

**CHALLENGES OF ACCESSING ALL-INCLUSIVE EDUCATION  
SERVICES BY CHILDREN WITH DISABILITIES (CWDs):  
A CASE OF MIJWALA SUB-COUNTY  
SSEMBABULE DISTRICT**

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## **DECLARATION**

I, Hellen Najjingo, hereby declare that this is my original work and has not been presented for any award in this or any University or Institution of higher learning.

## DEDICATION

To my late Daddy, Joseph Kasujja to whom the education of his daughters was such a pride. May his soul rest in eternal peace. Amen

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HELLEN NAJJINGO

This dissertation has been submitted for examination with my approval as University Supervisor.

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DR. OMONA JULIUS

Supervisor

Date.....

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## ABBREVIATIONS/ACRONYMS

|        |   |
|--------|---|
| CAO    | Chief Administrative Officer                              |
| CIDA   | Canadian International Development Agency                 |
| CWDs   | Children with Disabilities                                |
| DANIDA | Danish International Aid Agency                           |
| DEO    | District Education Officer                                |
| EARS   | Education Assessment Resource Service                     |
| EFA    | Education for All   |
| FGD    | Focus Group Discussion                                    |
| GoU    | Government of Uganda                                      |
| LC     | Local Council   |
| LDC    | Law Development Center                                    |
| MDG    | Millennium Development Goals                              |
| MoES   | Ministry Of Education and Sports                          |
| MoFPED | Ministry of Finance, Planning and Economic Development    |
| MoGLSD | Ministry of Gender, Labour and Social Development         |
| MoH    | Ministry Of Health  |
| NCC    | National Council for Children                             |
| NGO    | Non Governmental Organization                             |
| NPAC   | National Plan of Action for Children                      |
| NPE    | National Policy on Education (Nigeria)                    |
| NRCI   | National Resource Centre for Inclusion                    |
| PWDs   | Persons with Disabilities                                 |
| RDC    | Resident District Commissioner                            |
| SFG    | School Facilitation Grant                                 |
| SNE    | Special Needs Education                                   |
| SSI    | Spastics Society of India                                 |
| UNESCO | United Nations Education Scientific Cultural Organization |
| UNICEF | United Nations Children Emergency Fund                    |
| UNISE  | Uganda National Institute of Special Education            |
| UPE    | Universal Primary Education                               |
| UPPAP  | Uganda Poverty Participatory Assessment Project           |
| USAID  | United States Agency for International Development        |
| USAID  | United States Agency for International Development        |
| USDC   | Uganda Society for Disabled Children                      |
| WHO    | World Health Organization                                 |

## DEFINITIONS OF TERMS

These are the major concepts in the study whose meanings are elaborated further;

### **Accessibility:**

This is the right or opportunity of reaching, obtaining and using a service and for purposes of this study, accessibility means to go to school, attain education and make use of existing facilities.

### **Disability**

According to World Health Organization, it is defined as: Any restriction or lack of ability to perform in a manner or within a range considered normal for a human being (WHO, 1996). Elsewhere it has been defined as a physical or mental condition, which makes it difficult or impossible for a person, concerned to adequately fulfill his or her role in society (National Disability Survey of Zimbabwe, 1982).

### **Inclusiveness:**

Describes the integration or incorporation of children with disability in the mainstream education system. The principle of integration is that schools should accommodate all children regardless of their physical, intellectual, social, emotional, linguistic or other needs (The Salamanca Statement and Frame for Action on Special Needs Education UNESCO, 1994)

## **ABSTRACT**

Educational opportunities are related in complex way to people's formative and future relations with peers, family and community as well as work prospects. Education is therefore a fundamental right, and every child must be given the opportunity to achieve and maintain an acceptable level of learning. This was supported by the United Nations Declaration proclaiming the right to education in 1948, the Addis Ababa conference for African region 1961, and eventually the Jomtein Education for All Convention 1990. In Uganda the Constitution of 1995 and Government White Paper on Education 1992 all reaffirm the vitality of education to the nation.

This has resulted into the government adopting education for all programmes in 1997 for all school- going age in which the following are guaranteed; access, equity, quality and relevance. However, children with disability have not been benefited in accordance to the objectives as disability creates considerable social, economic and emotional cost to children with disabilities, their family and to the wider community towards realization of their educational right.

Research studies have been conducted to establish the above causes, contrary little is known about the Sembabule perspective. The literature sources available indicate a multiplicity of factors at play namely socio-cultural which include socio-cultural factors manifested by negative attitude from peers, teachers, parents and religious influence. The economic factors include inability of government to fairly allocate funds to Special Needs, high educational costs, household poverty and poor feeding habits. Whereas the policy factors include political factors, like civil wars and inability to implement the policies. Finally school related factors which include the inaccurate curriculum, negative attitude towards children with disabilities by teachers and peers, absence of disability- friendly structures and the inadequate attention paid to special education as highlighted by various researchers.

This could probably explain why in Sembabule District only 543 CWDs are currently enrolled in school yet CWDs constitute 5,410 of the population. (GoU, 2000). It was therefore necessary to undertake this study establish the real causes of why CWDs don't access education despite all inclusive services in the Sembabule context.

This research study was conducted in Sembabule District and Mijwala Education sub region was chosen. This was because it is both a rural and peri urban region as it constitutes Sembabule Town Council. A exploratory study design was used and the study population was a total of 120 respondents comprising of parents and caregivers of CWDs, Key informants like education staff, Chief Administrative Officer, Chairperson LC IV, teachers and CWDs and their peers. Non- probability sampling procedures that is to say, purposive and snow ball sampling were used as the researcher considered people already knowledgeable and those who could lead her to the next respondents respectively. Data was collected using the following methods, literature reviews, interviewing,

questionnaires, observations and focus group discussions. The collected data was then analyzed through categorization of responses for qualitative data. It was sorted which facilitated subsequent processing and analysis, master data sheets were used to summarize the data and then tallied to establish the frequency of responses and explain the occurrence of a given variable. It was then cross tabulated to describe the problem.

It has been established in this study, that Sembabule District though all inclusive Education Services was practiced in all the schools visited it is evident that socio-cultural factors like negative teachers and peer attitude still affects children with disabilities. All the key respondents 95 %,( District officials, persons with disabilities and Non Governmental Representatives) and 90% parents agreed that negative teacher and peer attitude still affects CWDs. Similarly, the class size was also echoed as encumbrance to all inclusive education services as normal class for CWDs is 20:1 (pupils: teacher), here the classes are as big as 100:1. Poverty among CWDs households as was agreed to by all respondents (75%-100%) as indeed a serious deterrent to access all inclusive educational services. Furthermore, the policy environment is not yet favorable to the needs of CWDs to access all inclusive education services. The participation of all stakeholders in formulating of policies is very limited and those formulated have neither been disseminated nor implemented at any level. More than 70% of parents and caregivers feigned ignorance over awareness of the existence of the policies, laws and bills of rights to address PWD issues.

However, there are evident changes on the influence of religion on accessibility and attitude towards CWDs .an overwhelming 80% of teachers and 86% of parents and caregivers believe that religion has been down played by the New Testament in which Jesus Christ healed the disabled.

Basing on the research findings it can be concluded that CWDs are faced with a cross range of hindrances to access all inclusive education services. Their participation rate in schools in negligible, school classrooms and the school environment is not disability friendly despite their diverse educational needs .The regular classroom teachers lack the requisite training and skills to meet the educational needs of CWDs as well as parent, teacher and peer negative attitude.

In a nutshell, all inclusive education services should be commended in increasing CWDs access to education .However, there is need to improve UPE (1997) legislation by making it mandatory incorporating a module on Special Needs in both pre and post teacher trainings, provision of scholastic materials, revision of the current curriculum, initiating extra –curricular activities in and out of schools, change of parental attitude and ensuring participation of all stakeholders in policy formulation dissemination and implementation.

# CHAPTER ONE

## INTRODUCTION

### 1.0 Introduction

This Chapter introduces what the key concepts were, the background to the study, the research problem, objectives, scope and significance of the study.

### 1.1 Background to the study

Education is an important investment that a country can make and enhancing accessibility to educational services is significant in the development of a nation (World Bank, 1993). This is because education positively affects socio-economic behaviour such as productivity, living standards, health and demographic characteristics of any population. Likewise, it opens infinity of possibilities for society that would otherwise be denied namely; a better chance to lead healthy and productive lives, building strong and nurturing families, participating fully in civic affairs of their communities, moulding morals and value creating culture and shaping history. It is a solid foundation for progress and sustainable development, an inherent human rights and critical step towards dismantling the gender discrimination that threatens all other rights catalyzing freedom and democracy within borders and extending its reach as an agent of international peace and security (UNICEF, 2000). It's therefore, societal obligations to make the provision of education to all people according to the nature of their individual's needs and capacity (Okech, 1993).

Adam Smith in his "Wealth of Nations" written at the end of the 18<sup>th</sup> century and which was highly acclaimed in Western Europe is quoted to have stated: "instructed and intelligent

people are always more decent and orderly than ignorant and stupid ones; they are more disposed to examine situations and capable of seeing through the complains of interested factions and sedition and they upon this account, are less apt to be misled into wanton or unnecessary opposition to the measures of government (<http://wealthoo.htm>>content/wealth.htm). Along the same line of reasoning, Diderot in the 18<sup>th</sup> century in France in support of basic education is quoted to have written: “A peasant who knows how to read and write is more difficult to oppress” , as cited by Kaguire (2004).

The vitality of education to society was supported more by the United Nations Declaration proclaiming the right to education for all in 1948, subsequent to that, education ministers of African region met in Addis Ababa in 1961 and resolved that there should be Universal Primary Education (UPE) and the eradication of illiteracy in Africa within twenty years (UNESCO, 1961). Unfortunately, the serious political and economic setbacks in Africa of the time deterred the implementation of the Addis Ababa proclamation in the 1970s and 1980s and this caused deterioration of education in many Third World Countries.

This is reaffirmed further, by the principle that education for all is a societal objective, which cannot be allowed to shape its course according to market mechanisms and that it is in effect a target which can be achieved only through the united efforts of partners in all schools. (UNESCO (1990).The ratification of the Education For All (EFA) by Uganda policy, (Ministry of Educational and Sports 2000) and backed up by the proceeding United Nations Education Scientific Cultural Fund (UNESCO) report in 1998, which stated that the best way to deal with CWDs was not putting them in special schools where they are segregated, but to provide for them in the general community where they are expected to take their places in adulthood.

It's because of the significance of education, which explains why nations world wide allocates a lot of their resources even to the disabled.<sup>1</sup>

In Uganda, it has been acceptable for some years that disabled children should have equal education opportunities with those of other people.

A case in point is “Articles 35 of the Constitution of the Republic of Uganda 1995 which gives persons with disabilities, rights to respect and human dignity and provides that the state is responsible for ensuring that they realize their full mental and physical potentials”. Similarly, article 30, states that, “All persons have the right to education” (Constitution of the Republic of Uganda 1995:29).

Numerous efforts have been made to provide education for children with disabilities since the 1950s, when the British Empire Society for the Blind, presently known as Sight Savers was founded which led to the construction of the school for the blind in Wanyange Girls Secondary School in 1962. This was an early attempt to integrate blind and sighted pupils in Uganda (Okech, 1993). Since then a number of units have been opened in mainstream Ugandan schools.

Consequent to the above developments, the principle of integration was accepted. Negotiations between the Republic of Uganda and the Kingdom of Denmark through the technical support from Danish International Development Agency (DANIDA), the Uganda National Institute of Special Education (Okech, 1993) began and consequently Educational Assessment Resource Services (EARS) in 1992 were set up. Further agreements were reached

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<sup>1</sup> Multi lateral agencies continued to mobilize more resources for basic education (UNESCO, UNICEF, UNDP and the World Bank) and prepare themselves for more significant action by establishing adequately staffed entities specialized in EFA programmes

with DANIDA which resulted into the establishment of EARS at the Ministry and District level throughout Uganda to cater for and address the needs of CWDs.<sup>2</sup> In furtherance of education for CWDs, the government White Paper on Education (1992) streamlined key policy issues among which, all Inclusive education services were recommended as the best approach to accessing education. The above good development notwithstanding, the family and society views Children with Disabilities (CWDs) as a burden in educational expenditures. This results into stigmatization, isolation and misconceptions about their physical and mental abilities thus limiting school attendance by CWDs. This has affected the enrolment rate of CWDs estimated at three (3%) percent according to Vision 2035. Similarly, the Uganda Bureau of Statistics (UBOS, 2005) results of the Uganda Population and Housing Census, the disabled constitute four percent, which is 844,841 of the population of Uganda. The same data source indicates that Sembabule District has a population of 5410 Persons With Disabilities (PWDs) (MoFPED –Housing Population Census 2002) and of these 543 CWDs (Sembabule EARS 2004) are enrolled in Primary school, which shows great decline when compared with earlier findings of the National Primary Schools Mapping Census, which put the CWDs enrolled in schools in Ssembabule at 813 (National Primary Schools Mapping Census–Planning Unit MOES 1999). Such statistical differences are an indication that disability is an issue of contention in the District and warrants attention to improve the planning process for CWDs to increase accessibility to all inclusive education.

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<sup>2</sup> The main objective of EARS/Special Education are the prevention of disability, the early assessment and identification of children of from new born to 18 years with special needs, and their subsequent integration into the mainstream system.

## 1.2 The Research Problem

With the Education For All convention, (1991) United Nations International Children's Education Fund (UNICEF 2000) backed up by the Government of Uganda Education White Paper 1992 (MoES 1992) and the subsequent introduction of Universal Primary Education 1997 (MoES 1994) accompanied by establishment of Education Assessment Resource Services (EARS) in 2001 in Ssembabule District. It was expected that disabled children would meaningfully gain access to all-inclusive education services.<sup>3</sup> Regrettably, it has not been realized as planned as clearly manifested by school related challenges namely; the inappropriate curriculum and teaching style, lack of instructional materials, limited numbers of Special Needs Education (SNE) teachers to accommodate pupils in their regular class room activities<sup>4</sup>, unfriendly environment to CWDs, discriminatory attitudes from teachers and fellow peers which bar CWDs from obtaining an adequate education and opportunities for full social life. Economic factors like high level of educational costs, house hold poverty, and high costs of instructional materials and lack of mid-day meals for most learners which curtails concentration for afternoon lessons. The socio- cultural environment such as negative traditional attitudes and practices, complacency among parents, lack of acceptance and cruelty from peers, coupled with an inadequately addressed policy environment like non – participation of all stakeholders in policy formulation and implementation awareness and ill – equipped policy intention, for instance ,have all compounded the problem of access.

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<sup>3</sup> The average cost of instructional materials for visually impaired children is 3, 632, 12 Euros (Christoffel Blindmission World Wide Services) WEM.

<sup>4</sup> Current statistics from the Sembabule District Education Department indicates that there are 12 primary level teachers, District wide for special education implying a pupil-teacher ratio of 45:1 compared to the recommendation 3:1 (Ears 2004)

However, though various researches such as Kato (2000) and Kimbugwe (2002) have been conducted on Special Needs education and Disability in Uganda, they do not adequately address the problem of access to all-inclusive education services by the CWDs and besides they depict the challenge of access from a national context. Moreover, the introduction of Universal Primary Education embracing full inclusiveness of CWDs in the mainstream schools, there has been unprecedented increase in enrolment of CWDs from 150,559 (MoES 1999) to 178,148 (MoES 2001). However, this is still low, given the high proportion of the disabled 4%, which is 844,841 of the population of Uganda.

