Qualitative Assessment of how the 3B/4D Social Cohesion Approach Effects Disability-Related Social Exclusion

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A caregiver teaches her sister sign language, in their home in Luanshya, Copperbelt province, Zambia. She's the primary caregiver for her sister and supports her to access social services for children with disabilities. She attends the St. Joseph School for the Deaf in Kaluloshe, Copperbelt province, Zambia.

Cover photo by Dooshima Tsee for CRS.

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Parents pick up their children from a newly established school that caters for children with disabilities. It is the closest school for many but still a long walk if you are pushing a wheelchair on dirt roads. [Photo by Dooshima Tsee for CRS]

Executive summary

Study purpose: The purpose of this qualitative assessment study is to understand the factors contributing to the 3B/4D approach's effects on disability-related social exclusion.

Study methodology: Key informant interviews (KIIs) were used to collect data. A total of 60 interviews were conducted across the project implementation sites in Luapula (Mansa and Kasaba districts) and Copperbelt (Ndola and Luanshya districts) provinces.

Demographics: Most respondents fell into the following age ranges: 41-50 years (30%), 51-60 and 31-40 years (25% each) and 20-31 years (9%).

Introspection experiences

- *Reflecting on the experiences of people with disabilities:* Through session participation, Identity Group 1 (IG1) respondents (caregivers of children with disabilities) met other caregivers with similar experiences. They reported feeling encouraged and motivated as a result. For Identity Group 2 (IG2) respondents (community members), these sessions increased their awareness of the needs and challenges faced by children with disabilities.
- *Understanding the rights of children with disabilities:* Both groups became more familiar with different types of disabilities and learned that people with disabilities enjoy the same rights as everyone else. Compared to IG1, most IG2 respondents emphasized the importance of children having access to quality services. This is significant given that IG2 respondents were being mobilized to help supply those services, or to help children with disabilities gain access to services.
- *Recognizing the capabilities of children with disabilities:* All IG1 respondents understood that their children with disabilities were capable of excelling in life.
- *Compassion and empathy for acceptance and self-care:* All IG2 respondents reported developing compassion and empathy, exemplified though helping caregivers of children with disabilities provide care for the children. Whereas IG2 practiced empathy or stepping into the shoes of another, IG1 developed acceptance and self-care. Support provided by the group itself fostered a sense of belonging.
- *Factors shaping participation in sessions and introspection:* IG1 respondents were mainly motivated to participate in the social cohesion sessions by their need to learn how to and why to care for children with disabilities (self-efficacy) and their past experiences. Most IG2 respondents were motivated to participate in the sessions by Christian values and teachings, and by community engagement prior to the launch of CRS project activities.

Intragroup connection

- *Shared learning:* The 3B/4D workshop setting provided IG1 participants a welcoming and safe learning environment for recognizing that children with disabilities, and their families, have the right to enjoy the same treatment as other children and families, acknowledging the stresses and challenges involved in raising and caring for a child with disabilities, and learning skills of self-care and stress management.
- *Personal connections:* At project start-up, many parents and caregivers of children with disabilities reported experiencing social isolation, which exacerbated the challenges associated with supporting these children. By the end of the project, many IG1 participants had forged connections or friendships, providing a source of mutual encouragement and a network for sharing challenges, possible solutions and best practices for taking care of children with disabilities.

Intergroup connection

- *Planning sensitization efforts:* Following discussions in sessions regarding the challenges faced by people with disabilities, some IG2 participants committed to conducting awareness campaigns aimed at community groups that currently do not include or respect individuals with disabilities.
- *Enhanced understanding for supporting children with disabilities:* Several IG1 participants reported that discussions bridging different groups have fostered a greater shared understanding of how to support children with disabilities. IG2 participants also agreed that interactions with IG1 have enriched their awareness of the importance of inclusivity for individuals with disabilities.
- *Collective Learning and Community Support for Children:* During the intragroup bonding sessions, caregivers and parents discovered that others had similar experiences of raising children with disabilities, and thus shared ways of addressing the challenges. This shared learning encouraged mutual support and motivated continued participation in the sessions, fostering a sense of community capacity to support children with disabilities.
- *Improved acceptance of children with disabilities:* Participants reported an increase in community acceptance of their children compared to before the program.

Action

- *Activities in home settings:* Nearly all IG2 participants reported increased involvement in community engagement through home visits as a result of this project. Similarly, nearly all IG1 participants reported sharing insights gained from social cohesion sessions with community members who hadn't attended. Social cohesion sessions, bolstered by household visits by IG2 and IG1 participants, helped to reduce stigma and discrimination against children with disabilities.
- *Public engagement:* IG2 led public activities, such as community outreach through drama, fostering mutual support and inclusivity in schools, advocating for accessible health, education, and social services for people with disabilities, and participating in community awareness programs on radio. IG1 and IG2 also collaborated on sustainable disability-inclusive initiatives, such as reshaping local norms to increase responsibility toward people with disabilities. This included

appointing children with disabilities as leaders in various community programs, such as church and school programs, and modifying infrastructure.

- *Economic empowerment opportunities for families:* Enhancing the Community Welfare Assistance Committee (CWAC) members' awareness of the various expressions and impacts of disabilities facilitated easier identification and recommendation of individuals with disabilities for inclusion in social cash transfer programs.

Barriers to participation in social cohesion sessions and activities

- *Care demands:* Three caregivers missed sessions because they had no childcare available at home.
- *Economic factors:* Ten caregivers missed sessions for lack of transportation to sessions.
- *Family obligations:* Four caregivers missed sessions due to illness or to attend funerals.

Recommendations for future disability-inclusive social cohesion programming

- *Economic support*: Addressing disability-related challenges requires sustained, structured economic support. It is crucial to connect caregivers with government programs that provide long-term economic assistance to vulnerable individuals, such as social cash transfer programs and Citizens Economic Empowerment Commission.
- *Material support:* Provide tangible support like wheelchairs to children with disabilities, as most from economically disadvantaged households, by linking them to potential support systems.
- *Social support:* Service providers (IG2) emphasized the importance of parents openly communicating social challenges, to garner effective community and family support. The church should also be involved in supporting children with disabilities. It is important to highlight that while promoting social inclusion, the responsibility for sensitization should not solely rest on individuals with disabilities and their families.
- *Inclusive education:* Promote learning among children with disabilities by ensuring access to disability-friendly schools equipped with suitable teaching staff, accessible buildings, and appropriate reading materials.
- *Program implementation*: Continue raising awareness about the Inclusive Family Strengthening project to improve community-level support for people with disabilities. All participants recommended continuing this project.
- *Church sensitization activities*: Optimize scheduling of church activities to allocate more time towards disability-related issues, as participants felt there was not enough time to discuss topics in detail.

Delia Nanyangwe, the Luanshya district coordinator for Zambia Agency for Persons with Disabilities (ZAPD) staff speaks at a social connector activity at Malaika market in Luanshya district, Copperbelt province, Zambia. Social connector activities aim to increase awareness about community support and reduce stigma for people with disabilities. [Photo by Dooshima Tsee for CRS]

Introduction

1.1. Contextual background

Catholic Relief Services (CRS) implements the Inclusive Family Strengthening (IFS) project in partnership with Catholic Sister Congregations in Luapula and Copperbelt provinces. The project's goal is to prevent child separation, by strengthening families' abilities to stay together and effectively care for and positively parent vulnerable children, including children with disabilities. It also aims to increase families' access to supportive services and empower local partners with technical skills and coordination capabilities. This enables them to effectively connect with government and other stakeholders to support families and communities in caring for their children.

CRS' 3B/4D social cohesion approach

CRS has supported family strengthening (FS) efforts in Zambia and Kenya, building on their extensive in-country experience in child development, care for orphans and vulnerable children, youth development, and integrated nutrition. The IFS project uses the 3B/4D approach. The 3B approach entails Binding, Bonding, and Bridging. Binding encourages individual participants to reflect introspectively on their experiences with disability. Caregivers and community members engage in parallel tracks to explore their personal perspectives. Bonding focuses on group reflection within identity groups, where participants share their perspectives on and experiences with disability and develop their vision for a more cohesive and inclusive future. Bridging brings together the two identity groups (caregivers of children with disabilities and community members) in joint meetings. Here, participants exchange the perspectives and visions they each developed in the bonding stage and merge them into a shared vision that translates into post-training connector activities such as community awareness campaigns on disability etiquette, combating stigma and discrimination, and advocating for inclusion. Connector activities provide opportunities for community members to practice inclusive behaviors through repeated interactions with caregivers of children with disabilities. They also empower community members to take concrete actions that promote inclusive attitudes and practices in their communities.

