

**IMPLEMENTATION OF DISABILITY POLICIES ON SCHOOL
ACCESS IN CATHOLIC CHURCH FOUNDED PRIMARY SCHOOLS
IN MASAKA DIOCESE, UGANDA**

BY

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DECLARATION

I, Ssebyanzi Bonaventure Wasswa, hereby declare that the content in this dissertation entitled *Implementation of Disability Policies on School Access in Catholic Church founded Primary Schools in Masaka Diocese, Uganda* is my original work and has not been presented to any institution in whole or part for any academic award.

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APPROVAL

We certify that this dissertation entitled **Implementation of Disability Policies on School Access in Catholic Church founded Primary Schools in Masaka Diocese, Uganda** was carried out by candidate Ssebyanzi Bonaventure Wasswa under our supervision and is now ready for submission for examination with our approval.

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LIST OF ABBREVIATIONS

CWDs	Children with Disabilities
DEO	District Education Officer
DIS	District Inspector of Schools
DIS SNE	District Inspector of Schools for Special Needs Education
POA	Programme of Action
PWDs	Persons with Disabilities
USA	United States of America
UN	United Nations
UNESCO	United Nations Organization for Education, Science and Culture
UNAB	Uganda National Association for the Blind
UNAD	Uganda National Association for the Deaf
VR	Vocational Rehabilitation

ABSTRACT

The purpose of the research was to find out the extent to which disability policies had been implemented and how they had improved school access for Children With Disabilities (CWDs) in Catholic church founded primary schools of the Diocese of Masaka. The study was guided by five objectives: to find out what the Catholic church had done to sensitize people about education of CWDs, to establish the extent to which the church had provided Special Needs Education (SNE) to CWDs, to establish the education stakeholders' attitudes towards educating CWDs, to establish the extent to which the government had implemented disability policies on education, and to examine the factors affecting the implementation of disability policies in schools. The study used qualitative research methods. The data was collected by using: interviews, questionnaires, and observation. The study found out that the church had not yet sensitized people, the church had not yet provided SNE, many education stakeholders had a negative attitude towards education of CWDs, the implementation of those policies had not yet been done in many areas, and finally there were many factors affecting the implementation of the policies. The study recommended the District Education Office to supply copies of government policies on disabilities to all schools and help the schools to sensitize their communities. On providing SNE, the Diocesan Education Secretary should help in soliciting for resources to facilitate the orientation of teachers in handling learners with special needs plus construction of Persons with Disabilities (PWDs)-friendly schools. The District Inspector of Schools in-charge of SNE should ensure that awareness sessions are arranged at each school so as to change the stakeholders' attitudes. The formal implementers of the policies and the intermediaries ought to strictly follow up and supervise the policy implementation process together. All education stakeholders should re-visit disability policies and fulfill their responsibilities.

CHAPTER ONE: INTRODUCTION

1.0 Introduction

This chapter includes the following: background of the study, statement of the problem, purpose of the study, objectives of the study, research questions, significance of the study, scope of the study, theoretical framework, conceptual framework, and definition of operational terms.

1.1 Background of the Study

The dominant concepts in the study included disability, policy, and policy implementation. The first dominant concept in this study was disability. The United Nations (2000) look at disability as a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being. In the same respect, Baldwin, Asindua and Stanfield (1990) gave more details by taking disability to be any deficit or abnormality of psychological, physiological or anatomical structure or function resulting in any form of restriction or impairment of ability for the individual. Examples of disabilities include difficulty in seeing, speaking, or hearing. Disability is known by other terms such as impairment, handicap, dysfunction, and disorder. Impairment means a loss or abnormality of psychological, physiological, or anatomical structure or function (United Nations, 2000). These are disturbances at the level of an organ that include defects or loss of the organ's functioning. The defects and complete loss of an organ's functioning are what Bamford and Saunders (1992) depend on to classify impairments into mild and very severe (profound) ones. Examples of impairments are blindness, deafness, paralysis of a limb, and mental retardation. This study was focused on persons with disabilities. These were persons who could not perform like the rest of others because of having deafness, blindness, physical impairment, and others.

Another concept was policy. Armstrong (2009) defined a policy to be a set of guidelines that provide generalized guidance on how issues are to be dealt with. He asserted that the aim was to ensure that every issue was dealt with consistently in accordance with the values of a society in line with certain defined principles. Also Okia (2009) agreed that a policy was a set of guidelines, regulations, and procedures put in place to determine a course of action. In this study we considered policies as the guidelines set out to enable persons with disabilities to access primary education just like other children. Other close concepts to this were a law and an act. A law is any system of regulations that governs, or rules the conduct of the people of a society or a community usually for protection; whereas an act is a constitutional plan passed by any legislature that is referred to as a “bill” until it is ratified and becomes a law. According to Okia (2009), policy implementation is the execution or putting into practice. Owolabi (2005) sees this execution as embedded in drawing up of a schedule of activities spelling out who is to do what, when and how. So implementation is a process that pulls together not only human but also material resources. According to Armstrong (2009), the headteacher and teachers in a school work as line managers that are largely responsible for policy implementation. Thus this study looked out for those people concerned with educating children with disabilities and the availability of resources (especially assistive devices) that aid this work.

This research considered education of Children with Disabilities (CWDs) from the perspective of education being one of the fundamental human rights. At the global scene, the international community put in place several policies to help CWDs to access education. The Universal Declaration of Human Rights (UN, 1948) was the first policy to clearly state that every person has a right to education. This right does not leave out CWDs. The Convention on the Rights of the Child (UN, 1989) had two articles on education.

Article 28 established the right of every child to get education and suggested that primary education be compulsory for all children. Article 29 emphasized that education should contribute to children's development of personality and their respect to human rights. Other policies include: World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs, Jomtien, (UNESCO, 1990), The Salamanca Statement and Framework for Action on Special Needs Education (UNESCO, 1994), The Dakar Framework for Action (UNESCO, 2000), and The Convention on the Rights of Persons with Disabilities (UN, 2006).

At the national level, the Government of Uganda in its White Paper (1992) accepted that education is a basic human right for all Ugandan citizens regardless of their social status, physical stature, mental ability, sex, birth or place of ethnic origin. Many people in society had either consciously or unconsciously allowed this right to some children and denied it to others. It had almost become normal to find in a family some children who went to school and others who did not. Among those denied this right to education were persons with disabilities. The recent decades have shown a bold advocacy for the rights of persons with disabilities. The flag bearers in this attempt have been international bodies, such as the United Nations, national governments through their appropriate line ministries, Non-governmental organizations, disability movements and many others. According to the Government White Paper (1992), the government of Uganda is in full support of all programmes of education designed specifically for persons with disabilities, such as the deaf, the blind and the mentally handicapped. It is estimated that children with disabilities constitute 10% of the total population, yet institutions offering them education are inadequate, lacking permanent sources of income, physical facilities, human resource, instructional materials, transport, etc (White Paper, 1992).

The Children's Statute (1996) outlined the role of the government and other stakeholders in supporting all children including those with special needs. Another policy was the Universal Primary Education (UPE, 1997). Its idea was that the disadvantaged families would benefit first, and it stated that "children with disabilities (special needs) have a priority over normal children". Consequently, all children would have free access to education. Another consideration came with the Local Government Act (1997). This recognized the participation of persons with disabilities. Its Article 11 (d) provided an election of "two councilors with disabilities one of whom shall be a female, representing persons with disabilities".

The Constitution of the Republic of Uganda (1995) advocated the elimination of all forms of discrimination against Persons with Disabilities towards Equalization of opportunities. In its Article 32, it stipulated that the State was to take affirmative action in favour of groups marginalized on the basis of gender, age, disability, and others for the purpose of redressing imbalances which exist against them. In Article 35, it stated that Persons with Disabilities have a right of respect and human dignity, and the State and society shall take appropriate measures to ensure that they realize their full mental and physical potential (Constitution 1995). The full mental and physical potential of Persons with Disabilities was to be exceedingly realized through education. In 1997 Uganda realized the recommendation of the Education Policy Review Commission Report of offering Universal Primary Education (White Paper, 1992). At the onset this arrangement had been limited to only four children per household. This could easily leave out children with disabilities as parents had to choose who among their children had to enroll. Later this

arrangement was opened to all children of school-going age. As a result all children including those with disabilities had to benefit from Universal Primary Education.

In 2006 the government enacted the Persons with Disabilities Act to provide a comprehensive Legal Protection for Persons with Disabilities according to the 1995 Constitution. In this Act, the government committed itself to advocating Persons with Disabilities' right to quality education and health. This commitment was to be realized through inclusive education, formulation of educational policies that gave children with Disabilities access to education at all levels, provision of relevant instructional materials, training of special needs' teachers, structural adaptation of institutional facilities, provision of assistive services during examinations, among others.

Locally the Catholic Church in the Diocese of Masaka has been involved in education for a long time. The first agents of education were the White Fathers when they opened "Catechumenate Schools" between 1879 and 1925. Between 1925 and 1950 the catechumenate schools were transformed into elementary schools that were called sub-grade schools, vernacular schools or full primary schools depending on the curriculum the school followed. Presently the Diocese has 21 Nursery schools, 448 Primary schools, 59 Secondary schools and 21 Vocational Technical schools (Masaka Diocesan Education policy, 2009). The Diocese owns these schools either privately or in partnership with Government through Grants-in-aid. According to the policy, the church believes that all children can learn and reach their full potential given the opportunity, effective teaching and appropriate resources. As a result they recommend that in every Catholic Church founded school, there shall be a teacher in charge of special needs education, all teachers be oriented in handling children with disabilities, school infrastructures should be Persons-

with-Disabilities friendly, no Person with Disabilities will be left out because of disability, and all teachers be sensitized in special needs education. As models for this, the Diocese established a primary school for deaf children at Bwanda and St. Gema Kabuwoko primary school has a unit for deaf children.

1.2 Statement of the problem

Children with Disabilities (CWDs) was one of the groups of vulnerable children who experienced many challenges in accessing education in Masaka Diocese. Some of the challenges stemmed from home while others were at school; for instance, buildings were inaccessible to children with disabilities, and teachers had no skills in teaching children with disabilities. In the struggle to enable children with disabilities to access education, the government had enacted some policies to overcome the challenges that barred children with disabilities from accessing education. Other education stakeholders, for instance schools' Foundation Bodies, had also made policies that were to enable children with disabilities to access education in their schools. The Diocese of Masaka was one of such education stakeholders that advocated for school access for children with disabilities in all her Schools in the Diocese (Masaka Diocese Education Policy, 2009). With all these combined efforts for education of children with disabilities, one would have presumed that many children with disabilities were accessing education in the Diocese of Masaka. Unfortunately this was not the case. The researcher thus intended to find out the extent to which the policies had been implemented and what was still barring children with disabilities from accessing education.

1.3 Purpose of the study

The study was designed to find out the extent to which disability policies on education had improved school access for children with disabilities in Catholic Church founded primary schools in the Diocese of Masaka in Uganda.

1.4 Objectives of the study

This study was guided by the following objectives:

1. To find out what the Catholic Church in the Diocese of Masaka had done to sensitize people about education of children with disabilities.
2. To find out what the Catholic Church in the Diocese of Masaka had done to provide Special Needs Education in her schools.
3. To establish education stakeholders' attitude towards educating children with disabilities.
4. To establish the extent to which the government has implemented disability policies on education in schools in the Diocese of Masaka in Uganda.
5. To examine the factors affecting the implementation of disability policies in schools in the Diocese of Masaka.

1.5 Research questions

The following research questions guided the study:

1. What has the Diocese of Masaka done to sensitize people about educating children with disabilities?
2. What has the Diocese of Masaka done to provide Special Needs Education in their primary schools?
3. What are the stakeholders' attitudes towards educating children with disabilities?

4. To what extent has the government implemented disability policies in Catholic Church founded primary schools in the Diocese of Masaka?
5. What is affecting the implementation of disability policies in primary schools of the Diocese of Masaka?

1.6 Significance of the study

The findings of the study are to help the Ministry of Education and Sports to assess its policies on education of children with disability. The study will also help the Diocese of Masaka to revise the implementation of its policy in the Catholic founded primary schools. It will help Rakai District education officers to assess on how schools implement the disability legislations. The findings will also help other education stakeholders (like parents, teachers) to ensure that children with disabilities are given equal opportunity in education. The education policy makers, educational planners, diocesan education secretariat and supervisors will find it beneficial as it could reveal to them the inadequacies in the implementation of policies. Managers of other schools like secondary and tertiary institutions would also find it useful since they too have to implement these legislations. The pupils, particularly those with disabilities, would benefit by having all education practitioners ensuring that they access education like the rest.

1.7 Scope of the study

1.7.1 Geographical Scope

The study was carried out in one of the nine deaneries of the Diocese of Masaka. This deanery covers four parishes. The study was carried out in Catholic church founded primary schools some of which were private while the majority were government-aided,

some were day while others were boarding or both, some were single-sexed while the majority were mixed (co-educational).

1.7.2 Content Scope

The study was focused on implementation of disability policies and how it has influenced school access for children with disabilities in Catholic Church founded primary schools in Masaka diocese.

1.7.3 Time scope

This study covered the period 2009 to 2012. Many international and national policies came into place earlier but Masaka Diocese committed itself to implementing disability policies through her Masaka Diocese Education Policy (2009). The researcher intended to establish the extent to which the implementation had been done particularly in the Catholic Church founded schools in the diocese.

