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Inclusive Education Assessment in Adjumani District, Uganda

ULINZI INNOVATIONS CONSULT LTD.
Technical Support for Development, Humanitarian Assistance & Protection

"Harnessing Potentials"

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List of Acronyms

CAO	Chief Administrative Officer
CCT	Coordinating Centre Tutor
CDO	Community Development Officer
CWD	Children With Disabilities
DEO	District Education Officer
DRC	Danish Refugee Council
ECS	Evangelical Church of South Sudan
FGD	Focus Group Discussion
IEC	Information, Education and Communication
KII	Key Informant Interview
LC	Local Council
LWF	Lutheran World Federation
MoESTS	Ministry Of Education, Science, Technology and Sports
MoGLSD	Ministry Of Gender Labor And Social Development
NDP II	National Development Plan II
NRC	Norwegian Refugee Council
NUDIPU	National Union Of Disabled Persons in Uganda
OPM	Office of the Prime Minister
PLE	Primary Leaving Examinations
PS	Primary School
PSN	Person With Special Needs
PTA	Parent Teachers Association
PTC	Primary Teachers College
PTSD	Post-Traumatic Stress Disorder
SC/UAM	Separated Children and Unaccompanied Minors
SCI	Save the Children in Uganda
SNE	Special Needs Education
ToR	Terms of Reference
TPO-Uganda	Transcultural Psychosocial Organisation
UBOS	Uganda Bureau Of Statistics
UDHS	Uganda Demographic Household Survey
ULICO	Ulinzi Innovations Consult Limited
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNHCR	United Nations High Commission For Refugees
UNICEF	United Nations Children's Fund
WTU	Windle Trust Uganda
WV	World Vision International-Uganda

Map Showing Distribution of Refugees in Uganda.
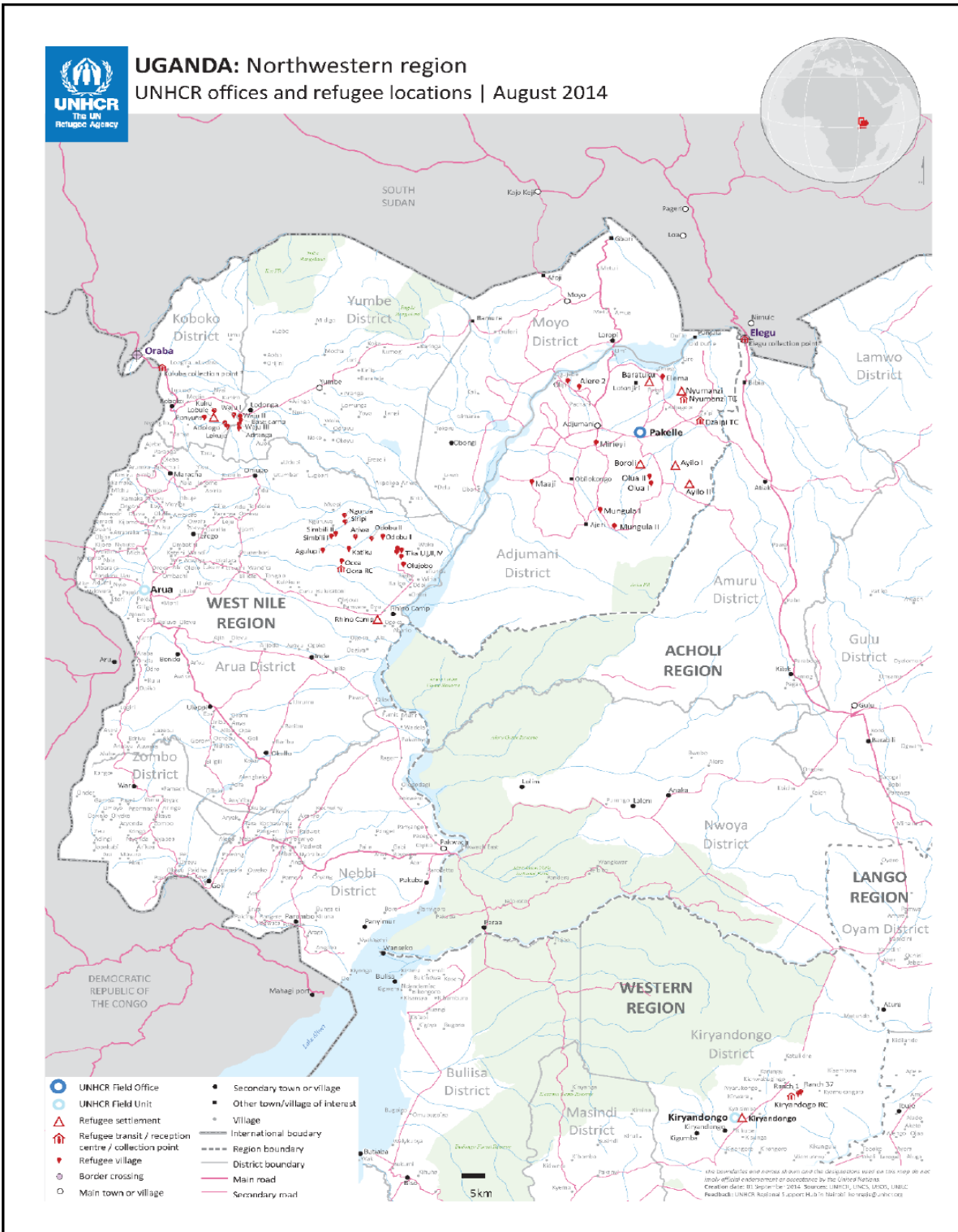
Acknowledgement

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The process of conducting this FCA Education Assessment in Adjumani District was also made possible with substantial input from different stakeholders from the district, the refugee settlements and the host communities visited by the Evaluation Team. My appreciation also goes to the key informants who provided important insights that included staff from Adjumani District Local Government OPM, UNHCR, UNICEF and staff from partner NGOs.

Lastly, I would like to appreciate the contribution to this report by my professional colleagues at Ulinzi Innovations Consult Limited (ULICO) that included Mr. Charles Kashungwa, Mr. Obedy Niwagaba, Mr. Robert Stuart Oyesigye and Mr Robert Adupa.

Fredrick Luzze (Lead-Consultant)

Glossary of terms Commonly Used in the Study[1]

Assistive devices	Any device that helps a person with disability to do something that s/he might not otherwise be able to do well or at all. May be for mobility, vision, or hearing loss
Autism	A mental condition, present from early childhood, characterized by difficulty in communicating and forming relationships with other people and in using language and abstract concepts.
Blindness	Defined by the World Health Organization as vision in a person's best eye of less than 20/500 or a visual field of less than 10 degrees. No Vision / light perception
Braille	A system of printing in raised dots which can be read through touch of the fingertips
Cognitive Impairment/ Disability	Cognitive impairment is when a person has trouble remembering, learning new things, concentrating, or making decisions that affect their everyday life. Cognitive impairment ranges from mild to severe[2]
Deaf-blind	When a person has both a loss of hearing and of vision and can neither utilize education of the deaf nor education of the blind
Deafness	Not hearing at all or the perception of sound being so distorted that communication through speech is very hard and hearing difficult or impossible..[3]
Disability	Any lack or restriction of ability (caused by an impairment) to perform an activity in the manner or within the range considered normal for a human being within the cultural context
Dumb	Not being able to speak. Professionally the term Dumb is not used in isolation since in most cases people who don't hear also do not speak. But for the lay people, dumbness is usually looked at separately
Dyslexia	Specific serious reading or writing problems observed in both children and adults - may be hereditary, other causes are still unknown
Emotional, social and behavioral difficulties	Difficulties resulting from any combination of low esteem, poor feelings of identity, experience of abuse/ or neglect, lack of having experienced mastery, war or other traumatic experiences
Epilepsy	A disorder in the central nervous system resulting in seizures that can be accompanied by convulsions, and at time loss of consciousness may occur
Hard of Hearing	Persons with milder hearing loss[4]
Impairment	Refers to any loss or abnormality of psychological, physical (motor or sensory), neurological or anatomical function or structure
Inclusion	Paralleled with integration and mainstreaming, refers to the wish to include persons with disabilities in all aspects of life in the community
Inclusive Education	Inclusion is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and

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[1] Information for Professional: Concepts in Special Needs Education, Mariam Donath Skjoten UNISE 1997/Policy On Special Needs and Inclusive Education, December 2011
[2] Center for Disease control and ad Prevention
[3] The term dumbness was not among the categories used in the survey, but often referred to by respondents
[4] http://www.washington.edu/doit/deaf-or-hard-hearing Disabilities, Opportunities, Internetworking, and Technology (Do-It) University of Washington

	modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children.[5]
Integrated Education	Integrated education tends to focus more on children with disabilities attending school where as inclusive education focuses more on ensuring children with disabilities are learning.[6]
Intellectual disability	Formerly known as Mental retardation - refers to persons who learn considerably slower than and often different to other persons of the same age, and whose thinking is more concrete than one would expect of persons of the same age
Learning / Teaching aids	Are the aids the learners uses to make learning more accessible (activities, games, music, dance, art/crafts, visits, colours, toys, pictures, etc.
Learning disabilities	A general term referring to a variety of disorders of which are due to dysfunctions in the central nervous systems and are expressed by significant difficulties in making use of listening, speaking, reading, writing, reasoning and mathematics
Low vision	Refers to a visual impairment that is not correctable through surgery, pharmaceuticals, glasses or contact lenses. It is often characterized by partial sight, such as blurred vision, blind spots or tunnel vision, but also includes legal blindness.
Mental illness	Refers to different personality disorders and strange behavior that will make it difficult for the person to adjust to life and the society in which s/he lives. The causes are varied including stressful experience or some illness
Perception	The awareness of one's environment through sensory stimulation. The ability to interpreted experiences obtained through the senses and is part of the cognitive processes
Physical disability	Refers to a physical impairment that will significantly limit a person's participation in life activities.
Sensory Impairment	Refers to a condition when one of the senses; sight, hearing, smell, touch, taste and spatial awareness, is no longer normal
Special needs education	Educational arrangements which are in place for children with special needs attending school together with ordinary children
Special school	A school specifically designed for children with disabilities or other social needs
Special Class/ Unit/Annex	Special facility created for CWD in an otherwise inclusive school

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[5]A working definition of inclusion is presented in the UNESCO Conceptual Paper "Overcoming Exclusion through Inclusive Approaches in Education. A Challenge and a Vision" (2003)
[6] Save the Children

Executive Summary

Background

Finn Church Aid (FCA) is the largest Finnish development cooperation organisation and the second largest provider of humanitarian aid. FCA operates in over 20 countries, with dire need. FCA works with the poorest people, regardless of their religious beliefs, ethnic background or political affiliations. FCA work is based on promotion of human dignity and fundamental human rights and freedom implying that FCA operations are guided by equality, non-discrimination and responsibility. FCA's work in Uganda focuses on promoting sustainable livelihoods, education in emergency; development education and peace. The Uganda country program compliments Finland's traditional concern for the world's poorest and most vulnerable people and marginalized groups.

FCA along with other development agencies is implementing interventions aimed at addressing the humanitarian needs of South Sudanese refugees in Adjumani district. An inter-agency assessment mission of Education in Emergency conducted jointly by Ministry of Education, UNHCR and other partners in February 2014 highlighted that children were at added risk during times of disaster and emergency, and continue to pay the highest price of the South Sudanese conflict.

The assessment revealed among others, the need to address specific needs of children and youth with disabilities that include, lack of teachers with the capacity to adequately include children with disabilities in the regular classroom; lack of learning materials and disability friendly desks; discrimination and stigmatisation and generally lack of an inclusive environment for persons with disabilities, and for their caregivers, families and communities. It was against this background that FCA Uganda engaged the services of ULINZI Innovations Consult Ltd to conduct an education in emergency assessment study in Adjumani, with particular focus on children with disability.

Background to the Study

Overall Goal: The overall goal of the assessment was to conduct a needs assessment of children and youth with disabilities in Adjumani refugee settlement in Northern Uganda aiming at establishing the evidence base for inclusive education for children and youth in Adjumani refugee settlement (15 settlements) and host community to inform the planning and decision-making of local authorities and organisations working in the locality.

Specific Objectives: The specific objectives of the assignment include: mapping basic and humanitarian services and their disability inclusiveness in education as well as in other community services; identifying the key barriers and facilitators to inclusive education, assessing the capacity of local actors to respond accordingly and identify the key challenges and opportunities for inclusive education among local actors, including local communities and schools.

Methodology

Study Design: The assessment study was descriptive and cross-sectional in design and involved use of quantitative and qualitative data collection methods that included a cross sectional household survey, key informant interviews (KIIs), focus group discussions (FGDs) and observation. The assessment was participatory and was based on the basic principles of Child Participation, Gender and Human Rights Based Approach and was also conducted in-line with FCA Code of Conduct, Child Protection Policy and was guided by the SPHERE standards.

Study Population and Study Area: The evaluation exercise was conducted in Adjumani district and covered 5 out of the 15 refugee settlements and host communities. In consultation with OPM, the five settlements were selected purposely to cater for diversity in the context based on different criteria that included location, population (Small versus Large), and old settlements versus new settlements among others. The sample frame for the household survey was based on the population of the 5 settlements estimated at 71,073 persons[7].

Sampling, Sample Size Determination: A sample size of 382 respondents was determined based on the R.V. Krejcie and D. W. Morgan (1970) sample size estimation model. In addition, a sample of 129 households was purposely selected from the host community for comparison purposes in compliance with OPM/UNHCR policy that demands that humanitarian actors should at least focus 30% of the interventions and resources in host communities.

Focus Group Discussions A total of 15 adult focus group discussions were conducted with respondents who were drawn from refugee settlement leaders, special needs teachers, ordinary teachers, School Management Committees/PTA members, Foundation Body members and Coordinating Center Tutors (CCTs). A total of 15 children focus group discussions were also conducted and respondents were drawn from all the 5 refugee settlements in Adjumani district.

Key Informant Interviews: A total of 22 interviews were conducted with respondents drawn from Adjumani District Education Department, Windle Trust-Uganda, and Office of the Prime Minister, UNHCR, UNICEF, LWF, NRC, DRC, and TUTAPONA, WVI, SCI Uganda , Plan International Uganda, Concern World Wide, Head Teachers, local council and refugee settlement leaders.

Documents Review and Inception Meeting: The Assessment Team reviewed a number of documents that included: the project proposal and reports, studies and assessments undertaken in the area of study, Basic Requirements and Minimum Standards Indicators for Education Institutions (March, 2010), publications and reports from relevant International organisations and UN agencies, including UNICEF and UNHCR; NUDIPU reports, Education department and cluster reports. Reference was also made to other relevant national and international legal documents.

Observation: The Study Team employed the observation method and this mainly focused on schools facilities (classrooms, latrines, playground, assistive devices) as well as interaction of CWD with peers.

Data analysis: A database was designed in excel to facilitate data entry and efforts were made to ensure that completed questionnaires were swiftly provided to the data entry team to facilitate timely data entry. Quantitative data from survey questionnaires was entered and analyzed using SPSS software package. Summaries were generated as frequencies and presented in tabular formats and charts. Content analysis was applied to analyze qualitative data collected. Data was sorted according to evaluation parameters, result areas, and the relative occurrence of the responses for the various results was ascertained. Data interpretation entailed comparison of baseline and mid-line results to indicate the change that has taken place so far and to inform development of findings, conclusions and recommendations.

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[7] Estimated population of the five settlements was obtained from OPM/UNHCR.