In view of the above, there is need to carry out a research in order to identify the problems behind this low enrolment and also come up with remedies if CWDs are to meaningfully benefit from all inclusive education services provided for under UPE program. This is the motivation for the research and more so in Sembabule where only 543 CWDs are enrolled in primary schools.

### **1.3 Objectives**

These are approached in two broad categories namely; general and specific objectives

#### **1.3.1 General Objectives**

To examine the challenges of accessing all-inclusive education services by children with disabilities in Mijwala Sub County- Sembabule district.

#### **1.3.2 Specific objectives**

1. To investigate the socio-cultural factors that influences the accessibility of CWDs to educational services.

2. To examine how the economic factors affects access to the educational needs of CWDs.
3. To establish the extent to which school related factors affects access to educational services by CWDs.
4. To examine how the policy environment affects access to educational service by CWDs.

#### **1.4 Research Questions**

1. To what extent does the Religion influence the perception of the public towards the disabled in our country?
2. How does the interest of parents of CWDs affect their access to school services?
3. Does poverty among CWDs household affect their access to educational services?
4. To what extent does awareness among parents and caregivers influence their decisions towards educating CWDs?

#### **1.5 Scope of the Study**

The study focused on primary schools where an all-inclusive education services are being offered. It focused on Mijwala Sub-county and all its three parishes namely; Mabindo, Nsoga and Kidokolo as this enabled the researcher compare the challenges of access of educational services both in developed and purely remote parishes respectively. The study focused on the problems being faced by CWDs in the classroom situation and outside that affected their study which include, socio-cultural factors like the biblical influences, lack of acceptances and cruelty from peers, lack of interest among parents of CWDs, economic factors like household poverty, isolation, and lack of assistive aids and appliances, physical factors like

long distances to and from school, and non adoptive environment. It further investigated the possible mitigation measures by the education department of Sembabule District and the various stakeholders. The study took nine months that is from the proposal writing and approval, data collection, analysis, writing of the findings and submission to the university.

## **1.6 Significance of the study**

This study is expected to add to the existing wealth of knowledge on the challenges of accessing all inclusive education services by CWDs

It will enable me obtain a Masters Degree in Social Sector Planning and Management.

The study contributed to a better understanding of the factors that negatively influence the effective access of all inclusive education services. It is also expected that the study will help to raise awareness amongst all stakeholders, on matters concerning access to children with disabilities.

Likewise, the study is expected to benefit educational planners as it will be one of the reference points to feed into their developmental plans to address the gaps in educational provisioning. Furthermore, it shall be of interest to all public and private educational providers that are involved in ensuring equal opportunities especially to CWDs in Uganda. The study will be significant in the generation of information that is to be fed into the current advocacy and lobbying activities taken by various stakeholders aimed at improving the study conditions of CWDs under the acclaimed all-inclusive education services

## **1.7 Conceptual Framework**

Conceptually, all inclusive educational services to CWDs should promote incorporation of socio –cultural, policy, economic and school related factors. Recognizing that CWDs require

efficient, effective and functional instruction directed at achieving socially and educationally valid outcomes, calls for application of a social service delivery approach that can appropriately meet their needs in an integrated setting, if higher proportions ,rates and levels of social cognitive ,numeracy, literacy and linguistic skills are to be achieved.

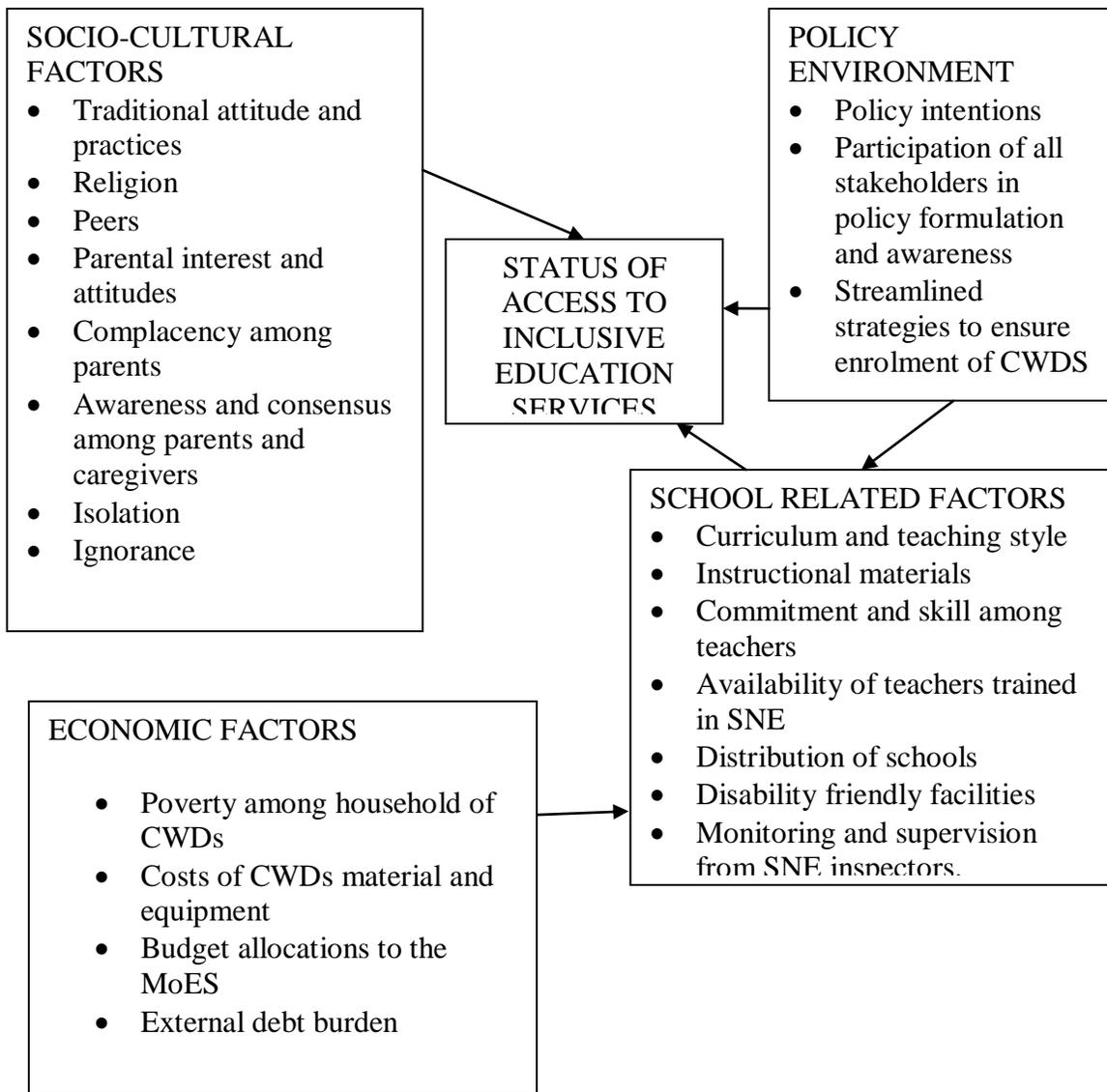
Thus the application of the systems approach to educational management that involves thinking in terms of the whole problem and its interacting subparts or components as well as selecting ,implementing and monitoring the optimum alternative sequences of the component parts in order to achieve the best outcome for CWDs should be applied. Emphasis should be on problem selection, identification of requirements to problem solution, methods and means obtained and implementation ,evaluation of results and revision to all or part of the system so that the needs are eliminated (Kaufman,1972)

It's pertinent that individual CWDs educational needs be addressed as well as the school related environment. The educational methods used by teachers should aim at promoting children's self initiated learning with emphasis on individualization of sessions in response to children's characteristics, preferences, interests, abilities and health status as well as curricula that are unbiased and nondiscriminatory around issues of disabilities.

Likewise the school should maximize safety, health and promotion of identified goals, barrier-free environments that promote a high level of engagement, caring and sensitivity. Such a practice will not only increase enrolment but shall ensure retention and completion of CWDs of the primary level of education

The systems approach relies upon model building and the development of conceptual frameworks to facilitate decision-making through provision of a basis for sorting variables and showing relationships between and among variables. Therefore for the CWD to benefit from all inclusive educational services his/her needs should be recognized from the family unit, responsive to the family attitude, priorities, concerns, and needs. Educational services to the CWDs must have flexibility, inclusion, expertise and resources to meet the needs of other members of the family as those needs relate to child development.

Below is the conceptual framework showing the interrelation between various factors that may influence access to all inclusive education services and can be addressed as a sum total if all inclusive educational services are to benefit CWDs.



From the above conceptual framework, several factors are at play to the persisting challenges of accessing all inclusive education. They were tackled from independent variables namely; socio-cultural factors like parents’ attitude, religion, parental interest and attitudes and the policy environment all can be explained as casual factors for the inadequate CWD access to educational services.

Some of these factors are interlinked and depend on each other in making access to all inclusive education a challenge these included economic and school related, and policy. For instance, the ineffective policy environment results into unfavorable school based factors like non-committed teachers, inappropriate curriculum, and poor distribution of schools, absence of disability friendly facilities and establishment of day schools which subjects the CWDS to long distances and insecurity as they commute to and from school.

In addition to that, the economic factors interact with school based factors. For instance poverty among the households and ignorance result into parents not procuring the instructional materials for their children and absence of disability friendly facilities in school respectively thus makes access to all inclusive education for CWDS a challenge. Similarly poverty at the macro levels affects the budgetary allocation to the education sector which in turn affects individual school or pupil allocations.

## **CHAPTER TWO**

### **LITERATURE REVIEW**

#### **2. 0 Introduction**

This chapter endeavors to discuss and analyze other similar studies, who studied and where it was conducted, what results were found, helps analyze the problem using theoretical insight and concepts, as well as case studies in different regions which shows how the problem manifested itself in different socio-cultural regions. It clarifies on issues through comparison and answering certain research questions.

Serious government involvement in, and commitment to the development of Special Education in Africa began in Nigeria, Kenya and Zimbabwe in 1960, 1963 and 1980 respectively (UNISE, 1993), when Universal Primary Education (UPE) was introduced in those countries. Even though UPE is a global educational pronouncement, it has nonetheless since then helped to direct an all inclusive education development. Several policy statements were enacted like the National Policy on Education (NPE) in Nigeria (1977), whereas Kenya started all-inclusive programmes, establishing education administration and inspectorate in 1977 and Zimbabwe's serious concern began with the adoption of Universal Primary Education (1980). All these states accepted the responsibility of training teachers in SNE though their policy statements in relation to SNE have been very hazy and often embedded in global policy pronouncements. Though Uganda has relaxed from the initial four children per family, UPE in Nigeria, Kenya, and Zimbabwe makes mandatory for all children of school going age to access educational services in the mainstream primary schools.

The Nigeria Development Plan of 1974 among other pronouncements declared that government would make adequate provisions for the education and care of the handicapped. In Zimbabwe, policies on SNE were addressed in the National Policy of 1982 and Parliamentary Act of 1992 with reference to disabled persons. These efforts were always supported by Presbyterian, Roman Catholic, Baptists, and Methodists Salvation Army who always initiated educational services as an espousal of Christian charity. (UNISE 1993)

Uganda just like its other counterparts has put emphasis on the promotion of education as means of ensuring sustainable human resources and equalization of opportunities (USAID, 2003). “Education is a right of children that must be respected; no child should be denied it and the opportunity to complete” UNICEF (2004) and Salamanca statement (1994). This value attached to education explains the several personal commitments the government of Uganda expressed through the ratification of declarations geared at promoting education namely; the World Summit for Social Development held in Copenhagen March 1995, the World Conference on Education For All held in Jomtein Thailand 1990, World Education Forum held in Dakar in April 2000 and the subsequent implementation of the Universal Primary Education in 1997 with an enrolment of 7,633,314 pupils by 2003 (MOES 2004). However, like many developing countries, Uganda faces challenges in the provisioning of education services to many categories of children especially the child with disabilities.

## **2.1 Reasons to the non-attendance of schools by CWDs**

The reasons that hinder access to education by CWDs in Primary Schools despite the inclusive education services can be explained from the Socio-cultural, Economic, School related and the Policy environment perspective.

## 2.2 Socio-cultural factors

These are variables /factors which are explained from culture, tradition, sex, ethnicity and religion;

The disabled child is unable to access meaningful education because society is organized to meet the needs of non-disabled people as manifested by the negative attitude that hampers their efforts to lead ordinary lives. For instance the, stereotyping of mental health patients as “Mad Men” not only affects their emotional and self-esteem but keeps them away from mainstream society.

A case in point is of “Adam of Mtwara lived rough due to mental illness deprived of his family, he survived in the bush, foraging for food and putting up with the cruelty, he was subjected to yet his family lives in the same village”<sup>5</sup> (Basic Needs Review, 2004) This stigmatization and lack of acceptance by his family and mainstream society cast him out of any possible educational opportunities. This is in agreement with theorists like Katz (1960), Prakanis and Greenawald (1989) Shavit (1989) as quoted in EDCO (2003) argue that attitudes fulfill various psychological functions. Among these are the instrumental function of helping punishments, the ego defensive function of protecting our self esteem and helping us avoid personality conflicts and anxiety. The social identity and fostering smooth relations with friends and peers among others.<sup>5</sup>

In addition, the Religious influence among the Christian Community and its treatment of disability particularly in the Old Testament further stigmatize the disabled. A quotation from

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<sup>5</sup> According to Christoffel Blindmission Worldwide services to Blind and other disabled people (2002), WEM the average cost of instructional materials for visually impaired children is 3,632.12 Euros and equivalent of 6,352,212 Uganda shillings

Leviticus 21:16 – 20 is perhaps the best distilled example of the thread of uncleanness and inherited sin” that runs throughout the Bible in its segregation towards the disabled persons. The Old Testament believers and some non-Christians today still hold similar sentiments against the disabled. Traditionally and culturally, African society held negative attitudes and beliefs towards disability and the CWDs. Often disability is associated with witchcraft and promiscuity during pregnancy and punishment by ancestral spirits (Addison, 1986).

Intra-house relations may also affect access to all inclusive education services by CWDs. Parents with low education levels tend to have less interest in education and maybe reluctant to invest in the education of their children. Yet CWDs even at family level are neglected and rejected by their families whereby the disabled are rarely sent to school. In the uncaring society with a notorious global reputation for hypocritical piety and institutionalized neglect of the poor and disadvantaged .For example it’s believed that across the Sub continent of India’s estimated 40 million children aged four -16years with mental and physical disabilities are out of School. (Nine-tenths of them). The overwhelming majority of them are vagabonds not out of volition but because of callous communities and parents ([http://India together.Org/2003/apr/educ- inclusive .htm-](http://India.together.Org/2003/apr/educ- inclusive .htm-))

### **2.3 Economic Factors**

Though all-inclusive education is salient in Ugandan policy, it is incapacitated further by economical and political factors as was captured during World Conference on Education for All (WCEFA) where the typical comment was “Unless the external debt is solved and/or as long as local and civil wars and invasions continued, it is totally unrealistic to expect that the Education For All (EFA) target can be reached (Jacques Hallak, 1993). This is well manifested by the external debt burden which stood at 4.5 billion before the debt relief

initiative (Weekly Observer, May 10-16, 2007). This critical lack of resources available for allocation to education for all in Uganda is an encumbrance to all inclusive education services but also makes “donor driven initiatives rather than the term recipients’ initiative which represents the activities as they are planned by all stakeholders to be of effect.