1.8 Theoretical framework

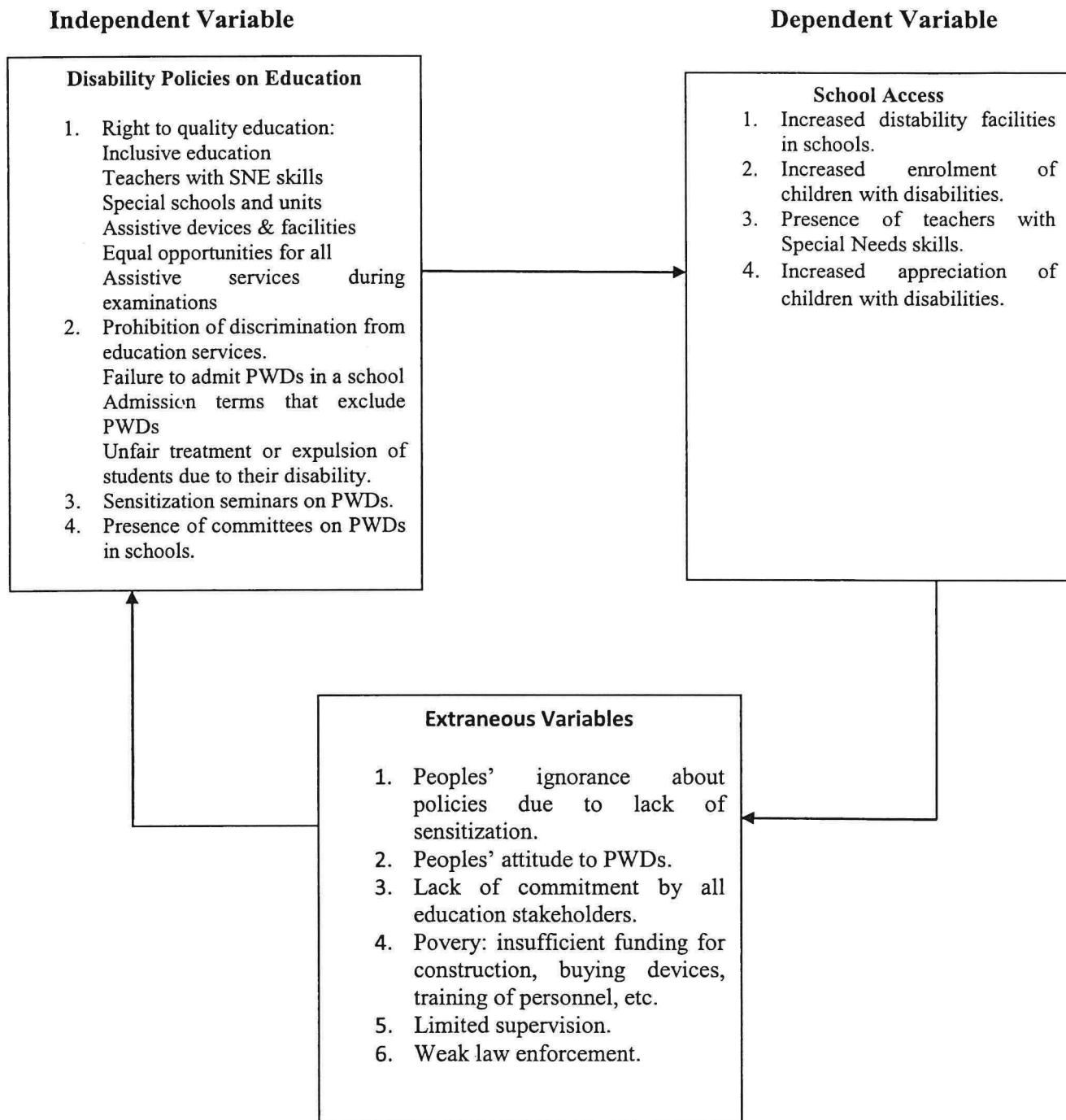
The theory employed by the study was Models of Rehabilitation. In this theory, Dare (1997) explores the different models societies use in equipping persons with disabilities with abilities and skills. There are three common models. These are individual rehabilitation, institutional rehabilitation and community-based rehabilitation. The individual rehabilitation model puts emphasis on normalization claiming that the individual must change and become as society expects the majority of the people to be. In the institutional model rehabilitation services are offered in a centrally placed facility. If it is a school, it is only for persons with disabilities, for example, a school for the deaf or for the blind.

Lastly, the Community Based Rehabilitation (CBR) Model is a way of supporting persons with disabilities within their own communities. It recognizes that the community has a role to play in rehabilitation. The family of the person can support the rehabilitation process, and the individuals with special needs can have a say in the services that are relevant to them. This model calls for integration of efforts of all relevant sectors, such as education, legislation, social, health and vocational fields. There is an educational model within CBR which emphasizes increased access, equity and quality of education for learners with special needs. The focus here is put on inclusive education and pre-vocational training. This study employed the CBR Education Model which emphasizes increased education access and quality education for CWDs within an inclusive education school setup.

NARRATION OF THE CONCEPTUAL FRAMEWORK

The Conceptual Framework of this study had three variables. These were Independent, Dependent and Extraneous Variables. The Independent variable was Disability Policies on Education. These give CWDs a right to quality education, prohibition of discrimination from education services, provision of sensitization seminars on PWDs and presence of committees on PWDs in schools. The Dependent Variable was on School Access which is achieved through increased disability facilities in schools, increased enrolment of CWDs in schools, presence of teachers with Special Needs skills, and increased appreciation of CWDs. The achievement of School Access for CWDs mainly depends on presence and implementation of Disability Policies on Education. The Extraneous Variables of the study included peoples' ignorance of CWDs policies, peoples' attitude to PWDs, lack of commitment by education stakeholders, poverty, limited supervision and weak law enforcement. These variables were presented in a Conceptual Framework below:

1.8.1 Conceptual framework



1.9 Definition of Operational Terms

Catholic Church founded schools – refers to educational institutions established under the authority of the Roman Catholic Church. According to the Masaka Diocesan Education Policy (2009), the authority is the Diocesan Education Board of Directors that acts on behalf of the Bishop, Clergy, Religious and the Catholic parents of the diocese to establish educational institutions.

Diocese is an administrative territory or See under the leadership of a Bishop. It is divided into parishes that are led by priests.

Disability – a restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.

Education Stakeholders – these are bodies and individuals who assist in providing education, like ministry officials, headteachers, teachers, parents, religious leaders, schools' support staff, and others.

Habilitation - refers to developing of abilities that never existed in an individual. For instance, a child who was born with underdeveloped limbs is fitted with artificial limbs which s/he learns to use.

Handicap – a disadvantage for a given individual, resulting from an impairment or disability, that limits the fulfillment of a role that is considered normal (depending on age, sex and social and cultural factors) for that individual.

Implementation – this refers to execution or putting into practice what has been decided.

Inclusive Education – it is education offered in schools where children with disabilities study together with those without disabilities.

Legislations – these are policies, regulations, guidelines, and procedure put in place to determine courses of action.

Father in-charge – refers to a priest appointed by the Bishop to be in charge of education matters in a parish.

Persons with Disabilities (PWDs) – these are people with impairments like the deaf, the blind, the lame, and others.

Primary School is an institution in which children receive the first stage of education that lays a foundation in literacy and numeracy. It may be preceded by nursery school or not. Children generally attend primary school from around the age of five until the age of eleven or twelve.

Private schools – refers to education institutions started by individuals or organizations but not the government, and may not receive regular assistance from the government.

Rehabilitation – refers to a restoration of abilities that existed before the onset of a disability. For instance, a child who had learnt how to walk but lost that ability through an accident, a sickness or another factor is enabled to move using a wheelchair.

Special Needs Education (SNE) – this is education that takes care of the needs of persons with disabilities, that is teaching learners who are blind, deaf, physically impaired, and others.

CHAPTER TWO: LITERATURE REVIEW

2.0 Introduction

This chapter presents written work on disability. It begins with the Church's sensitization about disadvantaged people, church's provision of Special Needs Education (SNE), education stakeholders' attitudes towards educating children with disabilities, government's implementation of disability policies in schools, the factors affecting the implementation of disability policies, and finally a conclusion.

2.1 The Church's sensitization about the disadvantaged people

The available literature was not exactly on sensitization of people about CWDs but rather on awakening the church members about the dignity and rights of the disadvantaged people in the society. The church's concern about the disadvantaged people stems from her understanding of human dignity and the rights of every person. John Paul II (1988) in *Christifideles Laici*, states that the central and unifying service the church renders to the human family is to rediscover the inviolable dignity of every person which transcends all the material world. This dignity of the person constitutes the foundation of the equality of all people, the foundation of participation and solidarity of all people. As a result it demands the respect, the defence and the promotion of the rights of the human person. According to Tshibangu (Ikechukwu et al, 2000), the church has taken the fundamental option of giving priority to the cares and concerns of the poorest and the most vulnerable, and of contributing to everything that works toward the true liberation of peoples, by fighting injustice, established system of social inequality, and conflicts. This makes all forms of discrimination totally unacceptable. It is in this line that John Paul II (1990) in *Redemptoris Missio*, states that the church promotes development through schools, universities, hospitals, etc for the formation of consciences and the gradual maturity of

ways of thinking and patterns of behavior. The church advocates for education that helps to uphold the dignity of every person and defend the rights of those who are discriminated. The church thus uses education to bring to peoples' awareness that whoever is a human being has the same dignity and rights as the rest of the human race irrespective of ability or disability. If all people upheld knowledge of this principle, there would be no discrimination and mistreatment of PWDs. On the journey of sensitization about disadvantaged people, Waliggo (1987) strongly advocated the training of people's attitudes, senses, and their whole being to be aware of social injustice in them, around them and even far away from them. The major obstacles he identified that need to be worked upon include ignorance, an attitude of not caring, malice and hypocrisy. When a person is ignorant about an issue he/she cannot do anything about it. The attitude of not caring (or selfishness) breeds individualism, laziness and inaction. Malice makes people rejoice in the suffering of others and even increases it. Hypocrisy prevents people from seeing the reality objectively and instead hide in excuses.

The church uses education as a vital tool in creating awareness in this area. Some educationists in the church have given their understanding of education. For Michael Witte (de Jong, 2011), education is the development of the various powers and faculties of the human subject with a view to preparing him for work in life, and for the attainment of his eternal destiny when life's work has been accomplished. Apart from this preparation of a person for work, others have pointed out passing on of community values to a person being educated. According to Waliggo (2002), education, whether traditional or modern, is the most important factor in the socialization of all people because of its several roles in imparting of values or dis-values, changing attitudes or maintaining the *status quo*, for liberation and development. This education provided by the church changes the attitudes

of those discriminating against others and those discriminated against such as, persons with disabilities. It helps each one to grow in understanding and equips them with capability to support themselves. Therefore Huet (1979), notes that the church's kind of education aims at self-reliance, maturity and freedom. It gives every individual self-confidence and confirms his/her power to manage their lives. In advocating the right to education, the church established schools of all kinds and grades so as to serve people of all walks of life. The school prepares the Children to contribute effectively to the welfare of the World of men and to work for the extension of the Kingdom of God by developing an atmosphere animated by a spirit of liberty and charity based on the gospel (Vatican II, 1975). This is why the church attaches considerable importance to institutions (schools) for those people who require special care on account of some natural handicap (such as being deaf, dumb, etc).

2.2 The Church's provision of SNE

According to Vatican Council II (1975) in *Gravissimum educationis*, the church unanimously agreed that all men of whatever race, condition or age, in virtue of their dignity as human persons, have an inalienable right to education. This education should be suitable to the particular destiny of the individuals, according to their ability, sex and national cultural traditions. The work of the church is to help young people to develop their physical, moral and intellectual qualities. This is achieved by minimizing as much as possible whatever seems to be an obstacle to the child barring him/her from realizing a life's dream. The obstacles of this kind include physical and other disabilities.

The Diocese of Masaka thus committed themselves to providing education to CWDs by making several resolutions in their education policy (Masaka Diocese, 2009). According to the policy, every school has to have a teacher in-charge of Special Needs learners. All

teachers have to be oriented in handling learners with Special Needs. The construction of all school infrastructures has to be friendly to CWDs so that they can access and use each of the structures. Every school has to acquire materials for SNE. The priests in-charge of education, in liaison with the parish priests and other pastoral workers have to ensure that no CWDs is left out of school because of disability. And all teachers have to be sensitized in SNE.

As these writings depict, the church is so concerned about the plight of every child and how children access education. At the same time, it is worth raising the question whether this written information is available to every person, particularly teachers, and that it is implemented as such.

2.3 Stakeholders' attitude towards educating Children with Disabilities

In many circumstances what influences the life of a child with disabilities does not necessarily come from the child's disability. It mainly comes from the way the family and society in general treat the child because of the disability. This treatment is determined by the attitude. Sahni (1995) sees attitude as the way a person feels about something, about a person, a place, a commodity, a situation or an idea. It thus expresses an individual's positive or negative feelings about some object. Werner (1987) found out the different ways people treat children with disabilities and his findings included the following.

There are some local beliefs and customs that people hold in this line. Some people have a belief that a child is born with a disability because the parents did something that displeased the gods. Others add on a belief that the individual child is paying for sins he/she committed in earlier life. As a result, most parents feel that correcting the deformity or improving the life of such a child is going against the will of the gods. It is this lack of

correct knowledge that led The Catholic Bishops of Uganda (1986) to assign the National Commission for Justice and Peace the responsibility of giving wide publicity to the International Declaration on Human Rights and the African Charter on Human and Peoples' Rights. The lack of correct information often leads to misunderstanding. In some places people think that paralysis caused by polio or cerebral palsy is contagious. The people with fits or mental illness are taken to be possessed by the devil. Consequently such people are feared, segregated, locked up, and sometimes beaten. Also the failure to recognize the value and potential of children with disabilities leads parents to neglect and abandon them. When parents give birth to children with disabilities, they immediately see them as burdens that ought to be avoided. Therefore they often give such children to the grandparents to bring them up.

There is a general fear of a situation that is strange, different, or not understood which leads people to develop negative feelings. For instance, in a village with polio cases, a child who limps may be accepted but in one where few children have physical disabilities, such a child can be teased cruelly or avoided by other children. Werner (1998) testifies that due to his waddling gait, at school some children teased him by imitating the way he walked. Some other people, children, and teachers said that he looked like a duck and they nicknamed him "Rickets". At the same time the severity of a disability determines whether a family or a community will give such a child a fair chance. It is noted that the majority of polio patients who cannot walk at all die in childhood, largely from hunger or neglect. It is the same case even when they grow up and could learn important skills with their limbs; they are often neglected.

Another factor of concern is overprotection of the child by the family. Some parents pity such children so much that they do everything for them and thus hold them back from developing skills and learning to take care of themselves. These are the families that bar children with disabilities from playing with others or even from going to school for fear of being mistreated or not performing as others. But Mortimer (2001) argues that by focusing on a child's competencies and strength, it becomes possible to remove barriers those children often experience in their attempt to play and interact.

The final factor that is pointed out is extreme poverty. In situations of much poverty, a child's disability cannot take a centre-stage consideration. The family is always pre-occupied with the basic needs of food and shelter before attention is moved to the child. In this case the family may be aware but the problem is lack of resources to accord the child the expected treatment. These are some of the crucial moments where the government should demonstrate her concern for the citizens. Trolley et al (2009) then gives us the value of the Education for All Handicapped Children Act that the Congress passed in the United States. This federal law requires States to provide a free, appropriate, public education for every child between the ages 3 and 21 regardless of how, or how seriously, he/she may be handicapped.

