities, thereby undermining the goals of welfare interventions. Shakespeare et al (2018), emphasizes that children in remote areas are often far from specialized healthcare and rehabilitation centres, leading to delayed interventions unmet needs. He also argues that, difficulties in accessing transportation hinder families from reaching services, leading to missed appointments and inadequate care. Mercer (2010), argue that inaccessible infrastructure and lack of transport disproportionately affect children with disabilities in remote areas, leading to limited access to welfare services. The researcher noted that inaccessible infrastructure and transportation can lead to increased welfare costs for welfare organisations limiting the provision of other welfare services that are greatly needed by children with disabilities in Seke district. It might be a barrier to the welfare organisations but it also hinders children with disabilities physical accessibility to their welfare services and also conveys message of exclusion of families of children with disabilities.

4.5.2 Limited Trained Personnel

In-depth interviews and semi-structured interviews with both key informants and primary participants revealed that a significant barrier to delivering effective services for children with disabilities is the shortage of trained personnel. Organizations noted a critical gap in professionals equipped with the specialized skills and knowledge required to support children with complex developmental, physical and cognitive needs.

K1 DSD Officer:

"We are trained in social work, not in dealing with children with autism or cerebral palsy, sometimes we feel helpless because we do not know how to support them properly. Most of the trained staff leaves for better opportunities in the cities and we are starting over again and again"

P7

"Most of the time it is hard to communicate with the service providers because there will be communication barrier, henceforth most of my needs are not adequately met making me not interested in accessing the welfare services"

K3 School Teacher

"We are expected to teach learners with disabilities, but we are never trained for this especially those with visual and hearing impairments. There is only one special needs educator for the entire district, we are doing what we can but it is not enough".

K6 Parent living with the child

"They try their best, but they do not understand my child's condition. I have to explain everything every time we visit"

The findings emphasized that general welfare workers often lack specialized training in disability which is great barrier to the welfare organization hindering their adequate service provision to children with disabilities. The researcher noted that welfare organization in Seke district lacked staff that would communicate with children who had visual, speech and hearing impairments. These findings underscore the urgent need for investment in capacity building, ongoing training and staff retention strategies to ensure that welfare organisations can provide specialized and consistent care to children with disabilities.

4.5.3 Caregiver Resistance

It is a notable barrier to the successful delivery of services for children with disabilities it can be due to mistrust of service providers, stigma and limited awareness of the available welfare services. This resistance can limit the ability of service providers to deliver support that could improve the quality of life and development outcomes for children with disabilities. In-depth interviews and semi-structured interviews were conducted participants had different views:

K1 DSD Office:

> *"We try to involve caregivers into the welfare services available for children with disabilities but they do not want their children to be labeled, thus they rather keep them at home that have allow the service providers assist them with their needs"*

K4 CCW

> *"There is still a strong belief that a child with a disability brings shame. Families hide them and we are told the child is not home even when we can hear them"*

K6. Parent living with a child with disability

> *"I'm agreeing that welfare services are there to support us who have children with disabilities but the services come with processes that are exhausting and take time. We also do not have enough finances to carry some processes that are needed to a child to receive these welfare services, thus we are not patient enough because we have other things to do"*

P3

> *"Ndinotodawo kubatsirwa nevanobatsira asi mibvunzo yacho yatizonobvudzwa yakawandisa tinopedzisira taneta uye nekushaya hanya, kusvika vationoenda navo vanetawo vopedzisira varamwa"*(These welfare services are of great significance in meeting my needs as a child with physical disabilities, but we first undergo an assessment which is exhausting, thus making me not wanting the services anymore and also my caregiver exhausted with the assessment questions)

The findings concur that caregiver resistance is a complex phenomenon rooted in mistrust, cultural beliefs and social stigma. According to the systems theory, the microsystem being the immediate environment that is the family and peers attitude, resources and support networks can impact the child with disability accessibility to welfare services. Turbiville &

Turnbull (2014), emphasizes the family dynamics role in shaping experiences of children with disabilities, effective welfare services must engage families as key stakeholders, recognizing their influence on children's development and access to services. The researcher noted that the caregiver's resistance is a barrier to the welfare organisations because without caregiver participation the organizations are not able to reach every child with disabilities in Seke district. Henceforth, to overcome the caregiver resistance there is need to develop a multifaceted approach that include caregiver education and community engagement.