To that effect globally for low and lower income countries the additional recurrent costs on education by the year 2000 were estimated to be between eleven and sixteen billion US Dollars over and above the expenditure in 1990. That is to say, an increase from 40 to 60% (Jacques Hallak, 1991). In Uganda out of the total sector budget of Uganda Shillings 505.17 billion, the primary education sector was allocated Shillings 336.18 billion representing 66.5% of the total budget for recurrent expenditure (MoES, 2004). In view of these precedents and in light of the economic and financial prospects of Uganda there is need to improve the feasibility for all inclusive education through funding more intelligent approaches. This argument concedes with (UNESCO, 2001 b) that for inclusive education to take root governments must provide schools with additional resources to enable them accept disabled children.

According to Barton and Wamai (1990), general access to education in Uganda is affected by high educational costs and household poverty. High incidences of poverty (USDC 2004) limits CWDs from accessing services, even with the introduction of Universal Primary Education, household poverty competes directly with disability and the educational needs of CWDs as parents finds it hard with low household incomes to buy books and other scholastic materials for their children.

This high cost of instructional materials of CWDs further makes the access to all-inclusive education services a challenge as they compete unfavorably with those of normal children (Kimbugwe, 2002). For example on average educational and instructional materials for a child with visual impairment for primary school could include Perkins Braille, cubes for arithmetic, abacus board games, thermo form machine, binding and spiral machine, and mobility cane.

(USDC, 2004). The Lesotho government however, differs from Uganda where the minimal additional resources have been identified for CWDs specific needs in order to promote sustainability. (<http://www.eenet.org.uk/theorypractice/internat.exp.shtml>).

Farrant (1989) and (EENET, 1998) advise that teaching or learning materials should be selected according to the specific needs of the learners. Failure to get such materials, teachers resort to using only blackboards which are not effective for all pupils in inclusive classes for example learners with Autism. Education is not only about good quality teachers and materials. It is also about quality learners, children need to be healthy and well nourished (<http://www.unicef.org/2003/apr/educ.inclusive.htm>). Under the roles and responsibilities of UPE the school shall cater for teaching and other aspects like meals at school are reserved for parents (MoES, 1998).

However, the high levels of poverty among the parents of CWDs have left so many children without a mid day bite; whole day without a meal is a big challenge to survival of and completion rates of CWDs.

## **2.4 Policy environment**

Though the government of Uganda has embraced all inclusive education services, there is general lack of knowledge on existing policies that could enforce CWDs inclusiveness in education (Kimbugwe, 2002). For instance the limited involvement of CWDs and their caregivers in policy formulation not only hinders the realization of their rights, and equal treatment but also denies them effective participation, as they cannot demand for services deemed fit for their education (Goodley,1997).

Though the economic policy exists, they are further failed by political factors. This was captured during World Conference on Education For all (WCEFA). Where the typical comment was “Unless the external debt problem is solved and /or as long as long as local and civil wars and invasion continue, It is literally unrealistic to expect that the EFA target can be reached.” (Jacques Hallak, 1997 pg.3).

This is as well exemplified by Uganda’s external debt burden which stood at \$4.5 billion before the debt relief initiative (weekly observer May 10 – 16, 2007). This critical lack of public resources available for allocation to Education for All in Uganda i.e. an encumbrance to all inclusive Education services.

This is further complicated by the inability of policy implementers to fully execute these policies. This is exemplified by the policy of increasing physical accessibility to public buildings were an overwhelming 63.7% of the study by Kimbugwe 2002 concurred that most Ugandan schools did not have ramps, rails and stare cases that made mobility impossible for CWDs (Okech, 1993).A similar situation is observed in India where most public buildings are

neither friendly nor accessible to disabled people and serve to exclude them from participating in the public discourse.

Though the Salamanca Statement and Framework for Action (UNESCO, 1994) re-affirms the right to education of every individual, as enshrined in the 1948 Universal Declaration of Human Rights, and renews the pledge made by the world community at the 1990 World Conference on Education for All regardless of individual differences. The policies have largely remained on paper, with minimal actual implementation (<http://WWW.eenet.org.Uk/theory-practice/bonn-2.shtml>)

A case in point is “Articles 35 of the constitution of the Republic of Uganda 1995 which gives persons with disabilities, rights to respect and human dignity and provide that the state is responsible for ensuring that they realize their full mental and physical potentials” the policies have not been implemented (USDC,2002). According to the draft vision 2035 the current enrolment of CWDs stands at three percent, also its aspiration for year 2035 stands at three percent. This falls short of article 30, which states, “All persons have the right to education” (Constitution of the Republic of Uganda 1995:29).

Although policy framework and programme in regard to education of CWDs exist in Uganda today, they do not significantly address the needs of CWDs for instance; the programming of the academic, extra and co-curriculum activities are not favorable to CWDs (Kato, 2000 Frierre, 1990). According to UPE guidelines a child is supposed to progress to the next class the next year, unfortunately a mentally retarded child may need five years or more to learn what it takes an average child to learn in one year. It’s therefore, imperative to review the extent to which policy statements are meeting the access needs to educational services by CWDs through this research.

## **2.5 School- related factors**

Though children with disabilities are enrolled in primary schools, very few complete the primary cycle of education in Uganda. This is attributed to the present primary curriculum that does not serve the needs of the disabled. According to USDC (2003) and (Okech, 1993) the current curriculum and examination system are not flexible and do not cater for SNE as the assessment of CWDs has not been standardized. According to (Scrimshaw, 1983 and (Kelly, 1999) a curriculum is intended to provide a relevant education and should usually be based on the ideology of the developers on the beneficiaries unfortunately, this scenario is not true in Uganda.

Raymond (1984.) Penny (2000) and UNESCO (2000) argue that teachers training CWDs need special expertise in developing systematic ways that they can account for the special education they are giving their pupils and that good teaching practice will become more widely accepted. On the contrary, in Uganda out of 122,904 teachers on government payroll for primary education only 1,050 teachers have been trained to help children with disabilities. The low number of specialized teachers explains the current low enrolment of CWDs 218,286 (MoES, 2002) despite all inclusive education services. This does not compare favorably with other African countries where preparation of SNE teachers dates far back as 1974 and 1983 in Nigeria and Zimbabwe respectively. Similarly, countries like Yemen, Jordan and Lao People's Democratic Republic training in inclusive education was incorporated in the training curriculum of all primary school teachers.

More still, the negative attitude to CWDs of both teachers and Peers has affected the retention of CWDs in schools. Amongst the most common attitudes are those of disabled people are

incapable, aggressive, in need of charity, and of low intelligence. The use of offensive terminology and stereotypical views of disabled people such as “twisted bodies result into twisted minds” and representation of disability as monstrous and horrific, partly explains the low retention (Keynes, 1990). The use of abuse words like “rema” (Shona language of Zimbabwe) and Chirema (Shona) dehumanizes and reduces them to objectives.<sup>6</sup> (Devlinger, 1998). Ainscow (1988) says that the use of labels to describe individual pupils and summarize the nature of their disability makes learning with their peers in inclusive classes a nightmare.

A case in point is India where Delhi’s up market Vasant Vihar in Tamaha School the residents objected inclusion on the grounds that it would despoil the neighborhood.

Similarly Gregory et al (1998) also concurs, that children who find themselves unacceptable to their peers or in unsatisfactory relationship with their teachers, life in school becomes a punishing experience. As without friends many of the activities they undertake are meaningless. People without friends are an exceptionally vulnerable group, their health and welfare is constantly at risk. For example in India the National Resource Centre for Inclusion (NRCI) successfully developed a model of desegregation which enables able-bodied children to study happily with the physically and mentally challenged. This prompted the Spastics Society Centers of India (SSI) to throw open especially their doors to able-bodied children as well.

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<sup>6</sup> Rema meaning lame in the Shona language of Zimbabwe and Chirema of Shona Zambia

The absence of instructional materials like Braille equipments for the blind, text books, sports equipment and other teaching aids to suit the special learning needs of CWDs had affected the enrolment of such children. Despite the current distributions of school materials by the MOES, requirements of CWDs have not been supplied yet.

CWD inclusion in the mainstream schools is realistic if matching infrastructures are in place. Availability of structures and well prepared teachers to accommodate CWDs in their regular classroom activities is a must. For example Lesotho adopted a policy of an intensive three week training workshops for nearly all the teachers in schools. The teachers would then go to neighbouring communities and work through local chiefs, and persuade parents to allow CWDs attend school (<http://www.eenet.Org.Uk> theory practice 1 intenat.sht.nl). Furthermore, valued support was provided by trained itinerant special needs inspectors (for example for sensory and intellectual disabilities) and by local district inspectors.

Although presently primary education targets CWDs as one of the priority groups, there is no matching infrastructure necessary for the inclusion of CWDs in schools. There is acute a shortage of teachers and they generally lack training on how to accommodate CWDs in their regular classroom activities. Moreover, the class sizes are too big. Current statistics from the Ministry of Education and Sports indicate that there are 3,275 primary level teachers country wide for special education implying a pupil teacher ratio of 49:1 compared to the recommended ideal of 3:1 Kristensen (1997) and Clark and Shore (1998) found that it is not realistic to integrate special needs students in huge class with more than fifty children as it reduces teacher – pupil contact and makes the selection of suitable teaching methods impossible. However, the situation is different Lesetho were the government produced a

teacher curriculum and materials for teachers giving basic information on disability education for both pre and in service trainings (Khatleli et al, 1995).

Furthermore, in the development of the curriculum and examination system inadequate attention is paid to SNE. Assessment of CWDs has not yet been standardized where instructional materials are concerned, yet their capabilities differ from those of mainstream school children. The Ministry of education and Sports (2001) notes that, the assessment is often unfair, and does not assess these children according to their capabilities. Yet in order for SNE and inclusion to work well, it is necessary for flexibility. This concurs with the argument of (Skjorten, 1995) that teaching and learning process becomes a success if the equipments help to understand abstraction, differentiate, motivate and repeat in many different ways.

Moreover, much as the CWDs and their families would love to access educational services, it has generally been found out that schools were still not within the reach of the CWDs (Penny, 2000). Others believed that transport to the service point was still a challenge especially in rural areas. A similar challenge is echoed in India where the lack of disability transport services and accessible buildings is seen as greater problem than social prejudice and parental attitudes (<http://india.together.org/2003/apr/educ.inclusive.htm>).

This further complicated by the minority of CWDs having assistive aids and appliances to ease their movement, rough terrain, rugged and slippery roads during the rainy season (USDC, 2004). However, the situation is different in Ghana where residential institutions (Corbert, 1996) are still upheld for the CWDs, such provisions make it easy for the CWDs to reach their services points.

The above-mentioned, add to problems of retention of CWDs to schools as the parents become overburdened with every day escort of CWDs to and from school. There would be helpers (Fellow peers) withdraw due to delays on the journey which is accompanied by punishments of late coming plus missing morning sessions. The community members who offer assistance to CWDs subject them to child labor and other forms of harassment during their course to school (USDC,2002) This isolates them in their small households and denies them any chances of participating and being full members of society.

However, the Community Based Rehabilitation (CBR) programmes in some Southern and East African countries like Tanzania, Swaziland, Lesotho, South Africa and Mozambique with support from save the children-UK mobility problems have been fairly addressed. Solutions have ranged from donkeys, wheel barrows, lifts on bicycles and being carried on another child's back to a whole community in Lesotho, which rebuilt a road for a child with brittle bone diseases (Kristensen 1997)

Education to children irrespective of ability is a right. Unfortunately, world over for the children with disabilities this has not been satisfied it is only a few luck ones who get this opportunity. Meantime Uganda, like many countries have risen to challenges to respond to the needs of CWDs by giving priority among the children to benefit from Universal Primary Education (UPE). It is imperative to carry out this research to fill in the gaps in the socio-cultural, economic like how the access of education to CWDs has changed and been tackled over time, the school based challenges like absence of instructional materials, limited numbers of trained teachers that are not clearly streamed lined.

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 Introduction**

This chapter presents the techniques and methods used in collecting the data, how the data was processed and analyzed which led to the findings reported in the next chapter.

#### **3.1 Research design**

An exploratory study design was used, as it allowed the researcher to gain insight into the problem by investigating people's views on the problem, how they interpreted it and how they could solve it since this was relatively a new area with no prior/limited research studies. The researcher compared both CWDs in and out of school as well as normal children in school in order to analyze the variance amongst them. It further allowed systematic collection of data and comparisons from those deemed knowledgeable of the problem.

Both qualitative and quantitative methods were used. Qualitative data described the knowledge, perception and attitudes of people towards CWDs within their context. Whereas quantitative methods allowed the selection of a representative sample and cross tabulation of findings.

#### **3.2 Study Area**

The study was conducted in Sembabule District. The district was chosen because it is a new district, which has so far attracted limited research on the disabled education. Sembabule District is one of the remote districts of Uganda in terms of social service development, as evidence by lack of any hospital, teacher training facility as well as any school facility specifically for children with disability. It has one of the highest teacher attrition rates in the

country at more than 30% annually. (Sembabule, District Education Status report 2004/05). Sembabule is located in the central region and lies between 0° 31' South and 32° East. It's bordered by Mubende and Kabarole in the North West and Mpigi in the North, Mbarara and Rakai in the South West and Masaka in the East and South with a total surface area of 2,319.2km<sup>2</sup>. It has a total population of 186,144 according to 2002 Population and Housing Census. It's made up of two counties namely; Mawogola and Lwemiyaga which translate into six sub counties and one Town Council. There are 189 government aided schools and 49 private primary schools with a total enrolment of 59,051 in 2004/2005 of whom only 502 pupils are CWDs , with a pupils teacher ratio 1:37.5,pupil classroom ratio if 1:128, and stance ratio of 1:100 (Sembabule Local government Three Year Development Plan 2005/2006-2007/2008

The study was done in Mijwala sub-county. It is politically divided into three parishes of Mabindo Nsoga, Kidokolo and Sembabule Town council. The sub-county has a total population of 23,809 (11,847 males and 11,962 females). Mijwala Sub-County was chosen because of its peculiarities of being rural and urban as Sembabule Town Council is clustered in Mijwala educational sub region.

The study focused on primary schools where an all-inclusive education services education services are being offered. It focused on Mijwala Sub-county and all its three parishes namely; Mabindo Nsonga and Kidokolo and Sembabule Town Council

### **3.3 Study Population**

Information was sought from key respondents at the district<sup>7</sup>, parents and caregivers of CWDs, CWDs themselves, their normal peers in school and teachers. This category of people was assumed to have the ability to answer questions and discuss health related issues with ease. Information was also sought from the CWDs themselves.

The study covered 10 primary schools. Two teachers were targeted per school, 1 from upper primary one from lower primary, 50 children both CWD and able bodied were chosen for focus group discussions. The total number of respondents was 120.

### **3.4 The Sample**

Sampling was necessary because in a study of this nature, it was neither desirable nor possible to cover all the entire population. The sample size hence took into desirability and feasibility consideration; issues of time, manpower, transport and financial resources.

Non-probability sampling procedures were used through purposive and snow ball sampling techniques in order to capture information from a knowledgeable group of respondents. The purposive sampling allowed people assumed to be aware of the CWD situation to be interviewed. These included teachers, caregivers and other key informants in education like District Inspector of Schools and District Education Officer.

The snowball sampling technique allowed the respondents to direct the researcher to the next potential respondents like parents of CWDs as locating them was always difficult and the researcher anticipated sensitiveness of the study. In total 120 respondents were targeted of

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<sup>7</sup> *LCV Officials, District Educational Officers, District probation Officers, EARS Officials, RDC, CAO, Heads of NGOs and other child care advocates*

whom 40 were parents and caregivers, 50 CWDs themselves and their normal peers, 20 teachers, and 10 key respondents.