It must be noted as well that many persons with disabilities feel that the most difficult barriers they face are not physical but social. The non-disabled people tend to see them as helpless and invalid. The non-disabled people many a time focus on what disabled persons cannot do rather than what they can do, focus on their weakness not their strengths. This attitude is even depicted in the language they use. Many people term wheelchair riders "wheelchair confined" yet nobody terms a bike rider a "bicycle confined" (Werner, 1998).

For persons with disabilities, a person who cannot walk, a good wheelchair is a doorway to liberation and freedom. Many of these attitudes deny children with disabilities an equal opportunity in society. To win more equal opportunities requires a community with greater understanding, appreciation, and respect for all people regardless of differences. This necessitates changes in many peoples' attitudes and perceptions. Thus a disability activist, Joshua Malinga from Zimbabwe, commented that "it is society that needs to be rehabilitated" rather than persons with disabilities (Werner, 1998).

In sum, there are indicators of negative attitude towards education of CWDs from the above literature. The thinking that disability is a result of a curse makes pupils to separate themselves from CWDs so that they are not cursed as well. The thinking that disability is contagious as well makes other children not to go near CWDs. Fellow pupils also tend to run away and avoid CWDs just because they look different from the rest of the other children. When adults think that disability is a punishment from the gods and any attempt to correct it is opposing the will of the gods, they end up judging CWDs and condemning them to more suffering. Some parents who lock up their CWDs because of a feeling of shame amongst their friends end up also condemning those children as a source of their social uncomfortability. At the same time, when children are locked up they may go to school very late in their life or they completely miss school. Socially, the language that most people use referring to PWDs makes CWDs uncomfortable, e.g. when people term wheelchair riders "wheelchair confined" yet nobody terms a bike rider a "bicycle confined".

2.4 Government's implementation of disability policies in schools

The government of Uganda through its Ministry of Education and Sports (MoES) gave guidelines towards implementation of disability policies through the implementation of inclusive education (MoES, 2007). In these guidelines, the implementation considered the main aspects to include: making the process towards inclusion possible, curriculum, assessment of learning outcomes, collaboration, having a teacher in-charge of SNE, partnership with parents and the role of the School Management Committees.

In making the process towards inclusion possible, the government admitted that the process was long and required new thinking that could be seen through change of attitude towards learners with disabilities. It also required an adjustment of teaching methods and classroom environment. It involved reallocating of human resources within the schools and districts, provision of professional assistance to teachers, more allocation of financial resources and a reorientation in teacher education in Teacher Training Colleges.

In 2006, the National Curriculum Development Centre (NCDC) provided the first part of the new thematic curriculum which is to be gradually rolled out for all levels of primary education. The Ministry saw this curriculum as the most appropriate for inclusive education. The success of the curriculum requires a teacher to assess the various learners to gain from it. Assessment aims at gaining more knowledge about a learner so as to provide a meaningful and suitable learning environment. It provides information about the learner's interests, styles of learning and ways of solving assignments (Kyambogo University, 2007). Concerning summative assessments of learners, the Ministry assigned the Uganda National Examinations Board (UNEB) to start designing assessments with emphasis on the progress of the learner in relation to a previous assessment, assessment

based on the learner's oral and written presentations over a period of time, and assessment that includes aspects of education other than academics.

In this implementation, the government still looked at collaboration where every one gives what they can and receive what they need. The process envisaged teachers becoming facilitators, advisors and guides. They were to provide guidance to learners such that each would learn in accordance with his or her ability, style and pace. The teachers together would work as a team to support each other with the academic, social and other aspects of a holistic child-centered education.

The implementation process also created a position of a teacher in-charge of SNE in each school. This teacher would be charged with sensitizing all people (including parents) about the right of all learners to be taught, guiding fellow teachers on how they can help learners with barriers to learning, assist teachers in acquiring skills necessary for teaching CWDs, ensuring that the school is accessible for all learners, identifying learners with Special Needs, and many others.

Another aspect of the implementation process was partnership with parents. Parents were to be encouraged and empowered through orientation about inclusive education, importance of parents' involvement, participation and contributions. Parents had to be helped to respect children's right to education, to understand that some children need more time than others, and to develop a sincere interest in their children's school activities. At the same time, the School Management Committees (SMC) were charged with developing an understanding that children should be taking responsibility for their learning supported by teachers, parents and others involved. The SMC were to ensure that expenses related to the education of CWDs are included in the school's budget. They were to ensure that

teachers participate in trainings related to relevant disabilities. They were also to ensure accessibility within the schools (including play ground) and the ways to schools (MoES, 2007).

The literature about implementation of disability policies put the pupils at the centre of the learning process. It also spells out particular responsibilities of the different stakeholders to ensure that the implementation moves on smoothly. If all this information was available to all people and heeded to by all stakeholders, it would be highly doubtful why pupils would still fail to access education.

2.5 Factors Affecting the Implementation of Disability Policies

According to Owalabi (2005), implementation of a policy involves a series of activities. A schedule of the activities should be arranged specifying even who is to do what, when and how. Financial resources need to be made available to minimize implementation delays plus assigning the human resource their roles. The attitude of people towards a policy highly influences its implementation. Thus Owalabi (2005) argues that they are an indispensable part of this process.

The Government White Paper on Education (1992) outlines a number of factors that have been affecting education implementation in Uganda. These factors include wars and civil strifes, lack of proper planning, regional imbalances, increase in untrained teaching staff, changes in curriculum, the cost of education plus lack of reliable educational data. The implementation of disability policies is hampered so much by the costs involved, lack of proper planning and untrained teaching staff. Dare (1997), for instance, recommends inclusive education and equal access of all pupils to the physical environment, the learning environment, appropriate health and social care provision, sports, leisure and holiday

facilities, etc. The achievement of all these implies proper planning, availability of material resources and trained staff.

Deininger (2000) points out that policy implementation requires qualified professionals, both for supervision and monitoring. An absence of such professionals leads to an acute human resource inadequacies both in numbers and quality. The 1959 United Nations Declaration of the Rights of the Child (as cited by Dare 1997), outlines the rights of a child to life, adequate standard of living, education, leisure, protection against all forms of abuse, a say in matters affecting their lives and opportunities, etc. Apart from teachers there is a need of having other people creating awareness in the communities about these rights of children and a follow-up to ensure that they are not abused. This is where the need for qualified professionals in the implementation process lies for without them the supervision and monitoring exercises will remain undone.

All this literature about factors affecting implementation of policies clearly spells out hurdles that have to be considered. The coming into force of a given policy does not guarantee its observance by everybody in a given society. The presumption of automatic observance has led to lack of proper planning as regards to disability implementation. As a result CWDs are enrolled at schools but end up dropping out because the implementers did not consider the factors as revealed by the above literature.

2.6 Conclusion

Majority of the people who have written about persons with disabilities recognize the human dignity as the starting point. This means that as long as these people are human like the rest, they ought to be treated so. This is the reason why policies were put in place by governments and other bodies like the church. Unfortunately much of what is written

is not lived and consequently persons with disabilities are deprived of their rights especially the right to education.

CHAPTER THREE: RESEARCH METHODOLOGY

3.0 Introduction

This section presents methodological approaches that were used to address the study objectives of this work. It deals with the research design, target population, sample size and sampling techniques, instrumentation of data collection, data presentation and analysis, validity and reliability of instruments, and procedure for data collection.

3.1 Research Design

This study used a cross-sectional survey design which involves the use of both qualitative and quantitative methods of data collection. This design was opted as it can help in collecting data from various categories of people. The combination of qualitative and quantitative methods was aimed at increasing the quality of the work as results from each method reinforce the other. Quantitative techniques helped in giving numerical values to variables whereas qualitative techniques helped in coming up with conclusions on variables that cannot be quantified.

3.2 Target Population

In this study, the target population included head teachers (N = 65), teachers (N=650), pupils (N = 26,000), representatives of School Management Committees (SMC) or Parents Teachers Association (PTA) (N = 65), Priests in-charge of education (N = 4) and Diocesan Education Secretary (N = 1). The head teachers were vital in the study because they implement the policies together with the teachers. The pupils were a significant population because they had all the information they have received about persons with disabilities. The parents' leaders were included because they were instrumental in sensitizing fellow parents and even giving information about families that may have children with

disabilities. The Priests in-charge of education would give information on how the church had followed up the implementation of the policies and possibly the challenges experienced. Finally the Diocesan Education Secretary was to give a broader picture of how the implementation of the policies had been in the whole diocese.

3.3 Sample size and Sampling Techniques

The study collected data from 739 respondents who would include 56 headteachers, 225 teachers, 377 pupils, 56 representatives of SMC or PTA, 2 District Inspectors of Schools (DIS), 1 District Education Officer (DEO), 4 priests in-charge of education, and 1 Diocesan Education Secretary. These respondents were chosen according to Krijcie and Morgan's (1970) technique of simple random sampling to give equal opportunity to every member of the identified community to participate. But the DIS, the DEO, priests in-charge of education at the parishes, the Diocesan Education Secretary were selected by purposive sampling.

Table 1: Sample Size and Sampling Techniques

Category of population	Population size	Sample Size	Selection Method
Pupils	26,000	377	Krejcie and Morgan
Teachers	650	242	Krejcie and Morgan
Headteachers	65	56	Krejcie and Morgan
School Management Committee / PTA Representatives	65	56	Krejcie and Morgan
Priests in charge of Education	4	4	Purposive sampling
Diocesan Education Secretary	1	1	Purposive sampling
District Education Officials	3	3	Purposive sampling
TOTAL	26,788	739	

3.4 Instrumentation of Data Collection

Data was gathered from primary and secondary sources. Primary data was obtained directly from sampled population whereas secondary data was generated from documents, such as books, articles, church and government papers with information related to the subject. The following research methods and instruments were used in the study:

3.4.1 Observation

The study was guided by an observation checklist. The list included things like the setting of the physical environment, accessibility to the buildings, assistive devices, social support and others. In this process, the researcher took a position of a non-participant (passive) observer and recorded the items as they appeared on the checklist which was later interpreted and analyzed. This technique helped to avoid report bias from individuals, overcoming language barriers, obtaining firsthand information, and captured the naturalistic behaviors that were visible.

3.4.2 Questionnaire.

A self-administered questionnaire (SAQs) was constructed with close-ended questions to get only the expected responses for qualitative results. It had five sections corresponding to the five objectives of the study. Each section had questions intended to answer the research question of the corresponding objective. A 5-point Likert-type scale of very many, many, few, very few and none was preferred for the study. The SAQs were used because it helps the researcher to cover a large population quickly and at a reasonable cost. It also caters for confidentiality of the respondents as it does not require their names.

3.4.3 Interview

For this study, a semi-structured type of interview was adopted using an interview guide with open-ended questions. In a semi-structured interview, the researcher works out questions in advance but can change the wording of questions, give explanations and may leave out questions which seem inappropriate with a particular interviewee or add new ones (Robson, 1993, Kane, 1990 cited in Njuki, 2011). This instrument was used because it involves face to face interaction, is flexible, adaptable, and can be used on many people. It was used to capture the non-verbal cues from the participants, to fill up issues not addressed by the questionnaire and even provide firsthand information about the situation in those schools. Interviews cut across all the objectives.

3.5 Validity and Reliability of Instruments

The researcher first discussed the content and format of the instruments with the supervisors to comment on each item in relation to its measurement of a specific objective. The inter-judge coefficient of Content Validity Index (CVI) was calculated using the formula:

$$\text{CVI} = \frac{\text{Number of items declared valid}}{\text{Total Number of items}} \times 100$$

Reliability is the consistency and trustworthiness of research findings. It is treated in relation to the issue of whether a finding is reproducible at other times and by other researchers provided the variable does not change (Frances, 1990; Kvale & Brinkmann, 2009). In this study, internal consistency was assessed by the supervisors who advised on the content of the research tools. This was done using purposely chosen respondents with similar responsibilities from schools that have CWDs. In this case, the same instrument

was given to a specific person twice and the responses from the same items compared later. Items of research tools that gave similar responses were considered reliable. Those items that gave different and varying answers were reviewed and revised before going for the real data collection.

3.6 Procedures for data collection

Prior to the field for data collection, the research instruments to guide the data collection process were designed. The instruments were pre-tested to check on the validity and reliability and then they were fine-tuned. The researcher then sought permission from the schools by using an introductory letter from the Graduate School of Kyambogo University. After permission was sought, the researcher interacted with the participants to create a rapport and also to assure them of the confidentiality of the information they were to give. The interview guide was used for headteachers, representatives of School Management Committees (SMC) or Parents and Teachers Associations (PTA), District Education officials, Priests in-charge of Education and the Diocesan Education Secretary. This tool was preferred for these respondents because they were not many. The questionnaires were used for getting information from teachers and pupils. The observation check list was used by the researcher himself at every school he visited.

3.7 Data Presentation and Analysis

Data from the filled questionnaires was compiled, sorted, and classified. This raw data collected was organized in order to scrutinize the possibility of unnecessary errors. It was then categorized into themes using codes to determine the significant patterns and also to attach meaning. Data analysis for interview guides consisted of examining, categorizing, and tabulating the evidence to address the objectives of the study. During presentation,

simple tables were made consisting of lists of objects containing statistical records in row and column formation.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.0 Introduction

This chapter presents the research findings. The research set out to examine the implementation of Uganda government disability policies on education in Catholic Church founded primary schools in the Diocese of Masaka. The study was guided by the following objectives:

1. To find out what the Catholic Church in the Diocese of Masaka had done to sensitize people about education of children with disabilities.
2. To establish the extent to which the Catholic Church in the Diocese of Masaka had provided Special Needs Education in her schools.
3. To establish education stakeholders' attitude towards educating children with disabilities.
4. To establish the extent to which the government had implemented disability policies on education in schools in the Diocese of Masaka, Uganda.
5. To examine the factors affecting the implementation of disability policies in schools in the Diocese of Masaka.

The findings were presented question by question corresponding with the set objectives. The positive results (very many and many) and negative ones (few, very few and none) were added together in the analysis for purposes of easy comparison. The research employed a questionnaire, interview guide and observation checklist as research instruments. An interview guide was for headteachers, parents' representatives, district education officials and diocesan education officials. A questionnaire was used for pupils and teachers. An observation checklist was used to back up the findings of the other tools. As a backup tool, the observation checklist was not used for every item in the research. It

was opted for because it required very little assistance since the researcher could observe by himself whatever was available or not. The instrument was mainly on any observable persons with disabilities, any assistive devices around the schools and any displayed information about disability. Otherwise, the main tool of the study was the interview guide. This tool exhausted every item of the study unlike the other tools.