Assessment Study Findings

The assessment findings established positive trends, opportunities and areas that need improvement with regard to youth and children with disabilities. The following is a synopsis of findings based on the key parameters of the study.

a) 38% of refugee households had CWD compared to only 11% amongst host communities. Sensory impairment constituted the largest form of disability among children and youth accounting for up to 49%.

b) Diseases were the single largest known cause of disabilities among children and youth accounting for more than half in both host (57%) and refugee (59%) communities respectively.

c) 83% of the CWD among refugees and 71% for host communities were enrolled in and attending school.

d) The proportion of boys in school among the refugees was high (19%) compared to girls at 14%

e) Reasons given for CWD that were not enrolled in schools include: Lack of supportive /assistive devices at 43% and 36% for refugee and host community respectively. Other reasons mentioned include; absence of special needs education and schools not being easily accessible.

f) The activity that most CWD participated in at household and community level was playing with peers. Other activities indicated included: fetching water, washing clothes and cleaning the compound.

g) About 80% of teachers regularly prepared schemes of work and lesson plans although none of the schemes or lesson plans catered for learners with special needs.

h) The key challenges faced by CWD included inadequate resources to support learning of CWD such as lack of specialized teaching materials, lack of specialized equipment as well as severity of disability and distance to school.

i) Among the barriers for education for CWD faced by teachers include: lack of knowledge and skills in identifying children with disabilities, lack of specialized instructional materials and lack of supportive/assistive devices.

j) Barriers for education for CWD indicated by the district include: inadequate staffing, inadequate funds to support education of CWD (transport for support supervision, remuneration for special needs education teachers, construction of resource rooms for learners), fragmentation of the programmatic approach in responding to the needs of CWD, lack of a referral center for children and lack of coordination between local government institutions/structures, non-governmental organizations and civil society organizations of persons with disabilities. Involvement of communities in the formulation, dissemination and implementation of the laws and policies related to CWD was also found to be inadequate.

k) 96% of respondents from the host community had positive perception towards sending CWD to school compared to respondents from refugee settlement at 93%

l) 52% and 41% for host and refugee communities respectively were optimistic that there were fair opportunities for the support of CWD.

Recommendations

The following key recommendations emerged from the study findings:

i.   FCA should support training of teachers on teaching CWD. This can be through training workshops/seminars, short-term certificate courses, long-term diploma/degree courses. Since teachers must be available for their respective classes and schools, distance learning mode is recommended. Short-term courses should focus, among others, on sign language, Braille, and production and use of instructional materials as well as inclusive education practice.

ii. FCA should provide specialized instructional materials based on specific requirements of schools. These requirements may include, among others, hand frames, Braille machines and sign language dictionaries

iii. The District in collaboration with other Education actors should equip SNE office with the requisite assessment materials such as E-charts, audiometer, Snellen vision screening and any other relevant SNE resource materials to facilitate functional assessment of CWD and other children with special learning needs.

iv. There is need for FCA and other stakeholder to facilitate regular community sensitization on the plight of CDWs through local radio stations, and IEC materials (posters, leaflets, brochures etc).

v.   Policy documents should be availed to the local population to enable them understand their roles and responsibilities regarding education of CWD and children's rights in general.

vi. FCA and other stakeholders/actors in the education of CWD should categorize children with disability in accordance with the Special Needs Education and Inclusive Education Policy (2011) which goes beyond disability.

vii. FCA should, in collaboration with other partners/development agencies, establish an inclusive demonstration school to give guidance to the district/parents/teachers and other stakeholders in providing for CWD.

viii. There is need for all stakeholders in education for CWD to harmonize data. This can be done through collaborative efforts by the education sector intervention in the district

ix. In the short run, FCA and other stakeholders should provide financial and logistical support to the Inspector of Schools in charge of SNE to facilitate support supervision to schools in the district.

x.   FCA should support government initiatives geared towards developing conceptual clarity around the concept of inclusion. This will ensure that all stakeholders understand inclusive education as an approach for all learners, agree on what quality and equity looks like in practice, and develop a shared operational definition of key concepts.

1.0   Introduction

1.1   Background to FCA –Uganda

Finn Church Aid (FCA) is the largest Finnish development cooperation organisation and the second largest provider of humanitarian aid. FCA operates in over 20 countries, with dire need. FCA works with the poorest people, regardless of their religious beliefs, ethnic background or political affiliations. FCA work is based on promotion of human dignity and fundamental human rights and freedom implying that FCA operations are guided by equality, non-discrimination and responsibility. FCA's work in Uganda focuses on promoting sustainable livelihoods, Education in emergency; development education and peace. The Uganda country program compliments Finland's traditional concern for the world's poorest and most vulnerable people and marginalized groups.

FCA along with other development agencies is implementing interventions aimed at addressing the humanitarian needs of South Sudanese refugees in Adjumani district. An inter-agency assessment mission of Education in Emergence conducted jointly by Ministry of Education, UNHCR and other partners in February 2014 highlighted that children were at added risk during times of disaster and emergency, and continue to pay the highest price of the South Sudanese conflict.

The assessment revealed   among others, the need to address specific needs of children and youth with disabilities that include, lack of teachers with the capacity to adequately include children with disabilities in the regular classroom; lack of learning materials and disability friendly desks; discrimination and stigmatization and generally lack of inclusive environment for persons with disabilities, and for their caregivers, families and communities. The aim of the assessment was therefore to gather sound, evidence-based data to gain better understanding on the particular barriers and facilitators as well as key challenges and opportunities for inclusive education among local actors in Adjumani district.

1.2   Background to the Study

Overall Goal: The overall goal of the assessment was to conduct a needs assessment of children and youth with disabilities in Adjumani refugee settlement in Northern Uganda aiming at establishing the evidence base for inclusive education for children and youth in Adjumani refugee settlement (15 settlements) and host community to inform the planning and decision-making of local authorities and organisations working in the locality.

Specific Objectives: The assessment was intended to achieve the following objectives:

- To map basic and humanitarian services and their disability inclusiveness in education as well as in other community services (e.g. Health, Protection, WASH, and Nutrition) in Adjumani refugee settlement (15 settlements) and host community.
- To identify the key barriers and facilitators to inclusive education (including attitudes, myths, social norms, physical barriers, misconceptions, environmental factors)among the community gatekeepers (teachers, parents, community leaders) and to assess the capacity of local actors to respond accordingly.
- To identify the key challenges and opportunities for inclusive education among local actors, including local communities and schools.

1.3 Context Analysis

1.3.1 The Concept of Inclusive Education

The fundamental principles of inclusive education guiding the different countries are that; all children should learn together, where possible, regardless of any difficulties or differences they may have; that mainstream schools must recognize and respond to the diverse needs of their students, while also having a continuum of support and services to match these needs (UNESCO, 1994).A working definition of inclusion is presented in the UNESCO Conceptual Paper "Overcoming Exclusion through Inclusive Approaches in Education. A Challenge and a Vision" (2003) as highlighted below:

> *"Inclusion is seen as a process of addressing and responding to the diversity of needs of all learners through increasing participation in learning, cultures and communities, and reducing exclusion within and from education. It involves changes and modifications in content, approaches, structures and strategies, with a common vision which covers all children of the appropriate age range and a conviction that it is the responsibility of the regular system to educate all children."*

Inclusion is seen as an educational orientation that embraces difference and values and uniqueness that each learner brings to the classroom (Kluth, 2005). It is a dynamic approach of responding positively to pupils' differences and seeing the differences as opportunities for enriching learning rather than problems (UNESCO, 1994). It calls for more than just placing or removing children with special needs from one context into another, but also maximizing their participation in mainstream schools (Nind et al 2003 cited in Topping & Maloney, 2005; Sebba & Ainscow 1996 cited in Carrington & Elkins, 2000). It implies a restructuring and transformation of mainstream schooling in ways that will increase their capacity for responding to all learners irrespective of the disability (Avramidis et al., 2000, p3; Ainscow, 1995).

Among the benefits of inclusive education include: Developing individual strengths and gifts, with high and appropriate expectations for each child; working on individual goals of CWD while participating in the life of the classroom with other students of their own age; involving parents of CWD in their education and in the activities of their schools; fostering a school culture of respect and belonging; providing of opportunities to learn about and accept individual differences; lessening the impact of harassment and bullying; developing friendships with a wide variety of other children, each with their own individual needs and abilities; promoting child-to-child learning and participation of parents and community in planning and execution of services for children in general and disabled children in particular; and positively affecting both the CWD schools and wider community to appreciate diversity and inclusion on a broader level[8]

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[8] Inclusion BC 2015

1.3.2   Disparity Due to Disability of Children in Uganda

According to the Situation Analysis of Children in Uganda (UNICEF 2015), there are about 2.5 million children with disabilities in Uganda with challenges in seeing, hearing, communicating, mobility or moving, touching, learning, and/or emotional development, among others. According to data cited by Riche and Anyimuzala (2014), of these children, only 5% are able to access education within an inclusive setting in regular schools while only 10% access education through special schools and annexes. The MoESTS's Uganda Education Statistical Abstract 2009, 2010 and 2011 suggests that only about 9% of children with disabilities were enrolled in pre-primary, primary or secondary schools over the 2009–2011 period. Data from UDHS surveys, however, suggest that children with disabilities have only slightly lower enrolment rates than the general population in primary school (80.5% vs. 81.0%) and slightly more markedly lower enrolment rates in secondary school (11.5% vs.15.2%).

The study also found that only 10% of children with disabilities are unable to attend school. Latest UNHS data also show that disability increased markedly from 2.4% 2009/10 to 5.7% in 2012/. The Situational Analysis on the Rights of Children with Disabilities in Uganda (Riche and Anyimuzala, 2014) takes note of the discrepant findings between the MoESTS and UDHS surveys and suggests that different methodologies are perhaps the reason for the different statistics. It is also possible that enrolment and attendance rates are vastly different because of the severity of the disabilities that children have. In secondary school, the differences are clearer: the MoGLSD (2014b) results show that disabled children have lower secondary school attendance rates than other children (11% vs. 15%). Indeed, among children aged 13–17 years who have never been to school, about one in five cite disability as the major reason for never enrolling in school (MoGLSD, 2014b). Other reasons for high dropout are lack of facilities, shortage of trained teachers with specialised skills and an inaccessible school environment (i.e. to classrooms and latrines).

The following Table provides a summary of the status of school enrollment for children with special needs in Uganda for the period 2008/2010[9]:

Table 1: Enrollment of PS pupils with special needs in Uganda (2008/2010)

	YEARS		
Class	2008	2009	2010
P.1	*38,169*	*40,023*	*40,895*
P.2	*28,502*	*30,430*	*31,263*
P.3	*30,828*	*36,528*	*34,847*
P.4	*29, 572*	*33,796*	*35,128*
P.5	*24,881*	*28,287*	*27,781*
P.6	*19,585*	*21,986*	*22,233*
P.7	*12,000*	*13,302*	*12,871*
Total	*183,537*	*204,352*	*205,018*

However, according to the NDPII (2015/16-2019/20), the enrolment of pupils with special needs in primary schools has reduced to 173,767. Of these 92,315 are males while 81,452 are females in categories of autism, hearing impairment, mental impairment, multiple handicaps and visual

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[9] UBOS Statistical abstract 2013

impairment. This reduction could be as a result of different sources of information, the categorization criteria against terminologies used to classify disability i.e. Special Needs Vs Disability.

1.3.3 National Policies, Plans and Legislative Framework

The Uganda government, over a period of time has put in place policies, plans and legislations related to the education of children with disabilities which include among others, the following;

Education White Paper (1992): The Kajubi Commission was set up in 1987 and submitted its report in 1989. The report stressed the need for support to Special Education activities by the government. This was reflected later in the 1992 Government white Paper on Education and since then, the government has increasingly provided support to Special Education.

The Constitution of the Republic of Uganda (1995): Article 30 of the Constitution of Uganda provides for the rights to education for all while Article 35 states that 'Persons with disabilities have a right to respect and human dignity, and the State and Society shall take appropriate measures to ensure that they realise their full mental and physical potential'.

The Universal Primary Education (UPE) (1997): The policy enabled all school-going age children to go to school. Priority was given to girl children and those with disability. However, although the government introduced Universal Secondary Education to facilitate transition of PLE graduates to secondary education, there are still inadequate programmes or initiatives addressing the needs of CWD in secondary education.

The Children's Act (2000): The Act (Part II, Sec 9) provides for Parents and the State to take appropriate steps to ensure affordable facilities for the rehabilitation and equal opportunities to education for children with disabilities so as to enhance their growth and development.

Basic Education for the Disadvantaged Children (2002): The Policy recognizes the need for addressing educational needs of various categories of children who experience barriers to learning within and outside school.

Disability Act (2006): In the Disability Act, the government of Uganda committed itself to promote the educational development of persons with disabilities through: Encouragement of inclusive education; the formulation and design of educational policies and programmes that promote the special needs and requirements of persons with disabilities; the formation of policies that give children with disabilities access to relevant education at all levels, among others. In addition, the ACT provides for the government commitment of not less than 10% of all educational expenditure to the educational needs of persons with disabilities; and the provision of assistive services during examinations, including giving extra time suitable for students with special needs.

Education Act (2008): The Education Act 2008 provides the legislative framework for provision of education and training in Uganda. Under Act 13 (g), it is provided that the school environment should be made conducive for pupils with Special needs. By implication, this would increase access, enrolment and retention of CWD.

Special Needs and Inclusive education policy (2011): The policy, the first of its kind in Uganda, is mandated to deliver Special Needs and Inclusive Education services in a coordinated and adequately resourced manner. It is set to streamline aspects of; specialized instructional materials, equipment and

services, accessibility concerns, learning approaches and provisions, affirmative action, specialized support services, research, partnerships and monitoring and evaluation. This policy has been passed and is operational.

National Development Plan (2015/16-2019/20): The National Development Plan II (2015/16-2019/20) retained from NDP 1 the development and improvement of special needs education. Under objective 1 of Education and Sports Sector, the NDP II provides for development and implementation of programs targeting disadvantaged communities, marginalized groups and students with special learning needs. There is also provision for providing gender sensitive sanitation facilities that would address the special needs of girls and boys.

1.3.4   International Commitments

UN Sustainable Development Goals 2015-2030: Inclusive education was identified as one of the sustainable development goals during the sixty-ninth session of the UN General Assembly held in September, 2015. Goal 4 of sustainable development goals is "Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all" and target 4.5 is "By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations." while target 4.a is "Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, non-violent, inclusive and effective learning environments for all*."[10]*

The Universal Declaration on Human Rights (1948): Article 26 establishes that every person has a right to education and that basic education should be free and compulsory.

The UN convention on the rights of children (1989): Article 28 of the convention establishes the rights of every child to get education and suggests that Primary school be compulsory for all children, and that higher education be made accessible for all.

A world declaration on Education for All; Jomtien, Thailand (1990): Article; III (5) of this declaration noted that 'the learning needs of the disabled demand special attention and called upon states/governments to take steps to provide equal access to education to every category of disabled persons as an integral part of the education system'.

UN standard Rules on the equalization of opportunities for persons with disabilities (1993): Article; 6 urged states and governments to ensure that the education of people with disabilities is an integral part of the educational system'.

The UNESCO Salamanca Statement (1994): Calls on the international community to endorse the approach of inclusive schools by implementing practical and strategic changes, encourages states and governments to recognise the necessity and urgency of providing education for all, that those children with special educational needs 'must have access to regular schools' noting that regular schools with an inclusive orientation are the most effective means of combating discriminatory attitudes.

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[10]Draft resolution referred to the United Nations summit for the adoption of the post-2015 development agenda by the General Assembly at its sixty-ninth session: Transforming our world: the 2030 Agenda for Sustainable Development. 25 to 27 September 2015.

The Dakar framework for Action – Education for All (2000): The Dakar framework adopted, among others, the following: (i) expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children. (ii) ensuring that by 2015 all children, particularly girls, children in difficult circumstances and those belonging to ethnic minorities, have access to complete free and compulsory primary education of good quality, and (iii)ensuring the learning needs of all young people and adults are met through equitable access to appropriate learning and life skills programmes.

1.3.5   Structures and Institutions for Children with Special Needs

The Department of Special Needs: The Uganda Ministry of Education, Science, Technology and Sports in 1999 established a department of Special Needs. Formerly known as Department of Special Needs Education, Guidance and Counseling, this department is mandated to provide leadership, policy direction and guidance in mitigating barriers to children's participation in learning and development. The department has three sections namely; Special Education, Inclusive Education and Non-formal Education. It also follows Uganda's commitment to Education for All (EFA) and achievement of the Sustainable Development Goals (SDGs).