4.5.4 Resource constraints

Inadequate funding and resources are central challenges undermining the delivery of services to children with disabilities. Many organisations operate on tight or unstable budget, often relying on short-term donor funding and limited government subsidies. From in-depth interviews and semi-structured interviews both key informants and primary participants had something to say:

K2 NGO Officer

> *"We do not have core funding. Every year we scramble to keep programs running. Sometimes we have to cut services halfway through the year. We want to reach more children, but without fuel and vehicles, we cannot get to them funding stops us before we even start"*

> *"We as children as much as we are assisted with educational and healthcare service the welfare services are unable to provide assistive devices which include wheelchairs and hearing aids. We can apply for these assistive devices but no one in our community has ever testified that their wheelchair came by, thus showing that these organisations are facing financial constraints"*

K1 DSD Officer

> *"The organization has a variety of welfare services for children with disabilities but the government is not funding these services to their full potential. The organization also has to request funds from the province which is a long process"*

The findings concur that inadequate funding and resources limit the organizations from providing adequate and reliable services to children with disabilities. Chikanda (2020), argues that programs that provide training and resources to families can enhance their ability

to support their children to be able access welfare services. This shows that resources are needed for the children with disabilities to receive welfare services in their full potential. The researcher noted that underfunding limits both the scale and effectiveness of welfare programs, making it difficult to meet the diverse and intensive needs of children with disabilities for the welfare organizations in Seke district. Henceforth, the government and NGO's need to collaborate to ensure the effective delivery of welfare services so as to fight the inadequate funding from both sides to ensure that children with disabilities receive their services effectively.

4.6 MEASURES THAT CAN BE UTILIZED TO IMPROVE THE ACCESSIBILITY OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES IN SEKE.

The study has challenges that limit the efficacy of welfare services for children with disabilities, thus to improve the efficacy strategies has to be implemented so as to ensure that welfare services become effective in the lives of children with disabilities in Seke district. Different sub-themes were identified based on the interviews conducted by the researcher to key informants and primary participants. Participants emphasized that strategies have to be implemented so as to meet the gaps of welfare services for children with disabilities and enhance program efficacy.

4.6.1 Community-Based Outreach and Mobile Services

It is one of the most effective strategy that was raised by both key informants and primary participants from their in-depth and semi-structured interviews. These address the geographical isolation and transportation barriers in Seke district. Community-based outreach involves the deployment of trained welfare professionals into local communities to provide services directly. Outreach workers can identify children with disabilities and assess their needs and apply families with application processes and providing referrals. The participants had different views:

> *"We as service providers we suggest that the organizations recruit many officers who have knowledge about the needs of children with disabilities and these officers take turns to work in communities identifying children with disabilities through the snowballing sampling technique. If possible these officers make use of the mobile services that is walking with the mobile team such as therapists"*

"As caregivers community-based outreach and mobile services are the only way our children can be able to access welfare services especially for those who have physical disabilities due to distance we cannot afford transport to access these welfare services as the offices are far away from where they reside"

"We as community childcare workers if the community-based outreach and mobile services are implemented it means that more children with disabilities are reached in all areas in Seke district, thus no child with disability is left behind, henceforth this will improve the accessibility of welfare services for children with disabilities"

"As beneficiaries of the welfare services the service providers need to work in our communities as well so that we can access the resources nearby because we cannot afford transport to access the welfare services to their offices and due to our condition especially us with physical disabilities"

The findings concur that the participants are not effectively accessing the welfare services for children with disabilities because of distance, hence they is need for the deployment of welfare service providers officers into communities to meet their needs. The initiative was developed by WHO in the 1970s, as a strategy to integrate health, education and social service within local communities, World Health Organisation (2010). Kumar & Jain (2018), highlight the need for outreach efforts to educate families in remote areas about available welfare service since they might lack awareness. From the findings it shows that the participants want the welfare services to accessible nearby. The researcher noted that community-based outreach and mobile services helps in increasing access to welfare services, participation of community members and the welfare organizations can again trust from the community members.