4.1 Results of Question One: Sensitization

The first question the study set out to answer was “What has the Diocese of Masaka done to sensitize people about educating CWDs?” The question was divided into three parts. The responses to those three parts of the question were first collected by interviewing headteachers, parents’ representatives, district education officials and diocesan education officials and were summarized in the table below:

Table 2: Interview Responses about Sensitization

Qn. What has the church done to sensitize people about the value of educating children with disabilities?	Hdteachers (%)	Parents’ Repr (%)	District Educ Officials (%)	Diocesan Educ Officials (%)
By use of seminars	14%	8%	-	20%
Counseling courses to teachers	-	-	50%	-
Supply of charts, pictures, placards, etc.	0%	0%	0%	0%
Any others means?	0%	0%	0%	0%
Liturgical preachings	-	-	-	60%

- a) The first part of the question was to find out what the church had done on the side of using seminars in creating awareness about CWDs.

From the findings of Table 2, 86% of the headteachers supported the view that the church did not organize sensitization seminars on this issue. At the same time, 92% of the parents' representatives held the same position as headteachers that there were no seminars organized by the church. For the district education officials, 50% of the respondents indicated that the church had used the counseling courses it offered to teachers to include an aspect of this sensitization. It is clear that these courses were not for sensitization about CWDs as such but they only included this aspect. Though the teachers would consider this component as a way of disseminating the information from this course, there was a high likelihood of not being given much attention since it was not the gist of the counseling course. Finally 80% of the diocesan education officials said that there were no seminars organized.

The following table gives responses to the question of sensitization that were collected by using questionnaires. These responses were from teachers and pupils.

Table 3: Questionnaire Responses about Sensitization

Qn. What has the church done to sensitize people about the value of educating children with disabilities?		Very many	Many	Few	Very Few	None
The church has organized seminars to teach us about children with disabilities.	Pupils	0%	3%	6%	17%	74%
	Teachers	0%	2%	6%	32%	60%
The church sends us pictures and charts about children with disabilities.	Pupils	0%	4%	8%	20%	68%
	Teachers	0%	1%	12%	24%	63%

While still on sensitization seminars among teachers and pupils, the questionnaire findings showed that only 3% of the pupils contacted responded that many seminars were organized

as compared to 97% who said that there were no seminars organized in this regard. This implies that there were virtually no seminars organized.

Two percent (2%) of the teachers said that there were many seminars organized whereas 98% said that there were no seminars organized. This response agrees with that of the pupils that there were no seminars organized.

As the majority of the pupils, teachers, headteachers, parents' representatives and diocesan education officials responded that there were no seminars organized, it is clear that there were virtually no seminars organized to sensitize people about CWDs.

b) The second part of the question focused on the church providing instructional materials like pictures, charts and placards that would be displayed to continuously give information about children with disabilities. The information given out in these forms can remain available to the people at all times and the more they see it the more they internalize it.

According to Table 2, of all the headteachers contacted, none of them claimed to have ever received any such supplies. At the same time no parents' representative had any knowledge of those supplies. The district education officials voiced the same response as the earlier respondents that no materials had ever been supplied by the church. Finally the diocesan education officials also unanimously expressed the same response that the church had never supplied such materials. The responses from this interview clearly showed that the church had never provided any instructional materials to assist in sensitizing people about Children with Disabilities.

The findings from the pupils showed that only 4% of the respondents said that the church provided many of these while 96% said that the church had not supplied such materials. This means that almost nothing had been sent. Among the teachers contacted a majority

of 99% said that no resource materials were ever sent. Therefore the teachers and the pupils agreed that no such materials had ever been supplied.

The table below presents results from the Observation Checklist about any displayed information at the schools the researcher visited.

Table 4: Observation Checklist Findings about Displayed Information

Any displayed information about disability	a) On notice board	0%
	b) Staff room	16%
	c) “Talking compound”	5%
	d) Class rooms	3%

Out of all the schools visited, none had any display on the notice-board concerning CWDs; only 16% of those schools had something displayed in the staffroom concerning CWDs. In addition, only 5% of the schools had an item on disability in their “Talking Compound”. Finally, only 3% of those schools had a display about CWDs in the classrooms. These findings showed that there was almost nothing being done about giving people information about CWDs.

In a sum, the above results from all respondents to this item, clearly showed that the church had never provided instructional materials like pictures, charts and placards that could be displayed to continuously give information and sensitize people about children with disabilities. The researcher also noted that even the government, through the line ministry, had not done much in this area despite its commitment through the Universal Primary Education (UPE) policy (Ministry of Education and Sports [MoES], 2008).

c) The third item on this question of sensitization was to find out any other means that the church had used to sensitize people about CWDs.

According to Table 2, 84% of the interviewed headteachers said that they did not know of any other means used to sensitize people. This implies that the issue was never talked about. At the same time, no single parents' representative ever mentioned another means the church was using to disseminate information about education of CWDs. The district education officials could not name any other means that the church had used to sensitize people about CWDs. Lastly, 60% of the diocesan education officials named liturgical preaching as another means the church used to sensitize people about CWDs. Though this means can be used, its major focus is explaining the Word of God to the people gathered. Since CWDs could not be directly related to the Word of God shared at every occasion, it was highly possible that there were very few occasions when that issue might have been mentioned.

Conclusively, the findings from headteachers, parents' representatives, and district education officials demonstrated that there were virtually no other means used to sensitize people about CWDs. Thus, even the one mentioned by only diocesan education officials (liturgical preachings) seemed not to have made any impact.

In a nutshell, the results of Question One on sensitizing the people about education of CWDs revealed the following. First, the majority of the respondents agreed that there were no seminars organized to sensitize people about this issue. Thus many people were still green about it. Second, all the people contacted unanimously responded that the church had never provided instructional materials like pictures, charts and placards that could be displayed to continuously inform people about educating CWDs. Lastly, the results revealed that apart from the two means of sensitization mentioned above, there were no other means used to sensitize the people. Thus the findings clearly demonstrated that the church had not sensitized people about education of CWDs.

4.2 Results of Question Two: Provision of Special Needs Education

The second question of the study was “What mechanism has the Diocese of Masaka put in place to provide Special Needs Education in their primary schools?” In the struggle to extract more information in this area, the researcher developed three items looking at three vital aspects of this question. These were; the church giving assistive devices to help those children to study, the church building schools with facilities that enable Persons with Disabilities to study well, and lastly the church sponsoring teachers for training in teaching CWDs.

a) The first item was about what the church had done to provide CWDs with equipment (technically referred to as assistive devices e.g. wheelchairs, white canes, Braille machines, sight glasses, etc) that can enable them to access education. The table below gives interview responses about the church providing SNE to CWDs through the three aspects mentioned above.

Table 5: Interview Responses about Provision of SNE.

Qn. What mechanism has the church put in place to provide SNE to CWDs?	Hdteachers (%)	Parents' Repr (%)	District Educ Officials (%)	Diocesan Educ Officials (%)
Any provision of assistive devices? “Yes” was the most frequent response.	9%	4%	0%	0%
Construction of schools with Special Needs facilities.	0%	4%	40%	20%
Sponsoring the training of teachers in Special Needs Education.	5%	8%	0%	20%

From the above findings, 91% of the headteachers claimed having no knowledge of devices supplied by the church for CWDs. As this percentage is the majority it means that there were almost no provisions made. Among parents’ representatives, only 4% of the respondents said that they knew of some devices given by Masaka Diocese Development

Organisation (MADDO). But since the majority (96%) denied such provisions, then there were no provisions of devices made by the church. Lastly, the district education officials and the diocesan education officials had the same response that there was no provision of assistive devices by the church for CWDs. All these respondents spoke with one voice that the church had not provided any assistive devices for CWDs.

The tables below give a summary of the questionnaire responses about the church providing SNE to CWDs.

Table 6: Questionnaire Responses about Provision of SNE.

Qn. What mechanism has the church put in place to provide SNE to CWDs?		Very many	Many	Few	Very Few	None
The church gave children with disabilities equipments to use e.g. wheelchairs, etc.	Pupils	1%	6%	23%	33%	37%
	Teachers	0%	0%	7%	31%	62%
The church has built schools with things that help children with disabilities to study well.	Pupils	2%	7%	28%	23%	40%
	Teachers	0%	0%	9%	20%	71%
The church helps to pay for training of teachers who are to teach children with disabilities.	Pupils	0%	1%	5%	22%	72%
	Teachers	0%	1%	10%	33%	56%

Among the pupils contacted, only 7% claimed that the church had provided such devices while 93% said that no devices had been provided. This implies that there were no devices provided by the church. The contacted teachers also held the same view like pupils that no devices had been provided by the church for CWDs.

Finally, the above findings from pupils, teachers, headteachers, parents' representatives, district education officials and diocesan education officials revealed that there were completely no assistive devices provided by the church to enable CWDs to access education.

b) The second item of the question was about the church constructing schools with facilities that helped CWDs to study well. These facilities included ramps, well leveled school compounds, spacious and modified toilets for PWDs, and others.

According to Table 5, the headteachers unanimously agreed that they had no knowledge of schools constructed with those facilities by the church, while 96% of parents' representatives also responded that no school with such facilities had been constructed by the church. Among the district education officials, 30% of the respondents claimed that the church had done such constructions. They cited as an example, a church-founded girls' primary school which has a unit for deaf pupils. Surprisingly, the new building at that school where the deaf unit was housed was not very accessible by Persons with Disabilities. This was because the entrance had stairs instead of a ramp and the classroom door was too narrow for a person in a wheelchair to enter! Since the remaining 70% formed the majority, it meant that what the church had done so far had not constituted a significant contribution. Lastly, only twenty percent (20%) of the diocesan education officials said that such constructions had been done by the church, and cited two primary schools as examples. In this case as well the remaining 80% formed the majority which held a contrary view.

According to Table 6, only 9% of the contacted pupils claimed that the church had constructed many such schools whereas 91% differed with this position. Since it was the majority denying such constructions it meant there were no such constructions. The teachers held one position that there were no schools constructed by the church with facilities for CWDs. This was in line with what the pupils expressed that no such schools had been constructed.

The table below supplements the above findings by presenting the findings obtained by using an Observation Checklist on assistive devices seen around the schools.

Table 7: Observation Checklist Findings about Assistive Devices

Assistive devices that were seen around the schools.	a) Wheelchairs	0%
	a) Ramps	61%
	b) White cane	0%
	c) Braille machine	0%
	d) Interpreter(s)	0%
	e) Latrine for PWDs	44%

The Observation Checklist showed 61% of the contacted schools had ramps and 44% had specific toilet stances for CWDs. It should be noted that the majority of the recent constructions of schools had been done by government, but not church programmes. The government had committed itself to this mainly through the UPE policy (MoES, 2008). These programmes were credited for putting ramps at almost all of their buildings and having a toilet stance for Persons with Disabilities at each constructed school.

Finally the findings from pupils, teachers, headteachers, parents' representatives, district education officials and diocesan education officials revealed that there was almost no construction of schools that are CWDs friendly by the church. Even when two schools were pointed out, the researcher found this too little compared to the many schools visited.

c) The third item was about the church sponsoring the refresher courses of in-service teachers in SNE and pre-service training of teachers in SNE to enable them to teach CWDs. The findings in Table 5 revealed that 95% of the headteachers asserted that the church had never sponsored teachers for training in SNE. Thus there was no sponsorship at all. Then, 92% of the parents' representatives said that there was no such sponsorship of teachers for training in SNE. Again there was none of the district education officials who knew about

such sponsorship. It meant that the church was not sponsoring teachers for training in SNE. Among the diocesan education officials, 80% also held the position that the church was not sponsoring teachers for training in SNE.

Among the contacted pupils (Table 6), 99% claimed that no teachers were sponsored by the church for training in SNE. According to these pupils, the church did not sponsor teachers for such training. As for the contacted teachers, again 99% did not have any information about the church sponsoring teachers for training in SNE. Therefore as pupils and teachers agreed on the issue, it was clear that the church did not sponsor teachers for such training.

Finally, these findings from pupils, teachers, headteachers, parents' representatives, district education officials and diocesan education officials demonstrated that the church had not sponsored any teachers for training in SNE.

Conclusively, the findings showed that the church had not yet done much in the area of providing SNE. The church had not yet provided assistive devices to enable CWDs to access education. The church had not yet constructed schools with facilities that enable CWDs to study well. And finally the church had not yet involved herself in sponsoring the equipping of teachers with skills for teaching CWDs. Therefore the church had not provided SNE in her schools.

4.3 Results of Question Three: Stakeholders' attitude towards educating CWDs

This section was intended to find out the education stakeholders' attitudes towards educating CWDs. The attitude of stakeholders affects very much the policy implementation process. In this case if stakeholders had a negative attitude, the CWDs would feel unwelcome and out of place. As a result they would keep away from schools.

The researcher considered three categories of stakeholders, these were: pupils, teachers, and parents. This was so because these three categories had a direct and daily contact with CWDs.

a) In the first place the researcher worked to find out the attitude of pupils and how they related with fellow CWDs. The table below gives interview responses concerning the way pupils relate to fellow pupils who are CWDs.

Table 8: Interview Responses on Stakeholders' Attitude towards CWDs

Qn. What is the education stakeholders' attitude towards educating CWDs?	Hdteachers (%)	Parents' Repr (%)	District Educ Officials (%)	Diocesan Educ Officials (%)
a) How do pupils relate to fellow pupils who have disabilities? "Freely" was the most frequent response.	91%	85%	60%	20%
b) How do teachers value educating a child with disabilities? "Positively" was the most frequent response.	78%	88%	70%	60%
c) How do parents of children with disabilities value educating such children? "Positively" was the most frequent response.	63%	50%	25%	20%

According to the above findings, 91% of the headteachers claimed that pupils had a positive attitude towards CWDs while 9% stated that fellow pupils had a negative attitude even going to the extent of isolating them. On the side of parents, 85% of the parents' representatives affirmed that fellow pupils had a positive attitude towards CWDs.

The table below gives responses from pupils and teachers concerning the education stakeholders' attitude towards educating CWDs.