District Inspector of Schools in charge of Special Needs Education: During Public service restructuring 1999, a post of an Inspector of Schools in charge of Special Needs Education at district level was established. The roles of this officer are to ensure that all children with disabilities are identified, assessed and appropriately placed. Early identification and early intervention was emphasized.

Kyambogo University: Kyambogo University is currently the only public University with programmes for training teachers in special needs and inclusive education, including other personnel working in the field of rehabilitation to cater for all kinds of persons with disabilities and those with other learning needs. The University conducts conventional programmes in special needs education at bachelor, post-graduate, diploma and   of teacher education with special needs for tutors. The University also runs a diploma in special needs education using a distance learning/in-service mode.

1.3.6   Profile on Adjumani District

Adjumani District is bordered by Moyo District to the north, South Sudan to the northeast, Amuru District to the east and south, Arua District to the southwest and Yumbe District to the northwest. The largest town in the district, Adjumani, is located approximately 125 kilometers (78 miles), by road, northeast of Arua, the largest city in the sub-region.] This location lies approximately 436 kilometers (271 miles), by road, northwest of Kampala, the capital of Uganda and the largest city in Uganda]. The district lies on the southern bank of the White Nile, just before it flows into South Sudan. The coordinates of the district are: 03 23N, 31 47E (Latitude: 3.3845; Longitude: 31.7820).

Adjumani District was created on May 17, 1997, when Moyo District was split into two. The eastern part of Moyo District was renamed Adjumani District, after its largest town, Adjumani. The annual district population growth rate has been determined to be 6.5%, between 2002 and 2012. It is estimated that the population of Adjumani District in 2014 was approximately 232,813[11] (111,503 Males, 121,310 Female). Adjumani District has 6 sub counties that include Pekelle, Dzaipi, Adopi, Ofua, Ciforo and Adjumani TC (48 parishes). Adjumani District, hosts Nyumanzi TC and 15 settlements including the new settlements of Nyumanzi, Ayilo I & II, Baratuku, Boroli, and other smaller existing sites (Alere, Olua,

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[11] National Population and Housing Census 2014

Mireyi, and Mungula). At the beginning of this year, UNHCR, OPM and Partners reopen an old refugee settlement in Maaji, in order to accommodate new arrivals with a capacity of approximately 17,000 - 25,000 persons.

1.3.7   Summary of Education Profile for Adjumani District

There are 96 primary schools in the district of which 66 are government grant aided, 19 privately owned primary and 11 are community owned. The district has only 13 secondary schools, with no vocational or tertiary institution, implying limited post primary education opportunities for youth. The Education and Sports Status for Adjumani (January 2015)[12] established that the influx of large numbers of refugees into the district and the enrolment of refugee children caused enormous strain on existing education facilities and infrastructure. The Pupil: Classroom ratio in Adjumani District is estimated 80:1 compared to national at 55:1. With the refugee influx, the same assessments estimated that education facilities including teachers' housing, classrooms, desks, text books etc, would need to be at least doubled to keep pace with pre-situation levels.

Using PLE as performance shows that over the years, Adjumani District continues to improve with more pupils in the district passing and obtaining better grades, though relative to other districts, this performance is still poor and was ranked 80th of the 112 districts In 2014. Owing to the refugee influx, the Teacher: Pupil ratio however remained high estimated at as high as 1:80, compared with national standards of1:55 (UNHCR, Nov 2014) and reaching as high as 200 in some refugee communities.[13]Apparently, prior to the recent refugee influx, the teacher/ pupil ratio was as low as 1:58 (UBOS 2013**).** Table 2 below shows the number of teachers in the district. Of these, only 27are trained SNE Teachers

Table 2: *Number of Teachers in Adjumani District*

Number of Teachers in Adjumani District				
Level	Sex		Total	Gap
	Male	Female		
Primary	497	141	638	34
Secondary	64	21	85	40
Total	561	162	723	74

(Source: DEO Adjumani January 2015)

Table 3: Other Learning Environment indicators

Performance Indicators	National Target Standards	District Target Attained 2014
Pupil/Stance Ratio	40:1	72:1
Pupil/Desk Ratio	3:1	4:1
Pupil/Textbook Ratio	1:1	3:1
Text Book Pupils ratio	1:3	1:8

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[12] Unpublished
[13] District Education Officer.

Enrollment and quality of education: According to the MoES Sector Annual Performance Reports (2013-2014), Adjumani District with a Net Intake Rate of 10%, completion rate and the PLE performance at 18% and 51% respectively, had one of the worst performance indicators in the country. Table 4 below shows enrollment as at January 2015.

Table 4: School Enrolment in Adjumani District (January 2015)

Institution	ENROLMENT IN 2014						TOTAL
	NATIONAL (HOST)			REFUGEES			
	Boys	**Girls**	**Total**	**Boys**	**Girls**	**Total**	
Nursery/ECD School	2,123	2,897	5,020	3,421	2,987	6,408	11,428
Primary Schools	23,329	22,838	46,167	4,328	4,123	8,451	54,618
Secondary Schools	2,948	2,176	5,124	412	123	535	5,659
Total	**24,400**	**23,911**	**48,311**	**8,161**	**7,233**	**15,394**	**71,705**

Source: (Educational Department -Adjumani)

In 2014, only 11,428 children were enrolled for nursery and ECD, with 6,408 (56%) being refugee children, while a total of 54,618 were enrolled in primary school with 8,451 (15%) being refugee children. At secondary level, only 535 refugee children out of 5,659 (9%) were attending secondary school. The parity in enrolment between male and female was, however, commendable with 49:51 (F: M) for nationals and 47:53 (F: M) for refugees[14].   The situation has since improved. At the time of the assessment, according to the OPM/RIMS data, ECD coverage among the refugee population had increased to 67% with 8,960 children out of the eligible 13,764 (3-5 years) attending pre-primary education. At primary school level, enrolment had increased to 68% with 21,598 refugee pupils out of the eligible 31,665 attending school. On the contrary, only 10% (1,203) refuge children eligible for secondary education 12,068 are attending secondary school.

Table 5:Dropout, SNE and OVC in Adjumani District 2014

Indicator	NATIONALS 2014			REFUGEES 2014		
	BOYS	GIRLS	TOTAL	BOYS	GIRLS	TOTAL
Dropout	1,786	1,891	3,677	387	287	674
Due to Early Marriage	25	217	242	0	24	24
Due to Early Pregnancies	N/A	63	63	N/A	9	9
SNE	963	743	1,706	87	63	170
OVC	3,218	3019	6,237	1,118	1,045	2,163
Repeaters	4,118	3,764	7,882	1,098	918	2,016

Source: Educational Department -Adjumani

Table 5 above indicates that in 2014, there was a high dropout ratio for both national and refugees. Girls specifically were affected by early marriages and pregnancies. There were also many children identified

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[14] Compares total enrolment from ECD, Primary and secondary school.

to have special educational needs and those categorized as OVC. Such children, in the absence of strong family and community support systems are susceptible to dropping out of school. Though universal primary education has been free to all Ugandan and refugee children in government schools since 1997, many pupils including refugees face serious challenges to completing their education due to additional educational costs incurred to meet scholastic materials, like books and pens, school uniform, school meals and complementary school dues, which many vulnerable households cannot meet. High numbers of repeaters is an indicator of low quality of education and this will require remedial interventions.

Inclusive Education: The Inter Agency Assessment Mission of Education in Emergencies conducted jointly by the MoES, UNHCR and other partners in 2014, confirmed that children with disabilities or special education needs lacked teachers with capacity to adequately include CWD in the regular classrooms. As indicated in Table 5 above, Adjumani District had 1,706 and 170 national and refugee children respectively with special education needs.

Dropout and Retention: District education data illustrates a very high school dropout rate of 17% percent for nationals and 8% for refugees respectively with more boys than girls dropping out among nationals while the reverse was through for the refugee community[15]. Early and unwanted pregnancies were cited to be among the main causes of school drop out for girls. 57% of the dropout is due to lack of parental care and support. Class repetition rates were high (17.1%) indicating low quality of education.

A number of actors support interventions in child protection and education in Adjumani District including: WTU, LWF, DRC, Welt hunger Hilfe, WVI, UNICEF, ADRA, Caritas and NRC. Despite this support, a number of gaps and challenges still remain to be addressed and are broadly categorized as Access, Quality, Learning Environment/safety, Water and Sanitation and Adult Education.

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[15] Adjumani Education and Sports Status Report 2015

2.0 Approach and Methodology

The assessment study was descriptive and cross-sectional in design and involved both qualitative and quantitative approaches to collect data from both primary and secondary sources. The selection of this design was based on the need to take advantage of the benefits of using a combination of methods that included triangulation of findings; complementarity and clarification of the results from one method with the results from another; discovery of contradictions and inconsistencies in the baseline findings as well as extending the range and breadth of the study. The assessment was participatory and was based on the basic principles of Child Participation, Gender and Human Rights Based Approach. It was also conducted in-line with FCA Code of Conduct and the Child Protection Policy. Reference was also made to the INEE Minimum Standards for Education in Emergencies, Chronic Crises and Early Reconstruction (2004) and to the SPHERE - Humanitarians Charter and Minimum Standards in Disaster Response (2011).

2.1   Detailed Methodology

Qualitative methods: Qualitative methods that were employed included: key informant interviews, focus group discussions and observation.

Quantitative methods: Quantitative methods included house hold survey as well as transforming existing data sets generated from secondary sources (programme documents and reports) into quantitative scores, numbers, rates and proportions to provide a solid foundation for assessing trends and patterns with regard to study dimensions.

Sample Size Selection and Sampling: The evaluation exercise was conducted in Adjumani district and covered 5 out of the 15 refugee settlements and host communities. The five settlements were selected purposely with support from OPM and FCA Adjumani Team to cater for diversity in the context based on different criteria that included location, population (Small versus Large), and old settlements versus new settlements among others. Table 6 shows selected Settlements, estimated population and sampling distribution which was done proportionately for the refugee settlements.

The sample frame for the household survey was based on the population of the 5 settlements estimated at 71,073 persons. Basing on the R.V. Krejcie and D. W. Morgan (1970) sample size estimation model a sample size of 382 was determined (**See appendix 1**). The sample for host families however, was not determined scientifically. For comparative reasons, the number of households in host communities that participated in the survey was based on the OPM/UNHCR policy that demands that humanitarian actors should at least focus 30% of the interventions and resources in host communities.

Table 6: Sample size selection

#	Settlement	Population[16]	Refugee Household Sample size	Host Community Sample size
1	Alere I	6,234	36	25
2	Ayilo	26,650	129	25
3	Maaji	8708	50	25
4	Mirieyi	3600	21	25
5	Nyumanzi	25,881	145	29
		71,073	**382**	**129**

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[16] OPM/UNHCR

The refugee settlements and host communities from which the respondents were selected randomly using simple random sampling. Households interviewed were then selected using a systematic random selection technique.

Documents Review and Inception Meeting: The Consultant reviewed and analyzed relevant documents to get a general background to the assignment. The review also informed the development of data collection instruments and inception report. The documents that were reviewed included: the project proposal and reports, studies and assessments undertaken in the area of study, Basic Requirements and Minimum Standards Indicators for Education Institutions (March2010), publications and reports from relevant International organizations and UN agencies, including UNICEF and UNHCR; NUDIPU reports, Education department and cluster reports. Reference was also made to other relevant national and international legal documents like the World Declaration on Education for All; Jomtien, Thailand (1990; UN standard Rules on the equalization of opportunities for persons with disabilities (1993): The UNESCO Salamanca Statement (1994) as well as the Dakar framework for Action – Education for All (2000).

Inception Meeting: An inception meeting was held with FCA team to get a full understanding of the proposed project, particularly with respect to key interventions, outputs, outcomes as well as performance indicators. The meeting also enabled the Consultant and the client to agree on approach and methodology, time schedule and work plan, administrative and logistical arrangements, and research protocols, among others.

Design of Data Collection Tools: The Consultant designed the data collection tools in consultation with FCA. This stage entailed identifying assessment indicators, developing analysis plan, identifying terms/concepts to be included in the evaluation and selecting the study sample.

Recruitment and Orientation of Research Assistants: With support and guidance from FCA-Uganda, a competent team of 10 Research Assistants was recruited for data collection. The selection criteria were based on conversance with the local language of the refugee communities, availability for the whole duration of the data collection exercise and possession of basic interviewing skills. The Research Assistants worked along with the Consultants during the data collection exercise and an orientation of Research Assistants was done   to ensure consistency and harmony in the data collection exercise.

Key informant Interviews (In-depth Interviews): The study purposively selected for in depth interviews people who had extensive knowledge on education particularly with regard to education of children with disability in emergency situations. KII respondents were drawn from Adjumani District Education Department (including special needs department), Windle Trust, Office of the Prime Minister, UNHCR, UNICEF, LWF, DRC, NRC, TUTAPONA, WVI, Plan International Uganda, SCI Uganda, and Concern World Wide. Others included head teachers, local council and refugee settlement leaders. Table 7 provides a list of KII respondents that were interviewed per respondent category.

Table 7: Key informant respondents

Respondent Category	No. of interviews Conducted
FCA-Uganda staff	1
FCA partners	3
UNHCR	1
OPM	1
Other like-minded NGOs	4
District Education staff	2
Head teachers	8
Refugee & host community leaders	8
Total	30

Focus Group Discussions (FGDs): Focus groups discussions were conducted to enable the study team obtain open responses from respondents with regard to parameters of the assessment study. The FGDs involved refugee settlement leaders, special needs teachers, ordinary teachers, school Management Committees/PTAs and Foundation Body members and CCTs. Purposive sampling was used to select respondents to ensure that all relevant sub-groups were included.

A total of 22 FGDs were conducted with adults. The outcome of the FGDs was a preliminary summary report describing the themes that emerged from the focus groups. The themes were categorized into coherent groups that share similar dimensions. Quotations from the recordings were included to illustrate each of the themes. Table 8 provides a list of FGD respondents that were interviewed per respondent category.

Table 8: Focus group discussion respondents

Respondent Category	No. of interviews
Special needs teachers	1
Ordinary teachers (Government & volunteers)	8
School Management Committees/PTAs	2
Care givers and animators	1
Foundation bodies	0
Parents/guardians	3
Host Community Leaders	3
Refugee Settlement Leaders	4
Total	22

Participatory assessment activities with children and youth: In line with UNCRC provision for children's right to be heard, the evaluation team conducted a participatory assessment with selected children and youth to give the children opportunity to express their views on their needs and priorities. A total of 10 FGDs for children were conducted in this regard, reaching 93 children and youth. The focus group

discussion with children entailed use of child-friendly study tools like drawings andBody Maps[17]. Table 9 provides a list of respondents for participatory assessment with children per respondent category.

Picture depicting causes of disability/harm during the conflict in South Sudan

Picture demonstrating Corporal punishment as a possible cause of Disability to Children

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[17]A child or young person is asked to volunteer to lie on the sheets to have their body shape drawn around to create a large body map which represents children and young people. The body image (and body parts) is used as a focus to explore and record participants views regarding the different ways in which living in armed conflict, post conflict or peace building contexts has affected their lives.

Table 9: Participatory assessment with children

Respondent Category	No. of interviews
Refugee children and youth	3
Host children and youth	0
Disabled children and youth	7
Total	10

Observation: The study also employed the observation method particularly with regard to the quality and quantity of educational services accessed by the refugee and host communities. In addition, visits were conducted to local primary schools and classrooms and a standard observation checklist was developed to capture relevant information on infrastructure, teaching and learning materials.

2.2   Data Editing, Entry and Analysis

A database was designed in excel by the Consultant to facilitate data entry and efforts were made to ensure that completed questionnaires were swiftly provided to the data entry team to facilitate timely data entry. Data was entered and analyzed using SPSS software package and summaries were generated as frequencies and presented in tabular formats and charts. Content analysis was done with FGD and KII data and interpretation and inferences were made from findings for purposes of report production.

2.2   Study Limitations

Although the study largely went on smoothly with adequate support of FCA and other stakeholders in Adjumani district, the assessment team face the following challenges;

- There was limited data on education of children with disability, with notable gaps within the number of teachers trained in SNE, Number CWD, etc. This gap was addressed by including a household survey in the design of the study and making reference to relevant secondary data.