### **3.5 Methods of Data Collection**

The study used both qualitative and quantitative methods of data collection and these included personal in-depth interviews using an interview guide, questionnaire, extracting information from documents, focus group discussions and finally observations. The purpose was that different views (triangulation) would enable a more accurate assessment of access to all-inclusive education for CWDs. This also helped in making reliable conclusions that can be generalized to the entire population.

#### **3.5.1 Data Collection Procedure**

Pre field consultations were made with various stakeholders and relevant departments at the district, schools, Non-Government Organizations, and caregivers of CWDs. These consultations aimed at drawing on the perceptions and experiences of service providers and users, policy makers and implementers prior to the research. It also helped to determine the availability of the study population, acceptability and willingness of the respondents to answer questions and collaborate with the study. In other words, this was a trial run which helped identify potential problems, and the subsequent revision of the methods and logistics of data collection before actual field work.

#### **3.5.2 Document Review**

A number of literature sources were consulted basing on the objectives of the study. These sources allowed extraction of data on the past trends on inclusive education, type of studies and data collection methods used, and how problem was viewed, answer some of the research

questions, make necessary comparisons and handled in different cultural context. They include among others, MoES documents, National Policy Documents, reports from the district education offices especially District Inspectors of Schools in charge of Special Needs Education (EARS/SNE), UNISE, development partners like USDC, Uganda National Association for the Blind (UNAB), studies carried out by earlier researchers, and international policy documents as they permitted examination of past trends on the access to all inclusiveness education services by CWDs and allowed comparisons.

### **3.5.3 Observations**

This was carried out in schools for purposes of examining and gathering data on non-verbal behaviors such as body language, and teacher attitude .In this respect, an observation guide was constructed that explores elements like the class attendance to examine the extent of participation of CWDs in classroom situation, physical infrastructures (like toilets, corridors, ramps).This provided for a detailed and context-related information and reliability. It was used at the household level to understand the relationships with their caregivers as it facilitated gaining information on parental attitude, intra household relationships, and poverty levels. This data gathered from observations was compared to other data collection methods and then if inconsistencies were found such data sources revisited and in some cases data was discarded.

### **3.5.4 Key Informant Interviews**

The personal interviews using an interview guide was the main source of data and although the interviews were time consuming and rather expensive, they were advantageous in many aspects as they generally helped to minimize non-responses and rephrasing of questions.

During the course of interviews also, clarification were sought on different issues. The interviews also focused on constraints and opportunities faced by CWDs in accessing education. The researcher delivered the questionnaire and would give ample time for the respondents to study them, fill and also seek clarity from her about un clear questions. The interviews were handled at the time most appropriate to the interviewee as the researcher always fixed appointments with them and questions were asked in the sequence/format developed (see appendices).

The data collected was analyzed at site in order to ensure completeness, accuracy, legibility and where inconsistencies and incomplete statements existed clarity was sought from the respondents. Then data was there upon analyzed manually using data master sheets (qualitative) and tallies were developed. At this level also frequency counts were done. Codes (labels) were developed for qualitative data and also cross tabulated. Finally absolute numbers as well as relative frequencies were assigned to variables to give meanings.

### **3.5.5 Focus Group Discussions**

Focus Group Discussions (FGD) were held with school children especially CWDs and able bodied children. The purpose was to solicit information on how peer relations and negative attitudes affect their stay in school. It is also envisaged that beneficiaries would be in position to provide information on what they perceived to be the constraints and opportunities of CWDs accessing school and how it infringes on their performance. A total of 10 focus group discussions were held, one in each of the selected schools. Participants were chosen on the premise that they were in regular contact with CWDS and at random, except for the CWDs.

The researcher was the moderator of the discussions, probing techniques were used to stimulate discussions and rapport was always taken care of.

### **3.5.6 Questionnaire design**

The questionnaire contained both closed and open-ended questions in almost equal proportions. The closed questions were restrictive so as to facilitate the coding exercise while the open ended sought for considered answers and opinions and gave freedom to the respondents. This helped in obtaining honest answers because the respondents felt challenged to exercise their mind and participate freely in the exercise and this made them gain confidence. Answers to the open ended questions also acted as a check on those closed ones to ensure that there was consistency on the part of the respondent. It was used to gather data from parents and caregivers as well as teachers.

### **3.6 Data Processing and Analysis**

Both secondary and primary data was analyzed, processed with a plan developed prior to field visits. The data was processed so as to condense it in a convenient form to facilitate analysis. This involved going through the questionnaires while still in the field to ensure completeness and consistency. Next the answers to open ended questions were carefully studied and given respective codes 1,2,3,4 etc. This was made possible by grouping related answers into meaningful categories, which were in most cases not mutually exclusive. For example answers for question 17 on the roles of CWDs were coded like this:

|            |   |
|------------|---|
| Yes        | 1 |
| No         | 2 |
| Don't Know | 3 |

This facilitated the analysis

Finally, by use of a data master sheet tallies the answers were tabulated revealing the number of respondents who fell under a given category. For example it would be possible to tell how many respondents answered No by the number of tallies representing code 2 for closed questions.

Data analysis was both quantitative and qualitative. For quantitative the data was fed in the computer and analyzed using Statistical Package for Social Sciences (SPSS). Statistical table percentages and frequencies were produced. Statistics such as frequencies, means, standard deviations, and cross tabulations were run to investigate the relationships between the variables and how they affect CWD activities. Qualitative data was analyzed manually by use of codes as well as tallies. Cross tabulations explored the relationships between variables, compared differences in responses from the study categories and also described the problem.

### **3.7 Data Quality Control**

To ensure validity and reliability of the study, unobtrusive methods of data collection were used like informal visits to the schools prior to formal data collection, and interaction with school children. The researcher sought professional advice with supervisors and peers to ensure that the research instruments are consistent to the topic under study and on spot – checking for the completeness, and accuracy of data gathered.

### **3.8 Study Procedure /Formality**

A letter of introduction was secured by the researcher from Makerere University Department of Social Work and Social Administration, which was presented to the Chief Administrative Officer, in order to gain entry in the district and permission to interview the key informants. A

copy was also presented to the DEO who served an introduction letter to be presented to various schools to arrange appointments for the researcher in the targets schools.

### **3.9 Ethical Issues**

The researcher obtained informed consent from parents and school authorities to interview their children and also interviewed the children in presence of adult care takers. The researcher explained to the people in the study area the objectives of the study, introduced herself, explained why the particular respondents were chosen, the benefits, discomforts and harms of the study, and requested to also ask questions in relation to the study. The researcher designed the questions in such a manner that did not violate the rights of informants and avoid sensitive questions such as age, being a step child or by avoiding records that may contain personal data. They were also assured of confidentiality on information provided and personal names did not appear on research documents, instead numbers of identification were used.

### **3.10 Organization of the Study report**

This dissertation is presented in five main chapters.

- Chapter one introduces and gives a background of the research problem, the study area plus the organization of the study.
- Chapter two reviews earlier studies.
- Chapter three details out the methodology employed by this researcher.
- Chapter four presents the findings, discussion and interpretation of the findings.
- Chapter five presents the main conclusions and recommendations

## CHAPTER FOUR

### FINDINGS, INTERPRETATIONS AND DISCUSSION

#### 4.0 Introduction

This chapter presents the findings of the study arranged according to study questions. The presentation of the findings in categories is intended to allow for comparison and contrast of the data, for the different types of respondents and households. It is important to make some clarifications on the style of presentation of data. As already detailed in section 3.4, data was obtained from 40 parents and caregivers of CWDs, of whom 28 were natural parents, eight (8) uncles/aunties and four (4) were grandparents, 50 CWDs themselves and their normal peers in school, 20 teachers, and 10 key respondents at the district. These included LCV Officials, District Educational Officers, District probation Officers, EARS Officials, RDC, CAO, Heads of NGOs and other child care advocates. The study covered 10 primary schools. Two teachers were targeted per school, one from upper primary one from lower primary. The total number of respondents was 120.

In the presentation of the qualitative data herein, the researcher has categorized responses in three main categories. Each of these categories was found to provide unique trends during analysis. The categories are:

- i. 10 Key respondents,
- ii. 20 Teachers and
- iii. 40 Parents and Caregivers.

## Perception of Disability

Initially the researcher sought to find out the respondents perception of disability and knowledge of various types of disability. The following general definition of disability emerged from the various respondents

| Category of Respondents | General Perception  |
|-------------------------|---|
| Key Respondents         | Loss of function due to impairment<br>Disability is not inability   |
| Parents Caregivers      | Inability to support self<br>Lack of ability to support self<br>Someone who cannot see, hear, walk properly<br>Failure to correspond in the normal way<br>Disability is not inability<br>Loss of function due to impairment |
| Teachers                | It is where one is not capable because of impairment<br>Someone is disabled if they cannot use part or whole of the body due to illness or injury   |
| Children                | Definitions from the children were so limited to the disabilities they have either suffered or have seen others suffering from.<br>For instance physical disability was well known to all of them.                          |

It is evident from the above given responses that the respondents had a relatively fair perception of the concept of disability. Nevertheless the perception was in some ways limited to the disabilities they have either suffered or have seen others suffering from in their communities/families. This phenomenon became even more emphasized when the researcher asked the respondents to mention the various types of disabilities that they were aware of.

Almost all respondents (between 95-100% of key respondents, teachers, parents, caregivers and children) mentioned physical difficulty, hearing impairment, visual and speech difficulty. A much less percentage (50-65%) mentioned learning and multiple difficulties. Very few respondents (1-5%) could mention other types of disability like autism, mental disabilities

#### 4.1 The Effect of Socio-Cultural Factors

Respondents were presented with an array of socio-cultural factors and asked to indicate their opinion whether the factors were hindrances to CWDs to access education. Below is the summary of responses and interpretations from the various groups' respondents

##### 4.1.1 Negative teachers and peer attitude

Almost all Key respondents 95% and 90% of parents agreed negative peer and teacher attitude like calling names like 'omulema'<sup>9</sup> affects the CWDs access to education. Only 40% of teachers agreed, while 45% disagreed and 15% either didn't know or did not respond.

| Category           | Agree (%)<br>(N) | Disagree (%)<br>(N) | Don't Know (%)<br>(N) | Total (%)<br>(N) |
|--------------------|------------------|---------------------|-----------------------|------------------|
| Key Respondents    | 100              | 0                   | 0                     | 10               |
|                    | 10               | 0                   | 0                     | 10               |
| Teachers           | 40               | 45                  | 17                    | 100              |
|                    | 8                |                     |                       | 20               |
| Parents/Caregivers | 72.5             | 27.5                | 0                     | 100              |
|                    | 29               | 11                  |                       | 40               |

The fact that two of the respondent groups agree reaffirms that negative teachers and peers attitude indeed affects all CWDs meaningful access to education. The apparent relatively stronger disagreement seems to be arising from a defensive point of view, because the question was asked as all-inclusive. It was not specific. The balance of responses is related to the specific question about commitment and skill of teachers in the next section. But before we make our conclusions it is important to analyses the next issue.

##### 4.1.2 Negative parental attitude and practices

Here the teachers strongly agreed (90%) that negative parental attitudes characterized by lack of interest by parents of CWDs is very pertinent to deterring access to education for CWDs.

Similar views were expressed by the key respondents and the defensive factor now shifted to the parents and caregivers who strongly disagreed (85%).

| <b>Category</b>    | <b>Agree (%)<br/>(N)</b> | <b>Disagree (%)<br/>(N)</b> | <b>Don't Know (%)<br/>(N)</b> | <b>Total (%)<br/>(N)</b> |
|--------------------|--------------------------|-----------------------------|-------------------------------|--------------------------|
| Key Respondents    | 70<br>7                  | 33<br>3                     | 0                             | 100                      |
| Teachers           | 90<br>18                 | 0<br>2                      | 0                             | 100<br>20                |
| Parents/Caregivers | 15<br>6                  | 85<br>34                    | 0                             | 100<br>40                |

Perceived together, the analysis of the two foregoing issues strongly reaffirms the validity and effect of negative attitudes, no matter from who towards CWDs access to education. This conforms to earlier researchers like Katz (1960), Perkins and Greenwald (1989) who argued that attitudes fulfilled various psychological functions. Likewise the Basic Needs Review (2004) argued that stigmatization and lack of acceptance by society casts CWDs out of any educational opportunities.

One CWD who is mentally retarded and currently goes to Sembabule P 7, says that his father was hesitant to enroll him into school because he heard him say that “he would bite other children” but the mother insisted and he was enrolled in school. The study interviewed at least five other CWDs who said that the impetus to enroll them into school was their mothers rather than their fathers. In one case the CWDs said that he had heard the father quarreling with his mother that in their clan they did not produce lame children that my mother was the one who knew who my father was. This negative attitude of the father is surprising but true.

A female pupil of Kikoma has had to do without uniform because whenever she asks the father for it, the father tells her to buy it herself. Her able bodied siblings have no such problem. Efforts to track down her father for his side of the story were futile.

An eleven year, P5, pupil at Kikoma primary school tells a Story in her own words:

*My father treats me badly. He refuses to buy school requirements for me and I am sent home all the time. This makes him happy and he sends me to the garden, thereby I miss school until a good Samaritan pays my school dues*

The above situation concurs with (Kaguire, 2004) that the low demand for education could be associated with the perception of benefit of education by parents.

Not all fathers however, are negative minded one pupil of Kikoma primary school confessed that her father buys for her all the necessary scholastic materials and he promptly pays all the school dues. He also made sure that I have this pair of crutches to ease my movement, because my feet swell in hot weather and the pain is too much. Another pupil whose mother also abandoned her and now it is her father who cares for her and her siblings.

The former cases can be attributed to African cultural factors were lame children are associated with witchcraft and prostitution of the mothers during pregnancy hence punishment by ancestral spirits. Whereas the latter is explained by the massive awareness rising conducted USDC and also the presence of teacher trained in SNE in this school who speaks to parents about the needs of CWDs. A similar experience is shared by Vietnam where success to inclusive education is owed<sup>9</sup> Omulema literally meaning a child with disability in Luganda to series of strategically planned awareness workshops for national and local government officials ,community leaders ,social workers ,women's union and parents of CWDs.

Many parents of CWDs previously thought that paying school fees for them was a complete waste of time, but with UPE, CWDs got a golden chance to attend school. Generally the study established that UPE has increased the enrolment of CWDs in school that is to say in Sembabule District from 123 in 1996 to 534 in 2004 (Sembabule EARS department 2004). It is true that some CWDs are dropping out of school but although there are no official figures<sup>8</sup> yet, the dropout rate is believed to be low. The District Education Officer estimates that a maximum of only 3% of CWDs dropout, because most of the CWDs have enjoyed school life. Some community sensitization has been done by Uganda Society for Disabled Children (USDC). The gist of the sensitization campaign is that Disability is not inability and Disability is not a curse. However, the sensitization campaign has not yet covered the whole sub county of Mijwala, let alone the district of Sembabule. 70% of teachers and 81% of parents/caregivers contacted by this study had not heard about it. Negative societal attitudes that are abound in society have limited CWDs from accessing all-inclusive education through stigmatization, isolation and the lack of prioritization of disability at the different levels.

#### 4.1.3 Isolation

| Category           | Agree (%) | Disagree (%) | Don't Know (%) | Total (%) |
|--------------------|-----------|--------------|----------------|-----------|
| Key Respondents    | 100       | 0            | 0              | 100       |
|                    | 10        | 0            | 0              | 10        |
| Teachers           | 45        | 50           | 5              | 100       |
|                    | 9         | 10           | 1              | 20        |
| Parents/Caregivers | 77.5      | 11           | 12             | 100       |
|                    | 31        | 4            | 5              | 40        |

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<sup>8</sup>This is a virgin area for future research

100% of the key respondents and 75.5% parents underlined isolation as a crucial factor. The teachers seemed to be relatively indecisive with 45% pointing at this factor while 49% disagreed. Some teachers, who disagreed pointed out that it was no longer relevant for parents to isolate their children since education was universal. This could be explained by the dwindling role of teachers in mobilization and their failure to make the school environment more receptive to CWDs. However, earlier researcher findings like Basic Needs, Basic Rights (2004) and MoES (1999) seem to agree with the key respondents and parents that indeed isolation curtails CWD retention in schools.

