

ACCESSIBILITY TO MICRO-FINANCE (MF) SERVICES BY PEOPLE WITH DISABILITIES (PWDs) IN BUSHENYI DISTRICT, UGANDA

Background and justification:

Approximately 4% of the population of 24.7 million Ugandans are PWDs¹ and previous studies have shown that PWDs face social exclusion.² Microfinance (MF) is one of the Ugandan Governments' poverty reduction interventions. This study investigates the experiences of PWDs in accessing and utilising MF and aimed to highlight gaps in access that could be addressed.

What is already known

- MF services are there to help people (especially the poor) improve their economic activities
- PWDs are among the poor
- PWDs access to MF services is low

Objectives:

1. Establish the current status of able-bodied persons and different categories of PWDs in regard to accessing MF services
2. Examine and analyse the inherent and external factors determining PWDs accessibility to MF services
3. Examine the involvement of PWDs in community saving initiatives
4. Ascertain whether the general legal MF framework reflect PWDs concerns
5. Propose appropriate interventions for improving access to MF by PWDs

Methods:

The study was carried out in Bushenyi district in three counties and two town councils between June 2006 and June 2007 Documents on the regulation of MF provision, the Constitution of Uganda and the Local Government Act were reviewed to determine the context, challenges and existing legal and economic opportunities available to PWDs.

Snowballing sampling was used to obtain individual respondents starting with an active PWD within each county or town council who was asked to identify others. The able-bodied selected were of similar social standing to the PWDs interviewed. The following table shows the categories of respondents that were interviewed for this study:



	Able bodied	PWDs			MF Providers	Total
		Blind	Deaf	Physical Disability		
Rural						
Male	3	4	1	3	2	13
Female	2	0	1	2	0	05
Urban						
Male	2	1	1	1	0	05
Female	4	1	3	5	3	16
TOTAL	11	6	6	11	5	39

Focus group discussions (FGDs) were held separately for the blind (5 people), those with physical disability (7 people) and able-bodied persons (6 people). Local sign language interpreters were used to help communication between the researchers and the deaf. The researchers took notes and also tape-recorded the proceedings. Before conducting the interviews or FGDs, consent was obtained verbally from respondents after informing them of their rights as participants in the study and explaining how the results could be used.

Although data analysis was done according to the research objectives, the discussion of findings was based on three themes i.e. accessibility to MF services, perceptions on PWDs' accessibility to MF services and suggestions on improving this.

Results

- 43% of the PWDs interviewed had accessed MF services compared to 45% of the able-bodied
- Some of the PWDs who did not access MF had the relevant knowledge and skills to do so
- Of those not accessing MF there was some evidence of charitable expectation amongst PWDs
- Having collateral was the main criteria for selection for loans used by the MF providers
- Government and MF providers' policies do not specifically target or actively exclude PWDs
- Evidence suggests that there may be physical barriers to access eg. Stairs, high counters.
- Those with physical disability (6) accessed more easily followed by the blind (2) and the deaf (2)
- PWDs were fully involved in community saving initiatives reflecting international recommendations for inclusion.³



Conclusions

Contrary to expectations, disability may not necessarily deny access to MF for those that meet the requirements. There are several factors that could improve PWD usage of MF. Some of these factors are related to the knowledge and attitude of the PWDs and they can control these but there are external factors that may limit their ability to improve their chances of success.

Recommendations

- MF government policies and regulations should give special consideration to PWDs needs and circumstances
- Sign language interpretation should be promoted by all stake holders to ease communication between the deaf and MF service providers
- Provide support for PWDs who have successfully used MF to share experiences and thus encourage others

Challenges faced during the study

- Local MF institutions were sometimes reticent to talk to investigators and referred them to head offices who could not provide the information required on local issues
- Scattered location of participants
- Problems of transporting PWDs to the centres where the FGDs were conducted
- Inadequate funding and delays in disbursement

What the study has added

- Many PWDs do access MF successfully
- Accessibility could be further improved by specific policies targeting PWD subgroups eg. the deaf. those with physical limitations
- Access to MF services for PWDs depends on their positive attitudes as well as their skills
- Government policies are not specifically targeting PWDs

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2. <http://www.dredf.org/international>
3. The UN Convention on the rights of persons with Disabilities. (2006)

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EMPLOYMENT OF PERSONS WITH DISABILITY IN UGANDA: WHAT EMPLOYERS SAY.

Background and Justification:

Significant effort by government and development partners has been exerted towards promoting employment for persons with disability (PWDs) in Uganda. Several vocational rehabilitation centres and sheltered workshops were set up 1960s and 70s respectively, to train PWDs in vocational skills and to provide them with convenient and protected employment. Recently, legislative provisions aimed at promoting employment for PWDs, such as *Persons with Disabilities Act, 2006*, have been instigated. Organisations for and of PWDs and other agencies like the Federation of Uganda Employers have also been active in lobbying and advocating for the employment of PWDs in the formal sector. Nevertheless, many PWDs despite possessing the requisite education and training qualifications for certain jobs find it difficult to obtain employment.

Employment in the formal sector is preferable for PWDs because they are assured of regular income and are protected from the disadvantages associated with informal employment; which is susceptible to changes in labour market conditions. Research and documentation relating to the problem of employing PWDs tend to reflect mainly PWDs' views (1) and viewpoints of policy makers. The perspectives of employers have not featured, yet they are key stakeholders in the employment of PWDs.

What is already known:

- There are many initiatives to promote employment of people with disabilities.
- Yet PWDs still have problems finding employment.



Ali and Moses collecting data in Mbarara District

Aim and objectives

The study aimed at finding out the views and concerns of employers in the private and public sectors on employing disabled persons in Uganda. Its objectives were:

1. To analyze employers knowledge and opinions on employing disabled persons.
2. To examine the perception of employers of the job-related needs of disabled persons.
3. To find out the measures organizations take to meet the job-related needs of disabled persons.
4. To explore the challenges employers encounter in employing disabled persons.