The 4D framework (Discover, Dream, Design, and Deliver) is an appreciative inquiry approach focusing on strengths to build upon rather than looking for problems to fix. The aim is to reframe problems into expressions of a desired future. Appreciative inquiry invites participants to create the future they want by building on past successes.

Social cohesion initiatives have been implemented for the past two years at all five sites: Mansa, Lubwe and Kasaba in Luapula province, and Luanshya and Ndola in Copperbelt. Each site has rolled out five cohorts, except Luanshya with four. A total of 720 individuals have participated directly in these sessions, with 360 in Identity Group 1 (IG1) and 360 in Identity Group 2 (IG2). Social cohesion goals include:

- Foster community recognition that all children, including those with disabilities, deserve love and have inherent value and rights.
- Cultivate among community members and readiness to support caregivers of children with disabilities.
- Equip caregivers with self-care skills and facilitate the formation bonds of mutual support.

1.2. Study purpose

The purpose of this qualitative assessment study is to understand the factors contributing to the 3B/4D approach's effects on disability-related social exclusion.

1.3. Overview of community-level process

Participants formed two identity groups.

- Identity Group 1: Caregivers of children with disabilities
- Identity Group 2: Community members, relatives, neighbors of children with disabilities, local leaders, and other influential figures in the community.

Both identity groups went through the same essential 3B/4D processes. However, the identity groups met separately during the Binding and Bonding stages, during which content was tailored differently for each identity group, reflecting their differing experiences with disability. The identity groups came together for Bridging sessions and connector activities.

A mother with her baby and other caregivers of children with disabilities participate in a social cohesion workshop in Ndola, Copperbelt province, Zambia. The IFS project delivers social cohesion workshops to give caregivers the tools and information they need to effectively parent vulnerable children including children with disabilities. [Photo by Dooshima Tsee for CRS]

Study methodology

2.1. Data collection

Key informant interviews (KIIs) were used to collect data. The survey randomly sampled from the participants attending social cohesion sessions. Training lasted 3 days. The sample was drawn from a list of 720 individuals who directly participated in the sessions, as shown in Table 1 below.

Table 1: Data collection

STUDY SITE	IG 1 (CAREGIVERS OF CHILDREN WITH DISABILITIES)	IG 2 (COMMUNITY MEMBERS)
Mansa	4	4
Luanshya	6	6
Ndola	6	6
Lubwe	8	8
Kasaba	6	6
Total	**30**	**30**

2.2. Data analysis

All interviews were recorded digitally and later transcribed verbatim by trained transcribers. We followed a thematic analysis approach, which is a method for identifying, analyzing, and reporting patterns (themes) within data. It minimally organizes and describes a dataset in rich detail and goes further to interpret various aspects of the research topic. While we became familiar with the data, using about 10 percent of the transcripts, two members of the team deductively developed a code manual, based on the 3B/4D framework.

We reviewed the code manual by systematically comparing it with the dataset to arrive at the final code manual. We then proceeded to code the rest of the transcripts. The coding process involved matching the codes with segments of data selected as representative of the code. The coded data, which focused on the 3B/4D framework were then collated into potential themes. These themes were then reviewed, by checking their alignment with the coded extracts and the entire dataset, before finalizing them. The final themes were:

1. Introspection (binding, discovering, and reflecting).
2. Intragroup connection (bonding, discovering, envisioning).
3. Intergroup connections (bridging, designing, and brainstorming).
4. Action (delivering and holding connector activities at individual and community levels).

Members of a savings group at a Savings and Internal Lending Communities (SILC) meeting in Baluba, Luanshya district, Copperbelt province, Zambia. The IFS project supports caregivers of children with disabilities to set up SILC groups to improve their access to financial services. The groups are open to other community members so not all SILC members have wards with disabilities. [Photo by Dooshima Tsee for CRS]

Results

This section presents the findings organized around the major themes of the analytical framework: introspection, intragroup connection, intergroup connections, and action. It begins by presenting the demographics.

3.1. Demographics

A total of 60 interviews were conducted across the project implementation sites in Luapula (Mansa and Kasaba districts) and Copperbelt (Ndola and Luanshya districts) provinces. Most respondents fell into the following age ranges: 41-50 years (30%), 51-60 and 31-40 years (25% each) and 20-31 years (9%), as shown in Figure 1.

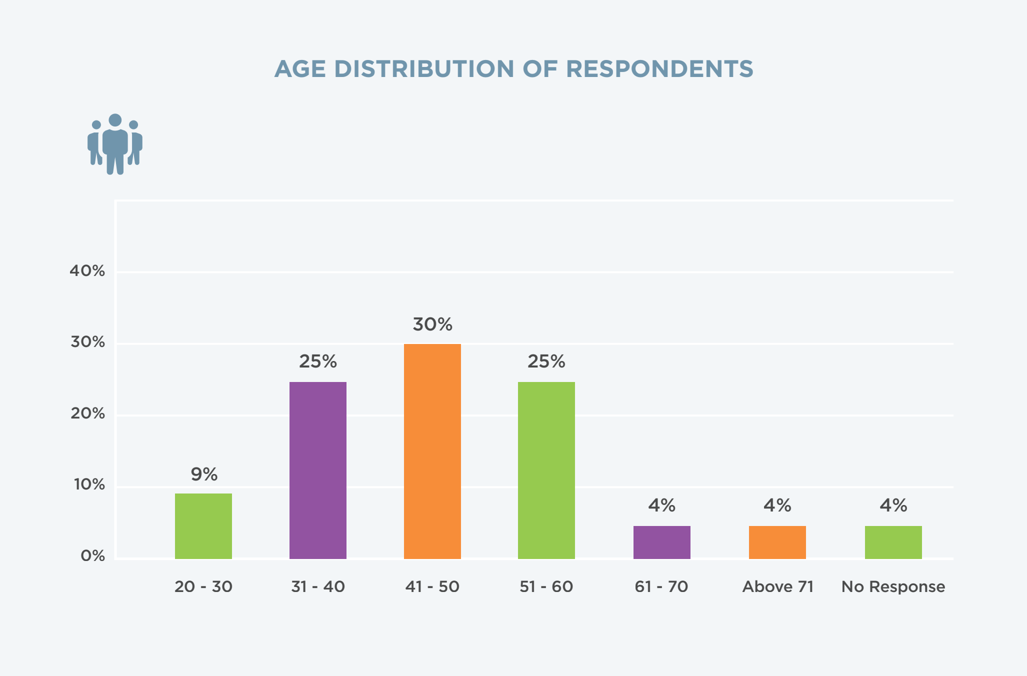


Figure 1: Age distribution of respondents

Furthermore, half of respondents had completed secondary education, while 21% and 13% reported primary and tertiary education as their highest level, respectively, as shown in Figure 2.