#### **4.1.5 Religious influence**

The majority of respondents in all three groups do not perceive religion to be of any influence to CWDs access to education, with Key Respondents in disfavor at 70%. Teachers at 80% and Parents and Caregivers at an emphatic 95%. These responses did not observe any relations between respondents of various religions sending their children to school. The patterns and trends are the same.

| <b>Category</b>    | <b>Agree (%)<br/>(N)</b> | <b>Disagree (%)<br/>(N)</b> | <b>Don't Know (%)<br/>(N)</b> | <b>Total (%)<br/>(N)</b> |
|--------------------|--------------------------|-----------------------------|-------------------------------|--------------------------|
| Key Respondents    | 20<br>2                  | 70<br>7                     | 10<br>1                       | 100<br>10                |
| Teachers           | 10<br>2                  | 80<br>16                    | 10<br>2                       | 100                      |
| Parents/Caregivers | 5<br>2                   | 95<br>38                    | 9<br>3                        | 100<br>40                |

However one teacher of Mabindo said that in the Islam religion it is believed that being disabled is God's plan to prevent that person from doing something wrong. This contrasts with Keynes (1999) quoting the Old Testament where the disabled are labeled as a thread of uncleanness and inherited sin. This could be explained by the new testament where Jesus

performed multitudes of healing on the crippled for instance (Mark 10:51), this was an indicator to the Christian Community that all the people whether normal or disabled were still a reflection of God’s image thus should be treated the same.

## 4.2 Economic Factors

Respondents were also presented with cross section of economic factors and asked to indicate their opinion whether the factors were hindrances to CWDS to access education. Below is the summary of responses from the various groups’ respondents under various sub-sections as below;

### 4.2.1 Poverty among household of CWDs

| Category           | Agree (%)<br>(N) | Disagree (%)<br>(N) | Don’t Know (%)<br>(N) | Total (%)<br>(N) |
|--------------------|------------------|---------------------|-----------------------|------------------|
| Key Respondents    | 100              | 0                   | 0                     | 100              |
|                    | 10               | 0                   | 0                     | 10               |
| Teachers           | 75               | 25                  | 0                     | 100              |
|                    | 15               | 5                   | 0                     | 20               |
| Parents/Caregivers | 82               | 18                  | 0                     | 100              |
|                    | 36               | 4                   |                       | 40               |

All three respondent groups are in agreement on this issue that poverty indeed is seriously deterring the CWDs from accessing education. Key Respondents come out strongly at 95%, Teachers 75% and Parents at 82%. The researcher notes that poverty does not only affect access to education for CWDs only but also for other children too. Maybe that is why concepts like the Education for All (EFA) and its offspring, UPE came into existence. But the researcher agrees with the respondents that because of the perceived added costs of health related problems, the problem is relatively deeper when the CWDs are involved. And there doesn’t seem to be any poverty reduction strategies being mainstreamed in all development

initiatives through affirmative action to the CWDs. 95% of the parents/caregivers that this study contacted emphatically said to that effect. This agrees with findings by (Kimbugwe, 2002) and Barton and Wamai (1990) who attested that general access to education in Uganda was impeded by high levels of household poverty.

Significant proportions of families live in destitution and deprivation. There are many women headed families, which is the direct consequence of the AIDS that has claimed the lives of many men. The women face various difficulties in their attempt to sustain their families and make ends meet. On average some 60% of the population lives below the absolute poverty line by 2004. Eighty five percent of the population lives in rural areas detached from much of the benefits and amenities such as communication, transportation, and certain advanced technological facilities could bring Uganda Participatory Poverty Assessment Program (UPPAP, 2004). The Sembabule economy basically depends on agriculture. Coffee and livestock products are the main economic items generating around 60% of the area's communities' earnings (UPPAP 2004). The performance of the agricultural sector of the district's economy has been far from satisfactory, as it is characterized by a decline and stagnation. Various but intricate factors account for the ill performance of the district's economy. The principal factors are the various political pronouncements like abolition of graduated taxes, the erratic weather condition, incessant livestock epidemics and the inefficient and ineffective economic governance and the drastic swing of agricultural prices

#### 4.2.2 High costs of CWD material and equipment

| Category           | Agree (%) | Disagree (%) | Don't Know (%) | Total (%) |
|--------------------|-----------|--------------|----------------|-----------|
| Key Respondents    | 100       | 0            | 0              | 100       |
|                    | 10        |              |                | 10        |
|                    | --        | --           | --             | --        |
| Teachers           | 100       | 0            | 0              | 100       |
|                    | 20        |              |                | 20        |
|                    | --        | --           | --             | --        |
| Parents/Caregivers | 100       | 0            | 0              | 100       |
|                    | 40        |              |                | 40        |
|                    | --        | --           | --             | --        |

All the key respondents, teachers and parents/caregivers agreed that prohibitively exorbitant nature of materials and equipment like crutches, wheelchairs, Brailles, Perkins cubes for arithmetic used by CWDs deterred access to all inclusive education services. This is in total agreement with (Skjorten, 1995) and (Kimbugwe, 2002) who explained that the high cost of instructional materials of CWDs further curtailed their access to all inclusive education services.

Indeed the high cost of equipments, coupled with the rampant poverty predetermines the near or total absence of instructional materials. There does not seem to be a policy to ensure the massive distribution of these materials. The government ought to do something.

Indeed parents/ caregivers can hinder their children with disabilities from accessing all-inclusive educational service by failure to provide materials aids and appliances to facilitate teaching and learning of CWDs and not treating them equally like their able-bodied peers.

This is in conformity with Christoffel Blind mission worldwide services to the Blind and other disabled persons, which quotes the average cost of instructional materials for visually impaired children at 3,632. 12 Euros which is quite a lot of money for both the government

that is UPE allocation to school materials which is 35% of the total grant and over and above the capacities of parents of CWDs of Mijwala Sub-county.

### **4.3 The Effect of School Related Factors**

Respondents were also presented with an array of school related factors and asked to indicate their opinion whether the factors were hindrances to CWDS to access education. Below is the summary of responses from the various groups' respondents.

#### **4.3.1 Curriculum and teaching style**

85% of key respondents cited the curriculum as incomprehensive and thus affecting the access of CWDs to all-inclusive education. However, teachers disagreed and most of the parents/caregivers (98%) had nothing to say. In other words they did not know either way. When the respondents were asked to give their reasons for their answers the non-response was 90 percent. And the given responses were found to be irrelevant to issues like: how does the present curriculum take care of needs for visually impaired/hearing impaired children or those with learning difficulties. The reasons given for the above scenario of perceptions by the Key respondents who are in a supervisory position to the teachers, and are "in the know" seem to be critiquing the 'I don't care attitude' of the UPE teachers; while the teachers seem to be defending themselves. Key respondents gave reasons like: the teachers do not care the less whether pupils pass or not. They are more interested in getting paid. The teachers blame the gaps in the teaching curriculum, the lack of SNE skills by most teachers, the lack of special instructional materials for CWDs and the heavy class-loads created by UPE.

Similarly Owing et al (as quoted in Kaguire 2004) agrees that Uganda uses a common core curriculum which is a mere transmission of knowledge rather than one framed in terms of developing understanding of the child and growth of critical awareness. Kelly (1999) also stresses the need of a comprehensive curriculum that is basic learning needs and a common curriculum.(Okech, 1993) and (USDC 2003) also noted that the current curriculum does not serve the needs of the disabled.

The researcher established that there is no special curriculum for CWDs in UPE School but there are some special measures that can be used to support the present curriculum to teach CWDs. These measures are in place in special schools for CWDs, which unfortunately for Ssembabule children are mostly located in and around Kampala. SNE teachers are well trained in these special measures but in the absence of the special materials and equipment in all of the schools in Ssembabule there is little they can do.

#### **4.3.2 Lack of instructional materials**

| <b>Category</b>    | <b>Agree (%)</b> | <b>Disagree (%)</b> | <b>Don't Know (%)</b> | <b>Total (%)</b> |
|--------------------|------------------|---------------------|-----------------------|------------------|
| Key Respondents    | 100<br>10        | 0<br>--             | 0<br>--               | 100<br>10        |
| Teachers           | 100<br>20        | 0<br>--             | 0<br>--               | 100<br>20        |
| Parents/Caregivers | 100<br>40        | 0<br>--             | 0<br>--               | 100<br>40        |

All the key respondents and teachers agreed that the lack of instructional materials affects the access to all inclusive education for CWDs. They are supported by parents at 100%. This phenomena is directly related to poor macro policy on these materials and the high costs on

the open market. The critical lack of instructional materials means that though inclusive education is in place. The CWDs are not meaning fully benefiting from it as similarly manifested by Kimbugwe (2002) of the high cost instructional materials.

No special instructional materials whatsoever were observed in any of the ten schools under the study. School administrators said they cannot afford them since the UPE grant allocated to instructional materials is too small that is to say, 35% and competes with everyday school requirements. CWDs said that they don't know whether there were special gadgets that they could use "Where are they, maybe my mother can buy some for me" said a P 6 pupil of Nambirizi Moslem Primary School.

When CWDs lack learning aids and support appliances, their mobility is reduced and they feel inferior to their normal pupils. They have to continuously play catch up. All CWDs involved in the focus groups discussion agreed that their slow learning pace , due to not being able to hear properly, not seeing properly, not being able to express themselves properly, or writing slower than other children, and under unfriendly facilities results in many of them failing to pass exams. "The teachers do not usually repeat things that we have not heard properly, when we ask them to" a pupil retorted.

"I can't hear and see properly while the teacher is teaching resulting in repeating classes 4 an 6" said one pupil respondent of P 6, Nambirizi Moslem Primary School. He also mentioned that this results into low self-esteem. As his photo below shows a much isolated pupil

**Photo A**



This child is visually impaired and does not hear.

A P 6 male pupil of Lwabaana Primary cannot learn at the same pace as her colleagues. “It takes me a lot of time grasp something, that seems so easy to other children. I am slow at writing and my handwriting is very untidy” he says.

There seems to be a strong agreement that teachers generally show understanding towards the visibly handicapped children and teachers will go out of their way to allow more time for these CWDs to finish their assignments. This however is not the case for those whose impairment is not easily visible for example the hearing impaired and the mentally retarded. Normally a teacher will ask the class generally whether they have understood the particular

lesson without singling out the CWDs, and the chorus of yes we have understood will have the day. It is almost unheard of for the teacher to single out the CWD and offer special help if needed.

In Lugusulu Primary School the teachers were not so positive. In fact they were hesitant to respond to the study on the first visit. The researcher established that most of the teachers in this facility are untrained personnel, as their trained colleagues had refused to be deployed in this remote place.

However it must be noted that half a loaf is better than none at all. Even if the CWDs do not go at the pace of their able bodied colleagues, at the end of the day they have grasped something from what has been taught. Even socializing with others is great given the overprotection that they are normally subjected to at home.

#### **4.3.3 Unavailability of teachers trained in SNE**

Key respondents 85% (LC.V officials, RDC, CAO, NGOs representatives, Probation Officers and 91% of teachers reaffirmed the phenomenon that the minimal numbers of teachers trained in SNE is affecting effective access of CWDS to education. The parents and caregivers were more divided with 43% disagreeing, 23% in the 'don't know' category and only 33% pointing to this issue. The study established that of the 186 teachers in the Sub county of Mijwala, only two had completed the Diploma in Special Needs of UNISE. Reasons provided by the District Educational Authorities for not recruiting SNE teachers were that there are no resources to pay the extra teachers as the quota system set by the Ministry of Education and Sports for the district is limiting. Even after training, some teachers go for other jobs. The politicians and disabled activists said that training of SNE teachers is not given the priority it

deserves. They insist that very few SNE teachers have been trained. The lack of enough SNE teachers has predetermined that CWDs lack the specialized care they need.

This concurs with Hegarty Pucklington and Lucas (1990) in their study of pupils with special needs in ordinary schools, who reported that teachers working with ordinary schools lacked competence to educate pupils with special educational needs. Likewise Oliver (1996) found that teachers lacked special approaches and methods in order to facilitate the process of learning in integration.

#### **4.3.4 Disability friendly facilities**

Almost all teachers and key respondents 95% and 90% respectively agreed that the absence/presence of disability friendly facilities affect access to all inclusive education. Only 51% of parents/caregivers supported this trend. The facilities in question included special latrine facilities, wide walkways, wide corridors and wide doors. Some of the parents who did not cite this as a pertinent issue reasoned that at home the children with disabilities normally use other facilities like everybody else. So they did not perceive any special need for these facilities.

This could be explained by lack of awareness and ignorance of disability friendly facilities like ramps, special toilet facilities, learning materials by the parents. While the teachers and key respondents by virtue of their education levels, roles and responsibilities being policy formulators and implementers have been exposed to the requirements of CWDs

**Photo B**



**Photo C**



Photos of toilet facilities in some of the all-inclusive education services schools.

While the first photo shot was the only toilet facility in Lugusulu primary school and an all inclusive primary school were CWDs had been enrolled the later was facility was of

Sembabule Roman Catholic which had benefited from the School Facilitation Grant (SFG). It can conclusively be said that though government intervention is still limited intervention something positive has been done to make UPE an all inclusive education system

In nine of the ten schools (90%) observed for this study, the walkways were found to be very well kept and demarcated and devoid of sharp instruments. Some few ramps had been erected in about 50% of the structures especially the new buildings constructed from the School Facilitation Grant (SFG). Generally the older buildings had no ramps, no wide paved corridors, nor wide doors but the disabled children were still expected to use them. The study did not find a single school with information for the disabled. In Lugusulu Primary School there was absolutely no safety measure in place. Walkways are nonexistent, no specially designed corridors, and sharp logs and rocks were all over the school yard.

**Photo D**



Photos of the school compound of Sembabule Parents Primary school where there is proper demarcation of school walk ways and properly kempt compound. Such improvements can be linked to the massive sensitization exercises done by USDC.

In almost all schools the disabled children sat in front of the classrooms. Nevertheless in Sembabule and Kandi Nnanseko Primary School, there was no effort to identify and support the disabled children in this regard. Those CWDs with hearing and visual impairment were found to be sitting at the back of the classroom, thus exacerbating their hearing problem. When the class teacher of the CWD in Kandi was asked about it, she said that the child had not told her about it.

In Lugusulu Primary School, too there was no special sitting arrangement for CWDs. The classrooms were found to be too packed and some children, especially CWDs were observed sitting on the mud and cow dung floors as illustrated in the photo below of class room in that school.