4.6.2 Assistive Communication Tools

Children with non-verbal or speech impairments are often excluded from meaningful participation in service assessments. From an in-depth interview children with speech and hearing impairments were assisted with their caregivers to answer the interview guides:

"As a child with speech and visual impairment it is difficult for me to undergo welfare service assessments making it hard for me to access the needs that I want, thus I need communication tools so that I can be able to express my needs"

"As a child with speech impairment my expressions sometimes are misinterpreted and I end up receiving welfare services that do not match with the my exact needs and I end up not participating in accessing the welfare services because I do not see their effectiveness"

"As a parent living with a child with mental illness my child's needs are not met because she cannot fully express herself due to her mental illness, the organizations need to introduce the use of pictures so that she can be able to pint at the pictures"

The findings concur that children with speech and hearing impairment are facing a challenge of poor communication living their needs unmet. Kuper et al (2014), report that absence of assistive technologies and tailored learning materials hampers learning outcomes for children with disabilities. The findings points out those children need assistive devices that help them to communicate their needs to the welfare service providers. The researcher noted that communication tools such as pictures and communication boards need to introduced in offices in Seke district so as to improve the accuracy in service delivery such as case assessments and service matching as could communicate preferences.

4.6.3 Improved Coordination between Organizations

The inefficient coordination between service providers often limits access to welfare service for children with disabilities. In Seke district organization such as government departments, NGOs, healthcare facilities and schools groups operate in silos. This fragmentation results in service duplication, gaps support and confusion for families seeking help. Improved coordination would improve the accessibility of welfare services, key informants and primary participants had different insights:

K1 DSD Officer

"*Welfare organization need to coordinate so as to have better results, we repeat the same assessments of welfare service needs to children with disabilities because the departments do not share information but if they collaborate it also reduce service delivery duplication"*

"As children with disabilities we are unaware of which organization assist with educational services because in schools we are informed that we are not the one that enrol children into BEAM giving us confusion"

The findings indicate that effective coordination between organizations is essential for delivering consistent and reducing service duplication. Collaboration and coordination between the Zimbabwean government and NGOs is needed so as to ensure social inclusion of children with disabilities by providing efficacy of welfare services. The researcher noted that formal partnership, joint training and integrated referral systems are key enablers of more inclusive and responsive care systems.

4.6.4 Integration of technology

The integration of digital tools ranging from telehealth services and mobile communication to assistive devices, have the potential to enhance reach, quality and efficiency of welfare services. It is supported by qualitative insights from both key informants and primary participants.

> *"As children with disabilities we are capable to use mobile phones hence the welfare organization should allow us to access our welfare needs through a specific social media platform making it easy for us to access the services fighting the geographical isolation"*

> *"As a caregiver I have other things to do besides walking long distance only to access welfare services for my child, I suggest that these welfare service providers create a platform on Whatsapp where we can communicate with them on the needs of our children"*

The findings concur that participant's want a platform were they are able to access welfare services from home using their mobile phones. Lindsay et al (2016), innovative telehealth projects in rural Australia and Canada have shown promise in reducing barriers to healthcare access, proving necessary medical consultations and support services remotely. The improvement of healthcare initiatives like the introduction of telemedicine, so as to make sure that healthcare services reach children with disabilities in remote areas and not being limited by the geographical isolation. Mobile health initiatives in South Africa, such as using mobile clinics and telemedicine, have demonstrated potential for improving access in remote areas, Leon et al (2012). The researcher noted that integration of technology in remote areas is transformative strategy for improving the accessibility of welfare services for children with disabilities. It can be of great use but cannot replace the need for physical infrastructure and

human contact. Henceforth, technology can serve as a bridge to dignity, empowerment and opportunity for some of the most vulnerable children in Seke district.

4.7 CHAPTER SUMMARY

This chapter discussed the findings gathered from organizations officers, caregivers, community workers and children with disabilities. It examines the efficacy of welfare, revealed the significant barriers related to access, infrastructure and service delivery. The findings underscore the need for a comprehensive, context-sensitive model that addresses the challenges in delivering inclusive welfare services. The findings brought out that strategies need to be implemented or improved ensuring efficacy of welfare services for children with disabilities in Seke district by firstly ensuring the accessibility of welfare services. Participants concluded the study by recommending strategies that they think were of great significance in improving the accessibility of welfare services for children with disabilities in Seke district.

SUMMARY OF FINDINGS, CONCLUSIONS & RECOMMENDATIONS

5.0 INTRODUCTION

The chapter summarises the study's findings which aimed to assess the efficacy of welfare services provided to children with disabilities in Seke district. The research explored the social and structural barriers affecting service access and examined the strategies aimed at improving inclusivity, accessibility and quality of care. It presents conclusions from the research findings namely, assessing the efficacy of the welfare services to children with disabilities in remote areas, identifying challenges faced by welfare organizations in providing welfare service to children with disabilities, determining a model that seeks to improve the accessibility of welfare services to children with disabilities in remote areas. It draws conclusion based on the data collected and analyzed and provides recommendations for practice and future research.

