MAPPING OF CHILDREN WITH DISSABILITIES IN LUWERO, NAKASEKE AND NAKASONGOLA

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Acknowledgements

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1.0 Background

Concern for the Girl Child (CGC) in partnership with Save the Children International (SCI) is implementing a Child Rights Governance and Education Support Project termed MAGGIC and ICC. MAGGIC stands for Making Good Governance Investment in Children and ICC for Community Care

Coalition for Marginalized Children. Through a conclusive survey conducted by Save the Children International, key outcomes from consultations with children included inadequate child care and protection systems and services it is upon this that the ICC and MAGICC project was initiated. Following the implementation of the project a mapping of Children with Disabilities exercise was carried out in the districts of Luwero, Nakaseke and Nakasongola.

1.1 Overall Purpose

The major purpose of this mapping was to establish the existing disabilities, their challenges and how communities, families and schools are providing the necessary care to support the children with disabilities. This report therefore presents the findings of the children with disabilities in and out of school conducted in the districts of Luwero in (Kamira Sub County), Nakaseke district (Ngoma, Kinyigoga, and Wakyato Sub counties) and Nakasongola District (Kakooge, Kalongo, Wabinyonyi, Nakitooma , Lwabyata, Kalungu, Lwampanga Sub counties).

1.1.1   Objectives

- To document the different forms of disability in the communities of Luwero, Nakaseke and Nakasongola
- To determine the causes of the different forms of disability
- To examine the needs and the necessary assistive services required
- To determine the number of children with disability that are enrolled in school

1.2 Tasks undertaken

The initial activities begun with training of 3 volunteers whose role would then be to supervise and assist in the monitoring and verification of the data collection process. These were trained through equipping them with research skills on how to collect data and different interviewing skills and later tools developed together with the volunteers after which a training of the data collectors was conducted. This was specifically to enable them to collect the relevant information while observing the actual ground rules and regulations of data collection in the communities.

There was no pre-testing of the tools as there was limited time and funds to pre- test. However a verification and feedback meeting was carried out after 3 days of data collection to find out the different challenges encountered and craft solutions to these challenges. Tools were re-adjusted accordingly from the feedback given and further feedback to the data collectors given for them to clean their data at the field level.

The team of volunteers supervised data collectors and monitored the data collection process. Data was entered in to the system, analyzed and a report compiled.

1.3 Mapping Scope

Our mapping covered the three districts of Luwero, Nakaseke and Nakasongola. In Luwero, Kamira sub county was covered focusing on three communities namely; Kiiso, Keera and Kigumbya. In Nakaseke three sub counties were covered including; Ngoma, Kinyogoga and Wakyato, while in Nakasongola,

seven sub counties were covered and these were; Kakooge, Lwampanga, Kalongo, Kalungi, Lwabyata, Wabinyonyi and Nakitoma sub counties.

2.0 Methodology

The research method used during the mapping included both the qualitative and quantitative aspects of mapping as the tools and report have been designed to capture both qualitative and quantitative information of the respondents.

2.1 Data Collection Tools

Data collection tools were designed by both the M&E Officer and the volunteers to ensure exhaustion of all the issues around children with disabilities. Tools included both the qualitative and quantitative aspects of research. Tools were further translated in Luganda to ensure that the respondents and data collectors are all on the same page. Three specific tools targeting the children with disabilities in school and children with disabilities out of school and general information around children with disabilities were designed. The qualitative questions were mainly open-ended, encouraging open conversations with respondents and hence sharing of more information.

2.2 Training of Supervisors and Data Collectors

Supervisors were equipped in research, data collection methods and trained in the monitoring and supervision of data collectors. Supervisors were to take on the mantle of day to day follow up of the data collection process while supervising data collectors and checking of tools for any discrepancies before submission for entry. The supervisors further trained the data collectors on data collection methods and how to handle respondents.

4.3 Sampling Technique

Our mapping was focused on three districts as mentioned above in 11 sub counties altogether. We pinpointed those specific areas using the purposive sampling technique as these are our areas of operations. We continued using this method to identify the schools of interest and from the schools, the nearby communities were mapped.

Using the cluster sampling technique we selected the children with disabilities in the above mentioned communities and then stratified out sample in to in-school and out-of-school children with disabilities.

4.4 Quality Assurance

Control measures in place included the training and orientation of volunteers where data collection and interviewing skills were shared. Data Collectors underwent one day training to ensure that they were

adequately equipped with interviewing skills and had a clear and common understanding of the data collection instruments. The training process oriented Data Collectors on data collection tools and shared translated tools in the local language - Luganda before field data collection for easy interpretation of the tools.

In addition, data collectors were attached under the respective volunteers who would supervisor them. Supervisors provided technical guidance and support throughout the process and through spot checks and at the end of day reviewed questionnaires to ensure completeness, consistency and accuracy.

4.5 Ethical considerations

To ensure ethical practices, the data collectors were trained in ensuring that they seek the consent of the respondents before undertaking the data collection process. They explained to the community members the purpose of the interviews and assured them of confidentiality with the information provided. The mapping was voluntary especially where a targeted community member was not willing to provide information they were not forced. They were free to share information as they so wished.

We further ensured that the interviews were carried out in an exclusive manner where privacy was accorded to the respondent during the interviews.

4.6 Limitations

- Limited funds for the mapping as the target communities were far apart and required a lot of travelling from one place to the other. We resorted to using local motor cycles (bodabodas) that cost a lot of money.
- Time constraints as the funds dictated the amount of time spent during the data collection process.
- Some community members were resistant to share information as the data collection exercises carried out before raised high expectations that were not met.
- High expectations from the community members' in terms of support and with this we explained to the respondents the major purpose without raising their expectations as well as informing them that the process would in-turn be an advantage to the community.
- Language barrier, on the side of that data collectors as some community members used different languages especially in Nakasongola and therefore data collectors found it as challenge to communicate to the community members where they needed an interpreter which was very expensive because they wanted to be paid yet the funds provided was limited.
- Poor network coverage that limited communication especially with regard to follow-up and coordination of the data collection process. This was also challenging when it came to contacting respondents when trying to reach them.
- Long distances from one Sub County to another which made the exercise very tiresome as it involved the use of local motor cycles (bodabodas) and the roads were very poor due to heavy rains.