**Photo E**



In almost all the 10 schools that the researcher studied, boys and girls latrines were separate. In the 7 school where new latrines had been constructed as part of the SFG project, latrines had ramps and wide doors convenient for disabled children. In three schools the latrines were notably not constructed as per the MoES guidelines convenient for disabled children. This however, contrasts greatly (MoES/EARS 1998) where the lack of matching infrastructure necessary for the integration was identified as key challenge to all inclusive education services. This can be conclusively attributed to the ongoing Government of Uganda and Developmental Partners like UNICEF continuous thrust to improve school infrastructure

One pupil of Ssembabule Primary School suffers from poor eye sight. She reported that the toilet holes at her school are too large and many times toilets are too dirty. She has stepped into human solid waste innumerable times, with bare feet. This phenomenon was echoed by CWD of Mabindo “We have no cubicle for the disabled children on the boys’ side of the latrine which makes vulnerable to extremely dirty conditions and in the absence of water to clean ourselves, sometimes we smell and other pupils shun us”. Another pupil of P.6 Lwabaana Primary says: “Some of us cannot use toilets the way other able bodied children do. So we end up contracting some illnesses from these dirty school latrines” The study established that the SFG toilet design allows for only one cubicle to be wide enough for CWDs. In fact this problem is all over the place and the trend is almost the same. For some reason that the researcher could not establish, the stance constructed for CWDs is always at the girls end.

## Plot F



In Kisonko Islamic Primary School the latrines were not only unfit human use and but also extremely filthy. The above photo shoot is not unsuitable for the disabled child but in a dangerous condition for all the children in this school.

### 4.3 Isolation and negative attitude by peers

All respondent groups strongly agree (76% key respondents, 100% teachers, and 89% parents and caregivers) that if peers have negative attitudes and isolate CWDs, then it can affect their access to education. Interestingly 24% of key respondents either didn't know or did not respond. This may be as result of limited interaction of CWDs, or handling of such children at personal levels.

All schools were found to be enforcing strict rules regarding the CWDs. No insulting them, special support for them, no strenuous work for them. And although it was not written anywhere, being a CWDs seemed to ensure that a pupil is never caned. It must be noted that

although it was outlawed years ago; caning pupils continues to be a very popular method of disciplining in primary schools in Ssembabule. The general trend observed was of a friendly relationship between CWDs and able bodied ones. The researchers observed the children playing together, sharing bites, and able bodied ones supporting and waiting for their colleagues on the way to school. This was especially provided by the siblings. This however, differs with some earlier research findings like (Keynes, 1990) and (Devlinger, 1998) where CWDs are isolated and dehumanized through abusive language. The researcher attributes this pattern to the massive awareness raising for SNE in charges in all primary schools by USDC Sembabule Development Plan 2006/2007)

The study established that in some extreme cases, some able bodied children perceive some CWDs as contagious. Some fear them thinking that they can “transmit” their disability. In some extreme cases the superstitious parents of able bodied children have been known to deter their children from associating with CWDs. This is one factor that upsets one of CWD of P.3 in Mabindo. He suffers from epilepsy. The level of insult between able bodied children and CWDS is not grotesquely beyond the normal insults between able bodied children. What makes it different is that sometimes children being children will use CWDs deformities in their insults. The injury to CWDs doubles because they can’t hit back in equal terms.

#### **4.3.1 Long distances and poor terrain to school**

All respondent groups strongly agree (86% key respondents, 77% teachers, and 100 % parents and caregivers) that long distances and poor terrains affects CWDs access to education. When asked to define what they meant by long distances, all respondents put it between more that 3

kilometers. The researcher observed that of all the 40 households studied, there was no need to walk more than 1.5 kilometers to a primary school. The study established that school is generally .5 to 1.5 km away from the home.

**Photo G**



Focus Group Discussion: Photo of the focus group discussion shows the physical disability of the one P.6 boy of Nambirizi Moslem who suffers from physical disability in the calf thigh joint. He says “the distance from home to school is too long and sometimes when the pain is too much I miss school, which severely affects my performance when the examination time comes”.

In the focus group discussions, many CWDs underscored the key challenge they face to attend school being long distances to and from school. Many CWDs told the study that they always arrive late and are more susceptible to fast moving vehicles on the roads.

However it must be noted that this is a special case. Some people choose not take advantage of nearby schools and to access far away schools because of reasons like religion, school performance etc... Sometimes this may put the CWD in the line of child abuse, if she habitually arrives home after dark

It seems that all CWDs, are complaining of the long distance problem. It is understandable for the physically disabled and visually impaired to blame it on long distances. A CWD pupil of Lugusulu Primary for instance School suffers from hearing impairment. She could not explain very clearly to the research how the long distance affects her access to school more than her able bodied colleagues. She walks 1 km to school, and through a village path that has probably never been trode by a motorcar. Motorcycle, yes occasionally. This conforms with (Penny, 2000) and (USDC, 2004) who argued that although CWDs love to access all inclusive education services they could not easily reach them due to the distance, resulting into high dropout levels.

#### **4.3.6 Extracurricular activities**

A P.6 boy who is physically disabled, and of Mabindo Primary School seemed to be talking for most of his disabled colleagues when he said “They do not involve us in sports and games. For instance I enjoy football and track and field activities and am willing to participate. Why don’t they at least let me compete with my other follow CWDs?” he concluded that he has resorted to restrict his sporting ambitions at home where his siblings are more accommodative.

The study found one exception the phenomenon mentioned in the previous paragraph. In Kikoma Primary School, they hold special games for the CWDs. This unique scenario could

be attributed to the presence of a trained SNE teacher in the school. The teacher has used his training background and experience to convince the school administration to introduce CWDs games in the school. Also the support he got from USDC while in Sembabule RC Primary School that benefited from CWD sports support from USDC.

UPE provides equal opportunities to learners: able or CWD, rich or poor, rural or urban. All public sector school buildings (classrooms, toilets etc.) built after UPE came into existence are equipped with ramps, wide corridors and doors just in case of wheel chairs.

#### **4.4 The Effect of the Policy Environment**

Respondents were also presented with an array of laws and bills of rights and asked to indicate their opinion whether they were aware that the given documents were promoting access for education CWDs. The papers, laws and bills of rights that were presented to the respondents included The Constitution of the Republic of Uganda 1995, The Government White Paper on Education 1992, The National Plan of Action for Children (NPAC) and The Child statute 1996. Others were The United Nations Convention on the Rights of Children 1989, The African Charter on the Rights and Welfare of the Child 1993, The Uganda National Institute of Special Education (UNISE) Act 1998, The Universities and other Tertiary Institutions Act 2000 and The Universal Primary Education (UPE) policy 1997.

The general trend of responses on all the above mentioned was that the majority of teachers and key respondents (between 65-90%) told the research that they were aware that all the above instruments promoted all inclusive education for CWDs the majority of parents/caregivers (invariably above 70%) were not aware. Exceptions to this trend were only observed in the analysis of responses to The United Nations Convention on the Rights of

Children 1989, The African charter on the Rights and Welfare of the Child 1993. This could be explained due to the fact that the two documents though ratified by Uganda have generally neither been customized to the Ugandan context nor been popularized to the masses. This is in agreement with Kimbugwe, (2002) research that indicated the general lack of knowledge on existing laws, policies on CWDs.

Furthermore, the study asked the respondents that had responded that they are aware to cite relevant sections or quotations of the above instruments that promote all inclusive education. Only one, repeat one respondent from the district technocrats mentioned that Article 30 of the Constitution augurs for EDUCATION FOR ALL. This respondent also quoted “Children’s Act Cap 59”. This is a revelation. The researcher expected the knowledge levels on the policy environment to be low at the community level since there is no regular interface but not so much at the teacher level and certainly not at the key respondent level as these are guided by such policies in their everyday implementation of activities and have to some degree participated in formulation of laws, policies either directly or indirectly.

Some of the responses were absolutely irrelevant. One key respondent in attempt to cite relevant section mentioned the National Employment Policy and the Equal Opportunities Act 2006. This researcher can therefore conclude with some degree of authority that there is a general lack of knowledge on the existing legal and international human rights framework. This is probably a result of limited participation of all stakeholders in policy formulation, and a weakness on the part of government to disseminate as well as raise awareness on the existing laws. USDC re-emphasized that the policies have largely remained on paper, with minimal actual implementation.

Some community sensitization has been done by Uganda Society for Disabled Children (USDC). The gist of the sensitization campaign is that Disability is not inability and Disability is not a curse. However the sensitization campaign has not yet covered the whole sub county of Mijwala, let alone the district of Ssembabule. The researcher was told by 70% of teachers and 81% of parents/caregivers that there is absolutely no sensitization to raise awareness going on. This contrasts sharply with 75% of key respondents and technocrats who said it is being done. The researcher established that USDC carried out a very successful sensitization workshop at the district level hence the high levels of awareness at that level. The workshop therefore targeted very few parents and teachers yet these are at the flag bearers for all inclusive education policies. Contrary, to Vietnam were workshops included a cross range of participants like community leaders, educationalists at all levels, women’s union ,youth groups as well as parents.

#### **4.4 Compliance to Affirmative Action for CWDs access to education**

Respondents were also presented with an array of measures to improve access to educational services by CWDs and asked whether they were being implemented in their areas. Below is the summary of responses from the various groups of respondents

##### **Lobbying various actors on improvement of study curriculum**

| <b>Category</b>    | <b>Being done (%)<br/>(N)</b> | <b>Not being done<br/>(%)<br/>(N)</b> | <b>Don't Know<br/>(%)<br/>(N)</b> | <b>Total (%)</b> |
|--------------------|-------------------------------|---------------------------------------|-----------------------------------|------------------|
| Key Respondents    | 40%<br>4                      | 60%<br>6                              | 0                                 | 100%<br>10%      |
| Teachers           | 71%<br>14                     | 25%<br>4                              | 8%<br>2                           | 100%<br>20       |
| Parents/caregivers | 0<br>0                        | 41%<br>16                             | 59%<br>24                         | 100%<br>40       |

Sixty seven (67%) percent key respondents said that it was not being done, while 75% of teachers said that it was being done. The response of the parents/ caregivers is exclusively divided between NOT BEING DONE (41%) AND DON'T KNOW (59%). The research probed and established that the teachers are yelling for help to improve the curriculum while the key respondents, who interestingly are in position to move things are not heeding...at least at district level. "It is just not a priority. People are pushing for bisanja, their remuneration and new districts", said Mrs. Lwanga, a PWD activist. This is one area that probably the USDC sensitization did not effectively cover.

#### **4.5 1 Ensuring that UPE funds are utilized to benefit CWDs**

It seems that something is being done to ensure that UPE funds are being utilize to benefit CWDs, if the 100% key respondents and 78% teachers who said so are to be believed. The establishment of school management committees (SMCs) and empowering them to approve the annual school budget as well as the chairpersons to authorize expenditures is a check and balance. It's also a requirement that SMCs ensures that funds disbursed are displayed on public facilities as well as expenditure discussed in their meetings.

#### **4.5.2 Empowerment of Education Committees at the parish level for efficient monitoring**

While 88% of key respondents said that this strategy is being done, 95% teachers and 77% parents responded to the contrary. Now if the teachers and parents of CWDs who are nearer to the ground have no knowledge of this strategy, it is most probably not being done. The technocrats and politicians are probably whitewashing their weaknesses

## **Suggested Solutions to All-Inclusive Education Suggested By Respondents**

The following suggestions are given in order of analyzed priority to increase enrollment, ensure sustenance and completion of school for CWDs. Number one is the most mentioned one, and so forth.

1. Government should construct special schools/resource centers/rooms for CWDs and put children with same disability together. Establish special school, one per district
2. Government should provide instructional materials like hearing aids, spectacles, elevated shoes, crutches, wheel chairs etc...
3. Government should train more SNE teachers, and give them some special motivation
4. Community mobilization and advocacy. Government should sensitise parents/caregivers and normal peers as well as teachers
5. Government should bring schools nearer to communities to be accessed by CWDs.
6. Government should specially help parents of CWDs to start Income Generating Activities to afford fees through provision of special grantor percentage allocation of existing credit facilities/programmes of government.
7. Government should treat CWDs defects
8. Provide special latrine facility provisions for CWDS and ensure that it is theirs only
9. Reduce the size of the toilet hole for those who are visually impaired and those who are physically impaired to avoid them falling into the pit. Also the toilets should be kept clean.
10. UPE should be made compulsory with penalties for erring parents
11. Parents escort CWDs to school

## CHAPTER FIVE

### CONCLUSION AND RECOMMENDATIONS

#### 5.1 Main Conclusion

The concept of all-inclusive education means welcoming all children, without discrimination, into regular or ordinary schools. Indeed, it is a focus on creating environments responsive to the differing developmental capacities, needs, and potentials of all children. Inclusion means a shift in services from simply trying to fit the child into 'normal settings'; it is a supplemental support for their disabilities on special needs and promoting the child's overall development in an optimal setting. It calls for respect of difference and diversity of individual characteristics and needs. This has to include a consideration of overall organization, curriculum and classroom practice, support for learning and staff development.

Inclusive education implies that education is about learning to live and learn together with each other. Regular schools with inclusive orientation are the most effective means of combating discriminatory attitudes, creating welcoming communities, building an inclusive society and achieving education for all.

The Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994) provides the clearest and most unequivocal call in articles 2 and 7 towards the inclusive approach. However, basing on this research on the challenges of accessing all inclusive Education Services by CWDs in Mijwala sub county, Sembabule District a combination of school related, socio cultural, economic and policy related factors can be conclusively adduced as being at play in encumbering successive implementation of the service as follows;

### **5.1.1 Socio -Cultural factors**

Indeed, there are some children with severe disabilities for whom it would be extremely difficult to create a truly all-inclusive educational environment; it would neither benefit the child nor others in the setting. However, this does not mean that the CWD should be segregated and isolated from all life in the community. There should be a range of inclusive settings whereby the CWD can feel included and be best served. Such settings could be arranged within the school premises, family circles, at community gatherings, at sports events, religious services and other recreation centers which are likely to ensure the opportunities for social interaction.

The real challenge of inclusive education is to meet the special needs of all Children with and without Disabilities. Inclusion is not a soft process. It requires a lot of struggle and commitment to overcome all types of barriers mainly social-cultural, economic, school related and policy. All-Inclusive education can only flourish in a system, which generates inclusive ideology. People have to change their established social-cultural beliefs, practices and modes of working and stop viewing CWDs as failures but as children who can learn as their able bodied counterparts

Many determinant factors affect and regulate the development of all-inclusive education. Limited understandings of the concept of disability, negative attitude towards children with disabilities and a hardened resistance to change are the major barriers impeding inclusive education. Of particular concern is the fact that parents' and teachers' attitudes are seen as the decisive factors for successful inclusion.

Quite a significant number of children and families, if not most, live in destitution in Mijwala being one of the least developed sub counties. Lack of access to services in the communities as well as the unwell-coming social, cultural, economic and physical environments are the greatest challenges to families rearing Children with Disabilities. But the interest of the family was shown to be seriously affecting CWD access to school services in Sembabule. It has also been re-confirmed that interest of parents could be a consequence of lack of information. Sensitisation and provision of information could change that perception as USDC has shown for the empowerment of the education committees at 88% as reported by the key respondents is believed to impact on CWDs enrolment positively. There no significant influence (positive or negative) of religion on the perception of the public towards the disabled in Ssembabule. This phenomenon also extends to peer relations between CWDs and able-bodied children. Although the study observed some pockets of cruelty (children will always be children), these were not excessive. On the other hand the study also observed that many children went out of their way to support CWDs to access school.

### **5.1.2 Economic Factors**

Poverty among household of CWDs is an impending factor towards CWDs access to all inclusive education services .This was well exemplified by an overwhelming 92% of key respondents, 75% teachers and 82% parents concurring to the issues of poverty and their lamentation of no special arrangements to benefit from ongoing government programmes. Moreover, with a CWD the financial demands in relation to educational requirements increase. This concurs with (Kimbugwe 2002 )

Similarly the high cost of instructional materials was another deterring factor to CWDs access to all inclusive education services. This phenomenon is directly related to poor macro policies and high costs on the open market involved.