Methods

The study employed a qualitative research design using in-depth interviews with purposively sampled employers selected from private (16) and public (2) employment sectors in the districts of Kampala (9), Mbarara (6) and Arua (3).

Results

Perspectives on employing PWDs by employers		
Reasons for employing PWDs:	Reasons for not employing PWDs:	Positive qualities of PWDs workers
- corporate responsibility	- Not many PWDs seeking employment	- Reliable and stable
- boosting organizational image	- Reluctance to incur extra costs on adapting the work place	- Easy to motivate
- Act of philanthropy	- Fear that PWDs may not be capable of work required	- Efficient and committed
- Belief in the abilities of PWDs as workers	- Ugly physical appearance	
- Possession of qualifications	- PWDs may be involved in accident leading further disability	
- PWDs having previous relationship with employers		

Perceptions on job-related needs of PWDs	Measures taken to meet the job-related needs of PWDs	Challenges encountered in employing PWDs	Suggestions on promoting employment of PWDs
Mobility needs	Placement of PWDs in jobs that suit residual abilities	Lack of knowledge of what to do about the needs of a disabled worker	Government should put more emphasis on employment of PWDs in the formal employment sector
Transport needs	nothing suggested	Lack of awareness on the employment abilities of PWDs	Sensitization of employers on potential, abilities and needs of PWDs among employers needed
Safety needs	nothing suggested	Lack of organizational policy regarding employment PWDs	Make employment of PWDs one of criteria for the prestigious Employer of the Year Award
Communication difficulties	Communicate with deaf through writing and gestures	Communicating with deaf workers	Set up a employment advocacy body

Conclusions:

- Many employers lack information on the potential, abilities and needs of PWDs and how they can be integrated.
- Some employers are eager to take on PWDs provided their philanthropy is recognized. They feel this is necessary considering the possible liability.
- People with mild to moderate disability and those with motor disability stand better chances of getting employed than others.
- The problem of employment is compounded by PWDs lack of initiative and ambition to seek employment.

Recommendations:

- Federation of Uganda Employers should encourage its member organizations to institute disability sensitive employment policies.
- The Government should respond by instituting policies aimed at encouraging employers to employ disabled persons with qualifications.
- Establish a bureau to specifically address the policy issues pertaining to employment of PWDs.
- Advertise job opportunities widely in various media. Include a specific clause encouraging disabled people with qualifications to apply.
- Disabled students should be provided with career guidance services early enough during their educational career to facilitate their employment prospects.

What the study has added:

Greater awareness of the need to:

- Sensitize employers about how to employ PWDs.
- Encourage greater confidence by PWDs in the process of seeking employment.

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HOW INFORMATION IS SHARED AMONG CBR SERVICE PROVIDERS IN UGANDA

Background and justification:

CBR Service Providers in the course of their work acquire a wealth of knowledge and experience which, if shared is likely to benefit policy and practice. However, there are international concerns about whether information is being effectively shared and put to use (1). Information sharing and networking is an important part of development programmes... publication is motivated by the need for practitioners to share their experiences and perspectives and then to evaluate and learn from them in order to improve practice... (2). Oral tradition dominates the communication process in Africa (3).

Aims and objectives:

1. To know how info is shared within and between CBR programmes.
2. To identify challenges in information sharing.
3. To develop strategies on how to improve information sharing based on the data collected.

Methods:

Within 19 organisations where the study was carried out in Mbale, Mbarara, Masindi, Lira and Kampala districts, a total of 42 respondents were interviewed. These were Managers, Information Workers and Community Development Workers in each organization based on their experience with information management programs in their organisations. The informed consent of the individuals and the organizations was acquired and semi-structured, tape recorded interviews (face to face or telephone interviews) using a framework of questions were used. Documents shared by organizations were requested and scrutinized to identify the kind of information organizations share.



A workshop using focus group discussions of these results developed ideas for improving information sharing. The workshop had 20 participants in total, 11 representatives of organisations, 1 Sighted Guide, 2 Sign Language Interpreters, the 5 Researchers and the CARD Administrator.

Respondents and researchers at the end of a dissemination that led to formulation of more strategies for improved information sharing

Results:

1. Information was shared about programme activities, challenges in implementation, target population, achievements, planned activities and disability specific information. It was shared by Information Workers, Managers and Community Development Workers. It was mainly used by managers in evaluation, development of strategies and avoiding duplication of resources. Information was documented in form of newsletters, brochures, handouts, periodical reports and financial reports. Small organizations had less documented information mainly due to financial and human resource limitations however they often received documented information from larger organisations. Some organisations had a lot of information to be shared but this was often left unprinted on their computers. Oral modes of sharing were considered most appropriate for sharing both externally and internally due to low literacy levels. There are many popular FM radio stations operating in local languages and are far reaching within the communities. Some respondents cited email communications as a best practice for sharing information yet in most rural areas of Uganda there isn't any internet infrastructure to support it.

2. Limited resources for production of documented materials. The non-existence of well developed ICT infrastructure especially in rural areas also hindered sharing with partners at grass root levels. Low literacy levels affecting the sharing of documented information rarely reached the deaf, blind and illiterate audiences.
3. Suggestions for improving sharing information were: a) production of directory of CBR organizations in Uganda to be led by the Ministry of Labour, Gender and Social Development and CBR Africa Network b) increased research into CBR in Uganda c) integrated work planning d) exchange visits e) carrying out an information needs assessment e) producing materials in Braille, and providing Sign Language interpretation.



One of the researchers carrying out an interview with respondents at a Disabled People's Organization

Conclusions:

- Information sharing is quite limited due to insufficient funds for documentation of information.
- Many people depend on oral means to secure information. Generally in rural areas people prefer radio as a source of information.

There is a general lack of understanding and awareness of the most cost effective means of sharing information.

Challenges faced during the study

- coordination of a big research team
- scattered respondents – not easy getting them all in one place for dissemination workshops
- inaccessibility of some key respondents

Recommendations

- There is need for development of strategies that support oral means of sharing information like community workshops, music, dance and drama especially when sharing information with beneficiaries at the grass root. Radio programmes should be used to disseminate information.
- There is need to increase awareness among CBR service providers on cost effective means of sharing information.
- There is need for use of modes that reach people with special needs e.g. Braille, sign language interpretation, community theatre, dance, drama etc.