- As a result of differences in categorization of impairment among various actors there was a divergence in opinions on eligibility of who qualified to be CWD. For example as a result of this, there were two sets of data on CWD from the district. This was addressed by making reference to Uganda Government Policy documents and resources from actors dealing with disability like UNICEF and Handicap International.

- There were limited actors involved in the education of CWD. This made it difficult for the Assessment Team to capture a comprehensive picture of actual services available for CWD. To overcome this challenge, the Assessment Team increased the number of actors that were interviewed.

- Lastly, the assessment coincided with the onset of the rainy season making access to some of the sampled refugee settlements and host communities difficult. This was addressed by increasing the number of data collection days.

3.0 Evaluation Findings

3.1   Situation Analysis to CWD in settlement and host communities

3.1.1 Demographics of Household Survey Respondents

The demographic characteristics of the respondents in Adjumani refugee settlements and host community were captured to inform analysis and are presented in Figure1below.
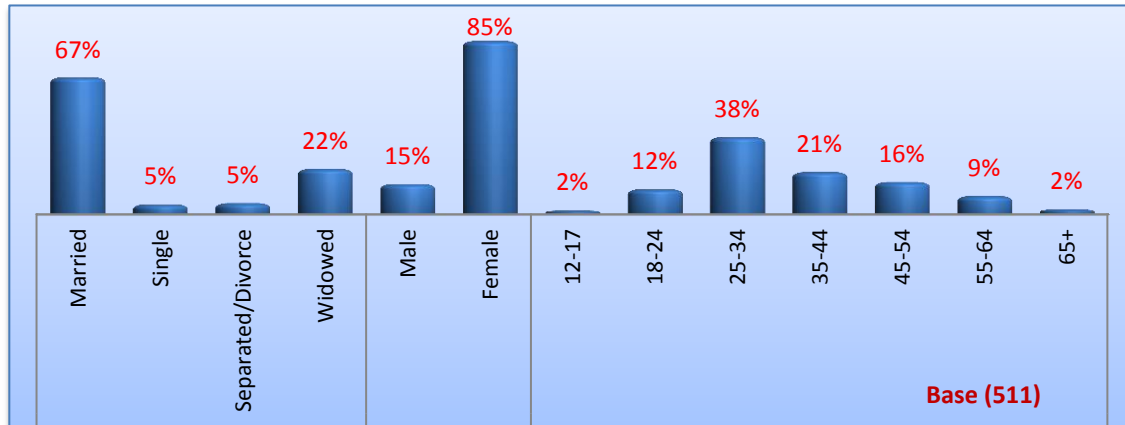

Figure 1: Marital Status, Sex and Age of Respondents

Regarding sex, 85% of the respondents were female while only 15% were male. Regarding age, the majority of respondents (38%) were between the ages of 25-34 years, 21% between 45-46 years, 16% between 45-54 years, 12% between 18—24 years, 9% between 55-64 years, while only 2% were children and another 2% elderly beyond 65 years. Concerning marital status, 67% reported that they were married while 5% said they were single, another 5% were separated/divorced while 22% were widowed. For comparative reasons, the number of households in host communities that participated in the survey was based on the OPM/UNHCR policy that demands that humanitarian actors should apportion at least 30% of the interventions and resources to host communities. Regarding the status of respondents, 77% of them were household heads, 12% were spouses, while 10% were children in the household visited.

Status of Residence, Position of Respondents and Household size*: As indicated in Figure 2 below, findings indicated that 75% of respondents were refugees, while 25% were from host communities. Furthermore, it was noted that 77% were household heads, 12% were spouses, 10% were children while others were 1%. It should be further noted that 48% of the households had between 4-6 persons, 35% had over 7 persons, while only 17% of the households had between 1-3 persons.

Figure 2:*Status of Residence, Position in Household and Number of Persons in Household*
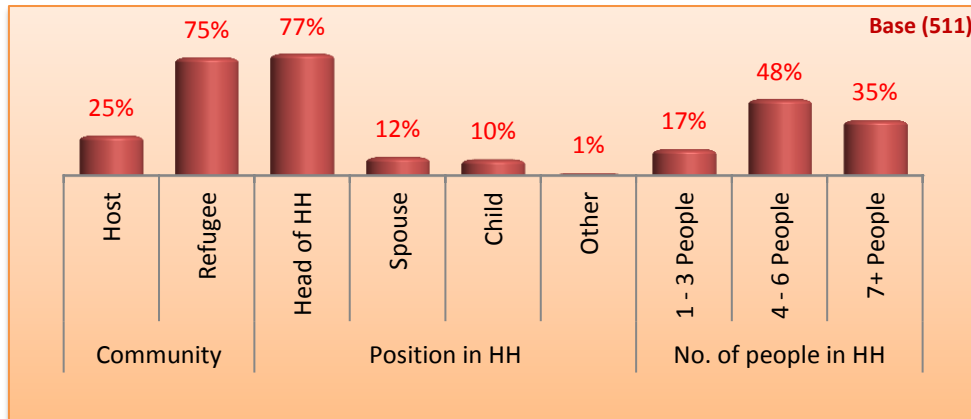
Respondents' level of education, religion and occupation

In regard to the education status of respondents as shown in Figure 3, the assessment established that 81% did not have any basic school education, 14% had primary education, and 3% had 'O'-level education while only 1% had tertiary education. Concerning faith to which the respondents ascribed to, 46% were Roman Catholic, 30% were Anglicans, while Evangelical congregations accounted for 23% and only 2% were Muslims. In regard to occupation of respondents, it was established that the majority (59%) were farmers, 14% were casual laborers, 9% were students, 9% civil servants while only 1% were retired and further 1% were unemployed.

Figure 3: Respondents' level of Education, Religion and Occupation[18]

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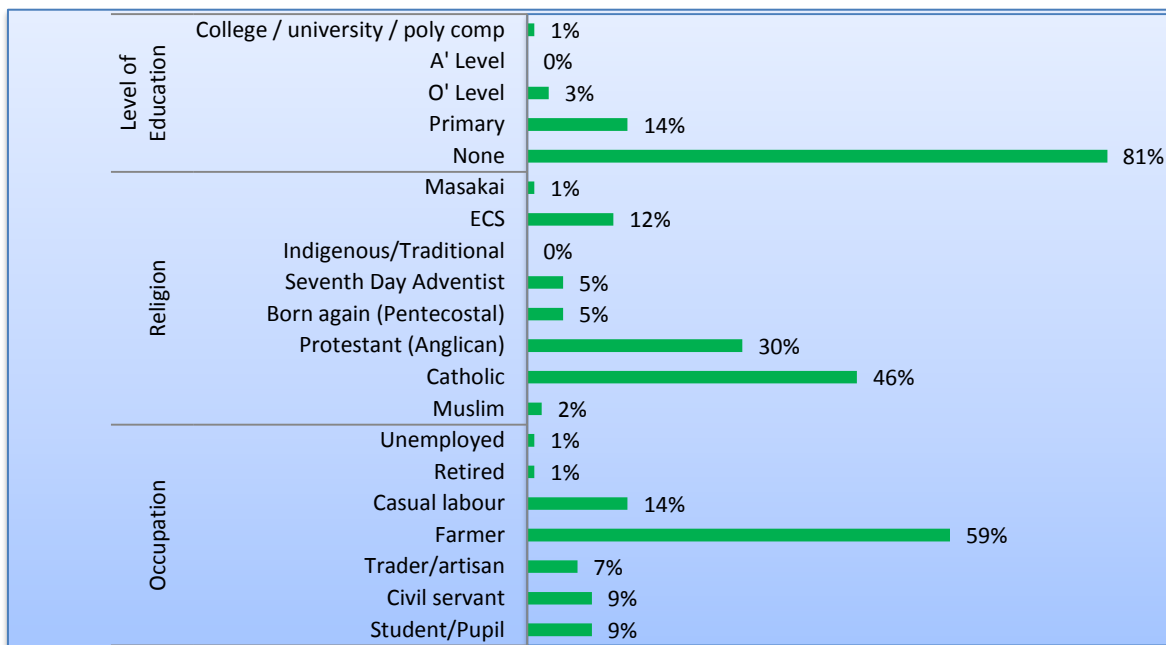
[18]Masakai is one of the South Sudan Religious Groups

3.1.2   Prevalence of Disability among Children and Youth in Refugee and Host Communities

The Emergency Education Assessment study established that 38% of refugee households had CWD compared to only 11% amongst host communities as indicated in Figure 4.
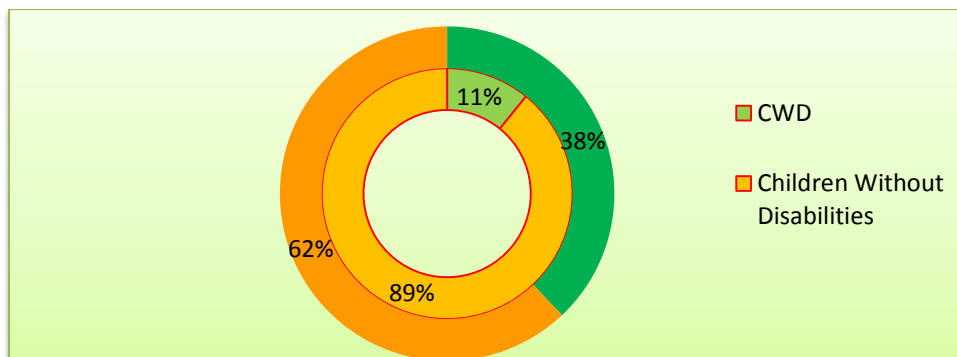
Figure 4: Prevalence of Disability among Children in Refugee and Host Communities

Key:
- *Outer ring represents Refugee Community*
- *Inner ring represents Host Communities*

Several reasons were established from primary and secondary data with regard to high prevalence of disability among refugee communities. First, it was established that due to physical injuries and truamatic experiences suffered by children and youth from South Sudan while still in South Sudan or in transit to Uganda led to social emotional and behavioural problems which are usually construed by communities as being related to mental illines and disability. In an assessment conducted by War Child Holland (November 2014) on Child Protection needs in Adjumani Refugee Settlements, it was established that even after a spell of one year, many refugee children were still exposed to a number of protection risks as illustrated in Table 10. It was further noted that even while in the settlements in Adjumani, refugee children and youth were still exposed to several protection risks.

Secondly, it was estalished that some South Sudan communities/households were bringing their vulnerable family members like women, children, the elderly, the injured and persons with disabilities to refugee settlements in Uganda for safety. Perhaps, this also explains why women and children constitute 86% of the refugee population.

Thirdly, the low vacination coverage of impairment causing diseases like measles and poliomyelitis in South Sudan that was attributed to protracted confilct and lack of adequate health services could also have contributed to the higher number of CWD among refugees compared to host communities. While Uganda, for example, established a comprehensive Uganda National Expanded Programme on Immunization between 1962 and 1970, which achieved high routine immunization coverage of infants especially for poliomyelitis and BCG, in South Sudan, a nationwide program for immunization was only established in 2005 following the signing of the Comprehensive Peace Agreement (CPA) in the same year. Uganda became one of the first countries in Africa to be certified for small pox eradication in the early 1970s and remained polio free from 1996 to early 2009, yet in South Sudan, as recent as 2009 DTP-3 coverage was as low as 38%.[19]

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[19]National Expanded Program for Immunization Multi Year Plan 2012-2016, Republic of South Sudan

Table 10: Categories of Protection Risks as depicted from Refugee Children Drawings

Risk events during the war and back in South Sudan	Risks while in Transit to Uganda	Risks in Settlement Camps
• *War/Killings* • *Separation* • *Sight of dead bodies* • *Loud sounds of guns and bombs* • *Attacks by planes throwing bombs* • *Abductions/rape* • *Hunger and lack of other basic needs of life*	• *New modes of traveling by river/air* • *Drowning* • *Walking very long distances, at times leading to separation* • *Hunger* • *Attacks by fighting forces/ethnic groups* • *Snake bites*	• *Fighting among children/youth* • *Being beaten by adults* • *Domestic Violence* • *Secondary separation* • *Corporal punishments* • *SGBV* • *Tension and conflicts with host communities* • *Deprivation (poor diets)* • *Redundancy among youth* • *Drug Abuse* • *Snake bites* • *Accidents from speeding motorcycles*

Source: War Child Holland 2014[20]

In the same War Child Holland report (November 2014), parents and caregivers interviewed indicated that a number of girls and boys still exhibited depressive, externalized behaviors and anxiety related symptoms associated with traumatic events as illustrated in Table 11. These symptoms, if prevalent for a significant period could signify the presence of PTSD and severe depression or anxiety disorders that need to be addressed systematically[21].

Table 11: Signs of Children Who Suffered Adverse Effects of Conflict[22]

Depressive Symptoms	Externalized Behaviors	Anxiety Related
• *Prolonged bereavement* • *Suicidal tendencies* • *Sadness/miserable* • *Isolation* • *Dejection/resignation* • *Hopelessness*	• *Poor performance/dullness in school* • *Rudeness* • *Resentment* • *Absenteeism, resentment,* • *loss of self confidence* • *Crying* • *Drug abuse* • *Joining bad influence groups* • *Hot temperedness/fighting* • *Disrespectfulness/rebellion* • *Vandalism* • *Succumbing to pressures like early marriage* • *Escaping from the camps*	• *Nightmares* • *Being excessively alert* • *Fear* • *Panic*

Source: War Child Holland, 2014

Number of CWD per Households: The assessment further established as shown in Figure 5, that whereas 76% of refugee households had one CWD, it was only 73% for host communities showing no significant difference between host and refugee communities. Households having two children with disabilities

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[20] Child Protection and Psychosocial Rapid Assessment in Adjumani, Arua and Kiryandongo for WarChild Holland by Ulinzi Innovations Consult Ltd
21 TPO Key Informant Interview
[22] Adopted from WCH, 2014

were 17% and 22% respectively in refugee and host communities while households with more than two CWD were 7 and 4% correspondingly. By implication, households with more CWD faced increased challenges often beyond their capacity and may therefore need support especially if children have severe disabilities.

Figure 5: Number of CWD per Households in Host and Refugee Communities
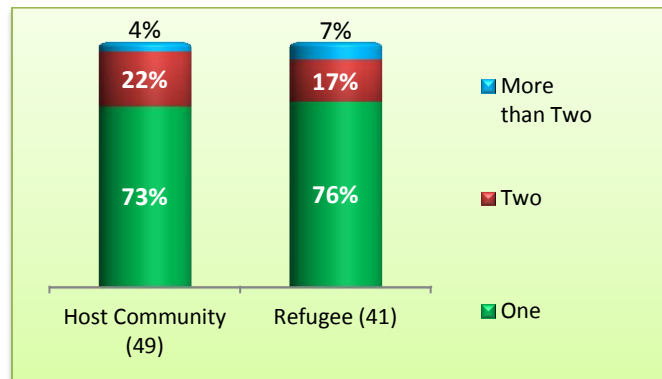
Distribution of CWD in Host and Refugee Communities by Sex: The assessment established that there was no significant difference in the distribution of CWD by sex in both Host and Refugee communities among household having only one CWD. Figures 6 and 7 show that households with more than one CWD had more girls than boys. The findings have a gender dimension that may need further investigation.