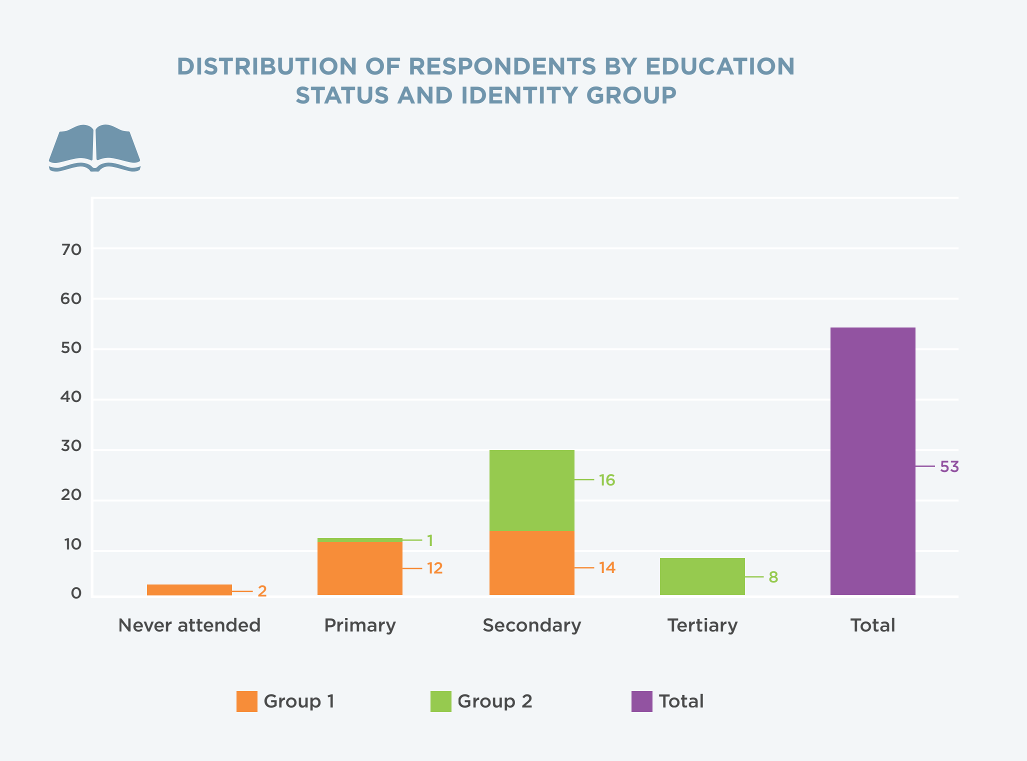


Figure 2: Distribution of respondents by education status and identity group

3.2. Functional limitations among respondents

All interviewees answered the Washington Group Short Set (WG-SS) of questions designed to identify people with functional limitations. They were asked if they had any challenges with seeing, hearing, walking, climbing stairs, taking care of themselves, communicating, or remembering, regardless of how difficult these activities were for them. Results showed that 40% of participants had difficulties seeing, even when wearing glasses, 32% had impaired memory or concentration, and 21% had trouble walking or climbing steps. Additionally, 9% had difficulty being understood or understanding while using their usual language, and 6% had trouble hearing, even when using hearing aids. See Figure 3 for details.

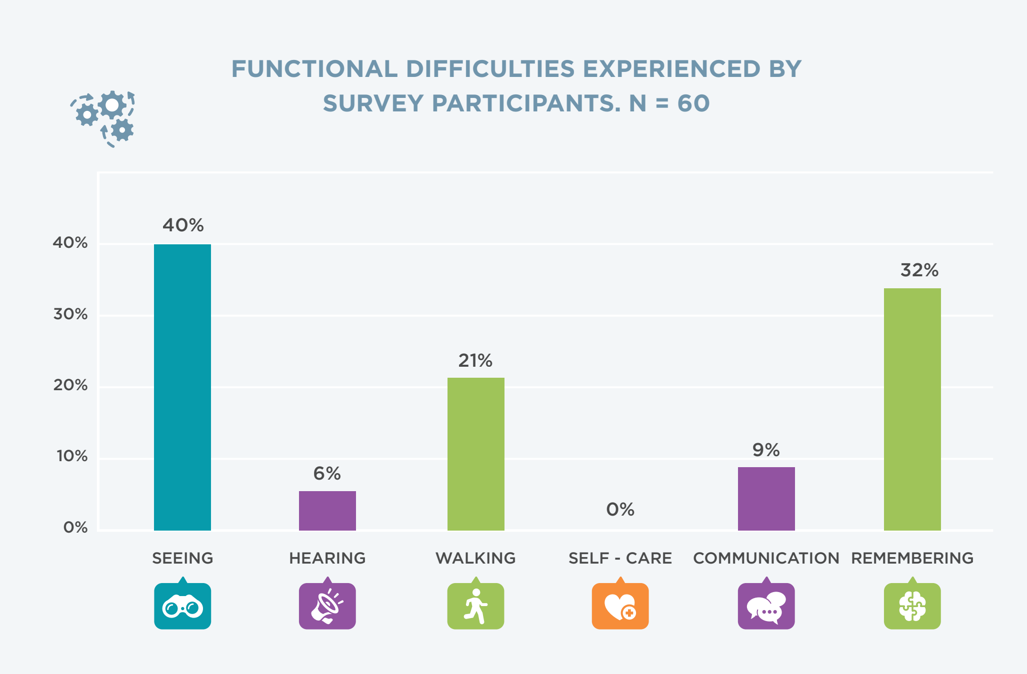


Figure 3: Functional difficulties of survey respondents

3.3. Introspection process

Results from participant introspection activities, which focused on discovery, binding, and reflection, are presented in this section. Participants used the appreciative inquiry process to identify positive traits within themselves and others, during the social cohesion sessions. Binding-tailored sessions prompted participants to reflect on their experiences with disability and their perceptions of it. This was important because some community members may never have seriously considered disability. The final goal of introspection was to assist participants in overcoming entrenched patterns of behavior, particularly those hindering acceptance and support for children with disabilities. In this section, we outline the key experiences and factors that shaped the introspection process.

Introspection experiences

- **Finding people within their respective groups to be supportive and motivating**

Within IG1, the content of binding sessions resonated with caregivers' experiences. All IG1 participants reported meeting other caregivers with similar experiences in these sessions. By interacting in the social cohesion sessions, participants discovered their inner strengths and positive experiences related to caring for and living with children with disabilities. A respondent from Lubwe district described discovering others with similar experiences.

> “*I was encouraged because I also have a child with a disability and now, I know that I am not the only one with such a challenge; there are others who have children with disabilities,”* (IG1, Lubwe).

This discovery encouraged and motivated participants, which led them to engage in bringing awareness to others about the importance of self-care and ways of accepting and caring for children with disabilities. IG1 participants then helped others in the community realize that disability is a normal part of human nature, and not a punishment from God.

> “*We were all encouraged during the sessions, and we started encouraging each other, we have since started teaching other community members with children with disabilities who did not attend the sessions how best to take care of our children with disabilities,” (IG1, Luanshya).*

While the binding content helped IG1 reflect on their experiences, these sessions helped IG2 become more aware of the needs and challenges that children with disabilities face. More than two-thirds of IG2 members reported that taking part in the social cohesion sessions invoked a desire to support caregivers of children with disabilities.

> “*I got involved in social cohesion activities to ensure that people with disabilities within my community are taken good care of. I help blind people to acquire walking sticks. I also help people with disabilities gain access to health and education services,” (IG2, Headman).*

■ Understanding the rights of children with disabilities

In social cohesion sessions, IG1 participants became more familiar with different types of disabilities and, importantly, learned that people with disabilities enjoy the same rights as everyone else. Almost all respondents said they were unaware that children with disabilities have the same rights as other children prior to attending these sessions.

> “*The lessons that encouraged me a lot was that persons with disabilities have equal rights as those who are able bodied,” (IG1, Luanshya).*

IG1 participants discovered that children with disabilities have the right to access basic needs such as suitable education, accommodation, and nutrition. *Children with disabilities have the right to education. At church, I saw my friend who has a child with a disability and that child goes to school. That has really motivated me a lot,"* (IGI, Kasaba).

Other lessons prompted IG1 participants to reflect on discrimination and stigmatization, piquing their interest in supporting their children with disabilities. One person in the Lubwe district said, *"… the lesson said that a person with a disability is also a human being. They said a person who has a disability should not be discriminated against or stigmatized, and we should show them love,"* (IGI, Lubwe).

All IG1 participants found the sessions on the rights of children with disabilities beneficial, fostering reflection and inspiring them to better support the children. *"The sessions were beneficial. Specifically, the sessions on respecting the rights of my child really encouraged me,"* (IG1, Ndola). Furthermore, caregivers of children with disabilities learned that their children had the right to participate in all community level events, including occupying leadership positions. As a result, they recommended that schools and health centers and churches become more disability friendly in order to accommodate the children's needs.

On participant said, *"The sessions that were the most appealing were those that talked about how our children should have the right to participate in churches and community activities or even be given leadership opportunities. Churches, schools, and clinics should be built in a way that the building can accommodate these children with disabilities."* (IG1, Mansa). Another added, *"… I liked the sessions that talked about how our children have the right to participate in community activities,"* (IG1, Mansa).

Like their IG1 counterparts, IG2 members learned from the binding sessions that people with disabilities enjoy the same rights as everyone else. One teacher said the following:

> *We came to know that people with disabilities also have rights like any other person since they are also created in God's image" (IG2, Luanshya)*

The rights enjoyed by all children including those with disabilities identified by participants in IG2 were similar to those identified by participants in IG1. For example, the majority of IG2 participants mentioned the right to education as shown below.

> *We learned that people with disabilities also have rights like any other person since they are also created in God's image," (IG2, Luanshya).*

The rights enjoyed by all children, including those with disabilities, identified by IG2 were similar to those identified by IG1. For example, most IG2 participants mentioned the right to education.