What the study has added

- That information sharing can be improved
- There's need to increase awareness about cost effective means of sharing information
- A directory of 27 CBR organizations in 5 districts of Uganda is now available as a direct result of this study

References

- 1: IRC BUS Handbook Section 10 Process Documentation and Information Sharing. <http://www.irc.nl/page/27742>
- 2 *CBR A participatory strategy in Africa* (Hartley, S Ed. 2001)
- 3: www.afri-can.org/reports.html CBR Africa Network Strategic Plan 2006 - 2011

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PARENTS' PERCEPTION OF THE GOAL OF EDUCATION FOR THEIR CHILDREN WITH LEARNING DIFFICULTIES

Background:

Studies have shown that:

- Parents perception of their children focuses more on their inabilities than their potentials (1)
- Many parents of children with learning disabilities do not take an active role in the education of their children. This leads to a limited access to basic education and training (2)
- Girls and children from poorer families are more likely not to attend school(3)

Aim:

This study explores parents' perceptions of the education of their children with learning disabilities in order to generate strategies to improve support for the education of their children.

Objectives:

1. What do parents consider to be the goals for their child's education.
2. What are the reasons on which parents base their decisions to send or not to send their children with learning disabilities to school.
3. Generate suggestions for addressing the knowledge gap (if any) this may increase parents understanding and participation in the education of their children.



Researchers & parents of CWD
after the dissemination workshop

Methods

Based on the stratified purposive sampling process, a COMBRA register of 205 of persons with disabilities was consulted. All persons with learning difficulties were identified (N=25). Children between 0-20 were then identified (N=9). Parents of the 9 children were located. Amazingly, 3 were those whose children were going to school, 3 for children who had never been to school and 3 were for children who had dropped out of school. The plan was to have 15 parents but due a limited number of children with learning difficulties and with in the required age range (0-20 years) only 9 were selected.

Analysis

The intention was to interview each of the parents using prepared interview guides by the four researchers. Finally, 9 interviews and 3 focus group discussions were conducted. Interviews and discussions were conducted in Luganda. Question-led analysis of data was undertaken.

Results:

Reasons on which parents base their decisions to send their children to school.

- Preparation for self reliance in adult life
- Literacy for older children
- As a human right
- Socialization
- Good quality of life
- For children to acquire practical skills

Reasons on which parents base their decisions not to send their children to school:

- Not having enough money
- Lack of information on available schools
- Too much emphasis put on academic achievement
- Inaccessibility to schools
- Large classes
- Prejudices of teachers and parents

Suggestions for increasing parents' participation in the education of their children:

Parents of children with learning difficulties should be assisted to start income generating activities such as 'piggery' to help them support their children's specific needs including school fees.

Government and other stake holders to build more special schools for children with severe learning difficulties.

Training and motivating teachers teaching children in special needs education.

Sensitization and training of parents on the goals of education for their children with learning difficulties.

Curriculum development to suit the needs of children of the different learning difficulties.

Challenges faced during the study

- Tape recorder failure
- Small numbers of children with learning difficulties in Combra register.

Conclusions

Parents of children with learning difficulties expect an education that provides their children with practical skills that prepares them for independent living. The current school system that emphasizes academic success disadvantages their children.

Recommendations

- Teacher training in special needs
- *Income generating activities*
- Curriculum modification to give practical skills
- Boarding facilities which can ease transport costs
- Provision of educational materials/assistive devices to simplify learning
- There is need for education stake holders to rethink the implementation of inclusive education

What the study has added

- Parents are skeptical about enrolling their children in inclusive settings given due to large classes, inadequate training of teachers, negative attitudes and lack of curriculum flexibility
- General clarification of issues that concern parents of children with learning difficulties are concerned about

References

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SEX EDUCATION IN PRIMARY SCHOOLS FOR THE DEAF IN UGANDA

Background and Justification

Several primary schools/units (PS/U) for Deaf children have been established in Uganda since 1958. Sex Education (SE) in all primary schools is contained in the science subject. Several initiatives in relation to the increased prevalence of HIV/AIDS have been introduced into mainstream education including a government led campaign like the Presidential Initiative on AIDS Strategy for Communicating to Young People (PIASCY) and non government interventions like Straight Talk, Young Talk; initiated by UNICEF (RHO, 2005). However, these initiatives are hardly available to deaf children. Given the fact that the SE needs of deaf children are quite unique and that the lack of SE makes them doubly vulnerable, there is need to address this issue more purposefully.

What we know:

- While there have been some sporadic efforts by the Uganda National Association of the Deaf (UNAD), to reach deaf population, exclusion of deaf children from mainstream interventions in the fight against HIV/AIDS has put them at a higher risk of infection as reported by USDC, 2005.
- SE in primary schools for the deaf is similar to that in the mainstream primary schools. (Kisoro Trust)
- Anecdotal evidence indicates that SE for deaf children is often inadequate.

Aim

To establish and document information that can be used in providing better SE in PS/U for the deaf.

Objectives

Find the views of Deaf children on SE; assess the level of knowledge on SE among children in primary schools for the Deaf; establish strategies that have been used currently to try to create behavior change; identify potential ways to bridge the information gap among children in PS for the Deaf.

Methods

Children were purposefully selected, putting into consideration gender balance, age and ability to communicate well in Uganda sign language (USL). Teachers were purposefully selected, to include head teachers, senior women, men and science teachers. 40 self administered questionnaires with 40 children, 4 Focus Group Discussions (FGDs) with the same deaf children, 4 video recordings of FGDs and 18 questionnaires with teachers. Data was qualitative and quantitative.