5   Findings

5.4 Mapping of Children with Disabilties in Nakaseke District

5.4.1   Demographics

Sex	In School	Percentage	Out of School	Percentage	Total No. of children	Percentage
Female	19	57.6%	8	36.4%	27	49.1%
Male	14	42.4%	14	63.6%	28	50.9%
Total	33	100%	22	100%	55	100%

Figure 1: Children with disability in Nakaseke District in the Sub Counties of Kinyogoga, Ngoma and Wakyato

The total number of children mapped in the three sub counties of Nakaseke that is Kinyogoga, Wakyato and Ngoma is 55 and the female children with disability comprise of 49.1% while the male are 50.9%. There are more children in school compared to those out of school by a small margin of 11%, an indication that parents/ guardians with children with disabilities in this area are fairly committed to educating their children. The number of children is relatively distributed in accordance to the sex. In accordance to the mapping, the number of male children in school is equivalent to the number of those out of school as shown in the graph below.
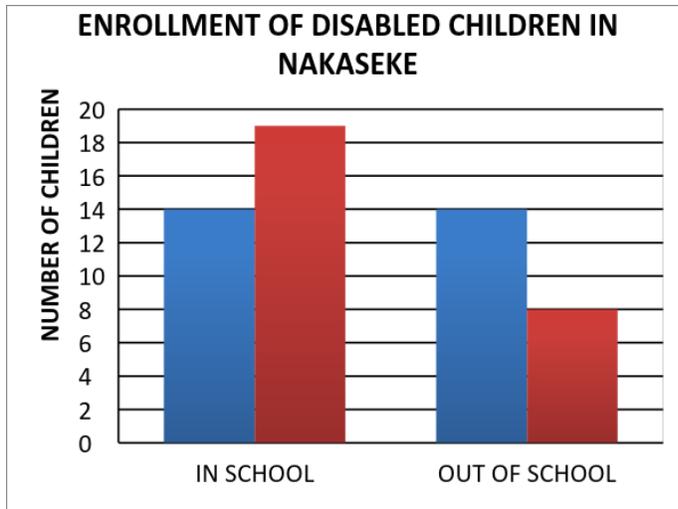
ENROLLMENT OF DISABLED CHILDREN IN NAKASEKE

(Bar chart: NUMBER OF CHILDREN vs IN SCHOOL / OUT OF SCHOOL. IN SCHOOL: blue 14, red 19. OUT OF SCHOOL: blue 14, red 8.)

Figure 2: Children with Disabilities as per sex Distribution

5.4.2   Forms of disabilities in school

DISTRIBUTION OF CHILDREN IN SCHOOL AS PER FORM OF DISABILITY

(Pie chart showing: 3% Blind, 3% physical and blind, 18% deaf, 12% dumb, 15% mental impairement, 48% physical.)

Legend:
- Blind
- deaf
- dumb
- mental impairement
- physical
- physical and blind
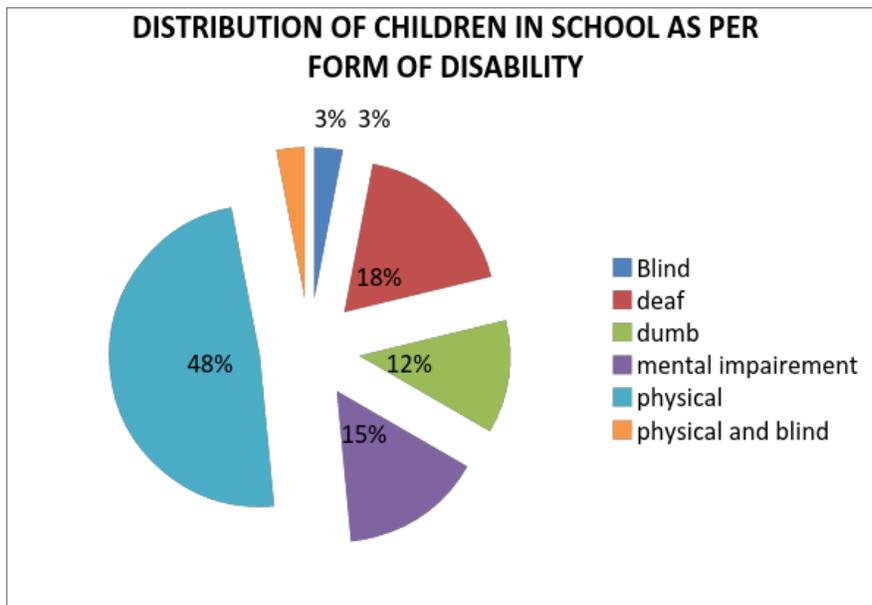
Figure 3: Distribution of forms of disability in school

The highest number of children in school are physically disabled, and the blind are the least in number. This is could be attributed to the fact that the schools do not have facilities that cater for the blind. There are more special cases of children who are blind at the same time physically disabled, this becomes a challenge in their life as they find difficulty in movement and need personal guides.

5.4.3 Represents the distribution of Children out of school as per the form of disability

DISTRIBUTION OF CHILDREN OUT OF SCHOOL AS PER FORM OF DISABILITY

- Physical — 45%
- Blind — 9%
- Deaf — 14%
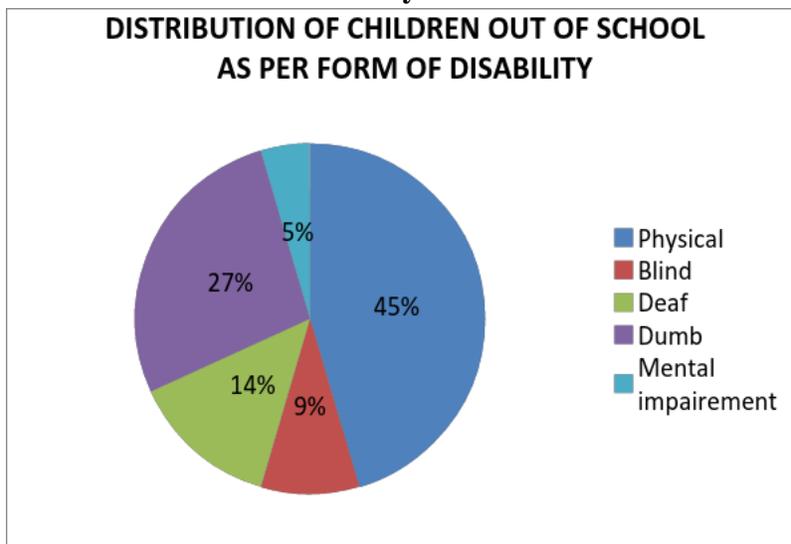- Dumb — 27%
- Mental impairement — 5%

Figure 4: Distribution of children out-of-school as per the form of disability

The number of physically disabled children out of school is highest just like the in-school distribution. Most children with disabilities out of school in the areas mapped are physically disabled. Their absence from school is related to reasons such as long distances from home to school, very isolated routes characterized by bushes and swamps which leaves these children in dire vulnerability while on their way to school. It is also noted that the cases of mental disability are limited.