Figure 6: Distribution of Boys with disability   *Figure 7:Distribution of girls with disability*
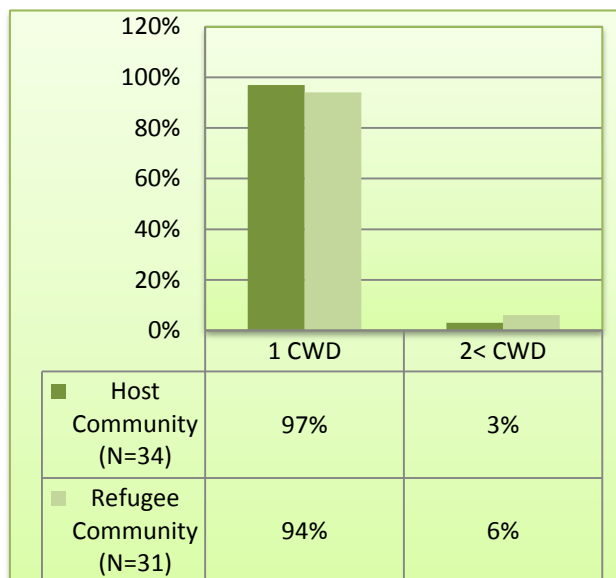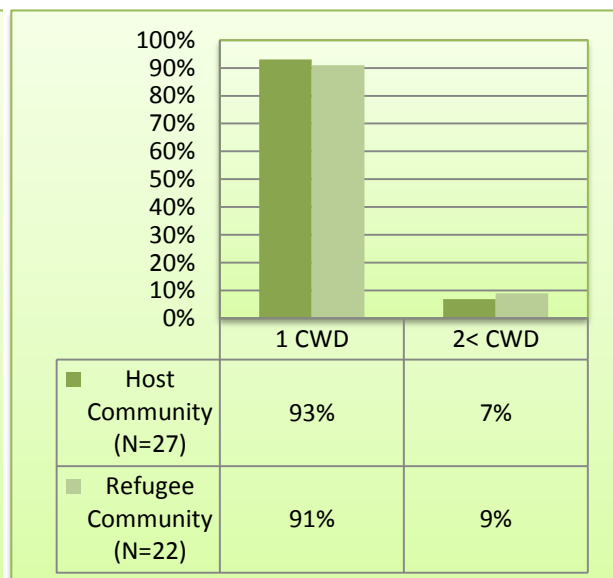

	1 CWD	2< CWD
Host Community (N=34)	97%	3%
Refugee Community (N=31)	94%	6%

	1 CWD	2< CWD
Host Community (N=27)	93%	7%
Refugee Community (N=22)	91%	9%

Types of Disability among CWD in Host and Refugee Communities: Findings revealed that sensory impairment constituted the largest form of disability among children and youth accounting for up to 49% among host communities and an even higher proportion (56%) among refugee communities. Physical disability ranked second for both host communities at 43% and refugee communities at 46%. According to household survey responses, cognitive impairment accounted for 10% among host communities only. On the other hand, multiple disabilities was reported to be12% among refugee communities only while responses categorized as 'Others' (epilepsy, strange swellings and mental illness) accounted for 12% among Host communities and only 2% among refugee communities.

The above findings contrast sharply with available secondary data from the Education Department in Adjumani for children with physical disabilities. While the children affected by physical impairments reported by the Household survey were 43% and 46% for host and refugee communities respectively, data from the Education Department as indicated in Figure 8, shows that only 4% and 9% respectively had physical disabilities. This contrast may be attributed to the fact that the Education Department assessment was focused on children in school; implying that many children with physical disabilities especially those with mobility problems were not accessing education.

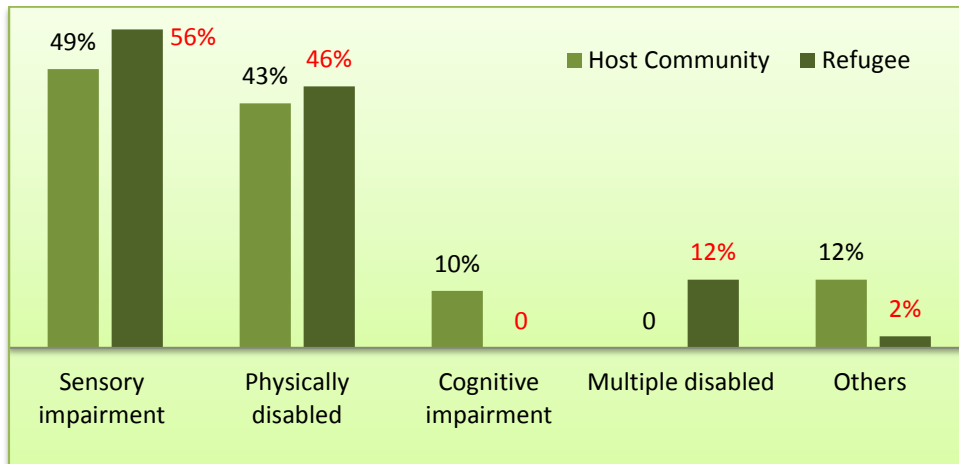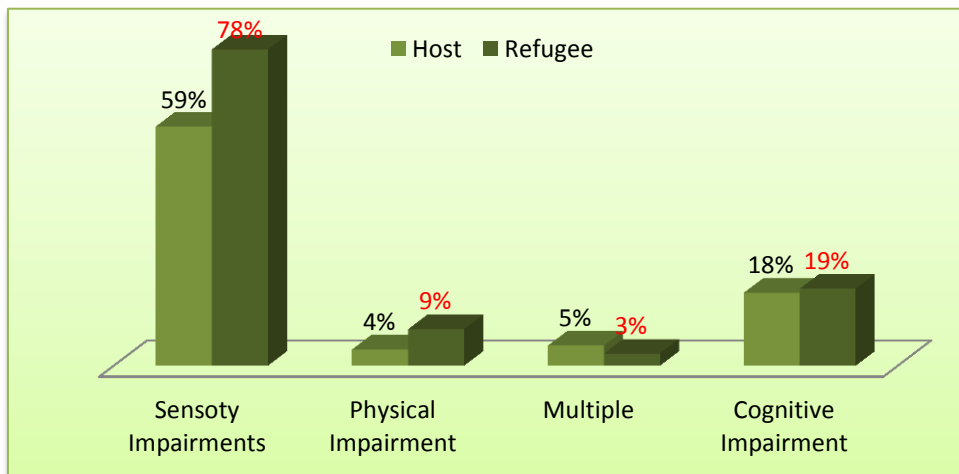*Figure 8: Types of Disability among CWD in Host and Refugee Communities from Household Survey*

Figure 9: Types of Disability among CWD in Host and Refugee Communities from DEO Data

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Perception of Causes of Disability: Generally, as illustrated in Figure 9 above, there was no significant difference in the perceived causes of disability between host and refugee communities. Diseases alone was reported by households to be the single largest known cause of disabilities among children and youth accounting for more than half in both host (57%) and refugee communities (59%) respectively. It was however observed that there is need for sensitization about primary and secondary impairments/disability. For example Epilepsy is not impairment and should not lead to disability if treated well. Physical injury came second at 11% and 20% for host and refugees communities correspondingly. Other perceived causes like congenial (hereditary) were reported to be 16% for host and 15% for refugee communities, while poor medication was 9% for host and 10% for refuge communities. Witchcraft/superstition only accounted for 7% and 5% respectively for the host and refugee communities. According to FGD with refugee communities, physical injuries were mainly attributed to the on-going armed conflict in South Sudan and this observation is corroborated by responses mentioned in Figure 10.

Figure 10: Perceived Causes of Disability
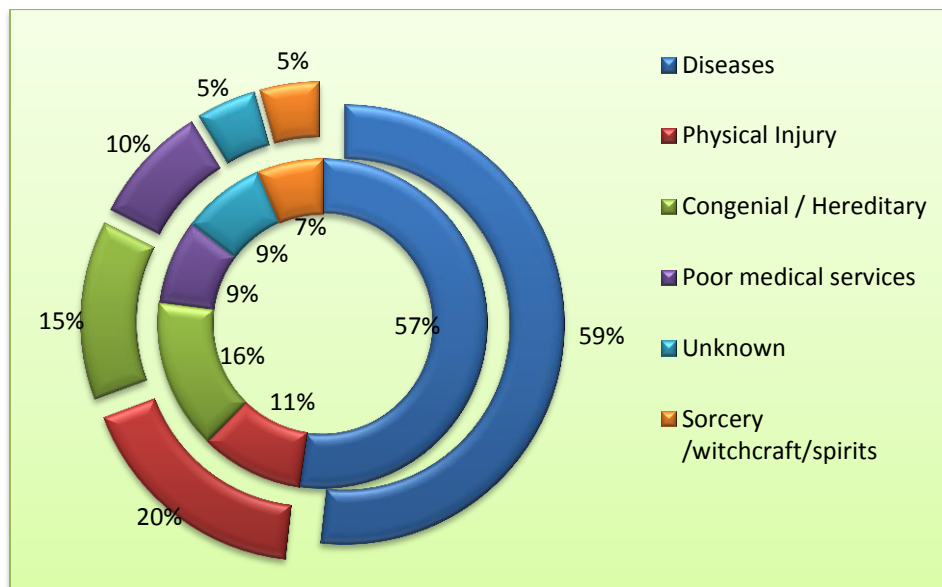
Key:
- *Outer ring represents Refugee Community*
- *Inner ring with percentages in yellow font represents Host Communities*

The above findings are corroborated with views obtained from FGDs with School Management Committees/PTAs, children with disabilities, children without disabilities, refugee settlement leaders and ordinary teachers who identified war, disease and accidents as the main causes of disability while special needs education teachers, CCTs, DEO, head teachers added congenial/hereditary factors, poisoning, drugs and substance abuse and trauma as other causes of disability. Of interest, whereas from household interviews 7% and 5% of host and refugee communities respectively mentioned witch crafts, nobody during FGDs mentioned witch craft or evil spirit as being a cause of disability as it is commonly perceived among most African cultures.

However, other medically known causes of disability like 'hidden hunger' or nutritional disorders were hardly emphasized by the respondents, a situation that may require more structured and targeted

sensitization and interventions like the provision of fortified foods, providing supplements like iron and supporting households attain dietary diversity. Findings are corroborated further by a UNICEF [23](2015) study which revealed that causes of disability range from poor nutrition (lack of Vitamin A may lead to blindness) to the prevalence of communicable diseases. In fact, studies find that from one-third to half of disabled children acquired an illness before the age of five years that led to disability (ACPF, 2011; UBOS, 2002).

3.2   Basic and Humanitarian Education Services for CWD and their inclusiveness

3.2.1   Inclusiveness of CWD in Schools at home and wider community

Study findings indicated that all schools visited had children with disability[24]. Among the types of disabilities reported by school authorities included physical disability e.g. polio and amputations, mental disability, visual impairment, hearing impairment and epilepsy[25]. On top of the above categorisation, special needs education teachers classified visual impairment to include low vision and blindness, hearing impairment to include deafness and hard of hearing. The teachers also mentioned social-emotional and behavioral disorders. Chronic illnesses were also mentioned as a barrier to learning and development. Examples given included epilepsy, asthma, HIV and AIDS and sickle cell disease.

The study assessed CWD enrollment in school by gender, type of impairment and   nationality. Table 12 provides a summary of the findings regarding primary school enrollment of CWD in Adjumani district.

Enrolment of CWD in School: Household survey findings indicated that 83% of the CWD among refugees and 71% for host communities were enrolled in and attending school. This figure was found to be much higher given that only 5% of CWD in Uganda are able to access education within an inclusive setting and only 10% access education through special schools.[26] The above finding was corroborated with findings from FDG. For example, interviews with FGD respondents from Mirieyi confirmed that they had children with disabilities and that they were all at school save for 5 children with severe disabilities. This was further confirmed by FGDs with the Refugee Welfare Committees in Mirieyi Alere Refugee Settlements.

The high school enrollment especially among refugee could be attributed to the fact that many CPiE and EIE actors through their various interventions like ECCD, CFS and CPCs were identifying CWD and referring them for services including education. Additionally, UNHCR implementing partners that include LWF, DRC and WTU specifically provided direct support to CWD in form of scholastic material to encourage them enroll and attend school. This high school enrollment of CWD is positive and therefore Inclusive Education initiatives should emphasize improving the quality of special needs education. In addition, efforts in identifying children with severe impairments and supporting them to access education should be continued to achieve 100% coverage.

The study attempted to establish the relationship between school attendance and nature of disability. As indicated in Figure 11, it was observed that there were more children with sensory impairments not attending school among the refugees (71%) compared 36% in the host communities. On the contrary, there were fewer children with physical disabilities not attending school among the refugees (43%)

[23]Situation analysis o𝑓 Children in Uganda
[24]Schools visited include Mireyi P.S, Alere Refugee P.S, Alere S.S, Nyumanzi I P.S, St Luke P.S –Nyumanzi, Pakelle Girls P.S, Ayilo I A P.S and Ayilo AB Primary Schools and Zooka P.S in Maaji Refugee Settlement
[25] Respondents only considered the blind and the deaf for visual impairment and hearing impairment respectively
[26] UNICEF Annual Report(2012)

compared to 47% attending, while in the host community, the percentage of children with physical disabilities not attending school (50%) were more than these attending school. The host communities were found to have a significant proportion of children not going to school due to Epilepsy (21%). This could be attributed to high level of stigma attached to Epilepsy.

Figure 11: Relationship between School Attendance and Nature of Disability
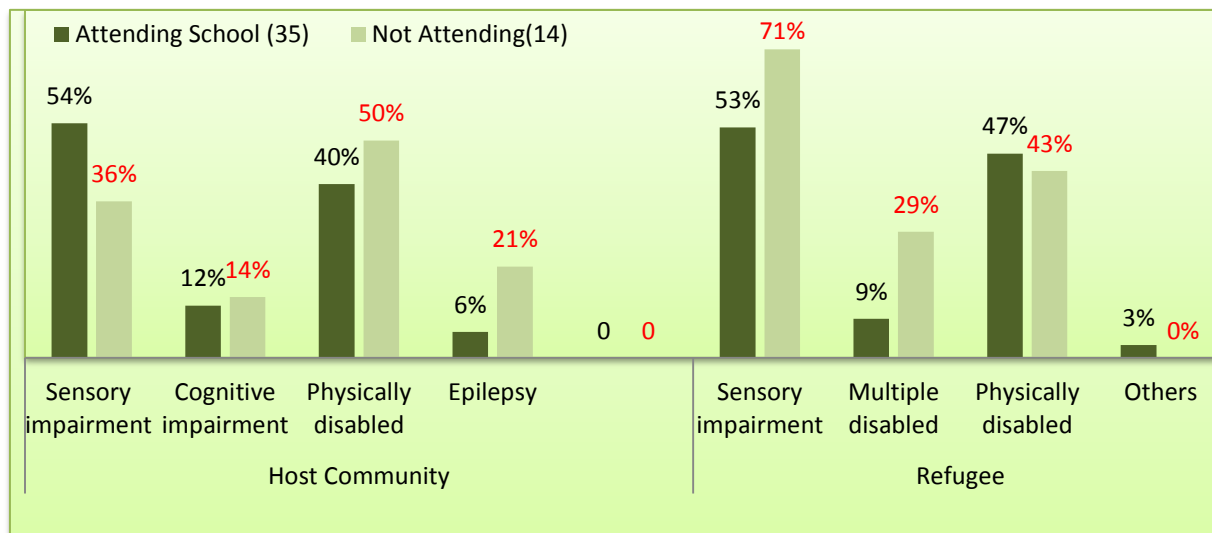
As shown in Table 12, district statistics indicated that in terms of enrolment of CWD between refugees and host communities mid-2015, 1,007 boys and 810 girls from host/nationals communities enrolled in primary, while 213 boys and 131 girls among refugees enrolled in primary education. In host communities, boys constituted 82% while girls constituted 86% of the total enrolment of CWD.

In addition, boys among the refugee enrolment constituted 19% while girls constituted 14% of the total enrolment. In terms of inclusiveness in education, findings indicated that girls constituted 38% among the refugee children with disabilities enrolled in school and 44% among host communities, an indication those girls in general and those with disabilities in particular, are either denied access to education than boys or suffer stigma and opt out of attending school. Regarding the types of disabilities among the CWD enrolled in schools, hearing impairment ranked top (36%), followed by visual impairment at 19%, mental impairment at 19% , physical impairment 12%, Dyslexia (5%), while Autism and Multiple handicaps ranked lowest at 4% each respectively.