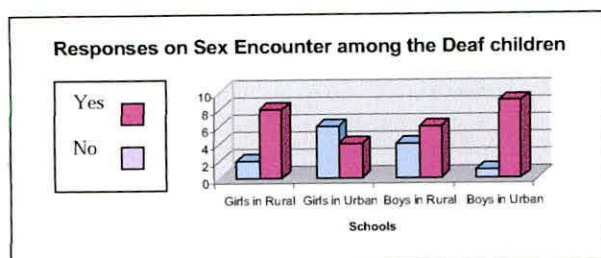


A girl expresses herself during a FGD

Results: Attitudes: Children felt some issues on SE should not to be talked about in public, e.g. '... I felt so ashamed to tell my sister and mom', (when she first experienced monthly periods), 'hair in the armpits...then at the back near the buttocks...' (Others cover hands on face and laugh/ashamed- when asked about some of the body changes during puberty).

Knowledge

There was evidence that girls were more knowledgeable and articulate but generally their knowledge on SE was inadequate; e.g. on ways of avoiding HIV/AIDS, they responded: 'after condom use, you wash and dry in sun, then use again'. When asked where and how babies are made they responded: - 'mother gets baby from hospital'. On how they felt when they first experienced puberty signs: '...hair developed in my armpits, I thought it happens to Deaf like me', 'when I grew small breasts, I thought it was for boys to touch...' 'when starting menstruation, I thought I had acquired HIV'. In the urban school, there was no child who mentioned another type of Sexually Transmitted Disease (STD), apart from HIV/AIDS. All the children could not define the word puberty. Although the teachers responded that they had taught topics related to SE like: - human reproduction, HIV/AIDS, STDs, among others, children's responses showed that they didn't or hardly understood the content. Some children had some knowledge on HIV/AIDS especially in rural areas. This was partly attributed to UNAD HIV/AIDS sensitization programs as observed during data collection.



Abuse

All the girls in the urban school had their first sex encounter through rape. They reported that this was done at home by their neighbours or strangers when left at home alone, or sometimes sent by their parents/guardians.

Strategies used by teachers

Guidance and counseling, extra co-curriculum activities, talking environment, school rules and regulations and peers counseling. It was noted that the above were not working well primarily due to inadequate USL skills: - Out of the 10 urban teachers, the most frequently reported challenges were: inadequate communication skills in USL, (n8), inadequate teaching/learning aids (n4), lack of parental involvement (n3). The 8 rural teachers frequently reported challenges were: inadequate communication skills in USL (n6), teaching/learning aids (n3) and negative attitude (n3) and slow learners (n3).

Potential ways to bridge the gap

Increase USL capacity, provide friendly teaching/learning aids, routine guidance and counseling, sensitization, use music dance and drama, early enrolment of children in school, reorganizing SE curriculum, parental involvement and recruiting deaf people in schools.

Research challenges

Age bracket of children was increased in the sample because they are enrolled in school late, the number of teachers was increased and varied in schools after noting that it could enhance the quality of the study, few sections of the recorded FGDs missed out focusing on participants who were signing/giving information.

Conclusion

The views of children in PS/U for the deaf on SE and the level of knowledge they had acquired show that they have inadequate knowledge on SE. This calls for better intervention measures so as to promote and protect human rights including good health and quality education.

Recommendations

- Raise awareness on importance of SE for deaf children through discussion with reliable family members.
- Build teacher capacity to deliver the SE to the children well in Uganda Sign Language.
- Encourage the development of teaching/learning aids that are friendly to deaf learners/children.
- Recruit qualified sign language deaf instructors in schools to serve as role models.
- Forums for teachers of deaf children for information and experience sharing. Involve parents, The AIDS Support Organization, Reproductive Health Associations, UNAD and National Union of Disabled Persons of Uganda (NUDIPU) and other partners in SE provision.

What the study has added

- Deeper knowledge gained on SE related issues by the study participants (children and teachers). Giving the information needed to revise the curriculum and pilot this in a new Katutandike Project in Masaka.
- Teachers do not have enough skills to deliver the content of SE to children.
- Parental involvement is lacking in SE provision.
- Late enrolment of deaf children in school.
- Teaching/learning materials are not user friendly.

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INJURIES AMONG CHILDREN WITH DISABILITIES IN LUWERO DISTRICT

Background and justification:

Injuries are a growing public health and economic problem. Over five million people die annually from injuries; for every person who dies of an injury, several survive with severe disabilities¹. Many survivors of injury move from secure income to poverty¹. Worldwide, 94% of the burden of injury occurs in the developing countries, which severely affects the economies of these struggling regions.¹ In Africa, injuries rank third as a leading cause of death, ahead of diarrhea, tuberculosis and measles.² In Uganda injuries are among the top ten causes of ill health. The top three causes of severe injuries among young adults less than 20 years in Uganda are traffic (46%), falls (14%) and burns (11%).³ In order for Children with Disabilities (CWDs) to realize their potential the special issues that affect them need to be addressed. One of these is their vulnerability to injury which has received little attention in Sub-Saharan Africa.⁴ Persons with Disabilities are more vulnerable to injuries than the non-disabled counterparts⁵.

Aims and objectives:

1. To determine the common causes of injuries among CWDs in Luwero
2. To establish whether CWDs are more prone to injuries than other children
3. To identify the specific types of injuries experienced by CWDs
4. To determine whether the causes and types of injury among CWDs and CWNDs differ



Dr Alice during a training session for Research Assistants

Methods:

A random selection of CWDs aged 1-17yrs was taken from the register of a Community Based Rehabilitation program in Luwero district, stratified to ensure proportional representation of all disability groups. At least one control of the same gender and age range of 18 months above or below the CWD was identified. The control was either from the same homestead or, if no child in the homestead was found, two controls were selected from the neighboring home. Trained nurses collected information from the primary carer for each child in the study using a questionnaire. Social and demographic information about the child/family, the child's impairment, whether the carer reported frequent injury and details of the most recent injury were recorded.

Results:

A total of 51 CWDs and 57 controls were recruited into the study. 5 children with disabilities were removed because they no longer had a disability due to successful medical intervention. Of the remaining 46 cases; 13 had physical disabilities, 4 had hearing impairment, 4 had visual impairment, 9 had double disabilities, 13 had multiple disability (mental retardation, epilepsy, and physical disabilities) while 3 were categorized as 'other'.