5.4.4 Distribution of enrolment according to form of disability
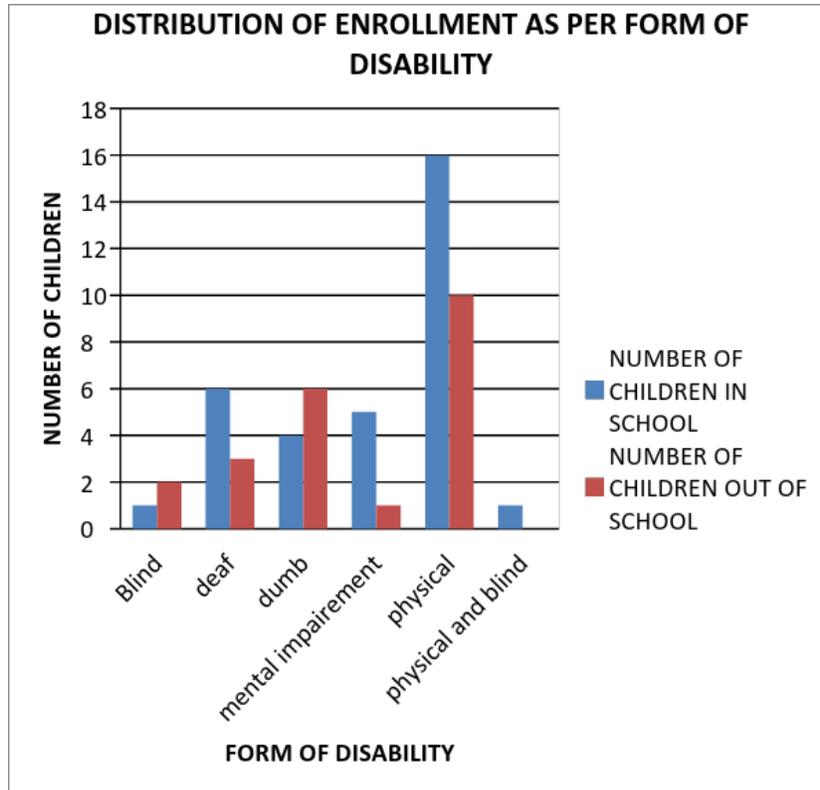
Figure 5: Distribution of enrolment according to the form of disability

In comparison between those in school and out of school, it has been noted that the number of those in school are more than those out of school which is good. The highest distribution of children in-school and out-of-school are physically disabled.
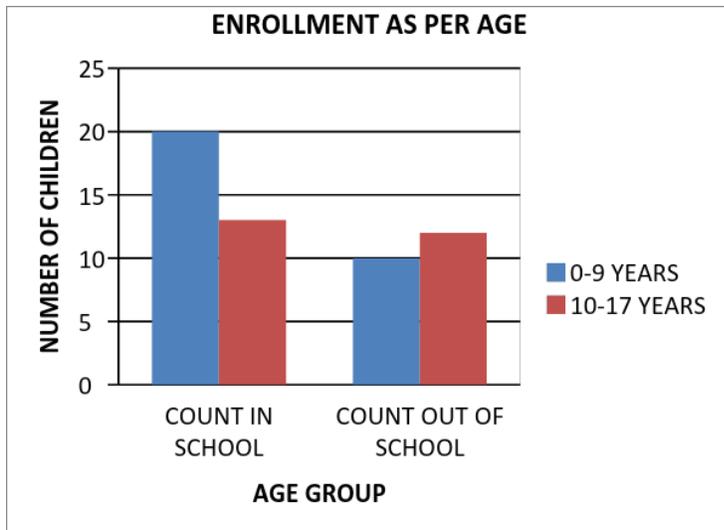
5.4.5   Enrolment of children as per the age

Figure 6: Distribution of enrolment as per age

The children aged between 0-9 years are more than those aged 10-17. This could be attributed to the fact that the children in primary schools are usually below the age of 12 and there older children would be found in secondary school. Another aspect could be that as children grow older, they tend to develop a sense of self-awareness as a result of adolescence that sometimes affects their self esteem and as such drop out of school more.

5.4.6 Causes of disabilities
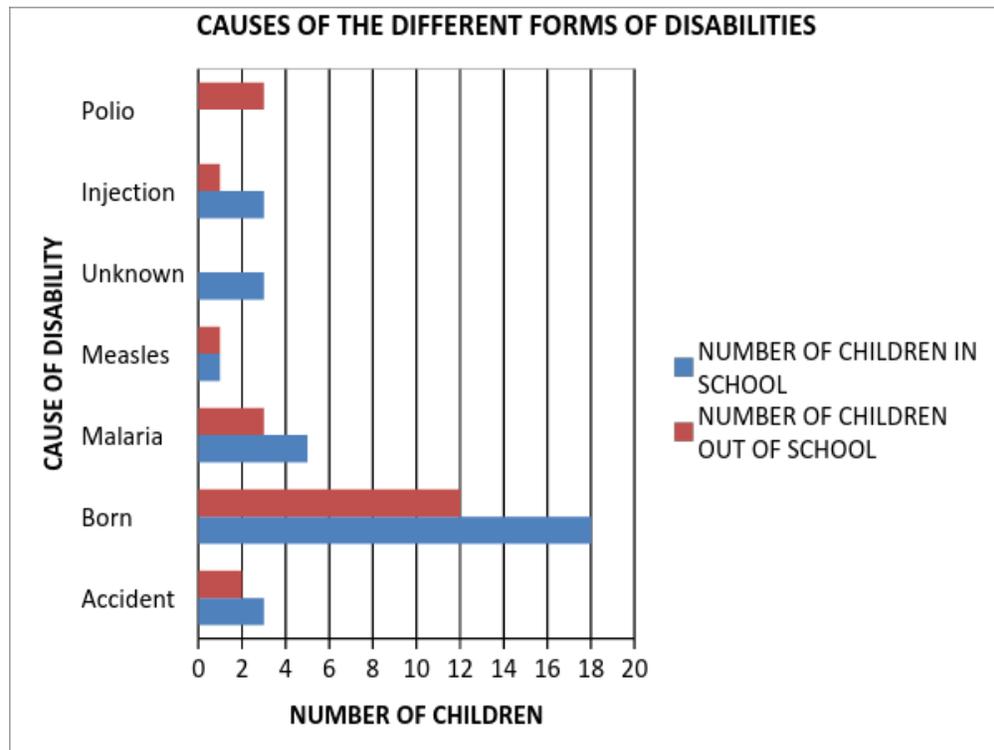
Figure 7: Causes of the different forms of disability

In Nakaseke, the causes of the disability include Accidents, Sever Malaria, Injections, Polio and others are unknown. Some children were born with disabilities. As noted from the graph above, most children were born with disabilities. This points us right to the pre-natal and conception care of mothers while they are pregnant. The disability could be as a result of a deficiency during pregnancy. The next highest cause is malaria, polio followed by injections. It was also noted that some of the parents are not aware of the causes of their children's disability which is also a problem in that without knowing the cause, it is impossible to treat the disability.

