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Access to education for children with disabilities in Uganda: Implications for Education for All

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Since 1990 many countries in Sub-Saharan Africa have witnessed extraordinary progress in school enrollment; however, the progress has slowed in recent years. UNESCO warns that unless new measures are taken, the number of out-of-school children in 2015 will increase from current levels. Inequalities in most developing countries have been found to be a major barrier to universal education. Priority has been given to gender and income inequality; however, to achieve universal education we must focus on all marginalized groups. The disabled are among the least visible of the marginalized children. As the Ugandan government develops a policy on special needs children, it is essential to understand the current schooling status of disabled children in Uganda. Therefore, using 2006 Uganda Demographic and Health Survey data this study examines schooling patterns of disabled children in Uganda. The study finds that disabled children are significantly less likely to enroll, attend and complete Grade 5. The study also finds that the disadvantage disabled children face depend on the nature and extent of the impairment.

Keywords: Sub-Saharan Africa, Disability, Education for all, inequality

The overall goal of the education sector in Uganda is to achieve universal education by 2015. Although access to basic education has risen substantially over the last decade, some children still do not have access to school, leave prematurely or fail to acquire the required basic skills. The *2010 Global Monitoring Report* acknowledges the progress made in the past decade; however, the Report also highlights the need to reach the 72 million children of primary school age who are still out of school (UNESCO 2010). Inequalities in most developing countries have been found to be a major barrier to universal education. Priority has been given to gender and income inequality; however, to achieve universal education we must focus on all marginalized groups.

Children with disabilities face significant hurdles in enrolling, attending and completing school. UNESCO (2010) argues, "disability is one of the least visible but most potent factors in educational marginalization. Beyond the immediate health-related effects, physical and mental impairment carries a stigma that is often a basis for exclusion from society and school." (p. 181). Yet, there has been limited empirical analysis on the disabilities and access to schooling (Filmer, 2008).

As the government develops a policy on special needs children, it is essential to understand the current schooling status of disabled children in Uganda. UNICEF (2008) reports that, "relatively little is known about the situation of children with disabilities globally, and in developing countries in particular." (p.5) Therefore, using the 2006 Uganda Demographic and Health Survey (UDHS) this paper examines schooling patterns of disabled children in Uganda. This paper has two objectives: (1) to extend our knowledge of the patterns of educational enrollment and attendance for children with disabilities, and (2) identify the major challenges of expanding education access for these children.

Disability issues

Disability is complicated and controversial; this makes it difficult to define disability. The definition of disability has evolved from an individual/medical model that viewed disability as a medical problem located within the individual, to the

current social model, that views disability as a social construction (UNICEF 2008). The social model is based on the assumption that it is society that disables a physically and/or mentally impaired individual by creating barriers that exclude the impaired.

Therefore, disability is now largely viewed as context-specific. UNICEF (2008) argues, "Disability is experienced differently depending on the norms of a particular society." (p. 8). The obstacles these children face are based on societal factors; therefore, without a definition based on local conditions it will be difficult to accurately identify these children.

Although there is no working definition of disability, World Health Organization's International Classification of Functioning, Disability and Health (ICF) provides a framework to define and understand disability. ICF describes disability as an "umbrella term for impairments, activity limitations or participation restrictions."[1] According to the ICF, disability and functioning is the result of outcomes of interactions between impairments on one hand, and contextual factors concerning environment and personal factors on the other. In the case of schooling UNESCO (2010) notes, "Impairments that affect the capacity to communicate and interact in ways common in mainstream schools can impose particularly high practical and social obstacles to participation in education" (p. 182).

Disability can be traced to poverty, conflict, and road accidents (UNESCO 2010). Poverty is associated with poor nutrition and restricted access to health care. UNESCO (2010) gives examples,

> Asphyxia during birth, often resulting from the absence of a skilled attendant, leaves an estimated 1 million children with impairments such as cerebral palsy and learning difficulties. Maternal iodine deficiency leads to 18 million babies being born with mental impairments and deficiency in vitamin A leaves about 350,000 children in developing countries blind. (p.181)

This may explain why estimates indicate a higher prevalence of disability in poor countries (WHO 2011). The prevalence of moderate and severe disabilities is highest in sub-Saharan Africa (WHO & UNICEF 2008). The high concentration of disability in sub-Saharan Africa means it is a problem that cannot be ignored.