There was not significant difference between the injury rate of CWD and CWND. Similar percentages of CWDs and CWNDs were injured frequently (23/42 and 30/55 respectively). The types of causes cited were also similar. (ref) Burns were given as a common cause of injury among CWDs significantly more often (11%Vs 0%, $p=0.018$, 95% confidence interval for the difference (2,23%). All the CWDs for whom burns were cited as a common cause (5) had a physical impairment, 2 additionally had mental retardation, and 1 additionally had both mental retardation and epilepsy.

Injuries in the last 1 month were significantly more common among CWDs, 83 % (38/46) of CWDs were reported to have had an injury in the last one month compared to only 12% (7/57) of the CWNDs ($p<0.0005$, 95% ci for the difference (53, 81%). This was because people could remember the recent injuries, and yet memory of the general frequency of the injuries was readily available and not all injuries leave scars which were used to examine the past injuries.

Unlike the studies by Injury Control Centre Uganda which show that majority of burns in children occur among toddlers (1-3 years), those among CWDs were registered among children above the age of 5 and these occur at home. The difference could be due to the fact that CWDs develop slowly and are not at school even if they are of school going age. This makes them vulnerable to burns, a vulnerability experienced by non-disabled children at a much younger age.

Of the CWDs who get injured often (23), 66%(17/23) are not in school. Staying at home for CWDs seems to be a risk factor for injuries. This could be because the home environment is less safe than school or the disability which keeps the child at home makes them more prone to injuries, or they stay at home unsupervised.

Conclusions:

Overall this study did not corroborate with other study results showing that CWD were more vulnerable to injury. However burns in CWDs were found in older children, who stayed at home compared to other studies in Uganda where they were more common among toddlers. From this study, staying at home (for CWDs) and having multiple disabilities were risk factors for frequent injuries and burns respectively. The study did not find out whether those who stayed at home had more severe disabilities which made them more prone to injuries.

Recommendations

- Parents of the children with disabilities need to take precautions to protect the children from injuries especially burns.
- Strategies should be put in place to encourage parents to take the CWDs to school especially now that the Universal Primary Education system is in place as this may help to reduce their vulnerability to injury.

Challenges faced during the study

- The CBR register was not comprehensive. The identification of the CWDs was not always accurate. 10% (5/51) who had been included in the sample were subsequently found to be ineligible.
- We do not know how biased the register was and whether certain categories of disabilities were underrepresented.
- The data sheets for the CWDs and CWNDs were separated hence retaining the matching pairs in the analysis was not straight forward. This may have reduced the efficiency of the study.
- Tracing the children was time consuming as the study was conducted in a rural area.



What the study has added

- Overall CWDs were NOT more prone to injury than CWND.
- However CWD are more prone to burn injuries than CWND.
- Physical and multiple impairments were risk factors for burns.
- Staying at home increases vulnerability to injury.

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July 2010

THE EXPERIENCES OF PEOPLE WITH DISABILITIES IN ACCESSING HEALTH SERVICES IN UGANDA: A CASE STUDY OF MBARARA DISTRICT

Background

According to the Population and Housing Census (2002) an estimated 2.5 million people with disabilities live in Uganda.³ These include people with impaired hearing, vision, mobility and cognitive functioning. The Universal Declaration of Human Rights states, "Every human being has a right to decent life and equal opportunity in accessing social services (including medical) and so should not be discriminated against regardless of sex, age, race, disability or any other factor"².

What is already known

- Health facilities in Uganda range from Health Centre I – IV located at county and sub-county levels with Health Centre I closest at the parish level and a District Referral Hospital which is always within about 30 – 50 Km. The available means of transport used to access these, is bus, taxi or motorcycle⁵.
- The services offered in these centres include theatre services, laboratory services, rehabilitation services, special consultant, antenatal services, pediatric services, immunization, radiotherapy, physiotherapy and other general health care. Medical personnel involved in offering the services are doctors, nurses, midwives, clinical officers and support staff.⁵
- There are problems for people with disabilities (PWDs) accessing these health facilities.^{4, 6, 7, 8}

Aim:

To increase our understanding of the issues affecting accessibility to health services PWDs. In Mbarara District.

Objectives:

1. Identify health services used by people with disabilities.
2. Establish the challenges faced by PWDS in accessing health services.
3. Identify how PWDs deal with the limitations in accessing health services.
4. Identify ways of improving accessibility of health services of PWDs.

Methods:

A qualitative study was conducted, by a team of 4 researchers, in one rural sub-county and one urban municipality. 19 in-depth tape-recorded interviews were conducted with purposively selected 19 PWDs from the hearing, visual, and physical impairments, identified by the District Rehabilitation Officer and Chairman of PWDs Association Mbarara district. 10 interviews with medical personnel and 4 focus group discussions with 10 respondents comprising of visual, hearing & physical impairments were also conducted. Sixteen photographs were taken of PWDs' homes and health centres. The method used was interview because it brings the researcher in direct contact with the respondents to get first hand information. The results were reported using a narrative method with tables and boxes.

Results:

Services offered: It was found that services accessed by PWDs at health centres included Outpatients, General medical services, Immunization, Antenatal, Delivery & Maternity services, PMCTC, Referrals & Paediatric, Laboratory, Ambulance, guidance and counselling services.

Challenges PWDS face in accessing Health services:

Distance: PWDs live ½ - 10 kilometres from the Health Centres, ie. 40 minutes to 4 hours walk to the health centre. These distances are too long for many PWDS to walk and to expensive for them to secure transport.

Transport costs are often doubled as PWDs often require a helper to travel, (2 physically impaired, 1 blind & 3 hearing impaired people interviewed needed helpers to travel).

Long queues at the health centres.

Unfriendly medical staff at the health centres.

Difficult communication due to a lack of sign language interpreters.

Lack of wheelchairs in health centres so some PWDS have to crawl on dirty floor.

Lack of special toilet facilities.

High steps, high treatment beds and lack of ramps present difficulties for visually & physically impaired.