> “*People with disabilities have rights too, including the right to education and to participate in all community development activities,” (IG2, Kasaba).*

Most IG2 respondents also reported learning that since all children have equal rights, children with disabilities should not receive inferior services or support compared to other children. Specifically, a few IG2 respondents, mainly teachers, said that children with disabilities were supposed to be allowed access to formal spaces used by other children, including churches, schools, and employment offices. One said, *“… they have … rights, we learned that indeed they have the right to go to school like any other person. They also have the right to … the basic needs required by any human being, …they have the right to enter any office or any other gathering place, without being segregated,”* (IG2, Luanshya).

■ Recognizing the capabilities of children with disabilities

All IG1 members shared that their interest in taking part in the sessions sprang from understanding that their children with disabilities were capable of excelling in life. *“I have been happy because I thought my child would not do anything like go to school; so, I am very happy,”* (IG1, Lubwe). Others noted that children with disabilities could perform household chores like other children. *“I learned that these children have a lot of abilities. For example, I learned that my child can even do dishes. I am now able to send her to do simple tasks,”* (IG1, Ndola).

Recognition of their child’s abilities led a few caregivers to allow their children to participate in community activities. Thus, helping parents see their child’s potential and abilities led to participation, which pleased the children, in turn.

> “*The sessions brought joy to our children with disabilities because as parents we are now able to give them freedom and let them participate in community activities,” (IG1, Mansa).*

Most IG2 participants equally acknowledged realizing the potential of children with disabilities during the social cohesion sessions. For IG2 participants, particularly local leaders and government representatives, this awareness prompted them to create space or an enabling environment for them to participate in community activities.

> “*Now we have learned to embrace people with disabilities, because what I can do, they can also do,” (IG2, Ndola).*

In addition, all teachers in IG2 further advocated for involvement of people with disabilities in community activities, especially school meetings.

> “*I learned that people living with disabilities should be involved in developmental activities at the community level so they can also contribute to the betterment of the community,” (IG2, Kasaba).*

■ Compassion and empathy for acceptance and self-care

IG1 compassion and empathy lessons focused on self-care and stress management skills. IG2's binding sessions did not address self-care but did include empathy exercises that employed introspection and exploration of others' perspectives as a way to awaken or strengthen empathy for people with disabilities and their caregivers. A church elder offered the following:

> *As church leaders, we are supposed to embrace children with disabilities. However, I did not know this until after I participated in the sessions,"* *(IG2, Ndola).*

All IG2 participants felt that this compassion and empathy was exemplified by helping caregivers care for their children with disabilities. They lent assistance to caregivers by teaching them how to best care for their children.

> *We make sure to teach caregivers of children with disabilities, so they understand how best to care for people with disabilities,"* *(IG2, Lubwe).*

Where IG2 practiced empathy as mentioned above, IG1 developed acceptance and self-care. Three-quarters of IG1 members reported experiencing acceptance by, for example, deciding to stop feeling self-pity, anxious and stressed about having a child with disability. One person said, *"I noticed that self-pity fades when we meet up for these social cohesion sessions. We are very encouraged all the time and this encouragement has influenced my continued participation,"* (IG1, Mansa).

IG1 participants reported that taking part in the sessions led some caregivers to begin practicing self-care. These took many forms, such as talking to oneself mindfully while walking. *"I used to talk to myself when walking to the market,"* (IG1, Ndola). One participant practiced self-care through prayer, *"Spiritually, they helped us pray about our children and during the programs, we started and ended with prayer. They used to encourage me, and some would come and pray with me and tell me everything will be okay one day,"* (IG1, Luanshya). Talking to a friend was another form of self-care practiced by IG1 participants. *"I have friends, about two. We talked about our children and one of them called me because she lives in Roan. They have a special school now and she asked if we also have one here. I said not yet."* (IG1, Luanshya).

Support within IG1 itself provided a sense of belonging. This collective sense of self-efficacy was crucial in fostering a sense of companionship and support. The importance of this community collaboration is evident in IG1 participant statements, *"We meet and build each other and also talk to those who are not aware of what is expected of them regarding social cohesion and living with people with disabilities"* (IG1, Mansa). Some shared what they learned outside of the program. *"I also talked to caregivers who had children with disabilities who were not even part this of program. Whenever I met them, I would still encourage them based on what I have learned from the sessions,"* (IG1, Mansa).

A mother in her home garden in Luanshya, Copperbelt province, Zambia. She is one of the caregivers supported by CRS through the IFS project to care for children with disabilities. Some of this support includes providing alternate sources of income for families to earn money to improve family nutrition, pay for medical care when needed, and take care of other family needs. She uses produce from her garden for family meals and also sells some of the produce. [Photo by Dooshima Tsee, for CRS]

■ The need for accessible infrastructure

Participants noted an increased awareness of how infrastructure impacts the ability of people with disabilities to access services after attending social cohesion sessions. This awareness was fostered by sessions on the importance of creating disability-friendly infrastructure. To support optimal child development, parents were informed and recognized the importance of ensuring that community buildings such as schools, health centers, and churches facilitate easy mobility for people with disabilities.

> “*The sessions that were the most appealing were those that talked about how our children should have the right to participate in churches and community activities or even be given leadership opportunities. Churches, schools, and clinics should be built in a way that the building can accommodate these children with disabilities.” (IG1, Mansa).*

The session explained that it was difficult for children with disabilities to use the stairways in schools and churches, and that recommended that buildings should have flat ramps that children with disabilities can easily use.

> “*Churches, schools, and clinics should be built in a way that the building can accommodate these children with disabilities. Their structures have stairs, but we had sessions that talked about how we can have flat ramps built for people with disabilities,” (IG1, Mansa).*

Factors shaping participation in sessions and introspection

Christian values and teachings

Several factors facilitated participation in sessions and introspection, including discovery, binding, and reflection activities. Most participants without children with disabilities (IG2) were motivated to participate in the sessions and care for children with disabilities by Christian values and teachings. Participants noted that the Bible encourages support and care for disadvantaged individuals within communities, including children with disabilities.

> “I am a Christian. We learn from church that people who are disadvantaged, who are underprivileged are supposed to be taken care of with extra support and care,” (IG2, Kasaba).

One individual’s reflection and motivation to show love was strengthened by the church’s love and support towards children with disabilities.

> “The church also shows people with disability the love they need,” (IG2, Lubwe).

Past experiences

Most IG1 participants reported that participating in the sessions caused them to reflect on how they had previously mistreated their own children with disabilities. They reported that because they didn’t understand the causes of disabilities, the rights of children with disabilities, or how to care for them, they would sometimes confine their children to their homes or beat them.

> “The sessions addressed past mistakes, such as beating children with disabilities. As a result of these sessions, we stopped confining children with disabilities to their homes,” (IG1, Mansa).

For IG2 participants, the adverse treatment of children with disabilities they had witnessed in the community motivated them to participate in social cohesion sessions. All IG2 participants reported having seen people with disabilities being mistreated and hence wanted to learn how to support and protect them.

> “In the past people with disabilities were mistreated by others. I did this so that people in my community with different disabilities, whether physical or visual, are not mistreated and live happily,” (IG2, Mansa).

Community leaders reported that it was common for people with disabilities to be stigmatized in the community. They called for community interventions to address such negative attitudes. One IG2 respondent was motivated to participate in the sessions by the stigma people with disabilities endure in the community in the form of laughter.

> “My personal experience, even though I don’t have anyone with disabilities at home, is that those people need our support and care and I feel bad if they are laughed at and stigmatized. So, if they are in need, we should just help them,” (IG2, Lubwe).

For government IG2 participants, being approached for educational, health or material support by people with disabilities motivated them to attend the sessions and also reflect during the sessions on the best ways to support such people. For example, a social worker was driven to take part in the sessions by having been approached by people with disabilities for assistance.

> “What motivated me, like I said, is that I am a caregiver. So, people often come to me asking for help. Because I’ve been kind to them, they’ve started bringing their friends in similar situations, too,” (IG2, Ndola).

■ Effectiveness of facilitators with disabilities

Facilitation teams included individuals with disabilities. One person said this fostered reflection, understanding or discovery that people with disabilities are as capable as anyone. Some participants had overlooked people with disabilities, thinking they were not as productive as others in the community. The following quote shows that this perception changed, in part, because of the session facilitators with disabilities.

> “These sessions are very beneficial. Previously we had overlooked people with disabilities, thinking there is nothing they can do with their lives. I am most encouraged by Mr. Mwansa. I’m sure you know him. When he was teaching us during the sessions, we could see that he is well informed,” (IG2, Ndola).

■ Learning how to and why care for children with disabilities.

Most IG1 participants indicated that being shown how and why to care for their child (self-efficacy), and being allowed to practice, was a motivating factor for attending the sessions. They expressed that it was often difficult to understand the needs and challenges of children with disabilities. These difficulties were a source of concern or stress among the caregivers.