Disability policy in Uganda

After years of civil conflicts Yoweri Museveni came to power in 1986 and brought some measure of stability and economic progress to Uganda. In an effort to revive the education sector, the Museveni government established the Education Policy Review Commission (EPRC) in 1987 to examine the state of education and recommend measures to improve the sector. The EPRC recommended the government implement free universal primary education (UPE) by 2000 (Ministry of Education and Sports, 1999). In 1992 the government appointed a White Paper committee that subsequently accepted the major recommendations of the EPRC, as a result preparations to implement UPE begun. In addition to UPE, the White Paper proposed increased financial support for special education institutions and the introduction of inclusive education.

The UPE policy was implemented in 1997. Under the policy the government pledged to pay tuition fees for four children per family, pay for instructional materials, built basic physical facilities in schools and paid for teachers (Ministry of Education and Sports, 1999). If the household had a child with disabilities, the disabled child was to be given first priority; this is line with the constitution that guarantees affirmative action in favor of people with disabilities[2]. However, the UPE policy was amended in 2003 to benefit all children in a family.

[1] Page 3: http://www.handicapincifre.it/documenti/ICF_18.pdf

[2] http://www.right-to-education.org/country-ode/400/country-constitutional

In recent years the government has made attempts to increase education participation for all children, especially those with disabilities. The Education Sector Strategic Plan 2004-2015 recognizes the obstacles facing children with disabilities and proposes a way forward. The Ministry of Education and Sports (2005) notes,

> There are individual children throughout the country with special needs, due to hearing, vision, mobility, or other disabilities. The Ministry will continue to conduct regular assessments of services to children with special needs, in an effort to implement its policy of inclusive education and reduce the costs of educating children with special needs. It will also aim to build some schools for children with severe disabilities. (p.15)

Methodology

Data

This study uses the 2006 UDHS data to examine the schooling patterns of secondary school age children in Uganda. The 2006 UDHS is a nationally representative survey with a sample of 9,864 households. Two of the specific objectives of the 2006 UDHS make it especially appropriate for this study. First, the survey aims to measure key education indicators including school enrollment, attendance, repetition, and dropout rates. Two, it aims to collect data on the extent of disability in Uganda. The other objectives of the survey are to provide policymakers and researchers with detailed information on reproductive health; fertility and family planning; adult and child mortality; maternal and child health; nutrition of children; and domestic violence.

Disability data was collected, for each household member five years and over, in six areas; whether they had difficulties with seeing, hearing, walking or climbing stairs, in remembering or concentrating, in self-care, and in communicating. According to the UDHS report (Uganda Bureau of Statistics & Macro International 2007) the questions used to determine disability were,

> based on a tool that was being developed by the UN Washington Group on Disability Statistics (WG). The WG is one of several City Groups formed under the auspices of the United Nations Statistical Commission, and it is mandated to develop tools to measure disability in censuses and sample surveys. The WG's questions focus on a person's functional abilities rather than physical characteristics. (p. 22)

For example, the question on physical impairment was phrased as follows: "Does (NAME) have difficulty walking or climbing steps?" The question on mental impairment was phrased as follows: Does (NAME) have difficulty communicating, (for example understanding others or others understanding him/her) because of a physical, mental or emotional health condition? For all the six questions the responses were classified as follows: no, no difficulty; yes, some difficulty; yes, a lot of difficulty; cannot do at all. The last two (yes, a lot of difficulty and cannot do at all) were combined because few cases reported.

The sample was selected in two stages. First, 368 clusters were selected from among a list of clusters sampled in the 2005-2006 Uganda National Household Survey and internally displaced peoples (IDPs). Second, households in each cluster were selected – both randomly and purposively. Because respondents were chosen with differing probabilities, the data was weighted to obtain unbiased estimates of the parameters of interest for this study. The standard errors of the estimates and regression parameters were corrected for the use of cluster sampling II using the SURVEY command in the STATA software package.