5.1 Summary findings

The previous chapters discussed the background of the study, reviewed the literature, methodolody and data presentation, analysis and further discussions. The study aims to seek a model towards the evaluation of welfares services for children with disabilities in Seke district. Three objectives guided the research which include, to assess the efficacy of welfare services for children with disabilities in Seke district, to identify the challenged faced by welfare organisations in providing welfare service for children with disabilities and to determine a model that seeks to improve the accessibility of welfare services. Two theoretical frameworks were applied during the study which were the social model and systems theory. The study followed a qualitative approach using in-depth interviews and semi-structured interviews. These were applied to 15 participants both primary and secondary participants, and the participants were picked using purposive sampling and snowballing. Thematic data analysis was used to come up with sub-themes from the main objectives.

5.1.1 Efficacy of welfare service for children with disabilities in Seke district

Study findings emphasized that welfare services in Seke district are largely limited in scope and reach. The services that are mostly provided are reactive rather than proactive; hence they address the present problems rather than promoting long term development. Children

with disabilities and their caregivers face significant barriers to access the available welfare services, these barriers include transportation, stigma and lack of awareness. Thus, welfare organisation needs to collaborate and coordinate to fill in the gaps rather than providing the same services. Henceforth, the study found that while welfare services do exist for children with disabilities in Seke district, their effectiveness is significantly limited by various structural, operational and contextual factors.

5.1.2 Challenges faced by welfare organisations in providing welfare services to children with disabilities

Study indicated that welfare organisation does face barriers in providing welfare services to children with disabilities in Seke district. These barriers include inadequate trained personnel, lack of community engagement, resource constraints, cultural and stigma surrounding disability hinder their service provision and lack of coordination between governmental and NGOs. Lack of assistive devices such as specialized learning materials undermines their service delivery to reach all children with disabilities in Seke district. The geographical barrier and poor infrastructure also affect their service delivery because of the inaccessible roads making it difficult for welfare workers to reach children and families. However. the study brought out that welfare organisation face challenges in delivering services to children with disabilities in Seke District.

5.1.3 Measures that can be utilized to improve the accessibility of welfare services for children with disabilities in Seke

To address the barriers being faced by both primary and secondary participants, the study established several strategies that can be done to improve the accessibility of welfare services for children with disabilities in Seke district. The participants suggested a community-based outreach and mobile services which addressed the geographical and infrastructure barrier whereby the welfare service providers are deployed into local communities so that children with disabilities access their services nearby. Assistive communication tools for children with non-verbal communication skills and those with speech impairments so that they can participate in service assessments so that they can also receive adequate welfare services they need. They is also suggested the need to improve coordination between government and NGOs in providing welfare service to children with disabilities in Seke district. The integration of digital tools such as telehealth services and mobile communication was also

suggested to enhance reach, quality and efficiency of welfare service in Seke district. Henceforth, these measures had to be utilized so that the accessibility of right-bases services is improved.

5.2 Conclusions

From the study findings of the research, it examined the efficacy of welfare services for children with disabilities in Seke district and identifying the challenges being faced in accessing welfare services. The proposed comprehensive model offers a strategic and inclusive approach to improve the reach, relevance and quality of services. It has demonstrated that while there are welfare services targeting children with disabilities in Seke district, their effectiveness is severely hampered by structural, resource, cultural and policy related challenges. Despite the welfare organisations effort to reach all children with disabilities in Seke district they do face some challenges which include financial constraints, inaccessible infrastructure and transportation, limited trained personnel and caregiver resistance. However, the researcher during her research asked the participants to contribute strategies that can be done to improve the accessibility of welfare services for children with disabilities in Seke district. The participants suggested, community based outreach and mobile services, assistive communication tools, improved coordination between government organisations and NGOs and integrated technology.