Table 9: Questionnaire Responses on Stakeholders' Attitude to CWDs

Qn. What is the education stakeholders' attitude towards educating CWDs?		Very many	Many	Few	Very Few	None
The pupils relate well to children with disabilities e.g. by using sign language.	Pupils	0%	22%	12%	33%	33%
	Teachers	1%	22%	17%	29%	31%
The teachers love to teach children with disabilities.	Pupils	4%	13%	23%	28%	32%
	Teachers	13%	22%	28%	20%	17%
Parents who have children with disabilities send them to school like other children.	Pupils	8%	11%	26%	48%	8%
	Teachers	0%	15%	28%	51%	6%

The findings from pupils showed that 22% of the respondents said that many pupils had a positive attitude towards such children while the rest (78%) felt that pupils had a negative attitude towards CWD. Since more than three quarters expressed a negative attitude, it implied that CWDs were not generally welcomed by fellow pupils. As for teachers, 23% stated that many pupils had a positive attitude towards CWDs compared to 77% who felt that pupils had a negative attitude towards their fellow CWDs. As those with a negative attitude were the majority it rhymed well with the findings from pupils that CWDs were not generally welcomed. The findings here brought out two extremes. The majority of pupils and teachers showed a negative attitude of pupils towards CWDs whereas majority of headteachers and parents' representatives showed a positive attitude of pupils towards CWDs. At the same time, 60% of the district education officials contacted said that fellow pupils had a positive attitude while 80% of the diocesan education officials said that fellow pupils had a negative attitude towards CWDs and they often isolated them.

The findings therefore revealed that pupils, teachers and diocesan education officials claimed that pupils had a negative attitude towards CWDs. On the other hand headteachers, parents' representatives and district education officials held that fellow pupils had a positive attitude towards CWDs. However, the researcher put more weight on the perception of pupils and teachers since these spent more time with CWDs than the rest of the categories of respondents. Consequently it showed that CWDs were not yet wholly received by fellow pupils.

b) In the second place the researcher sought to establish the attitude of teachers and how they value teaching children with disabilities.

From the headteachers' responses (Table 8), 78% of the respondents expressed that teachers were very positive about teaching CWDs. This was a surprising divergence from the pupils and teachers. At the same time, 80% of the parents' representatives contacted said that teachers had a positive attitude towards teaching CWDs. This category still held the same position just like headteachers. As for the district education officials, 70% of the respondents said that teachers were positive about teaching CWDs. Lastly, 60% of the diocesan education officials also maintained that teachers were positive about teaching CWDs. All the above interviewed groups responded that teachers had a positive attitude towards teaching CWDs.

According to the pupils' responses (Table 9), only 17% of the contacted pupils said that many teachers had a positive attitude towards teaching CWDs while 83% had a negative attitude. This implied that the majority of the teachers were uncomfortable teaching CWDs and thus had a negative attitude towards them. Among the teachers, 35% of the respondents said that teachers had a positive attitude towards teaching CWDs while the

other 65% were negative about it. Again the majority of the teachers were like the majority of the pupils in stating teachers' negative attitude towards teaching CWDs.

In conclusion, the researcher found the majority of pupils and teachers claiming that teachers had a negative attitude towards teaching CWDs while the majority of headteachers, parents' representatives, district and diocesan education officials stated the contrary. Since pupils and teachers stay at school with CWDs longer than any of the other categories of respondents, their views take the upper hand in this aspect. Therefore teachers had a negative attitude towards teaching CWDs.

c) In the third place, the researcher investigated the attitude of parents of children with disabilities regarding sending those children to school. There was interest in finding out whether those parents value educating children with disabilities the same way they do for other children without disabilities.

Out of the contacted headteachers (Table 8), 63% stated that such parents valued educating CWDs the same way they did to other children, while 37% stated that such parents had a negative attitude towards educating CWDs. According to the headteachers, parents of CWDs valued educating those children just like educating the other children. This view was different from that of teachers and pupils. As for the parents' representatives, 50% of the respondents claimed that such parents valued educating CWDs the same way they did educating other children. This meant that an exact number of parents' representatives held the view that such parents did not value educating their CWDs. Although the percentages seemed to be the same here, the researcher, having interacted with teachers who received those CWDs at schools, felt that parents of CWDs did not generally value educating those children like the normal children. The teachers informed the researcher that even if CWDs were brought to schools, the majority of their parents were reluctant in providing all things

that they needed for their studies. The parents only encouraged the teachers to do what they could provided that they (CWDs) learnt how to write their names and some few basics for survival. Among the contacted district education officials, 75% said that parents of CWDs did not value educating CWDs as compared to other children without disabilities. As 75% was three quarters, the researcher inferred that parents of CWDs did not value educating such children just like others without disabilities. As for the diocesan education officials, 80% of the respondents agreed that parents of CWDs did not value educating those CWDs just like the other children without disabilities. This meant that such parents did not care whether a CWDs could not go far with education. This was the same view held by the district education officials.

According to the findings displayed by Table 9, only 19% of the contacted pupils said that many parents of CWDs valued educating those children just like the other children without disabilities, while 71% said that they did not value educating CWDs. The majority view was that parents of CWDs did not value educating those children with disabilities. As for the teachers, 85% stated that parents of CWDs did not value educating those children. As this percentage is more than three quarters of the population, it implied that parents of CWDs did not value educating those children. This view of the teachers was the same as that of the pupils.

Finally, the results revealed that for pupils, teachers, district education officials, diocesan education officials, and the parents of CWDs did not value educating CWDs the same way as that of children without disabilities. Surprisingly headteachers and parents' representatives held a contrary view. They asserted that such parents valued educating CWDs. It is worth noting that headteachers and parents' representatives occupied leadership posts and did supervisory roles but not in a concrete daily interaction with

CWDs just like teachers and pupils. This might have contributed to their holding of differing views on the subject.

4.4 Results of Question Four: Government's Implementation of the policies

The next question aimed at establishing the extent to which the government had implemented disability policies on education in Catholic Church founded primary schools in the Diocese of Masaka. The findings to this question were sought by using four items. These were: teaching of those policies to pupils, teachers' ability to handle Special Needs Education, having teachers with disabilities at schools, and having pupils with disabilities in the schools.

- a) The researcher started with an item geared at establishing whether pupils in schools were being sensitized about policies on educating CWDs. The table below gives a summary of the interview findings concerning government's implementation of those policies in Catholic Church founded primary schools.

Table 10: Interview Responses on Government’s Implementation of Policies

Qn. To what extent has the government implemented disability policies on education in schools?	Hdteachers (%)	Parents’ Repr (%)	District Educ Officials (%)	Diocesan Educ Officials (%)
How often are pupils sensitized about policies on disabilities in this school? “Regularly” was the most frequent response.	77%	65%	58%	20%
How many teachers have skills in teaching CWDs? “None” was the most frequent response.	84%	91%	78%	80%
How many teachers with disabilities are employed in those schools? “None” was the most frequent response.	93%	94%	70%	40%
How many children with disabilities have you in this school? “None” was the most frequent response.	16%	10%	55%	40%

Out of the contacted headteachers, 77% claimed that pupils were being sensitized regularly while 23% of them denied it. Here again the headteachers differed with the teachers. Among the parents’ representatives interviewed, 65% of them responded that pupils were being sensitized regularly but the other 35% responded that it had not yet been done. These two categories of respondents (headteachers and parents) still held the same view that differed from that of teachers and pupils. At the same time, 58% of the contacted district education officials said that the pupils were being sensitized in schools. Finally, 80% of the diocesan education officials said that the sensitization of pupils about those policies had not yet started.

The table below gives a summary of the findings from pupils and teachers concerning government’s implementation of those policies in Catholic Church founded primary schools.

Table 11: Questionnaire Responses on Government’s Implementation of Policies

Qn. To what extent has the government implemented disability policies on education in schools?		Very many	Many	Few	Very Few	None
At school, there are times when they sensitize us on rules about children with disabilities.	Pupils	0%	4%	7%	61%	28%
	Teachers	0%	14%	17%	25%	44%
Teachers know the special ways of teaching CWDs.	Pupils	1%	16%	26%	27%	30%
	Teachers	3%	15%	24%	39%	19%
There are teachers with disabilities on our school staff.	Pupils	1%	16%	26%	27%	30%
	Teachers	3%	15%	24%	39%	19%
There are children with disabilities in our school.	Pupils	0%	1%	5%	32%	62%
	Teachers	0%	0%	8%	26%	66%

The results showed that only 4% of the contacted pupils said that there were many times of sensitization about those policies while 96% expressed that there was no sensitization. The score of 96% is a very high percentage meaning that those sensitizations were not being done at all. According to the majority responses, sensitizations about those policies were not being done. For the teachers, only 14% claimed that pupils were being sensitized many times whereas 86% expressed that they were not being sensitized. The percentage of those who said that pupils were not being sensitized was also very high. This meant that there was virtually no sensitization of pupils about those policies. The teachers did concur with the pupils’ position.

Finally, the above findings gave only a midpoint from either side of the issue. The pupils, teachers, and diocesan education officials were clear that there was no sensitization about disability policies whereas headteachers, parents’ representatives and district education officials claimed that sensitizations were being done in schools. It was noted that pupils and teachers were more reliable about the day-to-day happenings at the schools. Their

response on this issue carried more weight. Therefore the sensitization of pupils about disability policies had not yet started in most schools.

b) Second, there was an item to gauge the number of teachers who had skills for teaching CWDs. The skills implied here may include knowing sign language, using a Braille machine, knowing how to make assistive devices and others.

The interview results (Table 10) showed that 84% of the consulted headteachers affirmed that teachers did not have skills of teaching CWDs. As this view was from the school administrators who verified the qualifications of their staff, it was certain that teachers did not have the required skills. On the side of the contacted parents' representatives, 91% put it that teachers did not have skills of teaching CWDs. Virtually all of the interviewed district education officials accepted that teachers did not have skills in teaching CWDs. Lastly, 80% of the diocesan education officials stated that teachers lacked skills of teaching CWDs.

According to the consulted pupils (Table 11), 17% claimed that many teachers had these skills while 83% stated that teachers did not have the required skills for teaching CWDs. They would only try being creative. Since the majority did not have skills, it was likely that even the 17% claimed to have had skills were only being creative and improvising means of imparting some knowledge to CWDs. For the teachers themselves, 18% of the respondents said that teachers had skills in teaching CWDs while the rest denied it. The biggest percentage of the teachers put it that teachers did not have those skills just the same way that pupils did.

The above findings from pupils, teachers, headteachers, parents' representatives, district and diocesan education officials all concur with the fact that teachers did not have skills of teaching CWDs.

c) The third question was to gauge the number of teachers with disabilities that were deployed in the schools. This was considered because employing such people gives CWDs a role model to look at and helps them not to be pessimistic about life.

According to the headteachers consulted (Table 10), 93% of the respondents stated that there were no teachers with disabilities in their schools. This implied that the number of teachers with disabilities that might have been there was too small to be recognized. The parents' representatives did not differ with the above findings. Of all the parents' representatives interviewed, 94% said that there were no teachers with disabilities in the schools. In the same respect, the district education officials stated that teachers with disabilities constituted a very small percentage of the deployed workforce in the schools. In other words, teachers with disabilities were there but their number was too small to make an impact. Lastly, the diocesan education officials interviewed responded that although those teachers might have been there, it was difficult to recognize them because of their paucity.

According to the pupils contacted (Table 11), 99% said that there were no teachers with disabilities deployed in the schools. This meant that such teachers were not there at all. At the same time all the contacted teachers stated that there were no teachers with disabilities on their schools' staff. Table 12 below shows the Observation findings about persons with disabilities that were recognized at the schools the researcher visited.

Table 12: Observation Findings about Persons with Disabilities at the Schools

Persons with disabilities who were seen around the schools.	a) Teachers	9%
	b) Pupils	84%
	c) Support staff	7%
	d) Parents	Blind parents = 2%

The Observation Checklist noted 7% of the Support staff as being Persons with Disabilities. The findings from the Observation Checklist also included Support staff and parents who are Persons with Disabilities. Lastly by observation, at one school there was a note made of a blind parent constituting 2% of the findings.

All the above findings were consistent that the number of teachers with disabilities was too small to recognize. In other words there were no such teachers.

d) The fourth and last item for this question was to gauge the number of CWDs that were in the schools.

The findings demonstrated by Table 10 revealed that 84% of the headteachers interviewed said that CWDs were there in the schools. This position differed from that of teachers and pupils yet the three categories of respondents (pupils, teachers and headteachers) were always at the schools together. At the same time, 90% of the parents' representatives interviewed responded that children with disabilities were in schools like other children. These held the same view with headteachers though they differed with teachers and pupils. As for the district education officials interviewed, they expressed that the majority of CWDs were not in schools. Lastly, the diocesan education officials interviewed agreed

that the majority of CWDs were not in schools. The majority of such children were at home.

According to the pupils contacted (Table 11), only 2% responded that CWDs were many while 98% said that those children were not in schools. This was clear that CWDs were not in schools. As for the teachers contacted, only 5% stated that there were many CWDs in schools while 95% denied their presence in schools. This big percentage from teachers implied that CWDs were not being brought to school. The Observation Checklist findings (Table 13) indicated that there were some CWDs in each of the schools.

In general, the above findings revealed that CWDs were not in schools. The responses of pupils, teachers, district and diocesan education officials affirmed that CWDs were not at school. Some schools reported that some CWDs had enrolled and dropped later while others had some information about those children in villages without ever being brought to school.

4.5 Results of Question Five: Factors Affecting the Implementation of Policies

The last part of the findings was to establish whether there were any factors that affected the implementation of disability policies and consequently made school access difficult for CWDs. Table 13 below shows responses from pupils and teachers on whether there were factors affecting the implementation of disability policies in schools or not.

Table 13: Questionnaire Responses about Factors affecting Policy Implementation

There are problems that make it difficult to implement disability policies in schools.	Very many	Many	Few	Very Few	None
Pupils	12%	68%	14%	4%	2%
Teachers	35%	41%	18%	6%	0%

According to the pupils contacted, 80% of the respondents confirmed that there were many problems hindering the implementation of policies. This meant that the policies were not just neglected. On the side of teachers, 76% of the respondents confirmed that there were many problems affecting the implementation of policies. The other categories of respondents that were interviewed also held the same position and enumerated those problems.

The table below presents the various factors that were deemed to have affected the implementation of disability policies in schools.