Descriptive statistics

The sample used in the study consisted of 16,319 children aged 6 – 17 years. About 12% (1,864 children) of the sample reported some form of disability. Filmer (2008)

found a strong association between poverty and disability; therefore, it is not surprising to find that 24% of the disabled resided in the poorest quintile and 16% in the wealthiest quintile. About 90% (1,717 children) of the disabled children reside in the rural areas; about 30% of the disabled children in the sample are from the Northern region, the poorest region in Uganda.

First we look at whether or not these children ever enroll and attend school. To determine whether or not a child had enrolled and attended school respondents were asked the following questions: *Has (NAME) ever attended school? Did (NAME) attend school at any time during the 2006 school year?* They were asked the second question if they reported they had ever enrolled in school.

Table 1: Child disability and school participation

	Attending school	Dropped out	Never enrolled	Total
Difficulty seeing even with glasses				
No difficulty	84.54	6.48	8.98	**100**
Yes - some difficulty	85.64	8.83	5.53	**100**
Yes - a lot of difficulty	71.30	14.00	14.70	**100**
Difficulty hearing even with hearing aid				
No difficulty	84.59	6.61	8.80	**100**
Yes - some difficulty	85.90	4.76	9.34	**100**
Yes - a lot of difficulty	69.53	7.95	22.51	**100**
Difficulty walking or climbing stairs				
No difficulty	84.71	6.50	8.79	**100**
Yes - some difficulty	82.61	8.50	8.89	**100**
Yes - a lot of difficulty	49.69	11.73	38.57	**100**
Difficulty remembering or concentrating				
No difficulty	84.81	6.39	8.80	**100**
Yes - some difficulty	83.58	8.80	7.61	**100**
Yes - a lot of difficulty	54.97	16.38	28.64	**100**
Difficulty with selfcare				
No difficulty	84.91	6.57	8.52	**100**
Yes - some difficulty	75.14	4.83	20.03	**100**
Yes - a lot of difficulty	35.77	6.11	58.12	**100**
Difficulty communicating				
No difficulty	84.88	6.45	8.67	**100**
Yes - some difficulty	75.77	12.36	11.87	**100**
Yes - a lot of difficulty	40.57	11.67	47.76	**100**

Table 1 presents the child disability and school participation patterns of 6 – 17 year old children. Two issues are highlighted in Table 1. First, it shows that children with disabilities face obstacles to school participation, but the magnitude of the obstacles vary by the nature and extent of the impairment. For example, about 71% of children who reported facing a lot of difficulty seeing with glasses were attending school compared to about 36% of children who had a lot of difficulty with selfcare. UNESCO (2010) reports, "impairments that affect the capacity to communicate and interact in ways common in mainstream schools can impose particularly high practical and social obstacles to participation in education" (p.182).

Second, majority of the out-of-school disabled children had not yet enrolled in school. This is not surprising because many studies have found institutionalized discrimination, neglect and stigmatization in schools and society; this has created a cycle of low levels of schooling and subsequent poverty (UNESCO 2010; Filmer 2008; Kristensen et al 2006; UNESCO 2004). Disabled children face schools that are underfunded and lack educational materials, yet they had to pay high fees (Kristensen et al 2006). These institutional constraints may explain why some households are reluctant to enroll their children in schools.

Table 2: Disability and Grade 5 completion for 13 - 17 year old children

	Grade 5 not completed	Grade 5 completed	Total
Difficulty seeing even with glasses			
No difficulty	65.33	34.67	**100**
Yes - some difficulty	69.41	30.59	**100**
Yes - a lot of difficulty	72.63	27.37	**100**
Difficulty hearing even with hearing aid			
No difficulty	64.67	35.33	**100**
Yes - some difficulty	75.76	24.24	**100**
Yes - a lot of difficulty	89.52	10.48	**100**
Difficulty walking or climbing stairs			
No difficulty	64.81	35.19	**100**
Yes - some difficulty	79.61	20.39	**100**
Yes - a lot of difficulty	89.26	10.74	**100**
Difficulty remembering or concentrating			
No difficulty	64.36	35.64	**100**
Yes - some difficulty	80.61	19.39	**100**
Yes - a lot of difficulty	87.88	12.12	**100**
Difficulty with selfcare			
No difficulty	65.01	34.99	**100**
Yes - some difficulty	83.20	16.80	**100**