5.4.7 Distribution of Children with Disabilities in the mapped schools

NUMBER OF CHILDREN IN SCHOOL
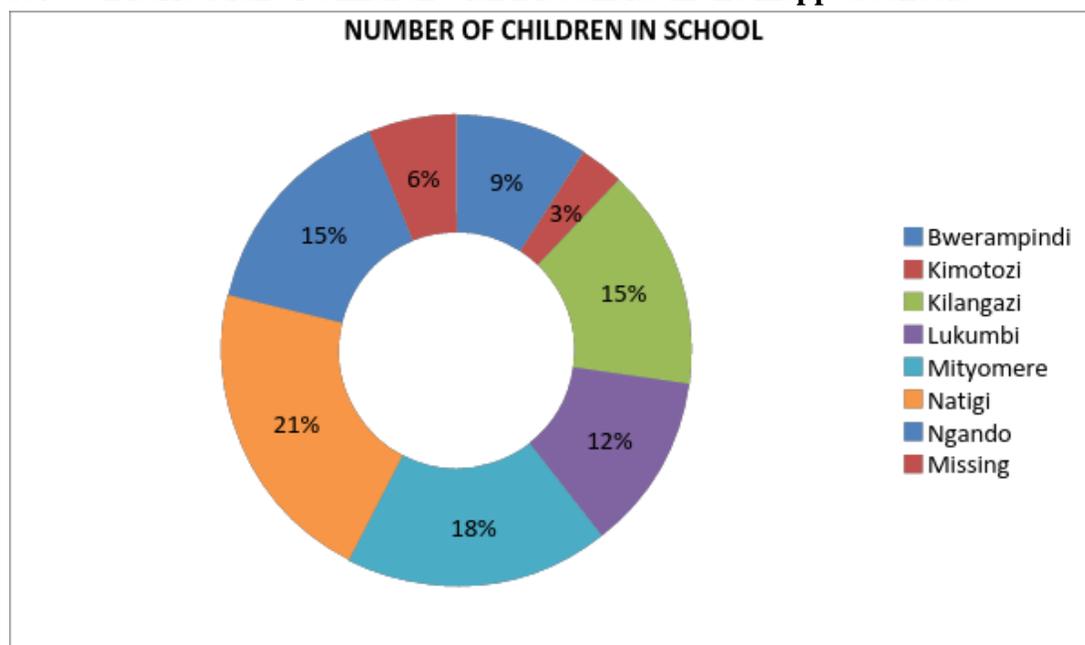
Figure 8: Distribution of children with disability according to the mapped schools

Natigi and Mityomere primary schools have the highest number of children with disabilities compared to the other schools. This is because the economic status of the people living in the two communities seems to be higher as noted during the exercise.

5.5 Mapping of Children with Disabilities in Luwero District

5.5.1 Demographics

Sex	In School	Percentage	Out of School	Percentage	Total No. of children	Percentage
Female	9	64.3%	7	46.7%	16	55.2%
Male	5	35.7%	8	53.3%	13	44.8%
Total	14	100%	15	100%	29	100%

Figure 9: No. of Children with Disabilities in Luwero District

In Kamira Sub County, only 29 Children with Disabilities were mapped both out of school and in-school. The sub county communities that were mapped include Kiiso, Keera and Kigumbya. From the table above, the female children with disabilities constitute 55.2% while the male are 44.8%. There are more

females in school than the male at 64.3% and 35.7% respectively. The high number of females in school shows that there is commitment to enroll the girl child in school.

5.5.2 Children in and out of school distributed according to sex
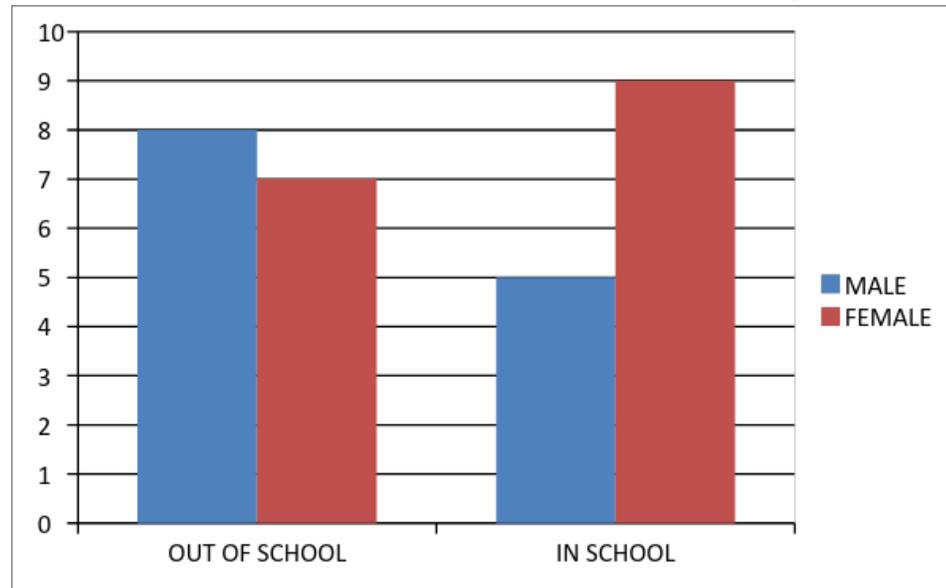

Figure 10: Distribution of Children with Disabilities according to Sex

There are less male children in school than the female and more male out of school. This is explained with the above tables and the graph.
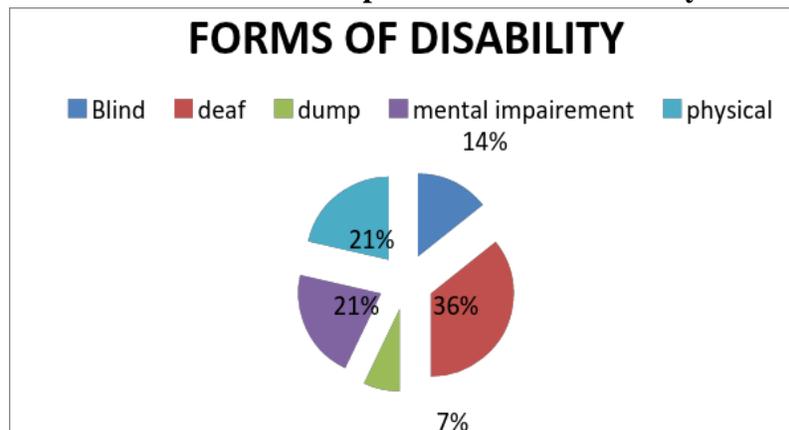
5.5.3 In-school children as per the form of disability