Table 14: Interview Responses about Factors affecting Policy Implementation

Qn. What are the factors affecting the implementation of disability policies?	Hdteachers (%)	Parents' Repr (%)	District Educ Officials (%)	Diocesan Educ Officials (%)
1. Society's negative attitude to PWDs	30%	15%	50%	20%
2. No motivation for teachers	6%	50%	50%	20%
3. Lack of assistive devices	30%	31%	100%	
4. Stigma due to fellow pupils' attitude	5%	12%	50%	
5. Lack of sensitization	51%	39%		20%
6. No hope in these children (pessimism)	14%	39%		20%
7. Lack of trained personnel / specialists	42%	8%		40%
8. Poverty of parents	35%	30%		20%
9. Severe disabilities	2%	8%		
10. Staff ceiling does not consider 1:10 ratio for SNE leading to understaffing			50%	40%
11. Improper appointmts by gov't	9%			
12. Disinterested parents	9%			
13. No funds at school	23%			
14. Parents' negligence		12%		
15. Irresponsibility of policy implementers		4%		
16. Many assistive devices are costly			50%	
17. Inclusive education does not help			50%	
18. After assessments parents expect assistance			50%	
19. Taking it as non-issue				20%
20. Little materials for continuous awareness e.g. displayed placards				20%

The above table presented many factors by the different respondents. Although all factors were vital for consideration, the researcher ordered them according to how many categories of respondents mentioned them. The order followed those that were mentioned by all four categories of respondents, then three, two and only one category. The factors of society having a negative attitude to PWDs plus lack of motivation for teachers were

expressed by all four categories of respondents. The respondents expressed that where parents and relatives of PWDs failed to accept such children, it was very difficult to implement the policies. Also they informed that teachers always needed motivation since CWDs require extra attention and care. So policy implementers ought to give first priority to those two factors. These factors were followed by those mentioned by three categories of respondents. These included lack of assistive devices, lack of sensitization, stigma due to other pupils' attitude, pessimism, lack of specialists and poverty of parents. These factors showed that there was little attention being given to CWDs and their issues. This truly made implementation of policies difficult. The next factors were those mentioned by only two categories of respondents. These included severity of disabilities, and staff ceiling which did not consider the 1:10 ratio for SNE. Severe disability cases are better handled in specialized institutions, for instance a deaf and blind child could not do much in inclusive education. The issue of staff ceiling was a surprise to the researcher since the government committed itself even in the UPE policy that the District Education Department would always ensure proper staff ceiling including the ones for CWDs (MoES, 2008). The matter raised much concern because the district education office had all statistical forms from the schools indicating the numbers of CWDs that were enrolled. Lastly there were factors mentioned by only one category of respondents. These included assistive devices being expensive, limitations of inclusive education, parents only expecting assistance instead of doing what they can, and others. These factors being placed last did not mean that they were less important. The researcher only followed an order and felt that if this order is followed by policy implementers as they attend to them, it could lead to successful implementation of disability policies.

CHAPTER FIVE

SUMMARY, DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.0 Introduction

The purpose of the study was to find out the extent to which government disability policies on education had improved school access for CWDs in Catholic Church founded primary schools in Biikira deanery of the Diocese of Masaka. This chapter begins with a summary of the main findings of the study, followed by a discussion of the objectives in the light of the findings, then conclusions and finally recommendations.

5.1 Summary of main findings.

The study came up with main findings in the areas of: sensitizing people about CWDs, providing SNE in Catholic Church founded schools, the attitude of education stakeholders towards CWDs, implementation of disability policies in schools, and factors affecting the implementation of disability policies.

- i) Sensitization. The findings revealed that the church had not organized seminars, not supplied any instructional materials, and not used any other means to sensitize people about education of CWDs.
- ii) Providing SNE. The findings revealed that the church had not yet provided assistive devices, not yet constructed schools with PWDs facilities, and not yet involved in sponsoring the training of pre-service teachers in SNE plus sensitizing in-service teachers about SNE.
- iii) Education stakeholders' attitude towards SNE. The findings showed that pupils and teachers had a negative attitude towards CWDs, while parents of CWDs did not value educating those children like other children without disabilities.

- iv) Government implementation of policies. The findings showed that there were no programmes of sensitizing school pupils about those policies, teachers did not have SNE skills, there were virtually no teachers with disabilities employed in the schools, and CWDs were not in schools though respondents stated that such children existed in the localities. Thus the implementation of disability policies was not as yet done.
 - a. Factors affecting the implementation of policies. The findings revealed major factors including lack of sensitization, lack of specialists, poverty of parents of CWDs, lack of assistive devices, people having no hope in those children, lack of motivation for teachers, stigma due to fellow pupils' attitude, society's negative attitude to PWDs, and others.

5.2 Discussion of Findings

5.2.1 Sensitization

Sensitization refers to creating awareness among people about a given issue. One of the aims of this study was to find out to what extent people had been sensitized about education of CWDs. Many communities in the past held varying views about PWDs. Some of them considered CWDs as a curse for a sin committed by some ancestors in a family (Sinha, 2010). As a result, people felt ashamed of the curse and ended up hiding those children and not according them their rights as human beings. The study revealed that some parents got so confused about the situation that they did not know what to do with those children. Others lost hope of what such children could do in life. These differences come about because of the differences in the degree of the disability. Generally a disability may be mild, moderate and severe (Bamford, 1992). The severe cases can easily cause a parent to lose hope about the future of such a child.

It is situations of this kind that make sensitization very important. The parents and other school stakeholders had many questions about disability. They were not certain that such children could learn, to which school they could go, how they could be taught, what support services could be available at school, and how other children would accept them. Because of the endless questions people raised, some educationists recommended sensitization programmes for the community at large, the world of work, and institutions involved in education with all their stakeholders (Saini, 2010). This large scale sensitization could help to make people aware of who PWDs are and their rights as human beings. The PWDs would finally be received wherever they would go and be given the necessary support according to the circumstances.

According to the questions in the interview guide and questionnaire, the researcher suggested some ways that sensitization could be done. These mainly included organizing workshops and seminars at the different levels plus displaying information about PWDs. These displays would be hung in all possible places in the communities just as those about immunization and voting are done. At the schools such displays could be on the notice boards, in classrooms, staffrooms, offices and other places. Apart from these ways of sensitization, the researcher had hopes that there could be other possible innovations. It was only liturgical preaching that some church ministers were using to put across this information to their followers.

Having considered the lack of information about PWDs that people had, it was noted that the work of sensitization faced limitations. The District Inspector of Schools (DIS) in-charge of SNE cited a limitation of funds to run the activities of the department. Funds were inevitable for mass production of necessary documents that ought to be disseminated

down to the grassroots. These included particularly policy documents both from the government and the Church. Funds were also needed for the training of personnel that would form a team for this work. The personnel needed to be facilitated and motivated to remain committed to the cause. The cooperation and commitment of other partners like local leaders, teachers, pupils, church leaders, parents of CWDs and others was as well vital. Consequently, the absence of the majority of the above led the researcher to conclude that there was virtually no sensitization done in the area where the study was carried out.

5.2.2 Provision of SNE.

In his book: “A Textbook of Special Education”, Sinha (2010) talks about SNE as being special. While referring to Special Education, he says that it “is individually planned, systematically implemented, and carefully evaluated...to help exceptional learners achieve the greatest possible personal self-sufficiency and success in present and future environments.” Although the education is special, Farrant (1980) warns that it “does not always require special institutions but does require special teaching facilities and specially trained teachers.” This means that whenever one resolves to provide SNE, special attention must be paid to availability of assistive devices, support services, construction that is PWDs-friendly and instructors that are skilled in SNE. The availability of these aspects will highly contribute in making CWDs comfortable at school. Assistive devices include equipment that PWDs can use to help them perform better. These may include clutches, wheelchairs, slates, styli, Braille machines, white canes, hearing aids, and others. Support services are activities other people do to help PWDs. These may include pushing a person in a wheelchair, interpreting for the deaf, guiding those with sight impairments, and others. Construction of institutions that are PWDs-friendly are those that do not bar them access. These are buildings with ramps, lifts, spacious and modified toilet stances for PWDs, well-

leveled compounds that are not dangerous to blind people and others. The aspect of having staff members that are trained in SNE must not be left out. The teachers' expertise also helps fellow pupils to acquire skills of communicating and relating to PWDs. As Saini (2010) expressed it, the world is moving into an inclusive society where PWDs are not secluded to be alone on their own. Therefore when all learners are in the mainstream, they acquire skills of living and relating to PWDs even after school.

Provision of education to CWDs will always raise their morale and esteem. Whenever they see themselves competing with the rest in several spheres of life it makes them appreciate who they are. It should be noted that disability of one aspect (e.g. physical disability) does not mean disability in other areas as well. At the same time education accorded to PWDs helps the rest of the society to acknowledge that such people are not disabled throughout, after all disability is not inability. Again it helps to avoid the shocks that some people would get if, in future they should give birth to a CWDs.

Although provision of education to CWDs is an ideal, many people and institutions have faced limitations in achieving it. The funds for acquiring assistive devices are a very big challenge. Devices like Braille machines are not common commodities on the market. This also means that their prices are high yet disability does not only go to rich people. At one of the schools visited, a researcher was informed of a child who fell sick while in Primary three class. By the time the child recovered, he had become crippled and was just crawling. He stopped studying because the parents did not have money to buy him a wheelchair. Again construction and modification of structures to become PWDs-friendly places has an added cost. This area as well has a challenge of knowledgeability of technical workers. For instance, at some schools visited they had instructed builders to provide wide doors

but they did not because their suppliers had only a standard size which is not wide enough for a person in a wheelchair.

Many teachers were also not knowledgeable about Special Education because the colleges they attended did not give them a dose of SNE. When they finish and start teaching, it is not easy to get funds for such refresher courses. Sinha (2010) says that Programme of Action (POA), (1992) aimed at equalization of educational opportunities. One way of achieving this was by re-orienting pre-service and in-service teacher education programmes to meet Special Needs in the classroom. In reaction to this, in India the Ramamurthy Committee (1991) recommended that in the pre-service teacher training programme, education of the handicapped should be made part of the pedagogy and methodology. Also a programme of sensitization should be implemented for in-service teachers as well (Sinha, 2010).

Attitudes of Stakeholders

One writer Saini (2010) says that the disabled people feel the disability not because of their physical and mental handicap but because of the barriers shown by the society. He categorizes these barriers into three; that is, environmental, institutional and attitudinal barriers. Attitudinal barriers are those that people build up thinking that the disabled are incapable, pathetic, pitiable, inferior, unemployable and others. In the field of employment, for instance, Bruyere et al. (2006) found out that employers' attitudes towards employing people with disabilities were very difficult to change. Many of those employers could not believe that PWDs could serve satisfactorily in whatever capacity of a given organization.

The school as an educational institution rests on the contributions of categories of people referred to as stakeholders. The categories of these stakeholders include parents, teachers, pupils, School Management Committees, parents' associations, the district education office that works on behalf of the government, the education offices of the Foundation bodies and others.

The attitudes the above stakeholders have towards the education of CWDs determine a lot what such children can get from a given school. This study limited itself on the attitude of pupils, teachers, headteachers, parents' leaders, district education officials and diocesan education officials.

As pointed out earlier, some parents of CWDs are reserved about taking their children to school because they look at the disability as a shame. These are the parents who think that the child has disabilities because of a curse in the family. Therefore they are ashamed and end up hiding the child instead of taking him/her to school. Most of such parents do so to save themselves and the child from humiliation by the society. Other parents fail to take their CWDs to school because of the severity of the disability. They feel that the child is too impaired to be able to manage studies. They feel that the studies will bother the child so much and end up torturing him instead. In the same line they think that they are the only ones who can appropriately take care of such a child but not other people who are not his/her parents. Most of these parents are not aware that there are centers and special schools for severe cases of disability. In general, some parents have a negative attitude towards education of CWDs mainly because of pitying those children and being ignorant of some available possibilities.

On the side of teachers, some receive CWDs yet they have no skills at all on how to handle them. This is just because they are teaching in inclusive or mainstream schools. Since those children's pace in learning is often lower than the average learner in most aspects, a teacher may end up classifying him/her as a bother and time waster. In England some teachers who did not have SNE skills but had CWDs in the large class felt they were not thoroughly equipped, did not have enough time for those slow learners and just kept looking at them (Hegarty et al, 1990).

Also, when pupils see a CWDs, particularly a child with physical impairment, they first recognize that such a child is different from the majority. In most cases they express a considerable feeling of fear, hostility and aversion towards CWDs. Some pupils also perceive CWDs with an outgroup status. The attitudes of pupils towards CWDs are mostly influenced by their parents' views. These attitudes may lead CWDs to make friends with only fellow CWDs or other outgroups (Hegarty et al, 1990). Since they are living together all the time, the attitudes of fellow pupils and teachers may discourage CWDs from coming to school.

However, in general, the attitudes can change if people are sensitized. The parents' involvement in the education of their CWDs is highly needed especially on three levels; providing the appropriate information, advice and practical help. The work of integrating CWDs into inclusive education involves a lot of modifications that can only be successful if parents also support and work together with the school.

In *A Guide for Assessment of Learning Potentials and Needs*, Kyambogo University (2007) encourages teachers to carry out assessment of their pupils to identify those with

special needs. Having found out the particular needs or disability of such learners, the teacher can then request for the appropriate assistance of personnel and assistive devices. If the degree of disability is severe, then they refer that particular learner to the appropriate special school or habilitation centre. Pupils' attitudes can change by mainly sensitization and staying together with CWDs. Hegarty (1990) reported that the pace at which pupils' attitudes changed to be positive after staying with CWDs for a year was faster than that of the teachers.

The study findings showed that pupils had a negative attitude towards fellow pupils that were CWDs. So CWDs were not completely received by their fellow pupils. Again the findings revealed that teachers had a negative attitude towards teaching CWDs. Lastly the parents of CWDs did not value educating those children like other children without disabilities. Consequently all education stakeholders held a negative attitude towards CWDs.

Implementation of Policies

A policy has been taken as a course of action adopted by a government, party, ruler, statesman, and others. According to Drake (1999), a policy is intended to indicate the formal or claimed status of a past, present or proposed course of action. It has a sense of laying down principles and guidance for the future conduct of government and institutions in specific regards.

The education of PWDs has had several policies made both at national and international levels. When some policies are made at international level, a country may subscribe to them and consequently implement them. Uganda as a nation has subscribed to several international policies about PWDs, for example, The Convention on the Rights of Persons

with Disabilities (UN, 2006), World Declaration on Education for All and Framework for Action to Meet Basic Learning Needs, Jomtien, (UNESCO, 1990), and others. At the same time there are other policies that have been made by Uganda as a country. These include The Government White Paper on Education (1992), Children Statute (1996), Universal Primary Education (1997), and others. All these types of policies are implemented for the plight of PWDs. This study intended to find out how the policies on the education of PWDs have been implemented in schools.