Yes - a lot of difficulty	100.00	0.00	**100**
Difficulty communicating			
No difficulty	64.74	35.26	**100**
Yes - some difficulty	90.79	9.21	**100**
Yes - a lot of difficulty	96.34	3.66	**100**

Table 1 showed that a large proportion of disabled children are out of school. For those who do enroll in school, how successful are they? Using household survey data Filmer (2008) found that grade progression was very poor for disabled children in developing countries. Table 2 presents the proportion of 13 – 17 year old children who reported they had completed Grade 5. Successful completion of Grade 5 is taken as the threshold for acquisition of literacy and numeracy (UNESCO 2005). All respondents who reported they had at some point enrolled in school were asked the following questions: *What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?* The official age of school entry in Uganda is 6[3]. If they enrolled on time and progressed successfully, they should have completed Grade 5 by age 11.

The Grade 5 completion rates in Uganda for children 13 – 17 years are very low; about 35% of children reported they had completed Grade 5. The Grade 5 completion rates are even lower for disabled children; about 10% of children who had difficulty hearing even with hearing aids had completed Grade 5. Since disabled children face greater obstacles, it is not surprising that many have not yet completed Grade 5. As was the case in Table 1, the magnitude of the obstacles vary by the nature and extent of the impairment. About 12% of children who reported facing a lot of difficulty remembering or concentrating had completed Grade 5 compared to about 4% and 0% of children who had a lot of difficulty communicating and selfcare, respectively.

Tables 1 and 2 highlight the markedly different consequences of impairment on education in Uganda. Fewer disabled children enroll in school on time and when they do enroll, very few successfully progress through school. These descriptive statistics highlight the magnitude of the challenge facing Uganda as it seeks to provide universal education.

Multivariate analysis results

The objective of this study was to examine the schooling patterns of disabled school age children in Uganda. The first part of the multivariate analysis sought to estimate the probability of enrolling in school. Parents/guardians were asked the following question: *Has (NAME) ever attended school?* A dichotomous outcome variable (1=no, 0=yes) was generated from their responses. Because the outcome variable is dichotomous, logistic regression was used to calculate the probability of children delaying school entry controlling for household characteristics. The models include the following independent variables: children's gender, gender of the head of household, region, wealth quintiles, education of the head of household, and the extent of the disability (moderate = yes, some difficulty; severe = yes, a lot of difficulty).

Table 3 presents the results of the logistic regression. The table gives the odds ratio – 1 represents no effect of the independent variable, a ratio greater than 1 indicates that the independent variable increases the odds of not enrolling in school,

[3] The official age of school entry in Uganda is 6. Ages 13 – 17 are the official secondary and high school years (ISCED 1997). http://www.uis.unesco.org/Education/ISCEDMappings/Pages/default.aspx

and a ratio less than 1 indicates that it diminishes the odds of not attending school. For example, the odds ratio for female in Model 1 is 1.11; this indicates that girls have a higher probability of not enrolling in school compared to boys (the difference is however not statistically significant). The numbers in each row show the odds of enrolling in school for female (compared to male); female head of household (compared to male head); rural (compared to urban); regions (compared to the North region); some disability; a lot of disability; child from a household in each wealth quintile (compared to household in the lowest wealth quintile), head of household with incomplete primary education, primary education, incomplete secondary education, secondary education (compared to head with no education).

Models 1 and 2 indicate there is no statistically significant difference in school enrollment between girls and boys. Previous research shows that mothers and fathers play significantly different roles in raising children (Lloyd and Blanc, 1996). Therefore we compare the impact of female-headed households on school enrollment. In this sample, about 32% of the children lived in female-headed households. These households are on average poorer (about 29% are in the lowest wealth quintile as compared to about 21% of male-headed households) than male-headed households. These female heads of households are also less educated (about 41% of female heads have no education compared to about 13% of male heads) than the male heads. However, after controlling for all other variables, children in female-headed households are consistently more likely to enroll in school than children in households headed by men.