### **5.1.3 Policy**

Indeed the government policy can do a lot affect access to education for CWDs. For a long time the CWDs were excluded from school, but the government embracing of Education for All (UPE) in 1997 opened doors for many CWDs. Although things are not perfect yet, (a lot more could be done), this single act of legislation showed that is very instrumental.

Furthermore, policy has greatly improved the infrastructure to enable CWDs access education .All the new constructed structures in schools visited for example classroom blocks had rumps which eased the movement of CWDs, clean school compounds were maintained . This means that if government came up with stringent measures to ensure that policies are implemented them all inclusive education serves would be a success.

### **5.1.4 School Related Factors**

Even though, "Education for All" was ratified by the Ugandan government, the practical implementation is far from desired. The effective participation rate of Children With Disabilities in schools is negligible when compared to the number of Children With Disabilities in school age bracket. While they are readily enrolled in UPE Schools, CWDs are not provided with those special materials and equipment necessary for their effective schooling. These materials , for example: Perkins, Braille, cubes for arithmetic cubartithm board games, thermo form machine, binding and spiral, machine, and mobility cane can be found in some private special schools for CWDs. nevertheless there are probably seven

special CWD schools in Uganda, and six of them in or around Kampala, the other three are in Eastern and Northern Uganda. None whatsoever in the southern central region.

The advent of the Ugandan version of Education For All (UPE) was the sign of attempting to provide all-inclusive education. Nevertheless in UPE classrooms and the school environment are not conducive for inclusive education. Up to or even more than 100 children are enrolled in a single classroom. This makes the teaching-learning process more difficult even for the non-disabled children. The teacher finds it extremely difficult to attend individual problems and interests. In such circumstances the teachers are unable to provide special attention to educate, motivate and assist children with disability. These and other reasons block the involvement of children within the formal all-inclusive system.

As mentioned earlier, children attending special schools and classes include the deaf, the blind and the mentally retarded. Indeed, practical problems are encountered while including children with diverse educational needs. But often the practical difficulties have more to do with bringing social-cultural change and the reorganization of learning environments and school activities, with the change of policy, reallocation of money and resources than with the needs of children.

Inclusion has been based on the assumption that teachers have to admit children with disability into regular classes and be responsible for meeting their needs. However, most regular classroom teachers do not perceive themselves as having the appropriate training and skills to meet the instructional needs of children with disabilities. Most teachers have not yet been provided with the support they need to make inclusion successful for example only two teachers out of 186 teachers in Mijwala had completed Diploma's in Special Needs.

In some schools, regular teachers are asked to teach special needs children without receiving any form of training as well as administrative assistance. Without support, teachers who do not have sufficient background knowledge in special education are at a loss on what to do. An all-inclusive education demands the class teacher to be innovative, flexible, creative, ready to learn from the learners and capable of facilitating active learning for all children, with or without disabilities. The development of an all-inclusive educational policy, curriculum and teacher training programs are frontiers of challenges encountered in course of implementing inclusive education.

Special needs provisions and rehabilitation would be more effective in their immediate environment rather than in institutions or special schools which are inaccessible and will continue to be so for a long time to come because of lack of resources.

Pockets of successful inclusive education attempts with CWDs are exemplified in UPE, which gives special consideration for CWDs. This is a good beginning of a positive indication towards inclusive schooling. However, shortage of special learning materials for CWDS, some inconvenient school infrastructure and continue to be obstacles encountered in course of their education.

The researcher can conclude that the objectives of the study/research questions have been answered. That is to say the socio-cultural economic school related and policy factors are at play major hindrances for all inclusive education services in Mijwala sub-county.

## **5.2 Recommendations**

From the ongoing discussion the following are the recommendations that are proposed by the researcher in order to improve access to all inclusive education services for the CWDs.

### **School related Factors**

#### **5.2.1 Avail Teachers Trained in SNE**

Training SNE teachers is good but in the short run it will be unfeasible to build up to the required numbers. In the schools studied, the number of teachers was between 0-2. Sometimes a teacher with special needs would be allocated to certain class and it would be impossible to give support to other children in other classes. The government should include a module on Special needs in the training of all teachers so that they all know what to do. The teachers need to be equipped with the concept of all-inclusive education in order to understand the differences between children with and without disabilities. Such opportunities would help teachers understand that all children can learn if they are given the chance.

#### **5.2.2 Provision of Instructional Materials for CWDs to schools**

Next to teacher competence, the availability of appropriate support ranks high in the list of factors affecting teacher's ability to educate CWDs in regular schools. The requisite support can be provided from within the school. If regular schools are not resourced accordingly, teachers find it extremely difficult to discharge their responsibilities and build up positive attitudes toward such children. Though the socio-economic conditions of the district deter, greater efforts must be thought to this end using different strategies with the available local resources. The MOES should through its programs of providing instructional materials particularly text books and teachers' guides specifically include teaching guides for teaching CWDs. This can also be a policy issue.

### **5.2.3 Revision of the current school curriculum and teaching style**

Although UPE is all inclusive there is need to match the programme with a curriculum that is integrated with all the needs of all the beneficiaries. As earlier pointed out the existing curriculum does not integrate the needs of, the national curriculum centre needs to designs its programme with the needs of CWDs in mind.

### **5.2.4 Organizing Special Class within the Regular UPE schools**

Although many parents and teachers have called for it, in general, earlier studies have suggested that the effects of special classes in regular schools do not look very promising. CWDS stick together and do not play and talk with other children because both groups follow instructions together for only a limited number of hours even; teachers stay apart. Establishing special classes in regular schools is not always an all-inclusive measure; it may even lead to an increase of segregation.

It has been suggested (Meijer et al., 1995), and this researcher concurs, that special classes should be given for a limited time and should not exceed 60 percent of the school time .It should be focused on special skills training (for the blind such as Braille reading and writing and those special mobility drills) as well as providing tutorials for those who need it. The SNE teacher can use the special class as a resource and consultation center for the class teacher, parents as well as CWDs.

### **5.2.5 Provision of Disability Friendly Facilities**

There is need to improve physical structures through construction of ramps, wider classroom doors, adopted toilets so as make education accessible. The District Education Department

should prioritize its role of supervision and monitoring all inclusive schools during and after construction as provided for under SFG guidelines.

### **5.2.6 Initiating Extra-curricular Activities and In and Out of School**

Special efforts should be made to involve CWDs in special sports and games. This makes them enjoy school more and feel part of everybody. At the same time it refreshes them and builds their bodies. In addition extra-curricular activities for all children (especially CWDS) are very essential. This may include organizing field trips and visits and formations of clubs like for example, music, art, photography, debate, natural science, research, drama and other recreational programs. This is an important parameter not only for promoting inclusion outside the classroom among children but also for unfolding of the diverse potentials and talents of both children with and without disabilities. Such a habit needs to be nurtured right at primary school level so that children will be used to wisely spending their out of school time.

## **5.3 Socio -Cultural Factors**

### **5.3.1 Change of parent attitude**

The involvement of parents is very essential. Earlier studies showed that for desirable partnership to prevail between teachers, parents and guardians, a mutual sharing of knowledge, skills, experiences and decision-making is required (Semakula, 1999). Therefore there is need to involve parents/guardians in deciding the long-term and short-term objectives of the educational programs to be based on not only on the CWDs interest and abilities, but also the families' abilities and priorities. Although many parents look forward to enrolling their children with disabilities in a regular UPE school program, the child's inclusion may

precipitate in certain concerns. A significant issue for parents (especially mothers in Ssembabule) is whether their children will receive the special support needed to be successful.

### **5.3.2 Creating awareness on disability**

Parents as well as other family members can be sensitized and trained to use special strategies to facilitate and promote the overall development of Children with Disabilities during their day-to-day encounters at home. In a district like Ssembabule where the magnitude of the problem is broad and the number of trained SNE teachers is negligible, the involvement of parents is of utmost importance. Obviously, positive parental attitude to schooling will provide a sound foundation for improving children's learning.

It is also important to note that parents need to be encouraged to promote the participation of their Children With Disabilities with peers at home-based informal play-groups, in play activities with individual children in the community, or in organized group-programs in their community.

There should be continuous awareness-raising not only for parents/caregivers but also other members of society. PWDs could be very instrumental in this drive. They can be used as role models to share their experience. Parents escort CWDs to school.

### **5.4 Policy Factors**

The government should put in place legislation that makes schooling CWDs compulsory so that all the children in communities are catered. There should also be legislation that ensures continuous provision of scholastic materials, aids and appliances in all schools as well as legislation that ensures that the physical school infrastructures are disability friendly e.g.

special latrine facilities, building equipped with ramps and wide corridors for CWDs at all schools and information signs on disability friendly facilities put up all over the school environment. The ultimate goal should be the construction of both CWDs focused schools and resource centers, but with the meager resources at hand that will continue to be a long term shot. Lastly government should do something in its macro-financial policy to ensure that the special tools and equipment necessary for the learning of CWDs become cheaper and accessible to the masses. For instance CWDs should be able to buy Braille sets in normal stationers and school supplies shops and at good prices. Finally, undertaking a pilot study on all-inclusive education in selected schools is envisaged to be helpful to know the practical problems and make the necessary adjustments before embarking on all-inclusive programs at once all over the district. Furthermore, such sites could also be used as demonstration centers for experience sharing among teachers, professionals as well as parents.

### **Enactment of bye laws**

It is recommended that the legislature and local councils enact laws and ordinances and bye laws respectively that can stipulate the minimum standards on construction of all public buildings, teaching strategy. As well as the civil Society Organizations should increase their role of lobbying and advocacy if CWDs are to meaningfully benefit all inclusive education.

#### **5.4.1 Participation of Stakeholders in Policy Formulation, Dissemination and Implementation**

The various stakeholders need to be empowered in regard to existing laws, policies and bills. Majorly the education committees at the various levels should be facilitated so that there is effective and efficient monitoring for the implementation of UPE in order to allow for

effective implementation at all levels, government, civil society and all stakeholders should endeavor to raise awareness about the different policies and how they should be implemented.

#### **5.4.2 Limitations to the Study**

- Conscious of their job security, some respondents like civil servants may have provide the research with inaccurate information as they are duty bound not to provide any negative information.
- Being a rural setting, timing was a serious challenge especially for the household interviews. Most of the time people are in the field. The researcher ensured that most of the interviews were held early afternoons when most people tend to relax at home after the midday meal.
- The study was very costly to the researcher

#### **6.0 Future Research Suggestions**

The following are research suggestions to future researchers.

- There is need to explore the in-depth relevancy of the curriculum subjected to CWDs under all inclusive education services, because this research was unable to fully investigate into this. Yet it appears what is being taught may not be so relevant to make them more effective and productive in whatever environment they are in.
- Future researchers need to investigate the extent of the sensitization/refresher courses for all teachers in SNE versus the integration of a module on SNE during teacher trainings as most teachers seem not be aware of how to handle the unique of CWDs in an everyday class environment.

- There is need for future researchers to investigate the efficacy of integration of children with multiple disabilities in normal school life, because it has attracted almost no research in Sembabule since the learning needs of such children are diverse and may not be handled in normal classroom situation.
- It's also important to identify individual CWD challenges to basic educational needs under all inclusive education services since they have greatly differing needs from their normal counterparts.

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## APPENDIX I: QUESTIONNAIRE

### Dear Respondent

My name is Najjingo Hellen, am Post Graduate student of Makerere University. I am carrying out a research on the challenges of accessing all inclusive education services by children with disabilities, as partial requirement for the award of a Masters Degree in Social Sector Planning and Management. It is expected that this research will guide policy formulators and service providers to improve the delivery of educational services. It will also be of use to the district especially by the planning department and policy makers to make appropriate decisions that are aimed at improving the general social service delivery systems.

You have been purposively selected for this research and your response to this study will enable the achievement of the above objectives .You are requested to answer these questions and assured that the answers will be strictly be kept confidential.

### Thank you, for your cooperation

### Structured Interview Response Guide

(For District level Key Informants (LC V, District Education Officers, Probation officers, EARS Officials, Resident District Commissioners, and Chief Administrative Officers, Heads of Non Government Organizations and child Care Advocates).

### Perception of Disability

1. What is your understanding of disability?
2. Below are the different types of disabilities that CWDs suffer from tick those that you are familiar with (tick as many as mentioned)

| <b>Types of Disability</b> | <b>Tick</b> |
|----------------------------|-------------|
| a) Hearing impairment      |             |
| b) Speech Difficulty       |             |
| c) Visual Difficulty       |             |
| d) Learning Difficulty     |             |

|    |                       |  |
|----|-----------------------|--|
| e) | Physical Difficulty   |  |
| f) | Multiple Difficulty   |  |
| g) | Others please mention |  |

**Social cultural Factors**

3. Please indicate whether you agree, disagree or don't know whether the factors listed below are hindrances to children with disabilities to access to education (your responses are limited to Agree, Disagree or Don't know)

|    | <b>Factor</b>  | <b>Agree</b> | <b>Disagree</b> | <b>Don't know</b> |
|----|--|--------------|-----------------|-------------------|
| a) | Negative attitude and practices against CWDs           |              |                 |                   |
| b) | Lack of interest by parents of CWDs                    |              |                 |                   |
| c) | Poverty among households of CWDs                       |              |                 |                   |
| d) | Isolation  |              |                 |                   |
| e) | Religious influence                                    |              |                 |                   |
| f) | High costs of CWD instructional material and equipment |              |                 |                   |
| g) | Lack of well stream lined strategies                   |              |                 |                   |
| h) | Lack of knowledge on existing CWD policies             |              |                 |                   |
| i) | Incomprehensive curriculum for CWDs                    |              |                 |                   |
| j) | Absence of teachers trained in SNE                     |              |                 |                   |
| k) | Other(Please name them)                                |              |                 |                   |

4. If you agree. How have you confronted the problem and with what results? Yes/No (Circle)

| Problem |   | Strategy | Result |
|---------|---|----------|--------|
| Measure | Tick  |          |        |
| a)      | Sensitization and awareness raising   |          |        |
| b)      | Improvement of physical structures like construction of ramps   |          |        |
| c)      | Lobbying various stakeholders on improvement of study curriculum  |          |        |
| d)      | Special consideration for CWDs with multiple disabilities   |          |        |
| e)      | Empowerment of education committees at the parish level for efficient monitoring                                  |          |        |
| f)      | Ensuring that UPE funds are utilized to benefit CWDs  |          |        |
| g)      | Revision of curriculum  |          |        |
| h)      | Poverty reduction strategies being implemented all development initiatives through affirmative action to the CWDs |          |        |
| i)      | Others (Specify)  |          |        |

5. Apart from the above –mentioned problems what other problems do you think face the children with disabilities and how have these problems affected access to the educational services by CWDs?

| Problem | How it affects access to education |
|---------|------------------------------------|
|         |                                    |
|         |                                    |

6. Which of the following measures have you personally /department/organization employed if any to improve access to educational services by CWDs (tick as many as applicable?)

7. In your view, do children with disabilities receive the same amount of care as their normal counterparts from the teachers and peers?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |
|     |    |            |

Give reasons for your answer.....

8. Which of the following do you believe is a school related barrier to access to education by CWDs(Tick as many as possible)

| <b>Factor</b> |  | <b>Yes</b> | <b>No</b> | <b>Don't know</b> |
|---------------|--|------------|-----------|-------------------|
| a)            | Curriculum and teaching style                |            |           |                   |
| b)            | Lack of instructional materials              |            |           |                   |
| c)            | In availability of teachers trained in SNE   |            |           |                   |
| d)            | Lack of commitment and skills among teachers |            |           |                   |
| e)            | Absence of disability friendly structures    |            |           |                   |
| f)            | Long distance to school                      |            |           |                   |
| g)            | Costly CWD school equipment                  |            |           |                   |
| h)            | Isolation and negative attitude towards CWDs |            |           |                   |
| i)            | Others (please mention)                      |            |           |                   |

9. Does your ministry /department have a policy on accessibility to education to CWDs?

Tick one

| <b>Yes</b> | <b>No</b> | <b>Don't know</b> |
|------------|-----------|-------------------|
|            |           |                   |
|            |           |                   |

b) If yes state the policy /ies .....