Table 12: Primary school enrollment of CWD in Adjumani district

Type of Impairment	Nationals			Refugees			Nationals and Refugees		
	B	G	T	B	G	T	B	G	T
Mentally impaired	188	146	334	39	36	75	227	182	407
Visual impaired	179	182	361	31	54	202	213	213	415
Hearing impaired	386	323	709	45	21	66	344	344	775
Physically impaired	122	67	189	54	17	71	84	84	260
Autism	31	35	66	18	13	31	49	48	97
Dyslexia	56	19	75	27	9	36	83	28	111
Multiple handicaps	45	38	86	7	4	11	54	42	96
	1,007	810	1,820	213	131	344	1,222	941	2,163

Source: Adjumani District Local government – Mid Term, 2015: DEO

School Attendance of CWD in South Sudan before moving into Uganda: It was established by the assessment that only 31% of the refugee CWD were in school in South Sudan before coming into Uganda. This can largely be explained by the intermittent conflict that occurred since 1955. Since the new conflict began in December 2013, it is estimated that about 866,000 school-aged children had been displaced, often to areas without access to protective learning spaces, or to host communities where education resources are non-existent or overstretched. An estimated 400,000 children had also dropped out of school while 22,896 or 1.6% of the total school population were identified as learners with special needs in South Sudan primary schools[27].

Identification and assessment of CWD: The assessment established that especially in the refugee settlements, there exists a mechanism that helps to identify PSN in general and CWD in particular. This usually happens first at border entry points, at the reception centers, while occasional PSN Assessments[28] are done by UNHCR Implementing partners that included LWF and DRC, while other operating partners like Plan Uganda, World Vision, Save the Children in the course of implementing their programmes through Child Protection committees, ECD Centers and Child Friendly spaces identify and refer CWD.

CWD in inclusive learning in refugee settlements in Adjumani

Activities in Which CWD Participate: The study sought to establish the activities in which CWD participated in at household and community level. As indicated in Figure 12, majority of refugee (76%) and host (74%) respondents indicated playing with peers while 46 and 55% correspondingly for refugee and host communities indicated fetching water. Another 46% and 40% in that order indicated washing clothes and a further 38% and 40% of refugee and host communities correspondingly indicated cleaning the compound. 27% and 24 respectively for refugee and host community mentioned cooking while the proportion of respondents who indicated collecting firewood was 16% and 26% in that order. Only 9% of respondents from host communities indicated participating in helping with baby sitting or were too young to participate in other household chores. The fact that majority of respondents indicated playing with peers as one of the key activities with CWD indicated the level of acceptance and accommodation of CDW among the community.

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[27]Education for all(EFA) Review Report (2015), Ministry Of Education, Science and Technology, Republic Of South Sudan

[28] In the last PSN assessments done in May 2015,, 432 female and 294 male persons with disability were identified, unfortunately the assessment details showing CWD was not yet officially available

Figure 12:Activities in which CWD participate in the Household Level
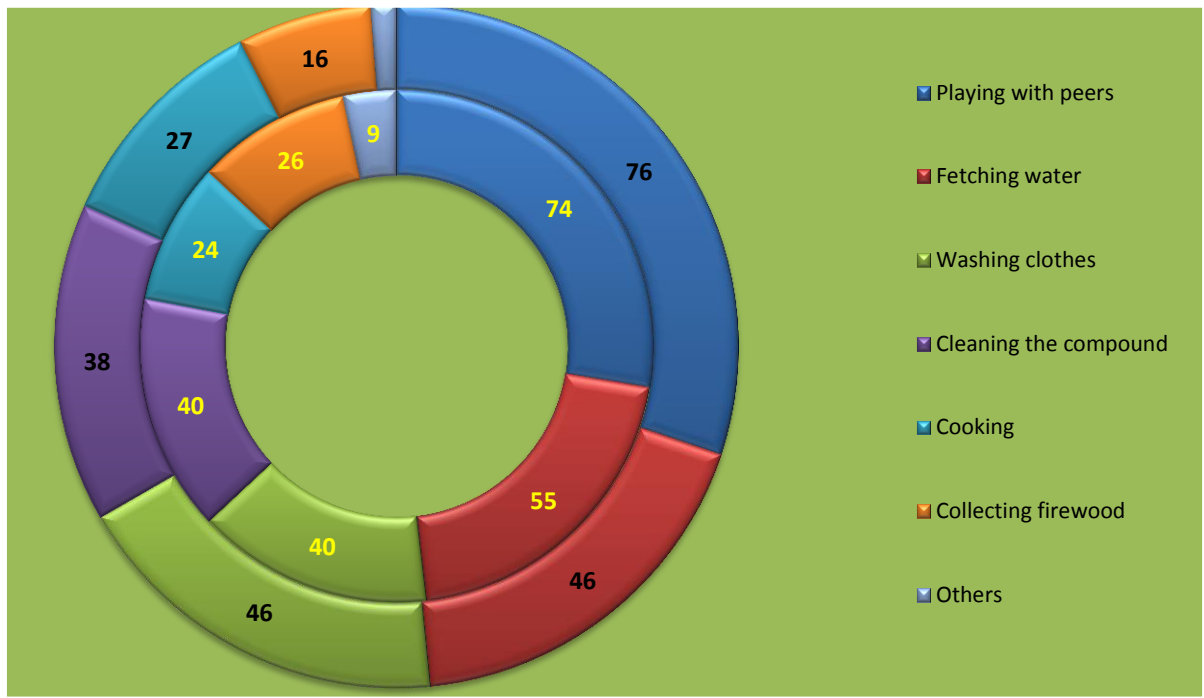
Key:
- **Outer ring denotes activities of CWD in refugee community**
- **Inner ring denotes activities of CWD in host community**

3.2.2   Accessibility to Education by CWD and Youth in Refugee Settlements

Accessibility to primary education by youth and CWD in refugee settlements in Adjumani district was focused on 3 parameters, namely: access to physical environment (e.g. Infrastructure), access to information (Communication) and access to the curriculum.

Physical accessibility: Study findings indicated that most of the old school structures compared to the new structures lacked ramps as well as clear walkways to guide the visually impaired. In addition, latrines lacked supportive rails for learners with physical disability. This suggests that construction, especially of old school structures were not in line with the requirements of the Infrastructure Accessibility Standards Tool (2009) and Basic Requirements and Minimum Standards Indicators for Education Institutions (BRMS, 2010).

A New Block in Alere Primary School with Ramps

An School Block without access ramps at Alere SS

Access to the Curriculum: In the assessment, access to curriculum focused on 3 main areas, namely: learning activities, methods used for teaching children and learning/teaching materials. With regard to learning activities, it was observed that they were designed for ordinary children. For example, all teachers interviewed did not indicate possession of activities that included children with special educational needs. It was further noted that children with hearing impairment missed out accessing the curriculum due to communication barrier. In addition, it was noted that teachers lacked sign language knowledge and skills, including special needs education teachers who reported that children needed to be taken to special schools in order to learn sign language.

With regard to methods, it was noted that teachers used methods that benefited ordinary children with little consideration for children with special educational needs. For example, lecture method, talk and chalk. It was observed that teachers hardly applied other methods like group work discussion, demonstration and project that could benefit children with special needs if used appropriately.

Access to Information (Communication): Assessment to information mainly focused on use of learning aids. It was established that charts were the only learning aids used by teachers. There were no provisions for children with low vision, in terms of either use of large print or making use of tactile provisions and all schools visited during the assessment lacked assistive devices for communication. In addition, it was observed that children with hearing impairment faced challenges communicating with their teachers and peers which impacted on their learning and accessing useful information while at school.

Assessment: Regarding assessment of children with special educational needs, it was observed that all learners were admitted to school without functional assessment for early identification of learning needs upon school entry for appropriate placements and /or referrals. In addition, both formative and summative assessments did not have provisions for special needs in terms of preparation, supervision/management and marking; all learners were assessed in the same way without due consideration of individual weaknesses or strengths.

It was also noted that data on children with disability was not comprehensive and teachers who attempted to address this gap were often frustrated by inadequate support as illustrated by the following case study:

> *"I was posted to a mainstream school 3 years ago and because I had training in special needs education, I was interested in knowing how many children had disability in the school. I compiled data and submitted it with recommendations to the relevant authorities. To my surprise, I could not get a feedback. Eventually, I felt nobody needs my information. I have since stopped bothering myself about gathering data on children with disabilities."* **(Female SNE teacher, Adjumani)**

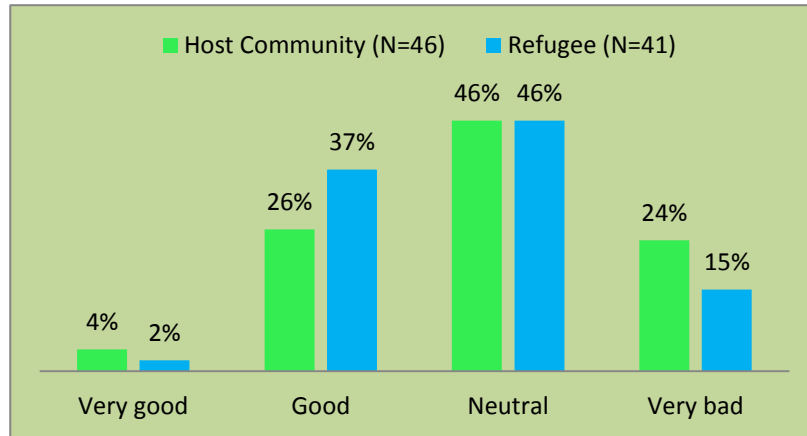### 3.2.3 Quality of Education for Youth and CWD

The quality of education for CWD was assessed basing on school performance (examination results), teacher schemes of work and lesson plans preparation as well as children's work. Findings revealed that about 80% of teachers regularly prepared schemes of work and lesson plans. However, none of the schemes or lesson plans catered for learners with special needs in terms of specific objectives, methodology, learning aids, learning activities and timing.

With regard to children's work, it was observed that children's work was given in relation to lessons prepared. It was further noted that about 50% of children's' work was regularly marked. However, save for ticks and crosses, no comments were added on the children's work and there was no remedial plans to address learning gaps. It was also noted that less than 10% of children's work was displayed in class.
It should be noted that although according to Education Policy (2011), all student teachers must study and be examined on special needs education but according to FCA Education Thematic Assessment Report 2014, this has not been implemented in PTTCs, implying that teachers do not have adequate knowledge and skills to support children with special needs including CWD.

Since 1988, Kyambogo University, then Institute of Education, started training teachers for a diploma in special education, specializing to teach children with the traditional impairments, namely, visual impairment, hearing impairment and physical disability. However, with the introduction of UPE in 1997, it was noted that learners with diverse special education needs, including CWD were coming to school. This therefore led Kyambogo University to modify the curriculum for training teachers to teach children of all categories of disability, i.e. moving away from specialization. The implication of this change of policy however, was the poor quality of SNE training in at both In-service and conventional programmes.

According to the Household Survey, as shown in Figure 13, the quality of education services to CWD in both refugee and host community were rated as being neutral (average) by 46% of the households with no significant difference between host and refugee community ratings. Only 3% and 20% on the average rated the quality as being very good and very bad respectively.

Figure 13: Comparison in responses of Quality of Education to CWD

3.2.4 Equity of Education for Youth and CWD

The study assessed equity in terms of curriculum, personnel, assessment, budgetary provisions, and support services.

The study established inequity in curriculum design and implementation; where CWD were found not benefitting in terms of methodology, learning/ teaching aids, teaching learning activities and timing, staffing; where the relevant personnel were not considered and recruited such as sign language interpreters, assessment; where the design, content and the language used does not benefit learners, budgeting; where no considerations for resources for CWD are not budgeted for such as procurement of sign language dictionaries, large print materials etc, and considerations for specialized support services like counseling and guidance and occupational therapy, among others.

On the other hand, findings revealed that children with disability were enrolled in school clubs such as WASH clubs and Child to Child clubs. However, findings indicated that there was no indication of special treatment for children with disabilities, and according to respondents; this was one of the reasons why most of these children dropped out of school.

> *"It's true Iam a member of many school clubs, but it is as if I was put there to increase their numbers. When there are activities, they rarely involve me and I don't blame anyone because much of what they are involved in can't manage. Teachers just push me in for the sake of making me busy...."* (FGD, CWD Ayilo I Primary School)

3.2.5 Support provided to CWD

Support from Parents/Responsibility for Care of Children with Disabilities: It was established that caring for CWD was mostly the responsibility of parents. This however, was much higher among refugees (77%) than host communities (49%). Other caregivers included close relatives, grandparents, health workers and siblings as noted in Figure 14. For host communities, it was noted that many of the

CWD were left under the care of close relatives especially grandparents. It was further observed that children were also attended to by non-family members mostly in host communities (10%) and 3% for refugee communities respectively. The findings also indicate that siblings played an equal role in care of CWD among host and refugee communities as reported by 5% of the respondents among both categories.

Figure 14: Responsibility of Care for Children with Disabilities
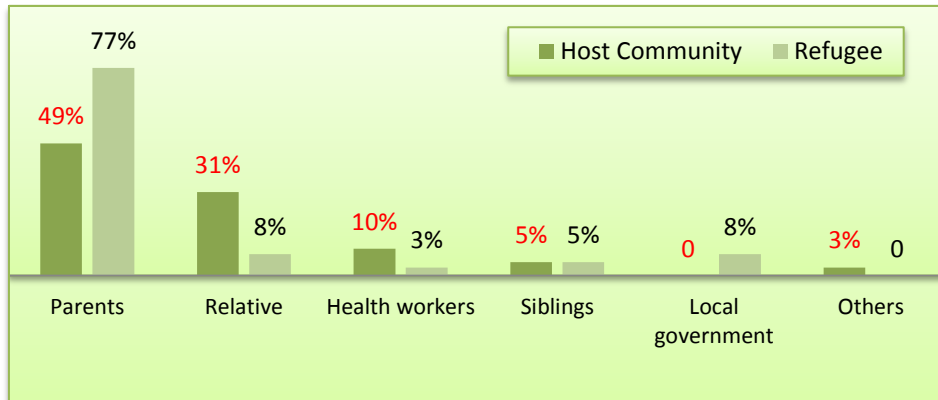
Interview with FGD respondents from Nyumanzi Settlement for example, revealed that it was usually children under the care of relatives who were more susceptible to abuse. This is corroborated by findings from a study by War Child Holland[29] that found out that there was an increasing number of children who were being separated from their parents/guardians when they returned to South Sudan and stayed for long periods leaving them under the care of relatives or neighbors. In the same study, it was revealed that such children suffered neglect overtime given that many host families were already resource stressed.

A child underthe care of a Grandparent in Mirieyi Refugee Settlement

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[29]Child Protection and Psychosocial Rapid Assessment in Adjumani, Arua and Kiryandongo For War Child Holland, Nov. 2014

Support from Teachers: Asked about the support given by teachers during FGD interview with non-disabled children, it was disclosed that teachers helped slow learning children to complete their work but in activities like PE, children with physical disability were excluded. Instead, teachers gave them stories to keep them busy. However, the above findings contradict observations of the local leaders (LC 1 Executive) who revealed that teachers in the refugee and host communities no longer supported CWD as revealed by the following quotation:

> "Teachers do not now help learners with disabilities in any special way as it used to be in the past when they received scholastic materials, including pens, books and school uniforms."(KII Respondent, LC 1 executive member)

The study established that teachers' response regarding support given to CWD was not different from the one given by the children. Limitation in support to CWD was mainly due to limited knowledge on what services to provide. For instance, 30% of ordinary teachers revealed that on top of helping slow learners, they did appropriate classroom placement. For example, children with low vision and those with residue hearing were brought to front seats.

Support from Peers: The study assessed the support provided to CWD by peers, parents and teachers. Study findings indicated that CWD received support from peers in class work especially slow learners. They also supported them in fetching water and pushing wheel chair users. With regard to how children without disabilities felt about learning with CWD, over 80% said they had no problem with learning with them as illustrated by the following quotation from a child respondent:

Peer to peer support in Ayilo I-B P/S

> "Children with disability are also   human beings like us and we can also learn from CDWs, for example in maths." (Child Respondent, Ayilo 1 B primary school)

Support to CWD by peers was also extended beyond the confines of the school as highlighted in the following quotations:

> "When we are going home, we meet old boys who know that Ben has a mental problem. They make fun of him and from the way he responds, they try to beat him. I have several times

defended him because he has a mental disability. I feel bad to see the way he is treated; he doesn't know what to do. He looks at us for help although he is bigger than us. (Child Respondent, primary 6, Ayilo 1 A).