Table 3: Odds ratios of non-enrollment

	Model 1: Age 6 - 12	**Model 2: Age 13 - 17**
Female	1.11	1.05
Female head of household	0.60**	0.46**
Rural	1.46	0.72
Moderate disability	0.93	1.10
Severe disability	3.72**	8.02**
Region[1]		
Central	0.42**	0.49*
Eastern	0.60**	0.15**
Western	0.76+	0.40**
Education of the head of household[2]		
Incomplete primary education	0.47**	0.17**
Complete primary education	0.34**	0.11**
Incomplete secondary education	0.39**	0.06**
Secondary+	0.26**	0.07**
Wealth quintiles[3]		

Second	0.59**	0.28**
Middle	0.51**	0.25**
Fourth	0.38**	0.08**
Highest	0.16**	0.25**
N	10843	5467

Notes:
+p<0.10, *p<0.05,**p<0.01
1: Reference group for region is Northern region
2: Reference group for education of head of household is no education
3: Reference group for wealth quintiles is poorest

Table 3 indicates that there is no statistical difference in the probability of enrollment between children with moderate disability and non-disabled. However, the situation is very different for children who reported severe disability; children (6 – 12 years) who reported severe disability were about 3.7 times more likely to have not yet enrolled than other children; 13 – 17 year old children were about 8 times more likely to have not yet enrolled in school. These results indicate that children with severe disabilities have a significantly greater probability of not enrolling in school.

The study also examined the impact of household socioeconomic status on school attendance using two variables – wealth quintiles and the education level of the head of household. There are significant differences between children in the lowest and highest wealth quintiles. The more educated the head of the household the more likely the children will enroll in school.

Table 4: Odds ratios of children not attending school

	Model 3: Age 6 - 12	**Model 4: Age 13 - 17**
Female	1.22	1.27**
Female head of household	0.85	0.91
Rural	0.63	0.70*
Moderate disability	2.30**	0.88
Severe disability	2.94**	2.23**
Region[1]		
Central	0.80	1.52**
Eastern	0.43**	0.72*
Western	1.15	1.42*
Education of the head of household[2]		
Incomplete primary education	0.57*	0.87
Complete primary education	0.27**	0.56**
Incomplete secondary education	0.42**	0.52**

Secondary+	0.29**	0.60*
Wealth quintiles[3]		
Second	0.91	0.85
Middle	0.53*	0.71*
Fourth	0.63	0.62**
Highest	0.68	0.54**
N	9232	5187

Notes:
+p<0.10, *p<0.05,**p<0.01
1: Reference group for region is Northern region
2: Reference group for education of head of household is no education
3: Reference group for wealth quintiles is poorest

In the second part of the study, the objective was to estimate the probability of children attending school. The sample excludes those children who reported they had not yet enrolled in school. In this model we also control for disability in an effort to determine the impact of disability on school attendance. Parents/guardians were asked the following question: *Did (NAME) attend school at any time during the 2006 school year?* A dichotomous outcome variable (1=no, 0=yes) was generated from their responses. Because the outcome variable is dichotomous, logistic regression was used to calculate the probability of children delaying school entry controlling for other characteristics.

The results of the logistic regression analysis are presented in Table 4. Model 3 indicates there is no statistically significant difference in school attendance between 6 – 12 year old girls and boys; however, Model 4 indicates that 13 – 17 year old girls are 1.2 times more likely to be out of school than 13 – 17 year old boys. The gender and rural/urban gap is more evident among the older children. We also compare the impact of female-headed households on school attendance.

Most importantly the study finds that children who reported disability are at least 2 times more likely to be out of school than non-disabled children. Children (6 – 12 years) who reported severe disability were almost 3 times more likely to be out of school than other children; 13 – 17 year old children were 2.2 times more likely to be out of school. These results indicate that children with disabilities have a significantly greater probability of being out of school. Once again, the extent of the disadvantage depends on the severity of the disability.