> *I decided to participate because before the sessions, I was always worried about my child's disability and how I was going to take care of them," (IG1, Ndola).*

Challenges in providing care led all caregivers to reflect and consider learning about the best models of caring for children with disabilities from the social cohesion sessions.

> *What motivated me to attend social cohesion sessions was the lessons that helped me understand how to live with my child who has a disability" (IG1, Mansa).*

Regarding self-efficacy, one IG1 expressed that they were assured at the start of the sessions that by the end, they would gain a clearer understanding of the physical and social barriers faced by people with disabilities and learn how to effectively address these challenges. That assurance inspired them to attend the sessions; *"I was motivated when I heard that I could take care of my child in a better way if I gained knowledge on how to live with people with disabilities through participation in the social cohesion sessions,"* (IG1, Luanshya). Another added, *"Well, I decided to participate because I have a child with a disability. It is the most important reason that made me join. I wanted to learn how to take care of them,"* (IG1, Mansa). One person specifically mentioned that she had joined the sessions because she wanted to know how to care for the deaf, *"I have a child who has a disability, hence the reason of taking part. So I wanted to learn on how to live with deaf people and how to take care of them"* (IG1, Kasaba).

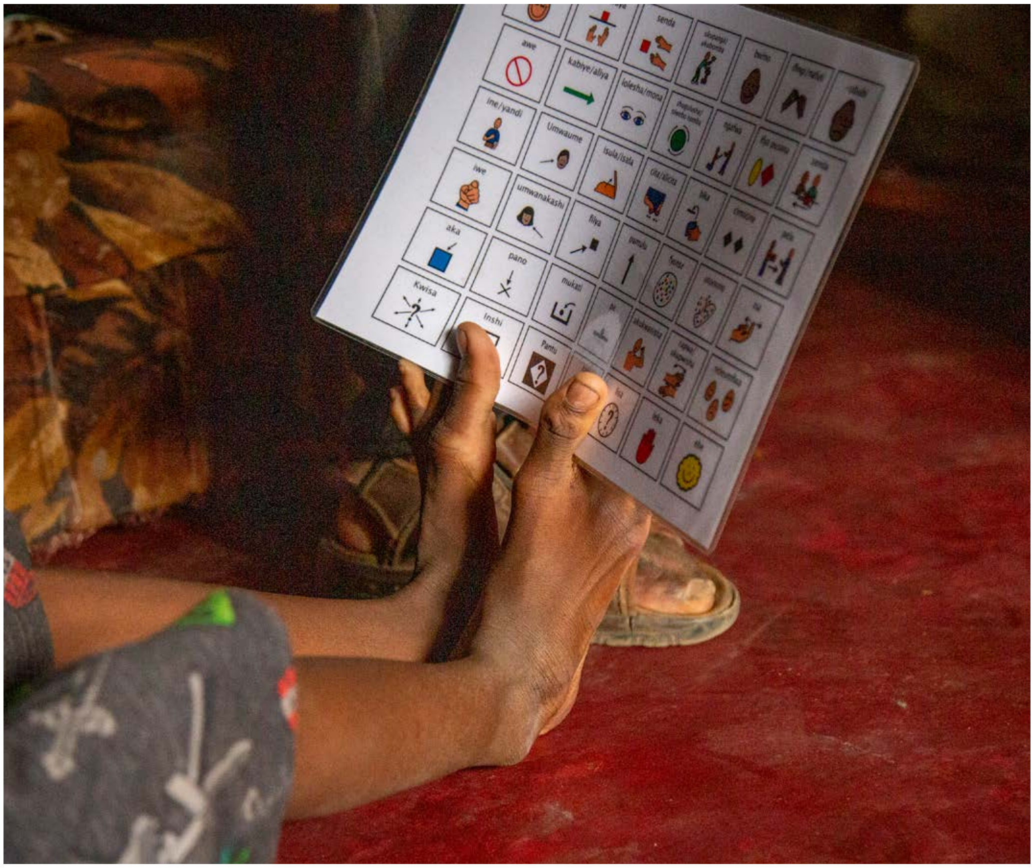
■ Interacting with learners with disabilities

A few IG2 participants who worked in schools and health facilities were motivated to participate in the sessions by their need to learn and reflect on how to more effectively carry out their professional functions. This was in contrast with the some IG1 participants whose motivation was learning how to better care for their own child. The IG2 participants indicted that they had limited knowledge on how to accommodate or provide for children with disabilities. By attending the sessions, they wanted to learn how to better support people with disabilities. One respondent who was the head of a school said they wanted to learn how to better support children with disabilities in their school and hoped that this knowledge would be useful in educating community members on how best to live with people with disabilities.

> *I was inspired to participate because I was interacting with learners with disabilities. I felt I needed to improve my ability to connect with them and wanted to learn how to better support them, especially given my role as the head of the institution. Additionally, I aimed to educate the community on how to coexist with people with disabilities," (IG2, Kasaba).*

A nurse explained how having a neighbor who has a child with a disability and attending to children with disabilities at her job in the hospital motivated her to participate in the sessions. She felt that this participation would enable her to properly support caregivers of children with disabilities and also provide better care for these children herself.

> *I have a neighbor who has a child with a disability, and I also work in a hospital. I had to acquire more knowledge so I can support people with disabilities" (IG2, Lubwe).*



A boy uses a communication board with a project volunteer in Copperbelt province, Zambia. The IFS project works with families of children with disabilities to provide training that enables caregivers to build their skills and access tools for disability-inclusive position parenting. [Photo by Dooshima Tsee for CRS]

3.4. Intragroup connection

In the social cohesion sessions, ***bonding, discovering, and envisioning/dreaming*** were designed to foster bonding among participants through being vulnerable and sharing challenges, finding commonalities, and offering mutual emotional support. Participants reflected within their identity group (intragroup reflection) on their vision for a more cohesive, inclusive future. This section summarizes participants' bonding, discovering, and envisioning experiences.

Bonding and discovering

■ Shared learning

Meeting others living with children with disabilities and sharing their experiences motived most IG1 participants to attend the sessions. Group discussions fostered intragroup bonding. As per the 3B approach, intragroup reflection involved identity group members meeting and sharing their reflections and experiences with each other. During the sessions, caregivers and parents learned that others shared similar experiences of living with children with disabilities. The sessions also gave caregivers an opportunity to share ways of addressing challenges. This shared learning also inspired participants to continue attending the sessions and supporting children with disabilities.

Overall, IG1 participants were positively impacted by their newly formed friendships. They reported that these connections were reflective, and that the bonding exercises facilitated acceptance of their situation. Furthermore, when they were faced with challenges, including emotional problems, more than half turned to their peers for support, *"We have things in common, and the lessons are saying we have to love one another. She had a child with a disability so I would go there and encourage her. We used to talk about how children with disabilities are and encourage each other to take good care of our children, because they are just like other children,"* (IG1, Kasaba). One participant, speaking about a meaningful friendship forged during the social cohesion session, said that their friend, *"…also had challenges with their child and people were encouraging them. In turn, they encouraged me the same way others had encouraged them when they faced challenges like mine. I was persuaded to just be free with my child,"* (IG1, Mansa).

All IG1 participants recommended continuing the social cohesion sessions because they helped build social bonds. One participant in Mansa said, *"The social cohesion sessions should continue because they have built us up together as a community"* (IG1, Mansa).

■ Personal connections

IG1 participants made meaningful connections or friendships while taking part in social cohesion activities. Parents encouraged each other by sharing tips on how to best take care of their children. They also discussed challenges and how to manage them. Participants also referred their friends to the classes. This speaks to the Discover aspect of the 4D approach as participants individually reflected on their own personal experiences in caring for children with disabilities (binding), while parents began to share their common experiences with each other (bonding), forging supportive relationships in caring for their children with disabilities.

> “*The friendships I have made involve encouraging each other on how to take care of our children with disabilities," (IG1, Kasaba).*

Envisioning/dreaming

The need for schools providing special (inclusive) education

Given the scarcity of schools offering special education, most IG2 participants hoped the community would work together to make much-needed education services more accommodating for children with disabilities. This included providing reading materials for children with disabilities in the schools. Furthermore, participants emphasized the importance of advocating for the construction of dedicated schools for children with disabilities.

> *If they (government) can also construct for us special needs schools located near our homes so that people with disabilities are provided an education, because the number of disabled children has increased in our communities," (IG2, Lubwe).*

Providing material support

Twenty individuals (15 from IG1 and 5 from IG2) expressed the need for material support, including food, school supplies, farming inputs, transportation reimbursements during training and activity implementation, and funds for starting businesses. *"...helping them in ways that were talked about like giving them clothes...,"* (IG2, Lubwe).