5.2 IMPLICATIONS TO SOCIAL WORK PRACTICE

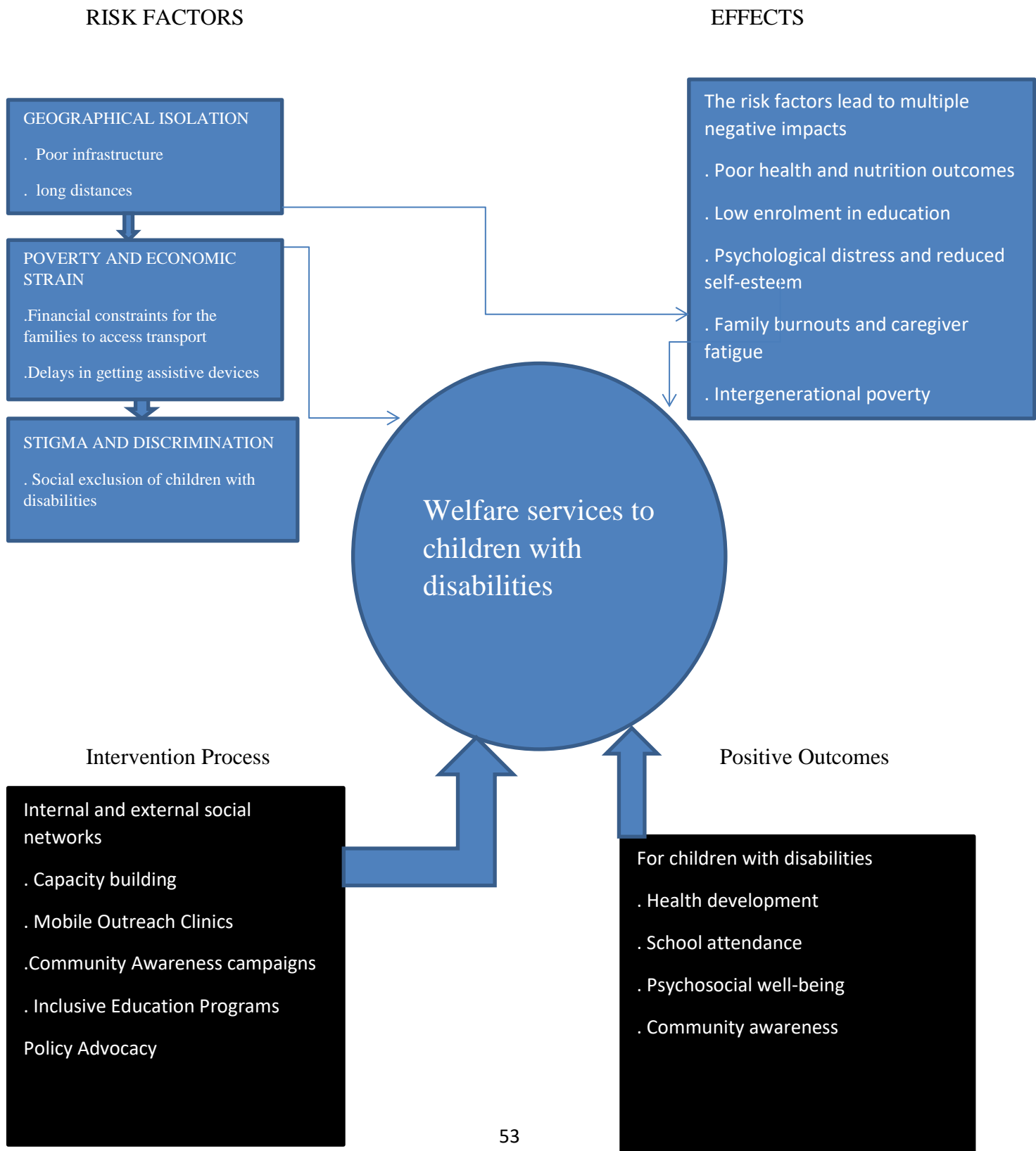Considering the study findings, this research is important to the social work profession in various ways. The study manged to reveal the major challenges affecting the efficacy of welfare services for children with disabilities in remote areas like the Seke district. It revealed that the geographical isolation and caregiver unawareness of the available welfare services are the major unaddressed challenges. Thus, the study is there to assist the social workers and the service providers to come up with effective strategies that enhance the approachability of welfare services in Seke district, promote awareness and ensure improvement in service provision. Therefore, understanding the challenges to the efficacy of welfare services for children with disabilities in Seke district through study findings the social workers given their ethical mandate and community engagement expertise, are uniquely positioned to lead transformative change.

5.3 Recommendations

- The available welfare organisations should suggest support-home based care services to reach children who cannot travel due to mobility or transport barriers.