The study also examined the impact of household socioeconomic status on school attendance using two variables – wealth quintiles and the education level of the head of household. There are significant differences between children in the lowest and highest wealth quintiles. The more educated the head of the household the less likely the children will be out of school.

Table 5: Odds ratios of not completing Grade 5 for 13 - 17 year old children

	Model 5: Age 13 - 17
Female	0.95
Female head of household	0.71**

Rural	1.32*
Moderate disability	1.44**
Severe disability	2.83**
Region[1]	
Central	0.62**
Eastern	0.60**
Western	1.01
Education of the head of household[2]	
Incomplete primary education	1.01
Complete primary education	0.69**
Incomplete secondary education	0.60**
Secondary+	0.49**
Wealth quintiles[3]	
Second	0.96
Middle	0.75*
Fourth	0.48**
Highest	0.28**
N	5186

Notes:
+p<0.10, *p<0.05,**p<0.01
1: Reference group for region is Northern region
2: Reference group for education of head of household is no education
3: Reference group for wealth quintiles is poorest

The objective of the third part of the study was to estimate the probability of completing Grade 5. Parents/guardians were asked the following question: *What is the highest level of school (NAME) has attended? What is the highest grade (NAME) completed at that level?* A dichotomous outcome variable (1=grade 5 incomplete, 0=completed grade 5) was generated from their responses. If children enroll in school at the required age of 6 and progress successfully they should complete Grade 5 by age 10. Therefore, the analysis included only 13 – 17 year old children. Hence those who had not completed grade 5 had dropped out, delayed enrollment and/ or repeated classes. Table 4 presents the model.

The Model 5 indicates that children from female-headed households are more likely to have completed Grade 5. Female-headed households are poorer and less educated, but children who reside in these households have greater odds of completing Grade 5. Rural children are 1.3 times less likely to have completed Grade 5. Children who reported some form of disability are 1.4 times less likely to complete Grade 5; those with more severe disability are 2.8 times less likely to complete Grade 5.

An increase in the education level of the head of household is associated with an

increase in the probability of completing Grade 5. A child in a household whose head has at least completed primary school has greater odds of completing Grade 5 compared to a child from a household whose head has no education. Children from households in the two wealthiest quintiles have greater odds of completing Grade 5. The effect of household wealth has the greatest effect on whether or not a child completes Grade 5.

Discussion and conclusion

The international community pledged to achieve universal primary education by 2015[4]. Despite recent progress, UNESCO (2011) has warned that unless countries redouble their efforts there will be an increase in the number of out-of-school children from the 2008 estimate of 67 million. Some of the most significant obstacles to universal education in sub-Saharan Africa can be found outside the immediate reach of the education sector; these obstacles include extreme poverty, HIV and AIDS, corruption and ineffective use of resources, and conflict (Caillods et al 2006). Poverty and conflict have been linked to physical and mental disabilities (UNICEF 2008; UNESCO 2010).

Disabilities make it difficult for children to acquire academic competence. Disabled children require extra attention to comprehend. This extra attention requires more resources that may not be available in countries with limited resources, like Uganda. Uganda recognizes the need to reach all children, especially those with disabilities. Therefore, access to education for children with disabilities is a key objective of the Ministry of Education and Sports (2005). As the government embarks on its Education Sector Strategic Plan 2004-2015, it is essential to understand the current schooling status of children with disabilities in Uganda.

Before we discuss the findings of the study, it is important to acknowledge some limitations of the UDHS data used in this study. First, the data may be unreliable because disability was self-reported. Given the stigma associated with disability (Kristensen et al 2006; UNICEF 2008), it is likely that some households may be ashamed of their disabled children and may not have acknowledged them. Second, there were not enough cases to conduct multivariate analysis of schooling patterns controlling for the nature and severity of the disability. The descriptive statistics showed differences by nature and severity of the disability; however, due to the limited cases we were did not control for the nature of the disability. Despite the data limitations, we can learn important things than may inform policy.