Challenges faced by medical workers while providing health services to PWDs:

Communication: This was the biggest reported problem and resulted in lack of history of the disease, for example from the deaf patients because of lack of knowledge of sign language.
Work overload because of few staff. Very small working space and insufficient drugs for dispensing.



How PWDs deal with the challenges: Apart from one visually impaired respondent who works with the Education department and earns money to pay for transport, medicines and health services. The rest of PWDs interviewed did small jobs which are not well paid and therefore could not deal with the challenges of expensive transport and medicine; so depended on local herbs.

Ways of improving accessibility suggested by health workers:-

- "This centre should be provided with a wheelchair to help PWDS when they are very sick." (Kinoni H.C)
- "A special toilet should be built in the ward for PWDS" Senior Nursing Officer (Kinoni Health Centre)
- "Provide an eye specialist to every health centre. It will reduce on the number of blind people" (Biharwe H.C.)
- "Information about the PWDs should be established so that they are known and planned for" (Mbarara Mun. H.C.)

Conclusion

The researchers concluded that there are some services available at the health centres visited but that there are many challenges facing PWD's capacity to access mainstream health care in these areas of Uganda and some of these could be improved through relatively simple means such as:

A special desk for PWDS could be used so that they do not have to queue up with the non disabled people when trying to access services.

Sign language could be taught to both PWDs and the Health workers to enable communication between them.

Government could stock medicine required by PWDS.

Provide equipment such as low treatment beds, wheelchairs.

Special/accessible toilets in the wards.

Provide sighted guides so as to ease accessibility to the health services.

Challenges faced by researchers during the study

Communication limitation due to researchers' lack of knowledge of the local language and sign language.

Second phase was carried out under heavy rains so PWDs who live very deep in villages could not be reached. The study missed their responses.

What the study has added

This study added information about why PWDs do not access health services.

It assisted in developing a better local understanding of the issues involved e.g. PWDs rights to health services.

The health services providers also came to know about the special needs of PWDs e.g. in how to improve their access to health services.

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PARTICIPATION OF YOUTH WITH DISABILITIES (YWDs) IN MAINSTREAM SECONDARY SCHOOLS SPORTS ACTIVITIES IN UGANDA

Background and Justification

The constitution of the Republic of Uganda 1995, guarantees non-discrimination of any persons whether on grounds of gender, colour, ethnic origin, social economic stands, political opinion or disability. There is a National Sports Policy in Uganda which caters for both persons with disabilities (PWDs) and those without. This provides a favorable climate for participation of PWDs in sports activities. However, this study was driven by the researchers' notion that Youth with Disabilities (YWDs) in the main-stream secondary schools do not actively participate in sports activities.

Aims and objectives

1. To investigate the current situation concerning sports activities for YWDs in main stream schools.
2. To establish the challenges faced in sports programmes for YWDs in mainstream schools.
3. To make recommendations or propose solutions for the challenges.

Methods

The study was qualitative in nature and conducted in two mainstream secondary schools in Eastern Uganda. 19 in-depth interviews were carried out in Eastern Uganda and Kampala. The participants included: YWDs (N=12) from two main stream secondary schools (2 with hearing impairments, 2 visual impairments and 2 were physically impaired, from each school). 2 youths without disabilities from each school. (N=2). 2 Sports teachers, one from each school (N=2), an officer from the National Council of Sports (NCS) (N=1) and 2 District Sports officers (N=2). Document analysis was employed to retrieve some key information in records and archives. The interviews were recorded on cassette tapes and transcribed. The data collected was analyzed thematically using the study objectives and research questions for guidance.

A workshop was held to validate and disseminate the findings.

Results

The study findings are reported according to the three objectives:

1. Current situation concerning sports activities in schools

Funding

No clear specific plans exist on funding sports activities for YWDs at the secondary school level in particular. At the secondary schools, efforts were being made to start involvement of YWDs in sports in one of the districts.

Current level of participation of YWD

Findings show that the schools have some sports and games involving YWDs which included athletics, cricket, goal ball, sit ball, power lifting and swimming for YWDs especially those with visual impairments and those with motor-impairments. It was found that there was no appropriate equipment for most of the games in the schools. "School activity programmes vary from school to school and from one disability to the other..." "The playing environment is not adequate and fields are not available, and even if they were, they are not adapted..." (NCS Secretariat Officer)

The attitudes of YWDs towards sports practices

YWDs were enthusiastic to participate in various sports activities, like athletics, cricket, goal-ball, sit-ball, power lifting, and swimming and in-door games. "Even those students with disabilities have expressed interest in participating in sports ..." (Sports Teacher). Some YWDs expressed discomfort in participation. "I feel uncomfortable ..." (A visually impaired student)

The desires and needs of YWDs:

YWDs desired to have trained coaches and guides to assist them participate better in sports activities in schools. "... like in running, when you go far in sports, you can lack guides to guide you". (a YWD). Some of the YWDs disliked outdoor games and expressed need for a variety of games, including indoor games which made them feel more equal to their peers and give them more confidence. "... we feel better with things like ludo and cards where we can compete better". (YWD with motor impairment).



2. Challenges

- **Negative attitudes** of other youth, jealousy of other youth (e.g. when a disabled youth is better than a non disabled in a given sports activity.). *"It's not that we do not want them to participate. We felt that they'd not be able to compete ..."* (Sports Prefect).
- The **poor attitudes of some staff** towards the participation of YWDs in sports activities within those schools. *"...the school does not consider them joining sports activities...."* (Non-disabled youth).
- **Main focus is on academics** to see that students pass exams and sports generally is not so much of an issue. *"Actually games and sports in this school is not so much of an issue ... this is more of an academic than sporting (institution)."* (Sports Teacher)
- **Lack of appropriate facilities** leads to minimal participation of YWDs for example accessible play ground, equipment. *"...bring in more balls, they'd be made to participate actively and directly, in those sports activities if at all the schools consider them."*
- **Inadequate training** for both staff and YWDs in the use of specialized equipment and games. *"We lack trained manpower. Sports for the disabled in some areas require technical expertise by its nature and we do not have many of such trained people. ..."* (NCS official)
- **Poor or inadequate funding from the government** towards sports in schools. *"I would say 80% of the funding is through well-wishers and fundraising. Government puts like 40% (20 %?) then we have other supporters...."* (NCS Official).