Figure 11: In-school children as per the form of disability

From the above pie chart, the biggest percentage of form of disability is the deaf which comes as a surprise as the assumption was that the biggest form of disability would be the children with physical impairment. This has implications for the schools, communities and policy makers. This implies a need for assistive services and special needs teachers to meet the demand.

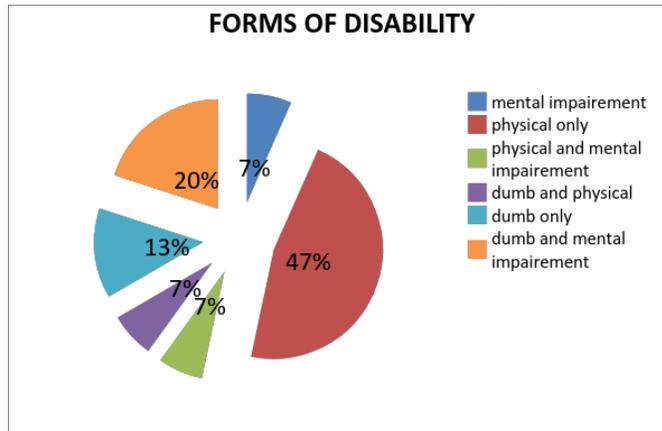### 5.5.4   Distribution of forms of disability out of school

Figure 12: Forms of disability

The above pie chart shows the composition of out-of -children with different forms of disability with physical impairment being the largest composition out-of-school. This could be attributed to the fact that children that are physically impaired have difficulty traveling long distances to school thus the parents then resort to leaving them at home.

5.5.5   Children in and out of school as per form of disability
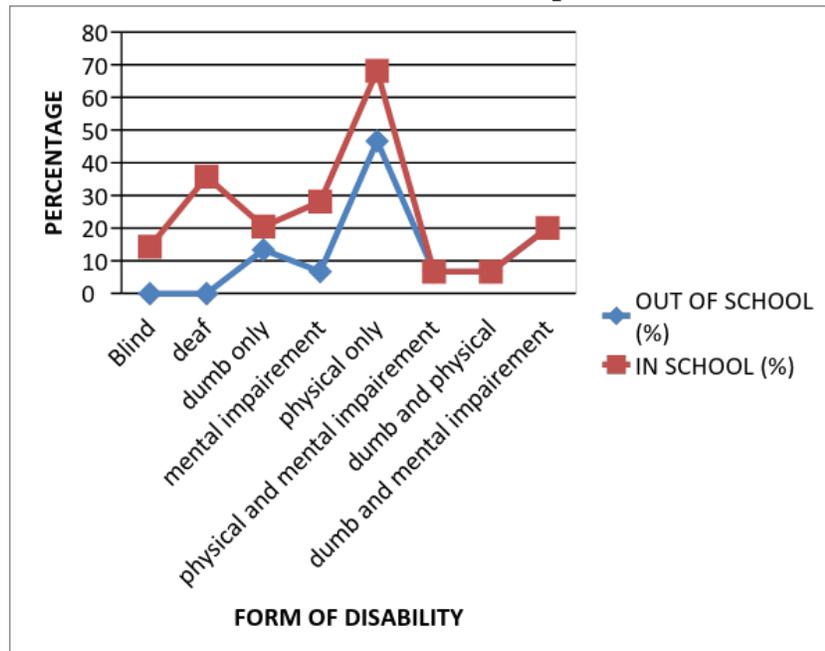
Figure 13: In and out of school children as per form of disability

The graph above explains the difference between the children with disabilities in-school and those out of school. There are more children with disabilities in- school than out-of-school.

5.5.6   Distribution of children with disabilities in and out of school
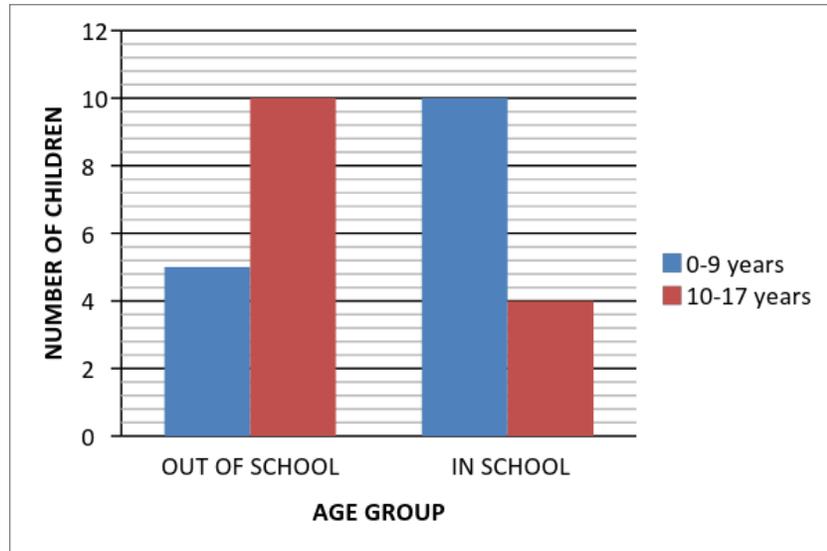
Figure 14: In and out of school children with disabilities as per age