10. Have your ministry /department had plans /programmes that have promoted the education of children with disabilities in any of the following ways? Tick as many as applicable;

| Measure   | Yes | No | Don't know |
|---|-----|----|------------|
| a) Formation of parent support groups and involvement in income generating activities |     |    |            |
| b) Research on disability related issues  |     |    |            |
| c) Sensitization of caregivers /parents and peers                                     |     |    |            |
| d) Training of teachers /sponsorship of teachers in SNE                               |     |    |            |
| e) Offered support to parents support groups  |     |    |            |
| f) Provision of scholastic materials, aids and appliances                             |     |    |            |
| g) Construction of both CWDs focused schools and resource centers                     |     |    |            |
| h) Ensuring that physical infrastructure are disability friendly                      |     |    |            |
| i) Others(please specify)   |     |    |            |

11. In your view what ways if any can parents/caregivers hinder CWDs from accessing all – inclusive educational services?

.....

.....

12. Do you think CWDs have taken advantage of enrolling in UPE as one of the key target groups?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |
|     |    |            |

13. Give reasons for your answer?

.....

14. As concerned authorities what is the dropout rate of CWDs ? (For only relevant people as below)

a) If yes please state the reason for it

.....  
 .....

15. How many Special Needs Education (SNE) teachers do you have in the district?  
 (For only relevant people e.g teachers and district education staff)

| School | Staff |
|--------|-------|
|        |       |
|        |       |

b) Do you think the number is sufficient?

.....  
 .....

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |
|     |    |            |

c) If no, what is preventing recruitment?

.....  
 .....

16. In your view is UPE really all-inclusive?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |
|     |    |            |

a) Give reasons for your answer

.....

17. What do you think can be done to improve the following to CWDs

a) Enrolment.....

b) Retention.....

c) and completion?.....

**Special Needs Education Training**

(For key informants like education staff, inspectors of schools, NGO representatives)

18. Are you aware of the training that is offered in SNE?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |
|     |    |            |

a) If yes, do think it meets the educational needs of CWDs?

.....

19. Mention the challenges that you face while instructing CWDs (please rank these challenges –for teachers

.....

.....

20. What is you department /offices plan for the improvement of the school related problems?

.....

.....

21. Which laws, if any that enforce accessibility to education services by CWDs are you familiar with (tick as many as mentioned).

| Law /Act   |  |
|--|--|
| a) The constitution of the Republic of Uganda 1995                 |  |
| b) The Government White paper on Education 1992                    |  |
| c) The National Plan of Action for Children (NPAC) 2000            |  |
| d) The Child Statute 1996  |  |
| e) The United Nations Convention on the Rights of the Child 1989   |  |
| f) The African Charter on the Rights and Welfare of the Child 1993 |  |

|    |  |  |
|----|--|--|
| g) | The Uganda National Institute of Special Education (UNISE) Act |  |
| h) | The Universities and other Tertiary Institutions Act 2000      |  |
| i) | The Universal primary Education (UPE) Policy 1997              |  |
| j) | Others (specify)   |  |

22. Are these laws being followed? Please mention particular sections of the law you think are being followed

.....  
.....

23. In your view extra laws should be put in place, concerning enabling access to educational services

.....  
.....

## APPENDIX II: UNSTRUCTURED INTERVIEW SCHEDULE

(For parents, caregivers, and members of PWDs Associations, PWD councilors)

1. What is your understanding of the term disability?
2. Mention below are the different types of disabilities that CWDs suffer from, please tick those that you are aware of (Tick as many as applicable)

| Types of disability      | Tick |
|--------------------------|------|
| a) Hearing Impairment    |      |
| b) Speech Difficulty     |      |
| c) Visual Difficulty     |      |
| d) Learning Difficulty   |      |
| e) Physical Difficulty   |      |
| f) Multiple Difficulty   |      |
| g) Others please mention |      |

### Socio –Cultural Factors

3. Please indicate whether you agree, disagree or don't know whether the factors listed below are hindrances to CWDs access to education (Your responses are limited to Yes, No or don't know)

| Factor  | Agree | DA | Don't know |
|---|-------|----|------------|
| a) Negative attitude and practices against CWDs |       |    |            |
| b) Negative parental attitude                   |       |    |            |
| c) Poverty among households of CWDs             |       |    |            |
| d) Isolation                                    |       |    |            |
| e) Negative Religious Influence                 |       |    |            |
| f) High costs of CWDs material and equipment    |       |    |            |
| g) Lack of streamed strategies                  |       |    |            |
| h) Lack of knowledge on existing CWD policies   |       |    |            |

|    |                                    |  |  |  |
|----|------------------------------------|--|--|--|
| i) | Incomprehensive curriculum to CWDs |  |  |  |
| j) | Absence of teachers trained in SNE |  |  |  |
| k) | Medical problems                   |  |  |  |
| l) | Negative attitude from peer        |  |  |  |
| m) | Others (please mention them)       |  |  |  |

4. Have you tried to solve the problems you ticked agreed with above? Yes/No (circle one)

b) If yes how? And with what results?

| Factor | Strategy | Results |
|--------|----------|---------|
|        |          |         |
|        |          |         |

5. Listed below are some of the recommended interventions to make CWDs access all-inclusive education services? Please indicate if any is being implemented in your area by ticking yes if you think so, No if it's not and I don't know if not sure.

| Measure  | Yes | No | Don't know |
|--|-----|----|------------|
| a) Formation of parent groups and involvement in income generating activities  |     |    |            |
| b) Sensitization and awareness raising on the existing policies  |     |    |            |
| c) Improvement of physical structures like construction of ramps and resource rooms at schools to encourage independent learning |     |    |            |
| d) Lobbying initiatives and sensitization programmes being undertaken by special representatives of PWDs                         |     |    |            |
| e) Provision of instructional materials programmes being undertaken by special representatives of PWDs                           |     |    |            |
| f) Special consideration for CWDs with multiple disabilities   |     |    |            |
| g) Empowerment of education committees at the parish level for efficient monitoring  |     |    |            |

|   |  |  |  |
|---|--|--|--|
| h) Ensuring that UPE funds  |  |  |  |
| i) Revision of curriculum   |  |  |  |
| j) Poverty reduction strategies being mainstreamed in all development initiatives               |  |  |  |
| k) Inaction of Laws and Bye Laws by the corresponding bodies UPE system                         |  |  |  |
| l) Awareness raising about the roles and responsibilities of all stakeholders in the UPE system |  |  |  |
| m) Others (specify)   |  |  |  |

**For Parent /Caregivers only**

6. What is your relationship with the child (Tick as appropriate)

| Relation             | Tick |
|----------------------|------|
| Natural Parent       |      |
| Uncle                |      |
| Auntie               |      |
| Grand Father         |      |
| Grand Mother         |      |
| Sister               |      |
| Brother              |      |
| Guardian /Caregivers |      |

6. Is that child/children with disability enrolled in school?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |

7. Are other children under your care enrolled in school?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |

8. Do you encounter any special challenges in trying to access education for children with disabilities?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |

c) Give reasons for your answer .....

9. As a parent/caregiver please suggest 5 possible measures of solving challenges faced by children with disabilities in accessing education?

| Measure | To be implemented /done by |
|---------|----------------------------|
|         |                            |
|         |                            |

10. Has the introduction of UPE increased the enrolment for children with disabilities?

| Yes | No | Don't know |
|-----|----|------------|
|     |    |            |

11. Listed below are some of the school related factors that have been identified as affecting access to educational services by CWDs .Besides each ,please indicate yes if you think so, No if its not and Don't know if not aware.

| Factor   | Yes | No | Don't know |
|--|-----|----|------------|
| a) Negative attitude and practices of teachers towards CWDs              |     |    |            |
| b) A few number of SNE teachers available                                |     |    |            |
| c) Poverty among households of CWDs                                      |     |    |            |
| d) Absence of instructional materials like, Braille, text books and aids |     |    |            |
| e) Lack of disability friendly facilities                                |     |    |            |
| f) Long and rough terrain to schools                                     |     |    |            |
| g) High costs of CWDs material and equipment                             |     |    |            |
| h) Limited monitoring and supervision from SNE inspectors                |     |    |            |
| i) Lack of knowledge on existing CWD policies                            |     |    |            |
| j) Negative attitude from peers  |     |    |            |
| k) Others (Please name them)   |     |    |            |

13. Several policy documents have been put in place to improve access to all –inclusive education policies. However, some few contenders believe that the policy environment is not favorable enough to increase access. Below are some of the loopholes cited in the policies, please show your opinion by ticking yes, If you agree, no if you believe not and don't know if you are not aware.

| <b>Loopholes</b>  | <b>Yes</b> | <b>No</b> | <b>Don't know</b> |
|---|------------|-----------|-------------------|
| a) General lack of knowledge on the existing laws   |            |           |                   |
| b) Limited participation of all stakeholders in policy formulation ,and awareness raising |            |           |                   |
| c) Wrong policy intentions  |            |           |                   |
| d) Inability of policy implementers to full execute the policies                          |            |           |                   |
| e) Contradictions in existing laws  |            |           |                   |
| f) Lack of well streamlines strategies to effect the policies                             |            |           |                   |
| g) Others (Please name them)  |            |           |                   |

17. Which laws, if any that enforce accessibility to education services by CWDs are you familiar with (tick as many as mentioned)

| <b>Law /Act</b>   | <b>Yes</b> | <b>No</b> | <b>Don't know</b> |
|---|------------|-----------|-------------------|
| a) The Constitution of the republic of Uganda                   |            |           |                   |
| b) The Government White Paper on Education 1992                 |            |           |                   |
| c) The National Plan of Action for Children (NPAC)              |            |           |                   |
| d) The Child Statute 1996                                       |            |           |                   |
| e) The United Nations Convention on the Rights of Children 1989 |            |           |                   |
| f) The African Charter on the Rights and Welfare of the Child   |            |           |                   |
| g) The Uganda National Institute of Special Education           |            |           |                   |

|  |  |  |  |
|--|--|--|--|
| (UNISE ) Act   |  |  |  |
| h) The Universities and other Tertiary Institutions Act 2000 |  |  |  |
| i) The universal Primary Education (UPE) Program me 1997     |  |  |  |
| j) Others (please specify)                                   |  |  |  |

18. Are these laws being enforced /followed? Please state the particular section of the law you thick are being followed

.....  
.....

19. In your view what extra laws should be put in place, concerning enabling access to educational services

.....  
.....

**Thank You!**

## **APPENDIX III: OBSERVATION GUIDE**

### **For purposes of observations in selected schools /Home environment**

This observation guide schedule sets the observatory topics that will be used in the study of non- verbal behavior in the field.

#### **1. SCHOOL RELATED FACTORS**

- Relations between children with disabilities and other children (in and out of school)
- Relations between children with disabilities and the teachers (in and out of school)
- Children with disabilities interaction with other children with disabilities
- Class structures (number of children, sitting arrangement number of teachers)
- Water and sanitation facilities (toilets, bathrooms and wash room facilities)
- Safety measures
- Physical structures (walkways, staircases, toilets, corridors, and classroom furniture)
- Special Needs Teachers
- Information accessibility (books, sign posts)
- Curriculum (specify the content, conduct or mode of delivery)
- How the training is carried out (inclusion, exclusion, annexes)
- Instructional /learning aids and materials (hearing aids, Braille)
- Teacher /pupil ratio

#### **Enrolment**

- Total enrolment
- Gender analysis (boys/girls, children with disabilities enrolled)

#### **SOCIO-CULTURAL FACTORS**

- The relationship between the child and the parent
- The relationship between the child and his/her siblings
- The attitude of the community members towards the child

**APPENDIX IV: OBSERVATION GUIDE**  
**FOCUS GROUP DISCUSSION GUIDE**

**CHALLENGES OF ACCESSING ALL INCLUSIVE EDUCATION SERVICES BY  
THE CHILDREN WITH DISABILITIES: A CASE STUDY OF MIJWALA SUB  
COUNTY, SEMBABULE DISTRICT**

The focus group discussion guide hereunder, comprises of a sample of questions that will be answered by the children with disabilities in primary schools and non disabled children.

**BACKGROUND INFORMATION**

1. Group number.....

**B. EDUCATION**

Below are some of the problems believed to be facing children with disabilities in schools (please say yes if you think so and no if you think does affect you).

- a) Negative peer influence
- b) Isolation
- c) Lack of CWD specific instructional materials
- d) Unavailability of teachers trained in SNE
- e) Lack of disability structures
- f) Lack of commitment and skill by teachers
- g) Long distance to school
- h) Non participation of all stakeholders in policies that affect them
- i) Others please specify

2) Do you have any of the following provisions in your school?

|                                   | Yes | No  | Don't know |
|-----------------------------------|-----|-----|------------|
| a) Ramps                          | ( ) | ( ) | ( )        |
| b) Special toilet facilities      | ( ) | ( ) | ( )        |
| c) Sign posts                     | ( ) | ( ) | ( )        |
| d) Disability related information | ( ) | ( ) | ( )        |

3. Do you hold any meetings with your teachers to discuss the problems above? If yes what are your views about the discussions?

.....  
.....

4. What attitude do you able-bodied peers have towards you?

.....  
.....

5. How does the relationship with your fellow peers affect your stay in school?

.....  
.....

6. How does the above attitude affect the following issues below? (Please tick either positive or negative)

.....  
.....

7. How does the above attitude affect the following issues below? (Please tick either positive or negative)

|  | <b>Positive</b> | <b>Negative</b> |
|--|-----------------|-----------------|
| a) Concentration at school                       | ( )             | ( )             |
| b) Enrolment at school                           | ( )             | ( )             |
| c) Provision of instructional materials          | ( )             | ( )             |
| d) Availability of appliances and assistive aids | ( )             | ( )             |
| e) Payment of your school dues                   | ( )             | ( )             |
| f) Isolation                                     | ( )             | ( )             |
| g) Relationship with siblings and peers          | ( )             | ( )             |

8) What are some of the grievances that you have while attending school?

.....  
.....

9) How do you relate to each other as children with disabilities?

.....  
.....

10) Do you have teachers who seem to know your learning needs?

.....  
.....

11) Do you the teachers offer adequate information to progress to the next class?

.....  
.....

12) In your view do the teachers who are trained in SNE enough to address your learning needs?

.....  
.....

13) Please mention some of these specific needs that have not been addressed adequately?

.....  
.....

14. Do children with disabilities (boys and girls) receive the same amount of attention from teachers and other peers?

.....  
.....

b) In your opinion who receives more?

Boys ( ) Girls ( )

15) How many kilometers do you walk to school?

.....  
.....

16) On average how long does it take you to get school?

.....  
.....

17) If you leave far from school how you do cope with the distance?

.....  
.....

18) Do you know any children with disabilities that have dropped out of school?

.....  
.....

If yes, why do you think they dropped out?

.....  
.....

19) Why did you drop out of school (for drop outs?)

.....  
.....

If offered another chance would you enroll in school?

.....  
.....

If no why would n't you enroll?

.....  
.....

20) Were your parents ready to enroll you again?

.....  
.....

21) Are the physical structures here accessible?

.....  
.....

22) Can you easily access scholastic materials?

.....  
.....