The implementation stage of a policy process is vital. If it is not done well, all the time and resources used from the first stages of formulating such a policy would have been wasted. Drake (1999) names this stage as one of implementation, monitoring and control; meaning a stage of putting plans into operation. It is a stage of the policy process in which a policy that has been formally adopted by a relevant government organ is put into practice. Musaazi (2006) looks at a process as a recognizable or knowable movement in time of mutually related sequential events toward a definitive outcome or condition. Thus the policy implementation is as well not a static stage but a movement of related events. The main actors at this stage are of two categories; formal implementers who are government officials with legal authority (like line ministry officials), and intermediaries who are delegated to implement it at the lower levels, for instance district education officials and headteachers. For successful implementation of a policy, formal implementers ought to develop and maintain the will and capacity of the intermediaries because they are the professionals in that field.

While planning for policy implementation, particular attention ought to be paid to gathering of resources. These resources include funds, time, personnel, space, equipment

and others. In view of the disability policies, the issues of funds, personnel and equipment require more discussion.

The study revealed a lack of funding at the lower levels right from the district to the schools. The DIS for SNE indicated insufficient funding to carry out all the necessary activities in the district. The headteachers expressed lack of funds to motivate teachers and to modify school environments to be PWDs friendly. Also the successful implementation of a policy largely depends on well qualified, experienced and committed personnel. This means that teachers, as intermediary implementers, should have been trained in SNE before and even during the implementation process. Surprisingly the study revealed that most of the teachers did not have skills for SNE. There were virtually no specialists for SNE in the schools. This means that the policy implementation process did not pay attention to the issue of personnel. It was because of such situations that Sinha (2010) recommended a dose of SNE in the pre-service teacher training and a sensitization programme for in-service teachers. But Masaka diocese (Education Policy, 2009) is more concrete by requiring every school to have a teacher in-charge of SNE learners and orienting all teachers in handling learners with special needs.

Another important aspect in the implementation of a policy concerns equipment and materials. The implementation of disability policies required a supply of assistive devices that would support PWDs in accessing centres of education. The mobility support equipment may include clutches, wheelchairs, white canes and others. Other equipment directly support the learning process. These may include glasses for sight, slates and styli for the blind, Braille machines also for the blind, and others. In the same line, a point is made about the availability of support services, for instance, interpreters for the deaf,

guides for the blind, and others. Surprisingly, in all the schools visited there was none with equipment and services for CWDs. This meant that the implementation was done without first planning for it. Consequently the schools are not appropriate for CWDs, and so those children remain at home instead of going to school.

In addition to the above, successful implementation of a policy requires an involvement of the people who will be affected by the policy. Saini (2010) supports a need to include PWDs and related trainers on the decision making bodies. Their input and feedback is vital because they are the people directly affected by the policy. The study revealed that teachers who are PWDs are non-existent in the schools visited. The DIS for SNE talked about only one blind teacher in the district!

In line with the above vital aspects of policy implementation, the researcher set out to find information on sensitizing pupils about disability policies, teachers' ability (skills) to handle SNE, having teachers with disabilities on school staff, and having pupils with disabilities in the school. The researcher considered these as some indicators of a successful implementation process for disability policies. The findings revealed that there was no sensitization being given to pupils about disability policies. On the issue of teachers having skills to teach CWDs, the findings showed that teachers did not have those skills. So they could not teach such learners. At the same time, the number of teachers with disabilities deployed in schools was too small to recognize. In other words such teachers were virtually not there. Finally, the findings revealed that the majority of CWDs were not in schools. Some respondents alluded that such children were there in the villages but they were not coming to schools. It was likely that some of them had attempted coming to the schools but later dropped out probably because of the schools not being favourable to them.

This was so because some teachers and headteachers kept naming some CWDs in the villages plus the class or year in which they stopped coming to school. The other possibility was those children with severe disabilities whose parents just judged that schools would be a torture to them.

As the implementation process of disability policies was not planned well, the vital aspects discussed above ended up being the factors that respondents cited as having affected the implementation of the policies. The ones that most respondents kept naming included lack of sensitization, lack of trained personnel, lack of assistive devices, no motivation for teachers, society's negative attitude which is a result of lack of sensitization, and others.

Considering the above issues but in the light of the positive value of the policies, the researcher felt that the implementation process should not be halted. There was still room for the formal implementers to engage more the intermediaries. This was particularly through the training of the intermediaries for sensitization of other stakeholders, availing funding for facilitation of the personnel concerned, funding for purchase of equipment and other facilities, and a regular monitoring and formative evaluation of the implementation process.

5.3 Consistency of Findings and Literature Review

Waliggo (2002) looks at education as the most important factor in socialization of all people because of its several roles in imparting values or disvalues, changing attitudes or maintaining the status quo, for liberation and development. In line with this perception, the church has for a long time used education as a medium of imparting values to her subjects and society in general. In the process of educating people, the church is guided by

one major principle, that is, the inviolable dignity of every person which transcends all the material world (John Paul II, 1988). It is in this perspective that one educationist Michael Witte reminds us that all people of whatever race and category are created by God in His own image and likeness (De Jong, 2011). This human dignity is the basis of the equality of all people and it demands respect and defense.

In *Gravissimum educationis* (Vatican II, 1975), the church unanimously agreed that all men of whatever race, condition or age have an inalienable right to education. The church aims at offering every person a type of education that will give the individual self-reliance, maturity and freedom (Huet, 1979). This is achieved by minimizing whatever happens to be an obstacle to the child barring him/her from realizing a life's dream. This forms the basis for education of CWDs. It is also in line with this that Diocese of Masaka dedicated a chapter to SNE in their Education Policy (2009).

The good intentions of the church expressed above have always been faced with several challenges. One of the greatest challenges is the attitude of people towards education of CWDs. Sahni (1995) takes attitude as the way a person feels about something, about a person, a place, a commodity, a situation or an idea. One of the attitudes towards CWDs is the belief that PWDs have disabilities because of sins either they or their parents committed in earlier life. So people have the attitude of looking at them as sinners serving their punishment from the gods; thus they do not deserve any mercy! According to Werner (1987) some people feel that working to improve the life of a PWDs is to go against the will of the gods who decided to punish that person. People also have an attitude of distancing themselves from anything that is strange, different and not clearly understood. It has also been noted that some parents of CWDs tend to overprotect those children

thinking that other people do not know how to take care of them. This attitude is negative as it makes such a child incapable of acquiring skills to help him/herself. Poverty was another factor cited. A poor family always puts first basic needs for survival (food, water, shelter, etc) and they end up failing to spare money for buying assistive devices for parents of CWDs.

The researcher encountered all these attitudes in the field. In schools most pupils were not relating well to CWDs because they looked strange and different from them. Some of the parents of CWDs were not sending those children because they felt ashamed among their fellows some of whom thought they were accursed to give birth to CWDs. There were also parents who kept their CWDs at home because of the severity of the disability. They felt that nobody would take good care of those children at school. As a result the researcher found out that there were many CWDs in the villages who were not going to school. The issue of poverty was also found out to be real. The vivid example was at one of the schools where a child dropped out of school while in Standard III due to sickness. The sickness made him crippled. After becoming crippled, that child could no longer come to school because his parents could not afford to buy him a wheelchair. That marked the end of his studies.

On the side of factors affecting the implementation of disability policies, Literature Review named some factors. These included financial resources, qualified human resources (specialists), specifications of when the implementation is to be done, proper planning, supervision and monitoring of the implementation process, plus creating of awareness about the policies in question.

The study found out that disability policies had not been implemented virtually in all schools visited. This situation was brought about by the factors affecting implementation cited in the Literature Review and many others. There were no financial resources availed for this work at least from the district down to individual schools and villages. This was attested for by the DIS for SNE. Owalabi (2005) pointed out that in implementing a policy financial resources ought to be available to minimize implementation delays. There were no qualified personnel for SNE and there were no refresher courses for in-service teachers. The issue of qualified personnel for policy implementation is vital since they are inevitable particularly for supervision and monitoring (Deininger, 2000). Other factors included lack of sensitization, poverty of parents, lack of assistive devices, parents having no hope for the future of CWDs, lack of motivation for teachers, stigma due to other peoples' negative attitude, severity of disabilities, and others.

5.4 Consistency of Findings with the Theoretical Framework.

The study followed a theory called Models of Rehabilitation. In this theory, Dare (1997) gives the different ways that people relate to PWDs. The relationship determines the way people will enable PWDs to make their contribution to society. In equipping abilities and skills to PWDs, society uses various models. The three common models are individual rehabilitation, institutional rehabilitation and community based rehabilitation.

The individual model of rehabilitation is an extension of the old model that viewed impairment as an "abnormality". This model requires the PWDs to change and conform to what society expects the majority of people to be. According to this model, the environment is taken to be perfect and normal. Thus every individual should change so as to fit in it.

This is the understanding that was found at most schools where there was no consideration for CWDs. Accessibility to classrooms was difficult because there were no ramps for those using wheelchairs and clutches. The compounds were too potholed and uneven making it very dangerous especially for those with sight impairments. The teachers did not have skills for SNE forcing all pupils just to comply including those who could not hear. As a result many CWDs ended up dropping out of school because the environment could not favour them at all.

The institutional model of rehabilitation is one that offers rehabilitation services at a centrally placed facility. If it is a school, then it is a school for persons with a particular disability, for instance a school for the deaf, school for the blind, and others. This model removes a PWDs from the family, siblings, peers, and the community and places him/her at a centre where all needs of rehabilitation are catered for. During the study, the researcher did not get any such institution in the area where the study was conducted. The DIS for SNE hinted at their intension to establish a school for the blind in one part of the district, but they had not succeeded as yet.

The last is the Community Based Rehabilitation (CBR) model. This is a way of supporting PWDs within their own communities. This was the model chosen for the study. This model recognizes that the family of the person can support the rehabilitation process and that the individuals with Special Needs have a say in the services that are relevant to them. The model calls for integration of efforts of all relevant sectors, such as education, legislation, social, health, vocational fields and others. As a result, this model has other models within it. These are medical, educational, economic, community development and comprehensive model. The educational model within CBR emphasizes increased access, equity and

quality of education for learners with Special Needs. The focus is inclusive education and inclusive vocational training. At the same time, the comprehensive model of CBR combines the medical, educational, economic and community development models. This results into improved access to education and other facilities plus enhanced positive attitude towards PWDs.

Most of the schools visited by the researcher tended to be following the education model of CBR. All schools that had CWDs were practicing inclusive education. The degree at which this inclusive education was being fostered is very difficult to rate because the practice was almost by accident. This is because the CWDs happened to be there but there were virtually no other things put in place to ensure that those children get the best they can from the education system. For instance, there was not a single school that had a teacher in-charge of SNE as the Diocesan Policy stipulated (Masaka Diocese, 2009). This meant that there was nobody to handle their problems, and consequently they kept dropping out of schools. This way of acting is contrary to the intension of Universal Primary Education (UPE) Policy (1997) that gave priority to CWDs to benefit from the system. It as well contravenes The Convention on the Rights of Persons with Disabilities (UN, 2006) which requires CWDs to get assistance including individualized support measures to maximize their academic and social development that is consistent with the goal of full inclusion.

5.5 Conclusions

A number of policies concerning Persons with Disabilities have been put in place. This study was intended to find out the extent to which the policies on educating Children with Disabilities have been implemented in Catholic founded primary schools. The study

focused on sensitization of peoples about the policies, the provision of SNE in Catholic founded schools, the attitude of education stakeholders towards CWDs, the policies' implementation process and factors affecting the implementation of policies. The findings of the study have led to the following conclusions.

- a) The study revealed that many people were ignorant of these policies. They had not been sensitized. Therefore the church had done virtually nothing about sensitizing people on education of CWDs.
- b) The study discovered that in almost all schools there were no facilities and devices that could assist CWDs to study. Since CWDs need assistance to study, they could not study in such schools where assistance was lacking. Therefore the church had not as yet provided SNE in her schools.
- c) The study also considered the attitude of education stakeholders towards educating CWDs. The stakeholders considered included fellow pupils, teachers and parents of CWDs. The study revealed that the majority of those education stakeholders still had a negative attitude towards the education of CWDs.
- d) On the implementation of the policies, the study found out that a lot of resources, both material and human, were lacking. The lack of awareness had also highly contributed to making the whole process stunted. Therefore the implementation of the policies had not yet taken off in most of the areas visited.
- e) The study found out that there were many factors affecting the implementation of disability policies in schools, such as lack of sensitization, lack of specialists, lack of assistive devices, society's negative attitude, pessimism, and poverty.

5.6 Recommendations

The discussion of the study findings led to strong recommendations that could promote proper implementation of disability policies on education. Such recommendations included:

- a) The district and diocesan education officials and should supply copies policies to all schools in their territories and help the schools to sensitize their communities about education of CWDs. As a result, the headteachers should organize sensitization sessions for their pupils, teachers, and parents.
- b) On providing SNE, the diocesan education secretary's office should look for resources to facilitate the orientation of teachers in handling learners with special needs. They should also work with headteachers to solicit for funds to construct PWDs-friendly schools and to acquire some assistive devices to be available at schools.
- c) The District Inspector of Schools in-charge of Special Needs Education should ensure that awareness sessions are arranged at each school so as to change education stakeholders' attitudes towards CWDs.
- d) The formal implementers of the policies and the intermediaries ought to follow up and supervise the implementation process together.
- e) All education stakeholders, such as District Education Officer on behalf of government, Diocesan Education Secretary, headteacher with staff, and parents, should re-visit disability policies and each strive to make a contribution according to his/her level of operation.

5.7 Contributions of the study

This study has assisted in identifying the loopholes in the process of implementing government disability policies in Catholic church founded schools. In general, the study has revealed that there is very little so far done and that is why many children with disabilities have not accessed school. The study has made recommendations which, if adopted by stakeholders, can lead to an improvement especially by a growth in the number of CWDs that access schools.

5.8 Suggestions for further studies

This study has been on the implementation of government disability policies in Catholic founded primary schools in Biikira deanery of the Diocese of Masaka. Other studies can be carried out to examine:

- What happens to teachers who train in Special Needs Education since the study has revealed that they are almost non-existent in the field.
- The recruitment process and retention of pupils with disabilities in schools.
- The employment accessibility process and retention of teachers who are Persons with Disabilities in schools.

REFERENCES.