Some IG2 participants suggested providing bicycles for transporting children with disabilities to schools, *"Apart from increasing facilitators, they should also give them transportation like bicycles"* (IG2, Lubwe).

One IG2 participant reported that if provided with the right support, caregivers of children with disabilities can stand on their own. They noted that farming and business skills, as well as SILC groups, can empower caregivers of children with disabilities and give them a sense of agency to act on their own behalf and that of others.

> *They (caregivers) need to be taught farming, business and other skills that can help them get ahead. We need to get busy and even join SILC groups where you can borrow money and do something for the future, rather than waiting for hand-outs," (IG2, Ndola).*

Some IG1 respondents noted that providing wheelchairs would support mobility for children, *"Others do not have caregivers, and some do not have a proper life. So even when we were offering these programs, we thought that they might be helped in some way to improve their way of living, ... we found that if a child is disabled and has no wheelchair, it will be hard to carry that child, ... for others, it is a lack of basic needs at home. Those were some of the challenges,"* (IG1, Luanshya). Many IG1 respondents expressed gratitude for the support they were already receiving, *"It gives me joy to think of the support the community and my family now give to my child,"* (IG1, Mansa).

The acting chairperson of a savings group counts money saved by group members at a Savings and Internal Lending Communities (SILC) meeting in Luanshya district, Copperbelt province, Zambia. The IFS project supports caregivers of children with disabilities to set up SILC groups to improve their access to financial services. The groups are open to other community members so not all SILC members have wards with disabilities. [Photo by Dooshima Tsee for CRS]

3.5. Intergroup connection

Consisting of ***bridging, designing, and brainstorming***, intergroup connection aimed at bringing people together across identity lines. In one session, the two identity groups held joint discussions. They heard each other's perspectives and shared the visions they had developed at the bonding stage. They then collaborated on developing a single, joint vision for a positive, shared future. During this brainstorming in the joint bridging session, facilitators set aside time to ask caregivers what is important to them.

Planning awareness-raising activities

Having discussed the challenges that people with disabilities face, some IG2 participants agreed to conduct awareness campaigns targeting community groups that do not respect and include people with disabilities. For example, one IG2 sub-group planned outreach addressing disability etiquette and rights at bus stations, because they had witnessed bus drivers mistreating people with disabilities.

> “*We are also planning to go and teach people at the bus station because bus drivers' treatment of people with disabilities has not been good. We are very thankful for this program,” (IG2, Ndola).*

Shared understanding to support children with disabilities

Compared to before, people are more aware of the need to collectively develop and implement activities that improve the welfare of children with disabilities. Furthermore, there is greater attention focused on reducing stigmatization and discrimination against children with disabilities and promoting collective responsibility in caring for children.

A few respondents from IG1 reported that intergroup bridging discussions had led to a stronger mutual understanding for supporting children with disabilities. Friends and neighbors began helping each other look after children with disabilities, by providing food, playing with the child, and looking after them in their own homes.

> “*Even if you, as a parent, are not there for the child, they (friends and neighbors) help with looking after the child. They help by giving him food or feeding him and even keeping him at their place. Friends even come and play with the child without any problem, so things are okay now," (IG1, Lubwe).*

Shared learning and collective/community support

The intergroup bridging discussions contributed to a better understanding of disability-related issues, prompting participants to continue attending social cohesion sessions. As indicated, many IG1 participants learned about the causes of disabilities, how to take care of those with disabilities, and worked together to collectively solve problems that affected people with disabilities.

> “*I met other people who have the similar situation and it encouraged me a lot. They used to ask us to explain how our children behave and what we pass through and after listening to that, I got encouraged, I have developed more knowledge to encourage others going through the same situation as me" (IG1, Luanshya).*

> “*I made friends with a caregiver who I shared the lessons with. They encouraged me to put into practice what we were learning in the sessions, and we encouraged each other about lessons," (IG1, Mansa).*

Better acceptance of children with disabilities

About half of the IG1 participants reported their children were accepted in the community more now than before training, when some children were victimized and laughed in the community. After participating in intergroup bridging discussions, they started educating people in the community on how to coexist with people with disabilities and have since noticed improved community acceptance of the children.

> “*Before, they used to victimize my child with disability. Laughing at my child’s condition. But when we started social cohesion lessons, I also started educating them on how to coexist with people with disabilities. Eventually they accepted my child. Now I even leave my child with my neighbors whenever am going somewhere and they have no problem,” (IG1, Kasaba).*

In another example given by IG2 respondents, children struggling to cross roads due to disabilities were now being helped by other community members.

> “*…sometimes children used to laugh at them. But after being sensitized, many people around here have accepted them… You find that even if somebody who is disabled fails to cross a furrow, you’ll find that some people in the community will run there and help them. So that is very touching,” (IG2, Luanshya).*

IG1 likewise reported improved acceptance of children with disabilities among parents following participation in the sessions. Many IG1 participants reported that their children with disabilities were no longer shy after interacting with other children, and actively participated in community activities.

> “*Before social cohesion, I did not want to accept my child’s condition. But after the training, I was encouraged, and CRS encouraged us a lot. We saw that our children also matter and are part of the community. My child was very shy, but after mingling with friends, my child is no longer shy and can dance after learning,” (IG1, Luanshya).*

IG1 participants reported that, in addition to better accepting their children, they became better caregivers once they had learned the best ways to care for children with disabilities. *“Because of my disabled child, I was motivated to be a good caregiver once we went through the lessons and learned a lot,”* (IG1, Kasaba).

Community allies to facilitate advocacy

One IG1 participant called for ongoing advocacy for accommodating infrastructure such as ramps. *“Other thing that I would like to see continue is that they should continue speaking for us like putting ramps on structures”* (IG1, Luanshya). While the ultimate goal is to support people with disabilities and caregivers’ sense of agency to voice these concerns and conduct advocacy on their own behalf, the quote may also suggest that people with disabilities and their caregivers perceive that they have allies in the community to help facilitate advocacy for the needs of people with disabilities. Rather than feeling isolated, they recognize that their needs deserve to be addressed by the broader community. Monitoring this dynamic to be one of allyship and not dependence would require a fine balance.

Caregivers of children with disabilities do a drawing exercise during a social cohesion workshop in Ndola, Copperbelt province, Zambia. [Photo by Dooshima Tsee for CRS]

3.6. Action

The action, or deliver, stage consisted of connector activities aimed at providing iterative opportunities to continue applying and normalizing inclusive behaviors and attitudes and also raise broader awareness of disability inclusion. The activities facilitated bringing people together on a repeated basis. The two groups had to work together towards meeting the plan or vision they had set by collaboratively carrying out connector activities. The connector activities helped participants, particularly IG2, practice the behaviors and attitudes they were learning in the workshop series.

Two types of connector activities were conducted across three events. In the first two activities, IG1 participants met individually with IG2 participants in settings chosen by IG1, frequently in home environments. For the third connector activity, IG2 took the lead by organizing a public event to promote disability inclusion. This section summaries the activities undertaken, distinguishing between home and public settings.

In-home activities

- **Engage and mobilize community members as allies of children with disabilities and their caregivers through home visits**

Almost all IG2 participants reported increased community engagement activities over time through household visits. Key community engagement activities planned and implemented after the workshop included visiting homes of people with and without children with disabilities to teach them the importance of caring for children with disabilities.

> *My involvement in social cohesion activities includes going door to door to visit the homes of caregivers of children with disabilities. I also assist them when they face any challenges with the social cash transfer program. I'm there to stand up for them and I help them to access social cash transfer money," (IG2, Ndola).*

One IG2 participant reported that she has been able to teach another family of a child with disabilities after attending the social cohesion sessions.

> *I have a neighbor who has a child with disability, and I also work in a hospital, so of course I have learned a lot of things. The trainings from CRS also helped me transfer the knowledge to my neighbor." (IG2, Lubwe).*

Spending time in close proximity to households of people with disabilities opened IG2 participant's eyes to the challenges these households face on a daily basis. Seeing the challenges sparked empathy in their heart for people with disabilities in their community, including a desire to better support them. Others reported that as they visited the households, they noticed improvements in the way children with disabilities were treated.

> *Listening to the challenges parents with children with disabilities face strengthened my resolve to help as a Christian. I have visited a few homes of children with disabilities, and I notice improvements in the way they are being treated," (IG2, Lubwe).*

Almost all IG2 participants reported visiting the homes of caregivers of children with disabilities in order to encourage them to better support their children.