In another instance, a primary 5 boy reported that he helped a deaf boy who was almost hit by a motorcycle by pulling him off the road. Children further revealed that they worked with CWD in Peace Building Clubs, Child Rights Clubs and in Child to Child activities.

### 3.2.6   Existing Stakeholders and Actors for Education of Youth and CWD in Adjumani District

The study established existence of NGOs and development agencies that provide support interventions to CWD. Table 13 provides a summary of the organizations and their interventions in Adjumani District. It was however observed that apart from a few agencies like WTU and FCA, most of the agencies only indirectly targeted CWD.

Table 13: Stakeholders involved in interventions for CWD in Adjumani district

#	Organisation	Intervention
1	UNHCR and its Implementing partners WTU/ LWF- DRC	-Conducts PSN Assessments and through its IPs, supports PSN including CWD -Through WTU, provides scholarships for 45 CWD to Study at Gulu Primary School and St Tereza Primary School -LWF provides NFIs to CWD supported by WTU -Construction of Schools with facilities like ramps to support inclusion of CWD -LWF has constructed dormitory facilities at Pakelle Girls School Facility for CWD
2	FCA	LWF has constructed dormitory facilities at Pakelle Girls School Facility for CWD FCA is engaged in training SNE teachers and ordinary teachers on inclusive education FCA has constructed 2 classroom blocks at Pakelle Girls School Facility for CWD including two inclusive and separate latrine blocks for boys and girls
3	NRC	Targets out of school OVC (9-17 years) including CWD by providing scholastic materials, school fees support, teacher motivation and remuneration, accelerated learning programs, school construction and monitoring.
4	Other INGOs like Plan, WV, SCIU	Include CWD in their interventions like ECD and Child Friendly spaces/Identify and refer CWD to other service providers
5	TPO	Screens and supports children showing traumatic tendencies with mental health support.
6	Tutapona	Supports children with psychosocial support using group therapy
7	Adjumani District local government.	Has supported 7 children access education in Moyo Girls Primary Schools Provides and supports 27 SNE teachers (4 have degrees, while 23 have diplomas

Opportunities for inclusive Education of Children and Youth with Disability: Respondents were asked about the opportunities available to support CWD in their communities. Most respondents indicated the availability of schools for children with special needs as top priority with 52% and 41% respectively for host and refugee communities. Availability of assessment services were reported by 19% and 54% in that order. Availability of both referral services and special needs education coordinators were reported by 29% and 31% correspondingly for host and refugee respondents as indicated in Figure 15. A further 13% and 28% mentioned the availability of Home-based services by host and refugees in that order and the availability of roving teachers was indicated by 16% and 21% respectively by host and refugees. On the contrary, 16% of host communities said that there was no support given and there was no school for CWD/ children with special needs.

Figure 15: Opportunities available to support CWD
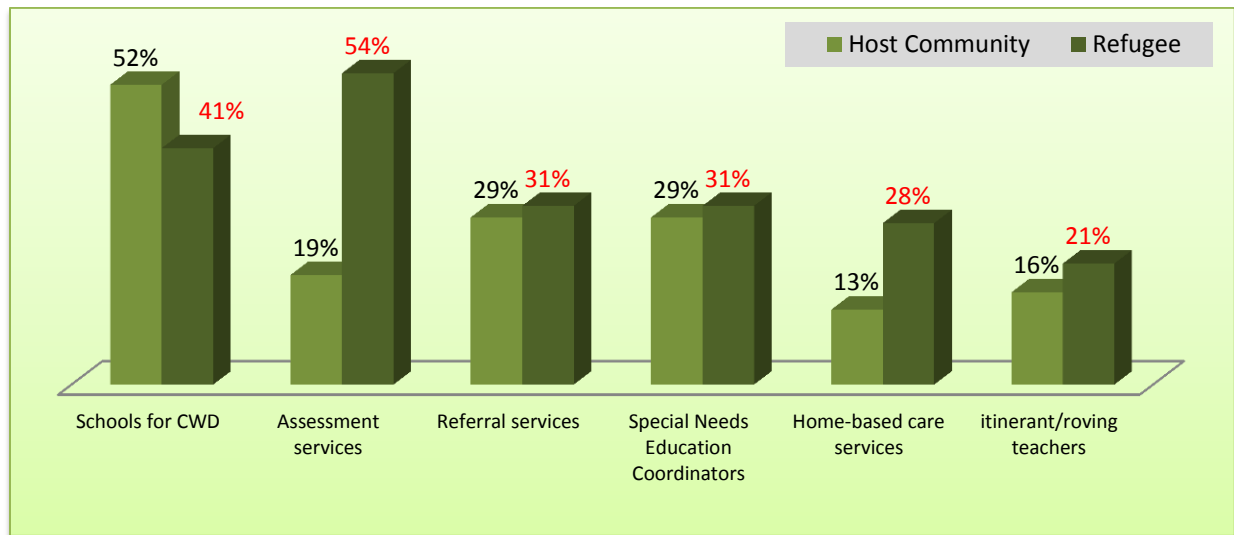
It was established that at household level, some families could not afford to meet requirements demanded by schools such as money and uniform due to high level of poverty and vulnerability. Poverty was therefore noted as a key barrier to access education in that it limits parental support to CWD.

3.3 Barriers, Challenges and Opportunities in Accessing inclusive Education by CWD

3.3.1 Barriers faced by CWD

The study established that the district was faced with a number of challenges in provision of services to CWD. Asked about the challenges of having children with disabilities accessing education, as indicated in Table 14, a big proportion of respondents indicated lack of funds, 93% for host and 92% for refugees, lack of specialized equipment 63% for host and 65% for refugees while the proportion of respondents who indicated severity of disability and distance to school constituted 27% and 43% respectively.

Table 14: Challenges of CDWs in Accessing Education

Challenges	Host Community	Refugee
Lack of funds	93%	92%
Lack of specialized equipment	63%	65%
Severity of disability	27%	43%
Distance to school	22%	19%

It was established that some CDWs could not access some structures at school like classrooms and latrines. There were also concerns of lack of "Talking Compound" messages on rights for CWD in schools. It was further revealed that that CWD were stigmatized and labeled according to their disabilities. In addition, cases of dropouts were reported in 3 primary schools i.e. Ayilo IA, St.Lukein Nyumanzi, and Zoka Central in Maaji. Stigmatization, discrimination, labeling and disturbances by peers in school e.g. removal or hiding of mobility devices were also suspected to be the causes of drop out.

"Talking Compound" messages in Mirieyi Primary School

The following quotation indicates the presence of discrimination and stigmatization of CWD in schools:

"Stigmatizing disabled children is a big problem in our school. Children are labeled and this makes them uncomfortable in class and outside class. Stigmatization is also extended to teachers teaching children with disability. At our school, being a teacher responsible for children with disabilities, my fellow teachers and pupils gave me the name "Laponyibaazakararidrii" meaning "a teacher for the disabled children" and even people outside the school call me that name." **(Teachers' representative on PTA, Zoka P.S, Majji refugee settlement)**

Findings are corroborated by Ocloo and Subbey (2008)[30] who contended that teachers were not immune to society's belief systems and these beliefs also had the power to influence their teaching practice. Dagnew (2013) also observed that teachers' attitudes, like those of parents, were extremely important in successful inclusion in schools.[31]

Parents/care givers were also reported to be involved in stigmatization and discrimination of CWD by for example, hiding them in houses, denying them their rights, believing that that they were totally helpless and not worthy of support. The findings are corroborated by a study conducted by the African Child Policy Forum in 2009 which revealed that parents of CWD and the immediate family members were the most perpetrators of child abuse against CWD.[32]

Cultural beliefs/attitudes: This includes fear, embarrassment, shame and low expectations. For example, interviews with FGD respondents indicated that CWD were considered useless and therefore needed no support as they may not contribute anything to community development. Lack of self-esteem was also noted as a key challenge faced by CWD. It was noted that due to unfavorable environment in which CWD lived, they often under-estimated themselves before other people at school, at home and in the wider community. For example, it was reported that they tended to think that they were outcasts, not fit to live with other people without disability. According to FGD respondents, CWD exhibited self-pity, loss of self-esteem and self-confidence-both of which lead to non-reporting of rights violations against them.

Environment: This includes school buildings and toilets which are not accessible. The ministry of Education, Science, Technology and Sports developed the Infrastructure Accessibility Standards Tool in 2009, and through the School Facility Grant and the School Completion Fund, structural modifications have been made in all schools that have benefited from the facilities to cater for the needs of children with disabilities. Provisions for CWD include ramps, larger doors and accessible toilet facilities. However, It was noted from KIIs with District Education Department staff and through observations that only new structures had complied with these requirements where as they were lacking in old structures. It was further observed that latrines lacked provisions for children who had complications like in seating. This made such children drop out. Overcrowded classes were also observed in all schools visited. In addition, teacher-pupil ratio was so high for a teacher to give attention to a learner with disability

Another environmental factor that was reported to affect learning of children with disability was conflict between refugees and host communities. For instance, KII interviews with Education Department staff that occasionally hostilies occurred between refugees in settlement camps and host communities due to divergent culture and beliefs among the two communities. Such conflicts render the learning environment not conducive especially to vulnerable children like CWD.

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[30]Ocloo, Mark Anthony, and Michael Subbey (2008) 'Perception of basic education school teachers towards inclusive education in the Hohoe District of Ghana', International Journal of Inclusive Education vol. 12, no. 5-6, pp. 639-50

[31]Dagnew, Asrat (2013) Factors affecting the implementation of inclusive education in primary schools of Bahir Dar town administration', Education Research Journal, vol. 3, no.3, pp. 59- 67.

[32]African Child Policy Forum (AC PF), Children with Disabilities in Africa: Challenges and Opportunities, Addis Ababa: The African Child Policy forum, 2011, p. XXXV.

Latrines with provisions for CWD

The following quotation illustrates the environmental challenges faced by CWD:

"I am 14 years and I use a wheel chair. In some cases, my friends push me to school but on some days, like when it rains, they don't take me. I don't feel happy learning with non-disabled children: they call me names, they are fast in class and I feel guilty when I fail to catch up with non-disabled children in class" (CWD from Zoka Central P.S, Majji refugee settlement).

FGD of CWD Maaji Settlement

3.3.2   Challenges faced by Key Stakeholders in Providing Inclusive Education

Policies: This includes inflexible school time tables and lack of mother tongue teaching, among others. To address this, WTU has recruited 75 South Sudanese teachers among 441 teachers seconded to work in refugee settlements. Findings revealed that although the Uganda government has established a number of policies and laws, it was noted that there was inadequate knowledge on the existing policies about education of CWD by most stakeholders and actors. Lack of knowledge on existing policies and laws affected admission, examination, promotion and their rights at school. It was further noted that policies were not translated and disseminated to be understood by stakeholders. It was also observed

that most people in the community seemed not to be aware that CWD can go to schools and were also not aware about existing services /opportunities in the district.

"The biggest challenge that we have is that our leaders at both Central Government and Local governments are always very fast at enacting good laws and policies but poor at disseminating them to the beneficiary communities and also ensuring their enforcement. For example, policies and laws on CWD have been in place for long but little has been brought down to the village persons who are the caregivers of these children. The refugee community is also not conversant with Ugandan laws and policies" (KII LC Leader Host Community Nyumanzi)

Practices: These mainly include lack of interactive and cooperative teaching, and lack of instructional materials. For example, findings indicated that most schools lacked specialized materials to support learners with disabilities such as Braille equipment and large print text books etc. In addition, it was reported that schools lacked specialized teachers in schools while ordinary teachers lacked knowledge and skills on supporting learners with disabilities. FGD respondents expressed concern over inadequate involvement of parents of CWD in planning and implementation of interventions for CWD; they were not provided opportunities to contribute to decisions about their children's education. The following testimony illustrates the challenges faced by teachers in meeting the learning needs of children with disability.

"Though we have a formidable staff team of 32 teachers, 17 of whom have Degrees in Education, none of our teachers is trained in Special needs education. Usually apart from the teachers supported by the PTA, the rest are appointed by government. We therefore have very limited capacity to supported CWD. We have above 6 students with severe disabilities, and what we do mainly includes giving them remedial classes and for those who have hearing and sight defects, we help them sit in front. (HM Alere Refugee Senior Secondary School"

Resources for CWD: The current government policy presumes that ordinary teachers graduating from PTCs and deployed in government aided primary schools have the necessary basic training in Special Needs Education and should be able to support children with special needs. These teachers are supposed to be complemented by teachers that received specialized training in Special Needs Education. This policy however has not been fully realized as the Education Service Commission has only posted 4 SNE Tutors to four PTCs[33]out of 47 in Uganda (Department Special Needs-MoES). In addition, Adjumani District has only 27 SNE teachers trained from Kyambogo University who are not enough to cover all the schools in the District. Most of these are based in non -settlement schools and none in Pakelle Girls Primary School where the District is planning to develop an Inclusive Education Model School. It was also noted that training for SNE Teachers is self-sponsored which is likely to limit the availability of SNE Teachers unless there are provisions to have eligible teachers sponsored.

Related to the above, although the government recommends standard Teacher: Pupil ratios of 1:1, 1:3 and 1:10 for children that are profoundly impaired severely impaired and mildly/moderate impaired respectively, this standard looks utopian given the currents education indicators in the district. The current normative teacher: pupil ratio in Adjumani is as high as 1:80[34] while in some refugee settlement it is far over and above the national standard of 1:58[35]. It was however observed that a number of humanitarian actors especially Windle Trust Uganda had contributed to improving the teacher pupil ratio by recruiting 441 teachers to beef up the teaching capacity of refugee/community schools and host

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[33] PTCs with SNE Tutors Include;- Bishop Wills-Iganga, Soroti, Bukedea, and Shimoni.
[34] UNHCR, November 2015
[35] UBOS, 2013

community schools supporting refugee children. WTU in rendering this support however did not provide specific attention to increasing the number of SNE teachers.

It should be noted that Adjumani District Local Government has for several years not been able to allocate resources to support for SNE interventions. As a result, the district has only one Education Officer in charge of special needs education whose mandate was to oversee quality inclusive education to all people in the district regardless of nationality status. The lack of resources to facilitate the office of the Inspector of Schools in Charge of SNE was reported to have affected its capacity to effectively inspect or support schools and communities accordingly.

Other challenges highlighted include: inadequate funds to support education of CWD i.e. Transport for support supervision by District Inspector of Schools to reach schools, motivation for SNE teachers by increasing their remuneration as has been recommended by the MoES, Department of SNE, construction of resource rooms for learners that may need extra support in learning, running refresher courses and workshops to SNE teachers and acquisition of specialized equipment. In addition, fragmentation of the programmatic approach in responding to the needs of CWD created gaps in the responses provided by the duty-bearers in the district, while coordination between local government institutions/structures, non-governmental organizations and civil society organizations of persons with disabilities was also observed to be inadequate.

The district leadership on its part highlighted lack of resources to set up an Annex to handle children with severe impairments at Pakele Girls Primary School to cater for children with severe impairments that were not likely to benefit from inclusive education initiatives. This concept that seeks an integrative approach, however, tends to contradict contemporary inclusive education best practices and paradigms; which discourage any forms of exclusion of CWD.

It was observed that FCA, and LWF had responded to the district's appeal by helping in construction of classrooms and boarding facilities respectively. However, there were a number of issues concerning this initiative that FCA will have to address. These included the fact that not enough dialogue had been done with the school management and the foundation body. Although the District Education Office expressed confidence that the processes undertaken to initiate this project involved enough consultations and dialogue, it was however noted that school management was concerned with financial sustainability of the project in case development partners pulled out after emergency.

It was further noted that after the establishment of the specialized school, there were other requirements that include recruitment of SNE related professionals like physiotherapists, speech therapists and occupational therapists and yet the Government did not provide such cadre of staff in educational institutions. There were also concerns about school fencing, lighting, security, water supply systems as well as improving the rocky compound to make them more CWD friendly. It was however disclosed that some of these issues were in the process of being addressed by different actors.

| Classrooms Constructed By FCA At Pakelle P.S | A Dormitory Block being Constructed by LWF PakeleP .S |

FCA should continue its efforts on supporting initiatives that would help Pakele Primary School transform into a model Inclusive Education School from which other schools could learn from and replicate good practices.