As noted above the number of children aged between 0-9 in school is more than those between the ages of 10 – 17. As noted in the age distribution in Nakaseke, as the children grow older towards adolescence there is a tendency to become self aware of body status and changes affecting the self esteem of children with disabilities. This could be attributed to the less number of children between the ages of 10 – 17.
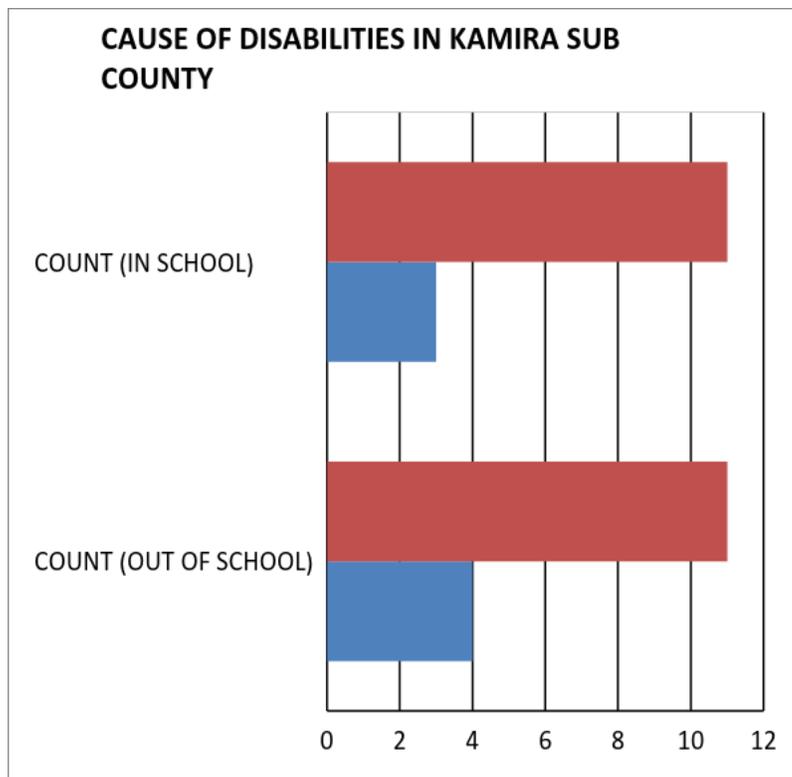
5.5.7 Cause of disabilities

Figure 15: Causes of children with disabilities in Kamira Sub County

There are only two causes of disability in Kamira sub county as shown in the graph above and these are; severe malaria and the one is that the children were born with disabilities. This again points us back to the issue of deficiency during conception for the mothers in this area.

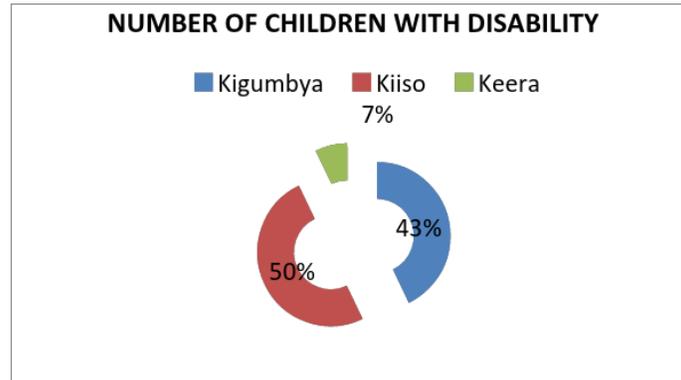### 5.5.8 Distribution of children with disabilities as per the Primary School

Figure 16: Number of children with disabilities as per school

Half of the children with disabilities attending school in the three mapped communities go to Kiiso Primary School. This could be that Kiiso primary school is the most strategically located making uit east for them to travel. Keera has the least number of children attending school.

5.6 Mapping of Children with Disabilities in Nakasongola District
5.6.1 Demographics

Sex	In School	Percentage	Out of School	Percentage	Total No. of children	Percentage
Female	22	48.9%	40	51.9%	62	50.8%
Male	23	51.1%	37	48.1%	60	49.1%
Total	45	100%	77	100%	122	100%

63.1% of the children with disabilities mapped in Nakasongola are out of school and 36.9% are in school. 51.9% of these are female and 48.1% are male as shown in the graph below.
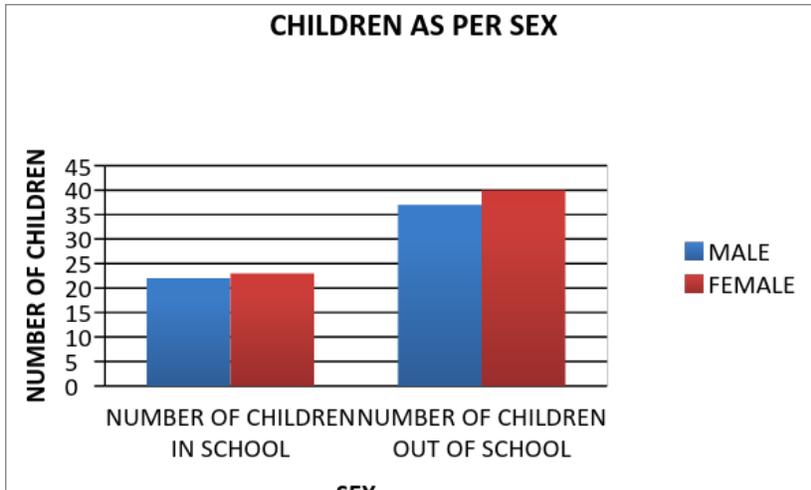
CHILDREN AS PER SEX

Figure 16: Children with disabilities in Nakasongola disaggregated by sex

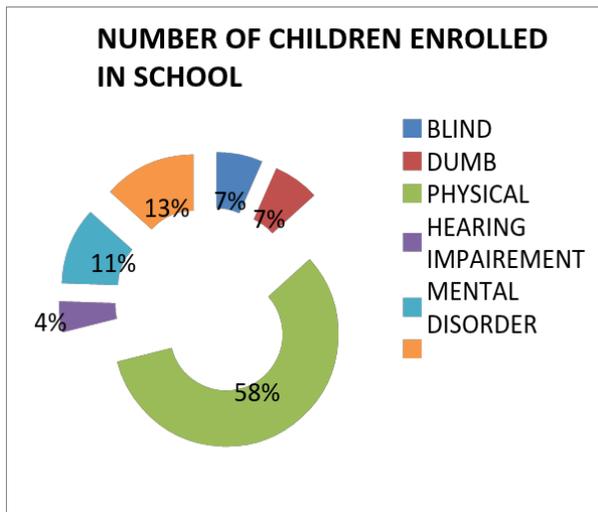## 5.6.2 Forms of Disability of Children in-school

Figure 17: Number of enrolled children with disabilities in school

58% of the children with disabilities are physically impaired and the least of them at 4% are deaf