> *So the connector activities were when we were going round the village to visit the homes where the people with disabilities live with their parents in order for us to work together and encourage them not to feel discouraged and ensure they take care of these children like the way they can take care of every other child in the home" (IG2, Mansa).*

A social worker in IG2 said that she visited a friend who was hiding their child in the house and counseled her against continuing doing so. Subsequently, the caregiver started allowing the child to be outside.

> *We learnt that these are also people, and they can work and do any job in the community and not hiding them in homes and locking them away. One of my best friends, the child was blind, and she used to lock the child indoors, but after that, I went and talked to her, and she understood and started taking the child outside" (IG2, Ndola).*

Another IG2 participant shared a similar experience of teaching both caregivers and children with disabilities about human rights and how hiding a child in a house is a human rights violation.

> *Our main job after the sessions was to come and teach the children with disabilities together with their caregivers, explaining the lessons to them. You find that some caregivers were hiding their children in their homes; they did not even bring them to church. I explained to them that those children are human beings, like them, and they should be part of society and be allowed to gather with other people," (IG2, Ndola).*

Nearly all IG1 participants reported they too used home visits to share what they learned from the social cohesion sessions with community members who did not attend them. *"Yes, I am able to even teach people in the community, those with or without children with disabilities,"* (IG1, Mansa). Another IG1 participant also explained that during the household visits she taught caregivers of children with disabilities how to best care for their children; *"I took part in teaching those caregivers of children with disabilities how to look after people who are disabled, so these children can receive better care,"* (IG2, Lubwe).

Social cohesion sessions and messages delivered by IG2 and IG1 during household visits helped reduce stigma and discrimination against children with disabilities. For example, IG1 participants reported that some community members have started calling children by their names instead of disability. Furthermore, parents who used to confine their children with disabilities inside their homes for fear of being stigmatized by the community have stopped. As expressed below, hiding children indoors negatively affected their physical and mental health.

> *What has changed is how they address children with disabilities. They just call them by their names instead of calling them "you disabled … Things have changed, one thing that was very bad was locking up children with disabilities indoors. They would be locked indoors for a year and when they'd come out, they'd be looking pale. But this time around, things have changed," (IG1, Luanshya).*

One caregiver agreed that she had stopped hiding and beating her child with disability after learning about the dangers or effects of stigma and discrimination.

> *My habit of hiding and beating my child with disability has changed. Even others who used to hide their children with disabilities in their homes are now able to step out and participate in the community," (IG1, Mansa).*

Some people believed that disability was due to witchcraft, which invited stigma and discrimination.

> *It is because of my family experience in Kitwe. They had a child with a disability. I was very encouraged by how my family embraced that child. That child eventually died but with time they had another child with the same disability. The doctors said it was genetic, but they did not believe that and thought about seeing a witch doctor. So, when I took part in these sessions, I urged my family that it is God's will because he wants his power to manifest in everything. There was no witchcraft involved," (IG2, Ndola).*

Public activities

■ Community outreach

Intragroup connection sessions also promoted community engagement. Groups discussed shared experiences and collaborated on finding solutions for inclusion of children with disabilities. Engaging community members in a meaningful way led to trusted and improved relationships among parents of children with disabilities. One IG2 participant reported going into the community to raise community awareness around making shops disability friendly.

> “*I enjoyed encouraging and teaching caregivers of children with disabilities and going around the community to advise shop owners on how they should build ramps on their shop for wheelchairs, and now if you check the markets, you can see the change," (IG2, Ndola).*

Some IG1 participants acknowledged positive steps taken to include them and their children with disabilities in community activities.

> “*Things have changed. We are now involved in community programs together with our children. Previously we were excluded from the community programs," (IG1, Mansa).*

Like with home visitations, more than half of IG2 participants reported using public events to address stigma and discrimination toward children with disabilities. Mainly they dispelled myths and misconceptions about the causes and experiences of disabilities. This sensitization was done in schools and during community meetings at the school.

> “*What really brings me back is fighting unfairness … segregation is there as well as unfair treatment, due to lack of information … So, what's really bringing me back is hoping that as I continue proper equality will become possible. Let me just say, trying to make sure that discrimination and segregation comes to an end, that's what I would want to fight for," (IG2, Luanshya).*

■ *Promoting bonds of mutual support and inclusiveness using school platforms*

Some teachers used public platforms such as school assembly meetings and parent-teachers association meetings to promote disability-inclusive values. Teachers discussed with both students and parents the need for promoting mutual understanding and community support for children with disabilities.

> *I have been just operating within this institution, ensuring that sometimes during assemblies I talk about inclusiveness. Because, you know, these children come from the community, and it is in the communities where we have people who are differently abled or with disabilities. As an institution we have to impart moral values, so students grow up with an understanding of inclusiveness," (IG2, Lubwe).*

■ Addressing accessibility to health, education, and social services

One major undertaking was promoting accessibility to healthcare, education, and social services for people with disabilities. As explained below, one IG2 participant worked with health facilities and shop owners to ensure that children with disabilities were not standing in queues when accessing health services or shopping.

> *I started with the clinics and hospitals. People from these intuitions are treating children with disabilities with care. They do not even need to queue up. In the shops things have changed everywhere I have visited" (IG2, Ndola).*

Others reported that now more children with disabilities were able to access education and participate in family activities compared to before, owing to community awareness efforts. *"It is creating a lot of joy because families have now learned that people with disabilities are just like us, and they are able to assist them in so many ways. These children are able to go to school now and be involved in other activities. Families are now happy having accepted their children with disabilities as a gift from God,"* (IG2, Ndola).

■ Media programs

Participating in community awareness programs over the radio was another connector activity mentioned by some IG2 participants. One respondent with expertise in special education said she was invited to a radio program to impart disability-friendly messages, including talking about the challenges that children with disabilities face and how to address these challenges.

> *I was invited to attend a radio program by virtue of my position, because I have also studied special education …" (IG2, Lubwe).*

Another IG2 participant who is both a headman and head teacher reported participating in media programs to circulate disability-friendly messages. *"I was* *invited for a radio presentation, … I would like radio sensitization programs to continue because they are important”* (IG2, Lubwe).

Some IG2 participants organized or participated in drama performances on disability friendliness and inclusiveness as part of raising community awareness. They stressed the importance of such activities because not everyone listens to radio programs on disability inclusion.

> “*Sometimes we have drama performances at the markets, schools, churches, and other places. We do role plays as a caregiver and a child with disabilities. These activities reassure them and bring them joy,” (IG2, Ndola).*

> “*It is important to offer other sensitization activities, such as educational entertainment, as not everyone listens to the radio,” (IG2, Lubwe).*

The drama performances were widely watched by community members and used songs and plays to communicate disability inclusion messages.

> “*The drama people once to teach and sensitize the community members, because there are a lot of people who have children with disabilities, but they do not have people to encourage them. They should continue with sensitization efforts because it is helping us,” (IG1, Luanshya).*

■ Implementing sustainable disability-inclusive activities

Following awareness-raising activities, children with disabilities have been more included in community programs. One change has transformed **local norms regarding responsibilities for people with disabilities**. Some IG1 participants reported that children with disabilities were, for example, appointed as leaders in some community programs, including at churches and schools. These appointments made the children happy, because they could see that what they had learned in the cohesion sessions was being practiced in the community. *“Oh yes. Things have changed. We are now involved in community programs together with our children. I see support for and engagement of children with disabilities in the community, without segregation. They are now included in all community programs, including in leadership at church. It gives me great joy to know that what we learned in the sessions is happening in the community,”* (IG1, Mansa). IG2 participants also agreed that there has been increased efforts to ensure that children with disabilities are included in community activities. *“People really appreciate the program and have stopped mistreating people with disabilities now. Calling people with disabilities derogatory names has declined. People with disabilities are now being incorporated into community activities,”* (IG2, Lubwe). At the household level, IG1 participants said they have learned how to identify the needs of children with disabilities and the best ways to support them. *“The lessons taught me how to live with my child who has a disability,”* (IG1, Mansa).

The second major change was related to **modifications of infrastructure**. Some IG2 participants reportedly spoke to community members about the importance of making buildings easily accessible to people with disabilities. Participants targeted churches and schools.