- Improve data collection and monitoring by establishing disability registries to track children's needs, service gaps and progress. The use of mobile technology to collect and share data, improving accountability and responsiveness.

- The engagement of families and caregivers, by offering training and psychosocial support to caregivers. Form parent support groups to reduce stigma, share resources and advocate for services.

- Raising more awareness and combat stigma, by running disability awareness campaigns targeting schools, traditional leaders and community forums. Involve children with disabilities and their families in advocacy and planning processes.

5.4 A MODEL TOWARDS THE EVALUATION OF WELFARE SERVICES TO CHILDREN WITH DISABILITIES IN ZIMBABWE, A CASESTUDY OF SEKE DISTRICT

COMPREHENSIVE MODEL: INTEGRATING NEEDS OF CHILDREN LIVING UNDER DISABILITY EXCLUSION MODEL.

RISK FACTORS   EFFECTS

GEOGRAPHICAL ISOLATION

. Poor infrastructure

. long distances

POVERTY AND ECONOMIC STRAIN

.Financial constraints for the families to access transport

.Delays in getting assistive devices

STIGMA AND DISCRIMINATION

. Social exclusion of children with disabilities

The risk factors lead to multiple negative impacts

. Poor health and nutrition outcomes

. Low enrolment in education

. Psychological distress and reduced self-esteem

. Family burnouts and caregiver fatigue

. Intergenerational poverty

Welfare services to children with disabilities

Intervention Process   Positive Outcomes

Internal and external social networks

. Capacity building

. Mobile Outreach Clinics

.Community Awareness campaigns

. Inclusive Education Programs

Policy Advocacy

For children with disabilities

. Health development

. School attendance

. Psychosocial well-being

. Community awareness

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A four phase process was identified from the data collected and analyzed and the INTEGRATING NEEDS OF CHILDREN LIVING UNDER DISABILITY EXCLUSION MODEL was developed to meet the problem questions in this project which are; assessing the efficacy of welfare services for children with disabilities in Seke; challenges being faced by children with disabilities and the service providers; measures that can be utilized to improve the approachability of welfare services for children with disabilities in Seke. The model provides the challenges limiting the accessibility of welfare services, the effects of not accessing the services, a possible intervention process and the positive effects of accessing welfare services.

Firstly, the model illustrates risk factor which is the first phase of the model. The risk factors are divided into three which are geographical isolation, poverty and economic strain, stigma and discrimination. Geographical isolation that is poor road infrastructure and long distance to service centers hinder regular access to schools, hospitals and social workers. Poverty and economic strain many families struggle with daily survival not affording the provision of specialized care, transportation and assistive devices. Stigma and discrimination the negative cultural beliefs of the communities in Seke district about disability led to the social exclusion of children with disabilities and limited community support. This discourages families from seeking services or enrolling their children in schools and going to hospital to seek healthcare services.

The next phase being the effects that can be caused by the risk factors, these include negative effects which include poor health and nutrition outcomes caused by long distance hence this can worsen impairments or delay development progress; low enrolment in education because the children with disabilities are enrolled in schools which are not disability friendly. Psychological distress and reduced self-esteem due to social exclusion caused by stigma and discrimination contribute to lack of participation to access welfare services. Family burnouts and caregiver fatigue due to limited support from service provider caused by poverty economic strain. Intergenerational poverty because of lack of intervention from the community and service providers, from the negative effects pointed out an intervention process was the next phase.

Furthermore, the third phase was the intervention process on how to improve the efficacy of welfare services in Seke district the approaches had to be multi-pronged and inclusive. The participants both key informants and primary suggested community engagement to improve

the social inclusion of children with disabilities making the accessibility of welfare services accessible to them. Community awareness campaigns and local engagement can reduce stigma and encourage families to seek welfare services for their children. They suggested capacity building for children with disabilities by enrolling them into schools that provide life skills training so as to promote long-term development and independence. Participants also suggested mobile outreach services whereby trained welfare professionals into local communities to provide services directly. Inclusive education programs was also suggested whereby schools must be equipped with trained teachers, accessible infrastructures and learning materials that support children with disabilities for example the use of assistive communication tools. Policy advocacy this was suggested, whereby government organisations and NGOs need to improve their coordination to ensure that laws are not only adopted but enforced into remote areas such as Seke District. The intervention process brings out positive comes which include, improved accessibility to welfare services, improved community awareness and improved coordination between welfare organisations.