5.6.3 Forms of Disability out of school

NUMBER OF CHILDREN OUT OF SCHOOL

Legend:
- BLIND
- DEAF
- DUMB
- HEARING IMPAIREMENT
- VISUAL IMPAIREMENT
- PHYSICAL
- MENTAL DISORDER
- MORE THAN ONE DISABILITY
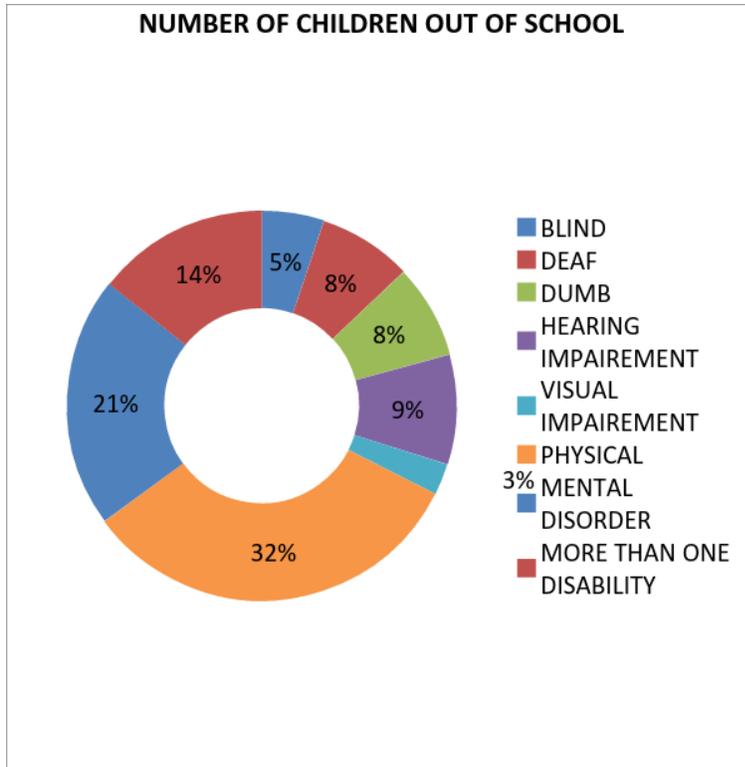
Values: 5%, 8%, 8%, 9%, 3%, 32%, 21%, 14%

Figure 18: Forms of disability in children out of school

The majority of children out of school are physically impaired at 32% and the least of them are blind.

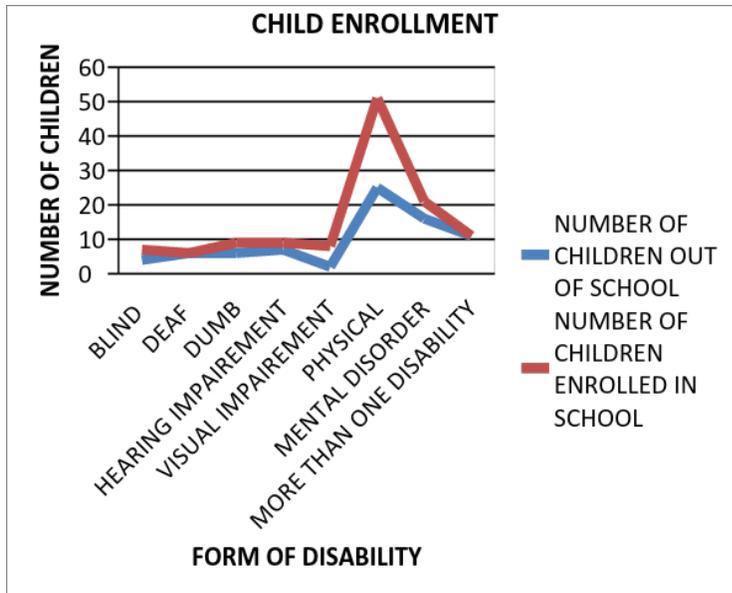## 5.6.4 Enrollment of children with disabilities in and out of School

Figure 19: Enrollment of children with disabilities

It is noted that more children with disabilities in Nakasongola are in school compared to those out of school in the areas mapped.

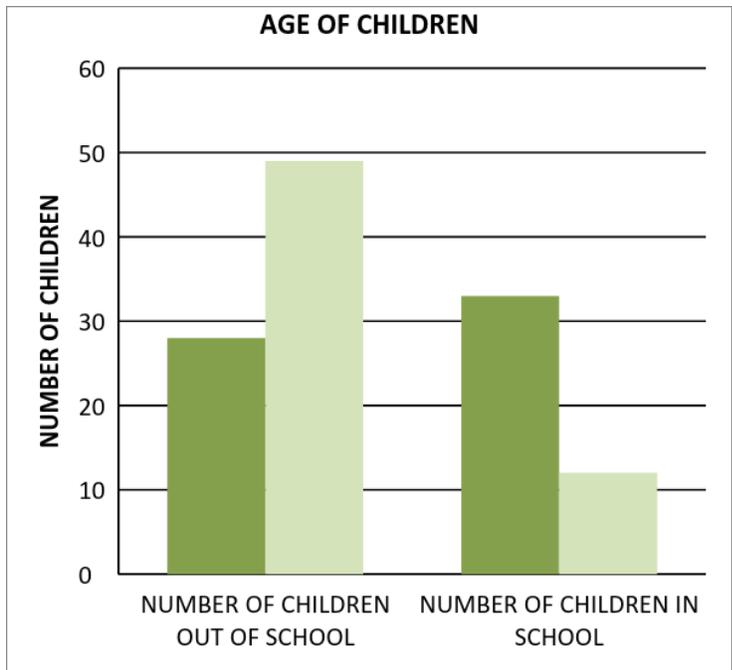## 5.6.5 Age composition of the children with disabilities