> “*Especially going to schools and churches, we spoke to the men of God, and they promised to make ramps,” (IG2, Luanshya).*

Following the infrastructure modification advocacy, some IG2 participants witnessed adaptations to school structures in some communities, for which they give credit to the information conveyed during the sessions. As shown in Lubwe district, some schools started making classrooms more conducive for children with disabilities. *“We have started building ramps for easy access,”* (IG2, Lubwe). Similarly, some church leaders admitted that attending sessions made them more aware of the needs of children with disabilities, and they made provisions for children with disabilities in their churches. *“Before I participated in the sessions there was a difference in the way we treated children with disabilities. After the sessions, as church leaders, we realized the importance of participating in the social cohesion sessions, because of the lessons on coexisting with children with disabilities, even in the church. For example, previously church buildings were built without wheelchair access,”* (IG2, Luanshya).

Some IG1 participants acknowledged and expressed appreciation for the positive strides being made in the communities to make public infrastructure easily accessible to their children with disabilities. *“The change is evident, looking at the changes in how clinics and schools are being built to accommodate children with disabilities,”* (IG1, Mansa).

Strengthening economic opportunities for families

Some CWAC members found that gaining a better understanding of how disabilities manifest helped them identify and recommend individuals who qualify for disability benefits in the government’s social cash transfer program. Below is one CWAC member’s account of how attending the sessions made him more inclusive when recruiting social cash transfer beneficiaries.

> “*But when I underwent this training, I began to understand and it brought me closer to these people. To understand their feelings. To understand what they go through, to understand the problems of the families who have these people with disabilities what they go through. Because it was an eye opener. So now it has helped me to be closer to these people. To understand them. That’s why I said even in CWAC we went out and identified these people and recommended them that they be put on social cash transfer. Because of the very cause that we went out for” (IG2, Luanshya).*

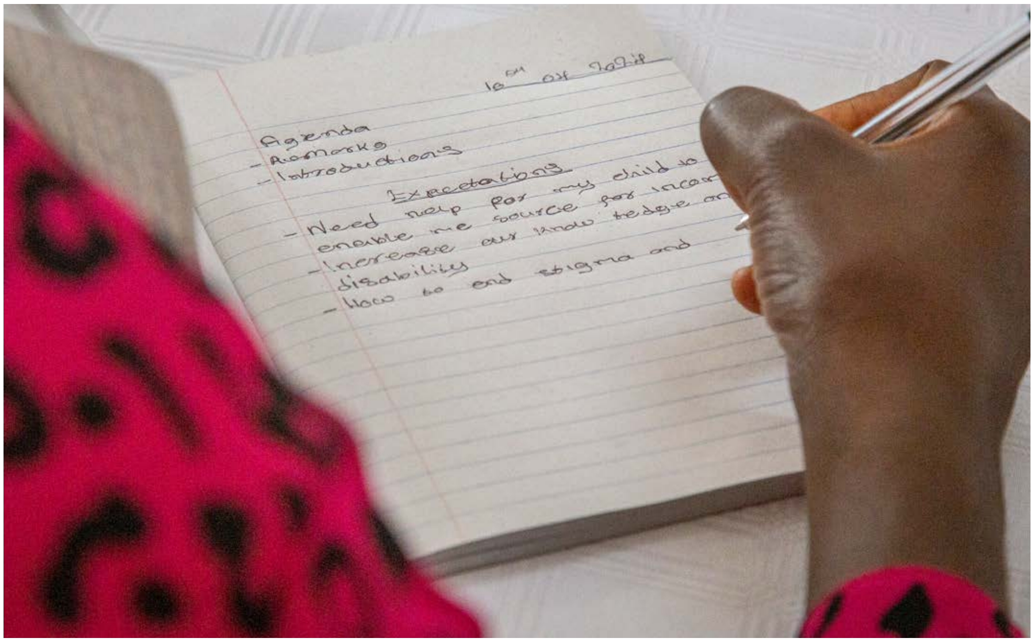
3.7. Barriers to participating in social cohesion sessions and activities

While most participants were satisfied with the sessions and wanted to continue, a few experienced challenges that made them consider quitting. Barriers to participation in social cohesion sessions and activities are explained in detail.

Care demands: Three caregivers missed sessions because they had no one to look after their child at home. *"It was a challenge if you didn't have anyone at home to leave them with. I don't know how other caregivers were doing it,"* (IG1, Kasaba).

Economic factors: Ten caregivers missed sessions because they couldn't afford transportation. *"I had trouble with transportation and with finding someone I could leave my child with,"* (IG1, Mansa). Furthermore, lack of food resulted in some people missing sessions, as they had to secure resources to buy food for home. *"Others gave the reason that they didn't have food at home, so they needed to go out and look for food to feed the family,"* (IG1, Mansa). Others could not attend sessions because their workplaces were far from where the sessions were taking place and they couldn't afford the expensive transportation costs. This led to suggestions that the program should consider providing transportation reimbursements in the future to enable the participants to easily attend. *"What could help is at least receiving some kind of transportation reimbursement…or if they can camp somewhere near the venue,"* (IG1, Kasaba).

Family obligations: Four caregivers missed some sessions due to illness and funerals at home. *"Illness and funerals are distractions…if the child is sick and you need to take care of them you cannot do anything else, all this hinders participation,"* (IG1, Mansa).



Caregivers of children with disabilities participate in a social cohesion workshop in Ndola, Copperbelt province, Zambia. The IFS project delivers social cohesion workshops to give caregivers the tools and information they need to effectively parent children with disabilities. [Photo by Dooshima Tsee for CRS]

A mother and her son in their home in Luanshya, Copperbelt province, Zambia. She is one of the caregivers supported by CRS through the IFS project to care for children with disabilities. [Photo by Dooshima Tsee for CRS]

Conclusion

This study documented factors contributing to the 3B/4D approach's effects on disability-related social exclusion. Implementation of this approach facilitated **introspection**, including reflecting on the experiences of people with disabilities and their caregivers, understanding the rights of children with disabilities, and recognizing the capabilities of children with disabilities to undertake activities. The approach also helped foster compassion, empathy, acceptance, and self-care among caregivers and community members, while promoting a sense of support, belonging, and collective self-efficacy. These changes contributed to a better understanding of how and why caregivers should care for children with disabilities, boosting self-efficacy. Moreover, the approach encouraged **intragroup connections** through shared learning and development of personal networks, which in turn improved acceptance of these children both within their homes and in the community. Implementation also fostered **intergroup connections** through planning sensitization campaigns, mutual understanding, and increased acceptance of children with disabilities. Key **activities** were grouped by setting: in home or in public. The former consisted of community engagement through home visits. The latter involved outreach events, like drama performances and radio programs, and using school platforms to encourage mutual support and inclusiveness and promote accessibility to healthcare, education, and social services. Key messages focused on ending stigma and discrimination against children with disabilities, as well as encouraging disability-friendly initiatives, such as updating local norms regarding community responsibility for people with disabilities and modifications of infrastructure. Economic opportunities for families of children with disabilities were also strengthened by linking them to the social cash transfer program.

4.1. Recommendations

The following recommendations stem from IG1 and IG2 participants' feedback about gaps in social support for children with disabilities and proposed solutions. The recommendations are intended to inform future CRS Zambia programming and other organizations seeking to implement social cohesion activities and mitigate disability-related stigma and discrimination.

- **Economic support:** Given that addressing disability-related challenges requires long-term structured support, it is important for caregivers to be linked to government programs that provide ongoing economic support to vulnerable people, such as the social cash transfer programs and Citizens Economic Empowerment Commission. These programs have the potential to enhance the ability of households to expand their production capacity, including improved access to farming inputs. This, in turn, would allow them to both feed their families and generate extra income to adequately support the needs of their children with disabilities.
- **Material support:** Households should also be linked to systems that provide tangible support to children with disabilities, such as wheelchairs. *Twenty individuals expressed the need for material support in the interviews: 15 from IG1 and 5 from IG2.*
- **Social support:** Service providers in IG2 stressed the importance of parents speaking up about their social challenges, enabling the community and family members to effectively support them. The church should also be involved in supporting children with disabilities.
- **Inclusive education:** Promote learning among children with disabilities by ensuring access to disability-friendly schools equipped with suitable teaching staff, accessible buildings, and appropriate reading materials.
- **Program implementation:** Continue raising awareness about the program to improve community-level support for people with disabilities. All participants recommended continuing this project. Additionally, fostering effective time management is crucial for addressing tardiness to community meetings.
- **Church sensitization activities:** Optimize scheduling of church activities to allocate more time towards disability-related issues, as participants felt there was not enough time to discuss topics in detail.

A girl in class at the Mpelembe Annex School in Luanshya, Copperbelt province, Zambia. Her mother is one of many caregivers supported by the CRS IFS project. [Photo by Dooshima Tsee for CRS]

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