3. Recommendations:

- Advocacy and lobbying from various stake holders and pressure groups (government and disability organizations).
- Tailor made trainings for existing teachers in sports and involving universities and national teachers colleges.
- Mainstream sports events for YWDs in the national sports calendar.
- Sports training curriculum should have provisions for training both teachers and PWDs at all levels.
- The Department of Special Education, Guidance and Counseling in the MOES should be part of the National Council of Sports for better representation.

Conclusions:

There are policies and structures in place to promote participation of YWDs in sports. The study however established that, these need to be strengthened at all levels to ensure enhanced participation of the target group.

Challenges faced during the study

- Coordinating the different activities in relation to researchers' timetable.
- Results reflect the opinions of respondents from one setting, which are two secondary schools. This could be limiting in that other YWDs in other community settings might have varying opinions and experiences.

What the study has added

In Uganda YWDs are interested in participating in sports regardless of the various challenges limiting them like lack of adequate sports facilities, trained personnel, inaccessible play grounds, inappropriate equipments.

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July 2010

A SYSTEMATIC REVIEW OF INITIATIVES TO SUPPORT VISUALLY IMPAIRED FARMERS IN DEVELOPING COUNTRIES

Background and Justification

According to the Human Rights treaties (UN Public Policy on Disabilities), the visually impaired people (VIP) have a right to economic security commensurate with their capacities, for which the requisite of education and training shall be provided.(1) The Population and Housing Census of Uganda, observed that the majority of the VIPs live in rural areas where agriculture is their main source of livelihood.(2) This study wanted to learn about the initiatives implemented by development agents to support VIPs in their agribusinesses by reviewing the existing literature.

What is already known

- Uganda has a large agriculture sector which supports many people including the VIPs.(2)
- International policies promote the capacity development of people with disabilities PDWs.(1)

Aim

To review the existing literature on the support from development agencies for visually impaired people's agribusinesses in developing countries.

Objectives

1. To establish from the literature the types of support offered by development partners to visually impaired farmers (VIFs) in developing countries.
2. To analyse and learn from the different forms of support offered to the VIP.

Methodology

The review was carried out between June and December 2008 using two main key search words: "farm" and "disability". The following questions were used for inclusion/exclusion of documents in the three stages:

1. Is the paper/report an experiential report/primary research?
2. Is the paper/report about initiatives to support disabled people in agro-business?
3. Is the initiative in developing countries/blocks?
4. Does the paper present results about blind people?

At Stage 1, 110 titles which had information on disability and farming were sourced from the internet and libraries. At Stage 2, the elimination of documents from developed countries left only 67 titles from developing countries. Then, the review of the abstracts of the 67 documents found that only 23 documents had information on VIP farming activities. In Stage 3, the 23 documents were downloaded and scrutinised but only 12 had evidence of implemented interventions in Africa and Asia countries. The countries represented were Ghana, Kenya, Mali, Malawi, Uganda, Zambia, Bangladesh and China.

Results

1. 8 developing countries had accessible stories on the internet - Ghana, Kenya, Mali, Malawi, Uganda, Zambia, Bangladesh and China written by journalists and researchers.
2. Support to VIFs was largely rendered by NGOs compared to companies and Governments.
3. When given an opportunity, technical skills and farm inputs, the VIP ably engage in various farming activities for family food and income; and thus, the VIP gain community respect.

4. Successful farming empowers the VIP people economically and they cease to be burdens on their families.

Examples of initiatives that work

- Giving citrus seedlings to VIFs together with farming instructions in Mali and Ghana (3, 7)
- Supplying cassava cuttings with goats and instructions in Uganda improved the food security and the surplus was sold (4)
- Coffee farmers learn new planting techniques using lifeline radios in China (6)

Conclusions

Agribusiness for the VIPs are not well reported in the literature, however case studies identified on the internet show that when VIPs are supported with assistive devices and agricultural skills, they can improve agricultural yields, food security, family incomes, and general living standards. NGOs, compared with governments, appear to be more supportive to (VIFs) in agribusinesses. Limited literature prompts the need for more research on VIFs so that lessons can be learnt and future projects could build on evidence collected.



Research Team analysing data. Left to right: Sserwadda M, Kaweesi C, Guzu B (reading her Brielle notes to team), Nakayenga R

Recommendations

- There is need for partners to develop more programmes, equipment or technologies to meet the agri-business demands of the VIP and to document interventions.
- The VIFs should associate for a collective voice and access to benefits.
- There is need for further research in developing countries to document and disseminate information about the VIFs' practices and experiences for lessons and advocacy.

Challenge

- Many papers found were of a descriptive nature and did not report evidence in a rigorous manner they tended more to relay opinions.

What the study has added

- Identified need to document case studies of VIFs in Uganda to improve access to information based on experiential learning so that future projects to assist VIP can build on this information.
- Initiatives that have worked for the VIFs in Africa and Asia have been identified and described in a detailed report available on request.
- When given an opportunity, technical skills and farm inputs, the VIP ably engage in various farming activities for family food and income; and thus, the VIP gain community respect.

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July 2010

ECONOMIC DEVELOPMENT ACTIVITIES FOR WOMEN WITH DISABILITIES IN JINJA AND KAMULI DISTRICTS IN UGANDA

Background and justification

Women with disabilities in Uganda are assigned a low status because they are women and also because they are disabled.(1) They are marginalized, neglected and are often considered a burden. Economic empowerment is the aim of many NGOs in Uganda but it is not known whether women with disabilities (WWDs) are being reached through them.

What is already known

- People with impairment in the majority world are more likely to be poor because of malnutrition, poverty, landmines, lack of services, and poor access to education. This hits the poorest hardest. (1, 2).
- The persistence of grossly wide gender gaps in social, economic, political, and civil and health well-being of women and their children has negative economic impact. Therefore empowering women is emphasized. (3)

Aims and objectives

1. To collect information about economic development activities of women with disabilities.
2. To identify the challenges they face.
3. To identify the training needs of the WWDs and their leaders.