This model is highly significant as it enhances the accessibility and adequacy of welfare services for children with disabilities. It ensures that caregivers receive the necessary support to care for their children effectively, while also fostering community awareness about available welfare services. Additionally, it challenges the marginalization of children with disabilities by promoting inclusion and acceptance. The researcher's goal is to improve access to quality welfare services so that no child is excluded, regardless of their abilities or geographic location.

5.5 CHAPTER SUMMARY

It can be concluded that children with disabilities in remote areas like the Seke district face different challenges in accessing welfare services such as geographical isolation and caregiver unawareness. The research brought out the participants views and suggested some recommendations to be practiced to improve the efficacy of welfare services for children with disabilities.

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APPENDICES

Informed Consent Statement

Title: A MODEL TOWARDS THE EVALUATION OF WELFARE SERVICES TO CHILDREN WITH DISABILITIES IN ZIMBABWE.

Researcher: Mufaro Lydia Marufu

You are kindly being invited to participate in a research study on the efficacy of welfare services to children with disabilities in Seke District. The study will be carried out by Mufaro Marufu a Bindura University student under the supervision of P. Mangwiro. The main aim of the study is to develop a comprehensive evaluation model on the efficacy of welfare services for children with disabilities in Zimbabwe identifying the gaps and possible measures that might be implemented to fill-in the gaps.

Agreeing to participate in this study you will asked to answer interview questions by sharing their knowledge, experiences and perspectives on the efficacy of welfare services for children with disabilities in remote areas like Seke District. Records and files in organizations related to welfare services may also be asked so as to gain more incite. All the information collected will be kept anonymous and confidential, thus your identity will not be disclosed in any publication from this study.

They are no risks associated with participating in this study. You may however experience distress when sharing the experience. Henceforth, participating in this study will contribute to identify the gaps on the efficacy of welfare services for children with disabilities and what needs to be done. Your participation is voluntary and withdrawal from the study will be allowed at any time without penalty.

If you have concerns and questions about this study please contact: Mufaro L Marufu

Email: marufumufaro11@gmail.com.   Phone number: 0785185144

Mufaro L Marufu has explained the procedure and the determination of the study to you. Potential risks, benefits and your rights as a participate have also been mentioned'

By signing below you indicate that:

1. Understood the procedure and determination of this study
2. Willing to participate in this study
3. Understood that the participation is voluntary and you can withdraw at any time without any restrictions.

Start Time………………   Time Ended………………….

Date…………………………

Signature…………………………………………………………

IN-DEPTH INTERVIEW GUIDE TOWARDS THE EVALUATION OF WELFARE SERVICES FOR CHILDREN WITH DISIABILITIES: **CHILDREN WITH DISABILITIES**

SECTION A: PARTICIPATION AND BACKGROUND INFORMATION

1. Name
2. Role (children with disabilities, social worker caregiver and teacher).
3. Profession
4. How long have you been in this role.

SECTION B: UNDERSTANDING THE EFFICACY OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES IN SEKE:

1. What welfare services are available for children with disabilities in your area?
2. How accessible are welfare services (healthcare, education, social services) for children with disabilities in this area?
3. Are the facilities adapted to meet the needs of children with disabilities?
4. How have you been involved in accessing these services for your children?
5. Can you comment overally on the services being provided?

SECTION C: CHALLENGES AND BARRIERS.

6. What are the most significant infrastructure barriers to providing services to children with disabilities?
7. Are there any cultural barriers that limit the accessibility of welfare services?
8. What are the most critical gaps in the current welfare services?
9. How can the limited accessibility to these welfare services affect negatively the well-being and development of children with disabilities?

SECTION D: MEASURES THAT CAN BE UTILIZED TO IMPROVE THE ACCESSIBILITY OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES IN SEKE.

1. How easily can you access welfare services for the children in your care?
2. Are there certain services (eg clinics, special education programs, social support) that are particularly hard to reach?
3. Are you satisfied with the quality of welfare services provided to children in your community? If not suggest strategies to improve?
4. What changes would make it easier for you to access services for children?