The findings of this study indicate children with disabilities face significant obstacles to schooling. These children are significantly less likely to enroll in school, attend school, and complete Grade 5. Many disabled children do not enroll in school. The social stigma and prejudice may discourage parents from sending their children to school (Kristensen et al 2006; UNICEF 2008; UNESCO 2010). This limited enrollment may also be due to the lack of resources in special and regular schools and the prejudice that attend regular schools (UNESCO 2010). UNESCO (2010) also found that many schools, especially in rural and slum areas, are physically inaccessible to some children with disabilities.

For those disabled children who do enroll in school grade progression is very poor. The lack of enrollment and progression suggest obstacles in school and in the households. Overall Grade 5 completion is low for all children in Uganda, but it is significantly lower for children with disabilities. The poor progression may be due to limited resources, lack of proper assessment, poorly trained teachers, and limited parental support (Kristensen et al 2006). Kristensen at al (2006) found that, "many parents did not visit their children once they had been admitted to a special school, neither did they take the children

[4] http://www.unmillenniumproject.org/goals/gti.htm#goal2

home on school vacations." (p. 145). Without parental support these children are unlikely to succeed in school.

It is clear from the findings that disability is experienced differently depending on the nature if the disability. Vision and some forms of physical disabilities carry less stigma and require fewer extra resources in school. Consequently, children with disabilities are more likely to be found in schools. Other disabilities, such as difficulty with selfcare, require more resources and carry greater stigma. Given this differential experience of disabled children, the Ugandan government need to enact polices that take into consideration the nature and severity of the disability. This will probably be the greatest challenge for the Ugandan government. Providing resources and materials to serve all the disabled children will require increased financing to train teachers, provide educational materials and assistive devices like hearing aids, and financial support for families.

It is clear from this study that disabled children in Uganda face significant challenges in society and school; their enrollment, attendance, and Grade 5 completion rates are very low. If the Uganda government is to reach disabled children they will need to develop procedures for proper assessment of the disabilities, collect more accurate and reliable data, train teachers for the different forms of disability, and provide all schools with educational resources to serve these children.

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References

Caillods, F., Phillips M., Poisson M. & Talbot C. (2006) *Overcoming the Obstacles to EFA*. UNESCO International Institute for Educational Planning

Filmer, D. (2008) Disability, poverty, and schooling in developing countries: results from 14 household surveys, *World Bank Economic Review* 22(1), 141-163.

Kristensen, K., Omagar-Loican, M., Onen, N. and Okot, D. (2006) Opportunities for Inclusion? The education of learners with special educational needs and disabilities in special schools in Uganda. *British Journal of Special Education*, 33 (3), 139-147.

Ministry of Education and Sports, Uganda (1999) *The Ugandan Experience of Universal Primary Education (UPE)*, Kampala, Uganda, Ministry of Education

Ministry of Education and Sports, Uganda (2005) *Education Sector Strategic Plan 2004-2015*, Kampala, Uganda, Ministry of Education

Uganda Bureau of Statistics & Macro International Inc. (2007) *Uganda Demographic and Health Survey 2006*. Calverton, Maryland, USA: UBOS and Macro International Inc.

UNESCO (2004) *The Right to Education for Persons with Disabilities: Towards Inclusion*. EFA Flagship. http://www.unesco.org/education/efa/know_sharing/flagship_initiatives/disability_last_version.shtml

UNESCO (2005). *Education for All: The Quality Imperative*. EFA Global Monitoring Report 2005, Paris: UNESCO

UNICEF (2008) *Monitoring Child Disability in Developing Countries: Results From the Multiple Indicator Cluster Surveys*: United Nations Children's Fund, Division of Policy and Practice: New York, NY

UNESCO (2010). *Reaching the marginalized*. EFA Global Monitoring Report 2010. Oxford: Oxford University Press

WHO. (2011). *World Report on Disability*. Geneva, Switzerland, World Health Organization

WHO & UNICEF. (2008) *World Report on Child Injury Prevention*. Geneva, Switzerland, World Health Organization/UNICEF.