Methods

The study was carried out in Jinja and Kamuli district. Purposive sampling was used to select 8 individuals and 7 groups of WWDs (total number of WWDs: 38). The sample included representation from a wide age range (16-60), women from urban and rural locations and with physical, visual or hearing impairments.

Additionally, from each district a Chief Administrative Officer, a Community Development Officer, and a WWD District Chairperson was included in the sample.

- Questionnaires and Focus Group discussions were carried out to collect information about the projects.
- Interviews were used to collect data from district people listed above.
- Document analysis was done on membership, activities, training, meetings, and finances of groups of WWDs.
- Observation of the projects was conducted to ascertain the data collected by the oral methods.

Results

Economic development activities

Economic development projects for WWDs included tailoring, goat rearing, a vocational training school, bakery, poultry, savings and credit, small gardens, small retail businesses such as selling tomatoes, used clothes, making of hand crafts, a photo studio, sweater knitting and a nursery school. Among all these, tailoring is the most popular. While majority of WWDs in Jinja operate their projects as individuals, those in Kamuli mainly operate in groups. Only a few groups are registered. All organizations fall under two umbrella associations; JIDAWUD (Jinja Women with Disabilities Association) and KAWIDA (Kamuli Women with Disabilities Association). Most women find out about these organizations or groups through the founders and members. The groups have 15-30 members who either have a disability or are parents of children with disabilities and pay a membership fee of 2,000-15,000/=. The members meet 1-2 times a month, take minutes and all members participate in decision making. They have gained self-confidence through exposure, some have acquired knowledge and skills of management and leadership and all feel it is worthwhile for other WWDs to join.

Challenges faced by the WWDs economic development projects

- Their ability is under rated as regards work and leadership and some fail to get tailoring contracts. Their products are bought at lower price than the farm products.
- Majority of the WWDs are single mothers or widows with large numbers of children and other dependants and raising them is a challenge in terms of feeding, education, medical care and discipline.
- HIV/AIDS prevalence among WWDs is high, partly because men engage them in casual secretive sex relations with limited opportunity to negotiate for safe sex, and rape cases are quite frequent among them
- Lack of formal education affects their self esteem and ability to associate freely and compete for jobs.

- They lack crutches and wheel chairs due to the cost. Transporters don't like to transport them claiming they take long to board and require support. Thus WWDs have difficulties attending meetings checking on their group projects, and sharing ideas on how to improve and to look for markets for their produce.
- Communication skills are lacking among the deaf; a few know sign language but some communication by use of pen and paper and those who can interpret sign language are few and expensive to hire.
- Limited capital to run their businesses; the groceries visited have operational capital ranging from 20,000 to 40,000 Uganda shillings (\$ 10 to \$ 20).
- Micro finance organizations are skeptical of the WWDs' ability to pay the money and ask for sureties in terms of property which the women do not have. Coupled with donors' stringent conditions and delayed remittances
- Lack of proper book keeping skills, and modern equipment like computers, modern sewing machines, and ovens, to ease and fasten their work in order to compete with the rest of the world.
- Lack of market for their products and services, lack of advertisement, involvement in seasonal work and operating in rented premises affect them.
- Family members assume that WWDs get money from donors so they do not need their help.

Training needs

Training needs expressed by the WWDs include: project planning and management, proposal writing, basic book keeping, financial management, environmental conservation, fund raising skills, customer care and creation, human rights, education, loan management, credit and saving, sign language, HIV/AIDS care and counseling, modern skills in tailoring and modern crafts.



Conclusions and Recommendations

WWDs do engage in various feasible economic development activities which include tailoring, rearing goats and keeping poultry, growing crops and running of grocery supplies. They identified their training needs in relation to the challenges they face and these will be used to form the basis of the intervention for the second part of the study. The training will encourage WWDs to have projects at home to minimize mobility costs, help them in writing proposals to donors to solicit financial support and improve their financial management.

Challenges faced during the study

Equipment failure was the major challenge. At one time a wrong button of the recorder was pressed so no recording was done. A virus infected the laptop during transcribing and all data was lost. The team failed to work within the programmed schedule due to schools and university programmes.

What the study has added

Important information on WWDs economic development activities, how they operate and the challenges they face. This information will be used to inform the training which will form the intervention in the second part of the study.

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July 2010

**Welcome to CARD Research Result Dissemination Seminar,
Held on Thursday 29th July 2010 At COMBRA.**

Thursday, 29 July 2010

8.00am- 9.00am: Arrival of Audience and Registration

9.30am: Welcome Remarks

CARD Coordinator Winfred Mataze (10minutes)

Guest of Honour (10minutes)

Incoming CARD Director/Harry Finkenflugel (10minutes)

10.00-11.30am: **Session 1:**

- **Employer's Perspectives on Employment of Persons with Disability in Uganda -Ali Bagawemu**
- **Experiences and Perspectives of Blind People in Commercial Farming - Regina Nakayenga**
- **Practices and Experiences of Blind Farmers in Uganda – Regina Nakayenga**

11.30-12.00pm Break/Posters

12.00pm **Session 2:**

Testimony 1 (Asher Bayo's Team, Mr Wilson Mukungu)

Participant)

- **Availability and Accessibility of Health Services to Mothers with Disabilities – Mary Nabbosa**
- **Parents' Perception of Education for Their Disabled Children-Paul Njuki**
- **Sexuality Education in Primary Schools for the Deaf - Rehema Namarome**

1.40pm Lunch/Posters with presenters

3.10pm **Session 3:**

Testimony 2 (Sarah Bunoti's team Ms Harriet Kauma)

- **Participation of Youth with Disabilities (YWDs) in sports activities in their communities - Harriet Ntege**
- **Disability and Injury Research among Children in Uganda – Carol Serunkuma**
- **The Economic Development Activities for Women with Disabilities- Sarah Bunoti**

4.40pm Closing