3.3.3 Challenges Faced by Schools and Teachers in Providing Inclusive Education

The study assessed the challenges faced by schools in teaching children with disabilities. Findings show that all schools lacked specialized personnel. In particular, Nyumanzi 1 primary school mentioned lack of specialized personnel e.g. special needs teachers, sign language interpreters, and physiotherapists where as in other schools, the school authorities were not sure of which personnel were needed for the children with disabilities. Ignorance about personnel and other resources for CWD by teachers can be attributed by lack of training in early childhood and special needs. Although the MoESTS established the standard ratios of 1:1, 1.3, and 1:10 as the teacher-pupil ratio, the study noted that there was still a gap in realizing a minimum number of teachers with specialized skills able to meet the aforementioned standard. Other challenges mentioned included lack of specialized equipment, limited funds, limited support from the parents and lack of classrooms. For example, children in Nyumanzi 1 primary school study under trees and when it rains the school closes.

The study assessed the challenges faced by teachers in teaching CWD. It was established that teachers lacked knowledge and skills of identifying children with disabilities. For example, 80% of the ordinary teachers that were involved in the study could not tell the differences between categories of disabilities. They could only mention disabilities that were visible like physical disability, visual impairment and deaf. It was also established that teachers lacked knowledge and skills of teaching children with disabilities and more so, those who have special education needs.

In addition, it was observed that teachers lacked specialized instructional materials that included, among others, Braille paper, Perkins Braille machines, hand frames, white canes, tape recorders, cubes/cube frames, eye lenses, games kits, audio-visual equipment, brailed wall charts, Braille books, in door games, outdoor games equipment (foot and net balls ring ball, volley ball), tactile instructional materials, sign language reading and writing manuals, sign language dictionaries, and abaci for the blind. In addition, due to large numbers of children in schools, CWD were attended to last or not attend to at all in a lesson.

Another reported barrier was language between national teachers and refugee learners as indicated in the following quotation:

> "I am in charge of vulnerable children here at Nyumanzi 1 P.S. At times a child trusts me and wants to tell me his/her problems but because I don't understand the language very well, I call in a refugee teacher or another refugee child to explain to me what the CWD is saying. However, when I do this, I realize that the child feels bad uncomfortable about it; could be that he/she feels I am making the issue public and consequently either withdraws or changes the story." (KII respondent, Nyumanzi P.s)

Barriers Faced By Parents in Supporting CWD Access Education: From the household survey, it was established that 17% and 29% of CWD were not attending school in the host and refugee communities respectively and as indicated Table 15, the reasons given by respondents include; the lack of supportive /assistive devices for learning for CWD in schools ranked top among both refugee and host communities at 43% and 36% respectively. Other reasons mentioned include; absence of special needs education personnel at 43% for refugees and 14% host communities, schools not being easily accessible 36% of respondents in host communities and 29% in the refuge settlements. Specifically, 29% of respondents from host communities mentioned that the schools were far away, compared to 14% in the refugee settlement.

Access barriers were found to include the lack of entry ramps into classes and latrines, specialized latrines for CWD and flooding during the rainy seasons. The factor of under school age was also echoed during FGD with Caregivers as a strong reason among refugee parents for not bringing their younger children especially those between 3 and 6 years to ECCD centers. Some parents also sighted distances and fear of mistreatment of these younger children at the ECCD / CFS.

Table 15: Comparisons of Reasons for CWD not Attending Schools

Reasons for CWD not Attending Schools	Overall	Host Community	Refugee
School is not physically accessible	33%	36%	29%
Special needs education personnel not adequate	24%	14%	43%
Do not feel that education is important/applicable for the child	14%	21%	-
School is too far away	24%	29%	14%
Lack of specialized teaching materials and equipment	19%	14%	29%
Do not have the resources to spend on school	19%	28%	-
Lack of supportive /assistive devices	38%	36%	43%
Still young	24%	21%	29%

Twenty nine percent of respondents from the refugee settlement mentioned that CWD did not attend school because of underage compared to only 21% host communities. The lack of specialized teachings materials for CWD at school was mentioned by 29% of respondents from the refugee community, while only 14% of the respondents from the host community gave the same reason.

Other reasons that were exclusively mentioned by respondents from host communities included the feeling that education was not important or applicable for CWD (21%), lack of resources to spend on school (28%). The implication of this is that there are more opportunities for educational support like scholarships for CWD among refugees by agencies like Windle Trust Uganda compared to CWD in host communities.

From FGD interviews with CWD, it was further established that many parents and guardians were not able to provide adequate support from home. For instance, some children reported often staying at home after being sent away from school for lack of uniforms, while others indicated that they could not come to school because no one was available to carry them over long distances to school.

Findings further revealed inadequate involvement of CWD, their parents or guardians in formulation, dissemination and implementation of the laws and policies that relates to them. This has led to ignorance and ineffective implementation of the existing laws and policies that could be enforced by CWD and their parents or guardians to cause inclusiveness and attain buy-in. The importance of involvement of parents/care givers in CWD learning is illustrated by a case in Bushenyi District where in a bid to address issues regarding parents' attitudes against educating their deaf children, parents were invited to learn sign language, and eventually, gained confidence in their children's abilities to learn. The parents subsequently formed an organization in which they shared their experiences, participated in sign language instruction, and advocated for education of deaf students in the community (Miles et al, 2011).[36]

It was however established from the household survey that the majority of respondents in host communities (94%) as is indicated in Figure 17, were positive about sending CWD to School, and only a small percentage(6%)were negative. The situations were not different from respondents from refugee communities. The reasons given why they felt disabled children should go to school included to enable them learn life skills that will be utilised in future to earn a living (FGD Parents - Mirieyi).

Figure 16: Perceptions about the Importance of Taking CWD to School
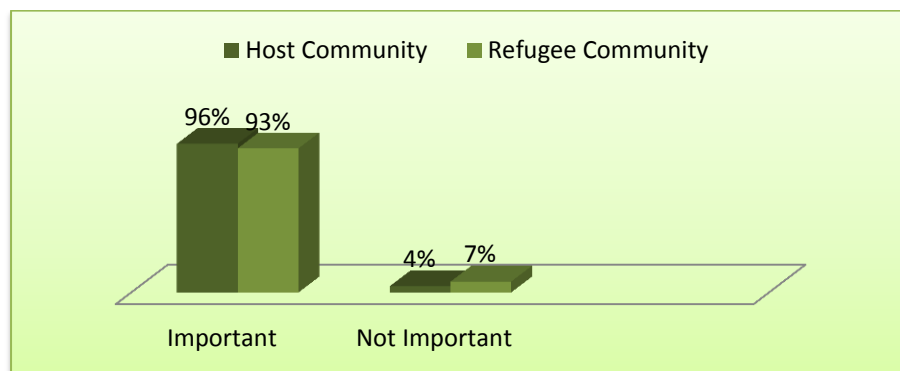
When respondents were asked whether they did mind their CWD taking education alongside non-disabled children, the majority said "No", though a significant percentage of parents and care givers 29% and 24% from the refugee and host communities respectively preferred their children attending school for children with disabilities exclusively. This may be attributed to the desire to protect their children

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[36]Miles, Susie, Lorraine Wapling, and Julia Beart (2011) 'Including deaf children in primary schools in Bushenyi, Uganda: A community-based initiative', Third World Quarterly, vol. 32, no. 8, pp. 1515-1525.

from stigma often meted on CWD. Another reason may be the perception that the quality of education/materials and equipment would be better in a separate specialized institution than in ordinary schools. The implication for the findings is that there is strong need to accompany inclusive education initiatives at schools with strong community sensitization and dialogue activities.

When the study further investigated whether respondents who did not have CWD would be comfortable with their children studying along CWD, majority from the host community (63%) indicated that they would be comfortable. On the contrary however, the reverse (62%)of respondents from the refugee communities were not comfortable with their children studying with CWD - an indication that there was more stigma against CWD among the refugee communities than host communities. This also explains why many refugee households were comfortable to let their CWD attend institutionalized facilities.

4.0 Conclusions

The assessment study findings established key CWD programmatic gaps that included among others, human resource, curriculum implementation in terms of learning/teaching materials as well as learning activities and methodology. In addition, findings revealed gaps in parental participation in CWD education, insufficient knowledge on policies regarding CWD as well as inadequate awareness about existing opportunities CWD. Finding further showed divergence in categorization of children with disabilities by stakeholders in the education of CWD.

On the other hand, the study revealed positive trends and opportunities with regard to the education of CWD, notable among which include: Existence of an Officer in Charge of SNE, CCTs, SNE teachers and functional PTAs/SMCs; existence of organizations engaged in WASH, Child Protection and EiE interventions that also target CWD. Findings also revealed positive attitudes towards children and youth with disabilities among teachers, peers, parents, host and refugee settlement leaders   and the wider community.

Given the aforementioned opportunities for inclusive education in Adjumani District, It can be concluded that a firm foundation has been laid for FCA in collaboration with other Education Actors, to undertake interventions geared towards addressing the learning needs of CWD.

5.0 Recommendations

a)   FCA should support training of teachers on teaching CWD. This can be through training workshops/seminars, short-term certificate courses, long-term diploma/degree courses. Since teachers must be available for their respective classes and schools, distance learning mode is recommended. Short-term courses should focus, among others, on sign language, Braille, and production and use of instructional materials as well as inclusive education practice.

b)   FCA should provide specialized instructional materials based on specific requirements of schools. These requirements may include, among others, hand frames, Braille machines and sign language dictionaries. This should go hand in hand with the training of teachers that would effectively put this equipment into use.

c) FCA should equip SNE office with the requisite assessment materials such as E-charts, audiometer, Snellen vision screening, Text telephones, Vibrating Alarm Clock, Pen Light Torches and any other relevant SNE resource materials to facilitate functional assessment of CWD and other children with special learning needs.

d) There is need for FCA and other stakeholder to facilitate regular community sensitization on the plight of CDW through local radio stations, and IEC materials (posters, leaflets, brochures etc). Policy documents should also be availed to the local population to enable them understand their roles and responsibilities regarding education of CWD and children's rights in general.

e) FCA should also support advocacy initiatives aimed at influencing policies and laws related to children with disability such as inclusion of adequate CWD resources/budgets votes, change of teaching curriculum and allocation of personnel.

f) FCA and other stakeholders/actors in the education CWD should categorize children with disability in accordance with the Special Needs Education and Inclusive Education Policy (2011) which goes beyond disability. This is particularly important given the fact since it is not only disability that creates a barrier to learning and development. Categorization should also embrace other special learning needs that include: specific learning difficulties, chronic illnesses such as asthma, sickle cells, HIV and AIDS and Epilepsy as well as social, emotional and behavioral difficulties/disorders and children who are gifted and talented.

g) FCA should, in collaboration with other partners/development agencies, establish an inclusive demonstration school to give guidance to the district/parents/teachers and other stakeholders in providing for children and youth with disabilities. The school should embrace inclusive education practices that focus beyond both traditional and transitional practices of special education and integration respectively such as annexes, units, social or vocational integration. Central to the establishment of the school should be about change in attitudes, behavior, teaching methods, curriculum, environment and allocation of human, material and financial resources to meet the educational needs of CWD

h) There is need for all stakeholders in education for CWD to harmonize data. This can be done though collaborative efforts by education intervention sector in the district

i) FCA and other stakeholders should support the Inspectors of Schools in charge of SNE in Adjumani district to enable conduct support supervision. This support can be in form of transport and fuel.

j) FCA should support district initiatives geared towards developing conceptual clarity around the concept of inclusion. This will ensure that all stakeholders understand inclusive education as an approach for all learners, agree on what quality and equity looks like in practice, and develop a shared operational definition of key concepts like access and appropriateness. In addition, a shared conception of inclusive education will enable all stakeholders/actors in inclusive education to undertake a review of relevant legislation and policy in order to ensure a consistent, rights-based approach to meeting all learners' needs. FCA should support coordination efforts by CSOs and Umbrella Organizations involved in promotion and protection of the rights of CWD

k) FCA should arrange for the identification and development of vocational and other skills to benefit CWD that may not be in position to continue to higher levels of education.

l) Together with other stakeholder, FCA should strongly consider promoting the participation of parents in the education of their CWD. For example this can be through cost-sharing of school dues, buying school uniforms, participation in Individualized Education Planning (IEP) among others.

m) In collaboration with other partners, FCA should arrange for support and placement of CWD in post-primary education.

n)   FCA and other actors should consider programming for psychosocial support for children with special needs in order to have them ably benefit from educational services and general life skills.

o)   FCA in collaboration with the district and other CWD actors, should conduct a study to establish the psychosocial needs of CWD in refugee and host communities and their delivery approaches in Adjumani district in order to determine absolute magnitude of interventions required and best mechanisms for a successful and meaningful programming

6.0 Appendices

Annex 1: Sampling Framework

Krejcie and D. W. Morgan (1970) Sample Size Estimation Table

N*	S†	N		N	S	N	S	N	S
10	10	100	80	280	162	800	260	2800	338
15	14	110	86	290	165	850	265	3000	341
20	19	120	92	300	169	900	269	3500	346
25	24	130	97	320	175	950	274	4000	351
30	28	140	103	340	181	1000	278	4500	354
35	32	150	108	360	186	1100	285	5000	357
40	36	160	113	380	191	1200	291	6000	361
45	40	170	118	400	196	1300	297	7000	364
50	44	180	123	420	201	1400	302	8000	367
55	48	190	127	440	205	1500	306	9000	368
60	52	200	132	460	210	1600	310	10000	370
65	56	210	136	480	214	1700	313	15000	375
70	59	220	140	500	217	1800	317	20000	377
75	63	230	144	550	226	1900	320	30000	379
80	66	240	148	600	234	2000	322	40000	380
85	70	250	152	650	242	2200	327	50000	381
90	73	260	155	700	248	2400	331	75000	382
95	76	270	159	750	254	2600	335	1000000	384

*N is the population

†S is the sample size

Annex 2: Bibliography

Ainscow, M. (1995) 'Special Needs through School improvement: School Improvement through Special Needs', in Clark, C.; Dyscon, A. &Millward, A. (1995) (eds) <u>Towards Inclusive Schools</u>? London: Fulton

Avramidis, E., P. Bayliss& R. Burden (2000) 'A Survey into Mainstream Teachers' Attitudes Towards the Inclusion of Children with Special Educational Needs in the Ordinary School in one Local Education Authority', Educational Psychology, 20, no. 2, p. 191-211

Basic Requirements and Minimum Standards Indicators for Education Institutions (March2010)

Kluth, P. (2005) Is Your School Inclusive? Towards more Inclusive Classrooms and Communities, Internet WWW page at URL: http://www.paulakluth.com/articles/schoolinclusive.html (accessed 01/02/06)
Policy on Special Needs and Inclusive Education, MoES, December 2011

Salamanca Statement and Framework for Action on Special Needs Education, (1994) United Nations Resolution Adopted by the World Conference on Special Needs Education: Access and Quality. Salamanca, Spain 7-10 June, Internet WWW page at URL: http://unesdoc.unesco.org/images/0009/000984/098427eo.pdf (accessed 27/03/06)

Topping, K.; Maloney, S. (2005) 'Introduction', in Topping, K.; Maloney, S., (ed.) <u>The Routledge Falmer Reader in Inclusive Education,</u> London and New York: Routledge

United Nations (1993) Standard Rules on the Equalization of Opportunities for Persons with Disabilities, New York, Internet WWW page at URL: http://www.un.org/esa/socdev/enable/dissre00.htm (accessed 28/03/06)

WarChildHolland- Child Protection Assessment In Refugee Settlements in Adjumani (November 2014)

Annex 3: Terms of Reference

TOR.docx

Annex 4: List of FGD and Key Informant Respondents

FGD lists of
respondents.docx

List if Key
Informants.docx

FCA Observation
checklist for SNE.docx

Annex 5: List of Research Assistants

Research
Assistants.docx

Annex 6: Research Tools

FCA Assessment tool
for Children and Yout