5. If you could suggest one improvement to make services more accessible, what would it be?

INTERVIEW GUIDE FOR SOCIAL WORKERS AND TEACHERS ON THEIR ROLE TOWARDS THE EVALUATION OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES. KEY INFORMANTS

SECTION A: PARTICIPATION AND BACKGROUND INFORMATION

5. Name
6. Role
7. Profession
8. How long have you been in this role.

SECTION B: UNDERSTANDING THE EFFICACY OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES IN SEKE:

1. What are the welfare services that are available for children with disabilities in Seke**?**
2. Are welfare services physically accessible to children with disabilities, including those with mobility impairments?
3. How accessible are these services for families living in Seke district?
4. How do welfare service providers ensure that physical spaces are adaptable for different types of disabilities?
5. What role does community support play in enhancing or limiting the effectiveness of welfare services?

SECTION C: CHALLENGES AND BARRIERS

1. What are some common challenges or barriers that you have encountered in providing welfare services for children with disabilities in Seke?
2. How do cultural beliefs and attitudes influence the provision and acceptance of disability welfare services?
3. What are the most critical gaps in the current welfare services?
4. How do funding constraints impact your ability to provide effective services?

SECTION D: MEASURES THAT CAN BE UTILIZED TO IMPROVE THE ACCESSIBILITY OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES IN SEKE.

1. From your experience, what are the major obstacles that limit the accessibility of welfare services in Seke?
2. How can community-driven initiatives be enhanced to improve service delivery?
3. Are there infrastructural improvements (eg transportation, communication) that you believe would make a difference?
4. What role can local leaders play in advocating for better welfare services?
5. What specific recommendations would you suggest for improving welfare services in Seke?

SEMI-STRUCTURED INTERVIEW GUIDE TOWARDS THE EVALUATION OF WELFARE SERVICES FOR CHILDREN WITH DISABILITIES

1. What services are being provided to children with disabilities?
2. Can you tell me about your experience working with children with disabilities?
3. Are there any barriers or challenges to accessing welfare services?
4. What services are most in demand, and are there any gaps in service provision?
5. Are there any areas where you would like to see improvement or expansion of services?
6. What recommendations would you make for improving services for children with disabilities?

CONSENT FORM

BINDURA UNIVERSITY OF SCIENCE EDUCATION

Date 25 April 2025

TO WHOM IT MAY CONCERN

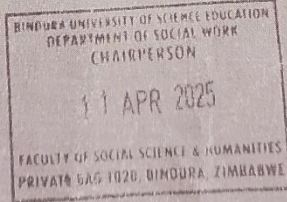RE: REQUEST TO UNDERTAKE RESEARCH PROJECT IN YOUR ORGANISATION

This serves to introduce the bearer, MARUFU MUFARO L, Student Registration Number B201866B, who is a BSc Social Work student at Bindura University of Science Education and is carrying out a research project in your area/institution.

May you please assist the student to access data relevant to the study, and where possible, conduct interviews as part of a data collection process.

Yours faithfully

E.E. CHICONOO
CHAIRPERSON

> BINDURA UNIVERSITY OF SCIENCE EDUCATION
> DEPARTMENT OF SOCIAL WORK
> CHAIRPERSON
>
> 1 1 APR 2025
>
> FACULTY OF SOCIAL SCIENCE & HUMANITIES
> PRIVATE BAG 1020, BINDURA, ZIMBABWE

APPROVAL FORM

30 April 2025

Marufu Mufaro L (B201866B)
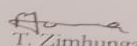Bindura University of Science Education

REF: LETTER OF APPROVAL TO CONDUCT A RESEARCH STUDY TITLED 'A MODEL TOWARDS THE EVALUATION OF WELFARE SERVICES TO CHILDREN WITH DISABILITIES IN ZIMBABWE. A CASE STUDY OF SEKE DISTRICT'

Receipt of your letter with the above mentioned matter is acknowledged.

Please be advised that permission is hereby granted for you to carry out research titled "A model towards the evaluation of welfare services to children with disabilities in Zimbabwe. A case study of Seke District'

Permission is granted **STRICTLY** on condition that the research is for academic purposes only in pursuit of your BSc Honours Degree in Social Work. The data collected should not be shared to third party (3rd).

You are requested to submit a copy of your final research documents to the Department of Social Development upon completion as your research has a bearing on the Department's mandate.

MINISTRY OF PUBLIC SERVICE LABOUR
AND SOCIAL WELFARE
SOCIAL WELFARE REGISTRY

3 0 APR 2025

P.O. BOX CY 479, CAUSEWAY
ZIMBABWE TEL 0242-790721/4

PP T. Zimhunga
Acting Chief Director Social Development and Disability Affairs.
MINISTRY OF PUBLIC SERVICE, LABOUR AND SOCIAL WELFARE