Figure 20: Age composition of children with disabilities

The case with Nakasongola is not different from the other two districts mentioned above, there is a high level of dropout in school as the children grow older due to a combination of reasons.
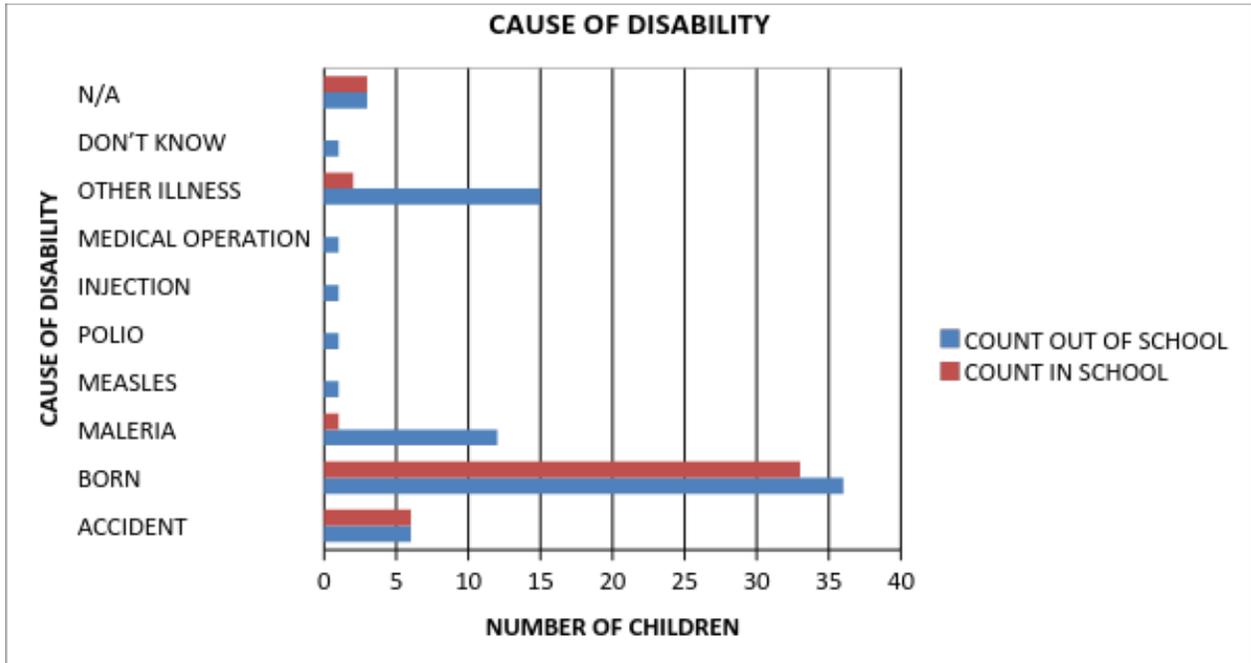
5.6.6 Causes of disability

Figure 21: Causes of disability

There are three major causes of disability in Nakasongola; malaria, natural birth and accidents, the major one being the natural birth. Unlike the other two districts, there are disabilities that are caused by accidents.

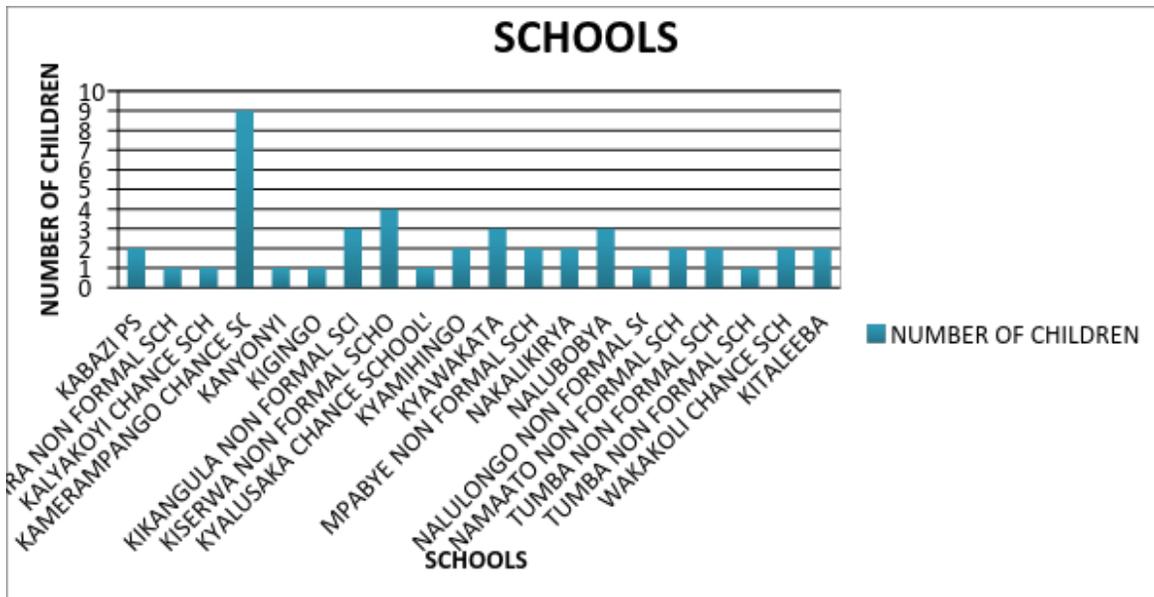## 5.6.7 Composition of children in the schools mapped

Figure 22: Children with disabilities in mapped schools

Kamirampango CHANCE school registers the highest number of children with disabilities this is because it is one of the most populated areas and the school is not so far away from the households compared to other schools.

6.0 Recommendations

As noted in the findings, in-school children with disabilities seem to be more in the areas of Nakaseke and Kamira, however in Nakasongola, the majority of children with disabilities are out of school. This is attributed to the fact that children with disabilities in Nakasongola are mostly physically impaired hence the challenge of long distances to and from school. The schools seem to be very far from the homes and therefore children with physical impairment would ordinarily find it difficult to move. Assistive services are an urgent consideration. The parents of children with disability should further be encouraged to take their children to school irrespective of their disability.

Further to the above recommendation, the need for special needs teachers in the school is very important. It was noted that children with other forms of disabilities including mental impairment, blindness, deafness and dumbness seem to have low enrollment. Teachers that can meet the needs of these children need to be placed in these schools for example sign language teachers would come in handy.

It was noted during the mapping that children aged between 0-9 are in school however as they advance into the adolescent stage from 10 -17, they are less. This could be as a result of the self awareness of the children with disabilities resulting in low self esteem and eventually dropping out of school. This therefore calls for psychosocial support training for teachers and parents specifically to deal with problems and emotions of children with disabilities.

The majority of disabilities in general were caused through birth which also is an indicator that the prenatal and maternal healthcare could be insufficient thus affecting the children. This can be addressed through sensitization of parents and health workers on health care before, during and after pregnancy.

The other cause that frequently appeared was cerebral malaria which is known to cause mental impairment. There is need to sensitize the community about malaria prevention and to provide mosquito nets.

7.0 Conclusion

Out of the children mapped 49% of them are male and 51% of them are female showing higher composition compared to the male.

It was further established that the number of children out of school is at 53.3% of the total children mapped which implies a need for more efforts in ensuring the enrollment of children with disabilities in schools.

Out of all the forms of disabilities it was realized that 40.3% of the children are physically impaired while the other causes are minimal. The majority of the children with disabilities were born with the disability.