- Amin, M. E. (2005). *Social Sciences Research: Conception, Methodology and Analysis*.
Kampala: Makerere University Printery.
- Armstrong, M. (2009). 11th Ed. *Armstrong's Handbook of Human Resource Management Practice*. London: Kogan Page.
- Baldwin, S., Asindua S., & Stanfield P. (1990). *Survey of Childhood Disabilities Within a Community-Based Programme for the Rehabilitation of the Disabled in Kibwezi Division, Kenya*. Nairobi: ActionAid.
- Bamford and Saunders (1992). *Hearing Impairment, Auditory Perception and Language Disability: Studies in Disorders of Communication*. London: Whurr Publishers.
- Dare, A. and O'Donovan, M. (1997). *Good Practices in Caring for Young children with Special Needs*. London: Stanley Thornes.
- Deininger, (2000). *Does Cost of Schooling affect Enrollment by the Poor: Universal Primary Education in Uganda?* Draft. Washington DC: The World Bank.
- De Jong, A. (2011). *Father Michael Witte of Kabaa High School Missionary and Educationist: A Study in Mission Strategy*. Nairobi: Pauline Publications Africa.
- Flannery, A. ed. (1975). *Vatican II: The Conciliar and Post Conciliar Documents*. Leominster: Fowler Wright Book Ltd.
- Frances, H. (1990). Literature review on attitudes towards disability;
<http://www.ucd.ie/issda/static/documentation/nda/nda-literature-review.pdf>
downloaded 21/5/2013 at 4pm.

Government White Paper (1992). *Education Policy Review Report: Education for National Integration and Development*. Kampala.

http://mak.ac.ug/documents/Makfiles/theses/Najjingo_Hellen.pdf downloaded 21/6/2013 at 9pm.

Huet, E. (1979). "Religious Education and Change" in Spear Head: AMECEA Pastoral Institute. No. 56 Vol 1.

John Paul II (1988). *Christifideles Laici: The Vocation and the Mission of the Lay Faithful in the Church and the World*. Nairobi: St. Paul Communications – Africa.

John Paul II (1990). *Redemptoris Missio: The Permanent Validity of the Church's Missionary Mandate*. Nairobi: St. Paul Communications – Africa.

Krejcie, R.V. and Morgan, D.W. (1970). 'Determining sample size for research activities', Educational and psychological Measurement.

Kvale, S. & Brinkmann, S. (2009) *Interviews: Learning the Craft of Qualitative Research Interviewing*. Los Angeles: Calif., Sage.

Masaka Diocese (2009). *Masaka Diocesan Education Policy*. Third Edition. Masaka: St. Joseph's Printery Kitovu.

Masaka Diocesan Synod 5. (2003). *Beera Mujulizi wa Kristu wonna*. Masaka: St. Joseph's Printery Kitovu.

Ministry of Education and Sports (2008). *Guidelines on: Policy, Planning, Roles and Responsibilities of Stakeholders in the Implementation of Universal Primary Education (UPE) for District and Urban Councils*. Kampala: Ministry of Education and Sports.

- Mortimer, H. (2001). *Special Needs and Early Years Provision*. London: Continuum.
- Musaazi, J.C.S. (2006). *Educational Planning: Principles, Tools and Applications in the Developing World*. Kampala: Makerere University.
- Okia, H.S. (2009). *Minimum Requirements for Implementing Education Policies in Private Primary Schools in Kira Town Council in Wakiso District*. Unpublished work. Kampala: Kyambogo University.
- Owolabi, J. (2005). *Policy Making and Educational Policy Analysis*.
- Sahni, N.K. (1995). *Management Concepts and Organisational Behaviour*. New Delhi: Kalyani Publishers.
- The Catholic Bishops of Uganda (1986). *With A New Heart and A New Spirit: Pastoral Letter of the Catholic Bishops of Uganda*. Kampala: St. Paul Publications - Africa.
- Trolley, B.C., Haas H.S., Patti D.C. (2009). *The School Counsellor's Guide to Special Education*. California: Corwin Press.
- Uganda Episcopal Conference (2006). *Reflections and Guidelines on the Education of the Human Person: The Catholic Perspective*.
- UN (1948). Universal Declaration of Human Rights.
<http://www.un.org/en/documents/udhr/index.shtml#a26> downloaded on 16/6/2013 at 4.20pm.
- UN (1989). The Convention on the Rights of the Child.
<http://www.icrc.org/applic/ihl/ihl.nsf/Article.xsp?action=openDocument&documentId=64315128904622C6C12563CD0051F8AF> downloaded on 16/6/2013 at 4.36pm

<http://www.icrc.org/applic/ihl/ihl.nsf/Article.xsp?action=openDocument&documentId=9EF1E71DD6940859C12563CD0051F8CB> downloaded on 16/6/2013 at 4.38pm

UN (2006). The Convention on the Rights of Persons with Disabilities.

<http://www.un.org/disabilities/convention/conventionfull.shtml> downloaded on 16/6/2013 at 5.00pm.

UNESCO (1990). Jomtien World Declaration on Education for All.

<http://www.unesco.org/new/en/education/themes/leading-the-international-agenda/education-for-all/efa-goals/> downloaded on 16/6/2013 at 4.43pm

UNESCO (1994). The Salamanca Statement and Framework for Action.

http://www.unesco.org/education/pdf/SALAMA_E.PDF downloaded on 16/6/2013 at 4.48pm

UNESCO (2000). The Dakar Framework for Action.

<http://unesdoc.unesco.org/images/0012/001211/121147e.pdf> downloaded on 16/6/2013 at 4.55pm

United Nations (2000). *The United Nations and Persons with Disabilities: The First 50 years.*

New York: Department of Economic and Social Affairs.

Vatican, (1981). *International Year of Disabled Persons.*

Waliggo, J.M. (1987). "Pastoral Action with and for the Poor and Disadvantaged" in *Towards*

African Christian Maturity. Kampala: St. Paul Publications – Africa.

Waliggo, J.M. (2002). *Struggle For Equality: Women and Empowerment in Uganda.* Eldoret:

AMECEA Gaba Publications.

Werner, D. (1987). *Disabled Village Children: A Guide for Community Health Workers,*

Rehabilitation Workers, and Families. California: Hesperian Foundation.

Werner, D. (1998). *Nothing About Us Without Us: Developing Innovative Technologies For, By and With Disabled Persons*. California: Hesperian Foundation.

APPENDIX A: QUESTIONNAIRE FOR PUPILS

Section A: Background Information.

1. Sex: Boy Girl
2. Class group: P.3-P.4 P.5-P.6 P.7
3. School type: Day Day and Boarding Boarding

No	Item	Very many	Many	Few	Very Few	None
	Section B					
1.	The church has organized seminars to teach us about children with disabilities.					
2.	The church sends us pictures and charts about children with disabilities.					
	Section C					
3.	The church gave children with disabilities equipments to use e.g. wheelchairs, etc					
4.	The church has built schools with things that help children with disabilities to study well.					
5.	The church helps to pay for training of teachers who are to teach children with disabilities.					
	Section D					
6.	The pupils relate well with children with disabilities e.g. by using sign language.					
7.	The teachers love to teach children with disabilities.					
8.	Parents who have children with disabilities send them to school like other children.					
	Section E					
8.	At school, sometimes they sensitize us on rules about children with disabilities.					
9.	Teachers know the special ways of teaching children with disabilities.					
10.	There are teachers with disabilities on our school staff.					
11.	There are children with disabilities in our school.					
	Section F					
12.	There are problems that make it difficult for children with disabilities to come to school.					

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX B: QUESTIONNAIRE FOR TEACHERS

Dear Sir/Madam,

This questionnaire is part of a study being carried out in Primary schools in Masaka Diocese. It is to find out the implementation of disability policies in Catholic founded schools. It is for academic purposes only, and it is confidential. Thank you for your kindness.

Section A: Background Information

1. Sex: Male Female
2. Academic qualification: Licensed Teacher Certificate Diploma Degree
 Post Graduate
3. Teaching Experience: Below 5 years between 5 -10 years between 11 – 15 years
 Above 15 years

Item	Very many	Many	Few	Very Few	None
Section B					
The church has organized seminars to teach us about children with disabilities.					
The church sends us pictures and charts about children with disabilities.					
Section C					
The church gave children with disabilities equipments to use e.g. wheelchairs, etc					
The church has built schools with facilities that help children with disabilities to study well.					
The church helps to pay for training of teachers who are to teach children with disabilities.					
Section D					
The pupils relate well with children with disabilities e.g. by using sign language.					
The teachers love to teach children with disabilities.					
Parents who have children with disabilities send them to school like other children.					
Section E					
At school, sometimes we sensitize pupils about laws on children with disabilities.					
Teachers know the special ways of teaching children with disabilities.					
There are teachers with disabilities on our school staff.					
There are children with disabilities in our school.					
Section F					
There are problems that make it difficult for children with disabilities to come to school.					

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX C: INTERVIEW GUIDE FOR HEADTEACHERS.

Dear Sir/Madam,

This interview is part of a study being carried out in Primary schools in Masaka Diocese. It is to find out the implementation of disability policies in Catholic founded schools. It is for academic purposes only, and it is confidential.

Section A: Background Information

1. Sex: Male Female
2. Academic qualification: Certificate Diploma Degree Post Graduate
3. Teaching Experience: Below 5 years between 5 -10 years between 11 – 15 years Above 15 years
4. School status: Government aided Non-government aided

Section B.

5. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section C

6. What mechanisms has the church used to help children with disabilities to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section D

7. What are the education stakeholders' attitudes towards educating children with disabilities?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section E

8. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in this school?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are on the staff?
 - d) How many children with disabilities have you in this school?

Section F

9. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

**APPENDIX D: INTERVIEW GUIDE FOR A PARENTS’
REPRESENTATIVE.**

Section A

1. Sex:
2. Occupation.

Section B.

3. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section C

4. What mechanisms has the church used to help children with disabilities to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section D

5. What are the education stakeholders’ attitudes towards educating CWDs?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section E

6. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in this school?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are on the staff?
 - d) How many children with disabilities have you in this school?

Section F

7. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX E: INTERVIEW GUIDE FOR DISTRICT EDUCATION OFFICER

Dear Sir/Madam,

This interview is part of a study being carried out in Primary schools in Biikira Deanery (Kyotera county), Masaka Diocese. It is to find out the implementation of disability policies in Catholic Church founded schools. It is for academic purposes only, and it is confidential. Feel free when giving your opinions about the topic. Thank you for your kindness.

Section A

1. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section B

2. What mechanisms has the church used to help CWDs to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section C

3. What are the education stakeholders' attitudes towards educating CWDs?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section D

4. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in schools?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are employed in those schools?
 - d) How many children with disabilities are in those schools?

Section E

5. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX F: INTERVIEW GUIDE FOR DISTRICT INSPECTOR OF SCHOOL

Dear Sir/Madam,

This interview is part of a study being carried out in Primary schools in Biikira Deanery (Kyotera county), Masaka Diocese. It is to find out the implementation of disability policies in Catholic Church founded schools. It is for academic purposes only, and it is confidential. Feel free when giving your opinions about the topic. Thank you for your kindness.

Section A

1. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section B

2. What mechanisms has the church used to help CWDs to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section C

3. What are the education stakeholders' attitudes towards educating CWDs?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section D

4. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in schools?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are employed in those schools?
 - d) How many children with disabilities are in those schools?

Section E

5. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX G: INTERVIEW GUIDE FOR DISTRICT INSPECTOR FOR SNE

Dear Sir/Madam,

This interview is part of a study being carried out in Primary schools in Biikira Deanery (Kyotera county), Masaka Diocese. It is to find out the implementation of disability policies in Catholic Church founded schools. It is for academic purposes only, and it is confidential. Feel free when giving your opinions about the topic. Thank you for your kindness.

Section A

1. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section B

2. What mechanisms has the church used to help CWDs to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section C

3. What are the education stakeholders' attitudes towards educating CWDs?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section D

4. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in schools?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are employed in those schools?
 - d) How many children with disabilities are in those schools?

Section E

5. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX H: INTERVIEW GUIDE FOR FATHERS-IN-CHARGE OF SCHOOLS IN THE PARISHES

Dear Fr.,

This interview is part of a study being carried out in Primary schools in Biikira Deanery, Masaka Diocese. It is to find out the implementation of disability policies in Catholic Church founded schools. It is for academic purposes only, and it is confidential. Feel free when giving your opinions about the topic. Thank you for your kindness.

Section A

1. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section B

2. What mechanisms has the church used to help CWDs to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section C

3. What are the education stakeholders' attitudes towards educating CWDs?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section D

4. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in schools?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are employed in those schools?
 - d) How many children with disabilities are in those schools?

Section E

5. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX I: INTERVIEW GUIDE FOR DIOCESAN EDUCATION SECRETARY

Dear Fr.,

This interview is part of a study being carried out in Primary schools in Biikira Deanery, Masaka Diocese. It is to find out the implementation of disability policies in Catholic Church founded schools. It is for academic purposes only, and it is confidential. Feel free when giving your opinions about the topic. Thank you for your kindness.

Section A

1. What mechanisms has the church used to sensitize people about the value of educating CWDs?
 - a) Any seminars.
 - b) Supply of charts, pictures, placards, etc.
 - c) Any others means?

Section B

2. What mechanisms has the church used to help CWDs to access education?
 - a) Any provision of assistive devices?
 - b) Construction of schools with Special Needs facilities.
 - c) Sponsoring the training of teachers in Special Needs Education.

Section C

3. What are the education stakeholders' attitudes towards educating CWDs?
 - a) How do pupils relate with fellow pupils who have disabilities?
 - b) How do teachers value educating a child with disabilities?
 - c) How do parents of children with disabilities value educating such children?

Section D

4. To what extent has the government implemented disability policies on education in Catholic Church founded schools of Masaka Diocese?
 - a) How often are pupils sensitized on policies about disabilities in schools?
 - b) How many teachers have skills in teaching children with disabilities?
 - c) How many teachers with disabilities are employed in those schools?
 - d) How many children with disabilities are in those schools?

Section E

5. What are the factors affecting the implementation of disability policies in schools?

Thank you so much for sparing your precious time to respond. Be eternally blessed.

APPENDIX J: OBSERVATION CHECKLIST

Question	Items	Tick/Cross
1. Persons with disabilities	a) Teachers	
	b) Pupils	
	c) Support staff	
	d) Parents	
2. Assistive devices around the school.	e) Wheelchairs	
	f) Ramps	
	g) White cane	
	h) Braille machine	
	i) Interpreter(s)	
	j) Latrine for PWDs	
	k) Others:	
3. Any information about disability	e) On notice board	
	f) Staff room	
	g) "Talking compound"	
	h) Class rooms	