

**AN ASSESSMENT OF THE COMMUNITY-BASED
REHABILITATION PROGRAM OF PERSONS
WITH DISABILITIES IN
TORORO DISTRICT**

A Thesis Presented to the College of Higher Degrees and Research

Kampala International University

Kampala, Uganda



In Partial Fulfillment of the Requirements for the Degree
of Masters in Public Administration

HV 1559.P18
W44
2012

BY:

Wegulo Kusain
MPA/10001/81/DU

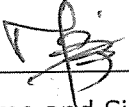
September, 2012

Wegulo Kusain
MPA/10001/81/DU
September, 2012
gross

DECLARATION A

This thesis is my original work and has not been presented to any university for any academic award or institution of higher learning.

WEGULO KUSAIN



Name and Signature of Candidate

Date 28/9/2012

APPROVAL SHEET

This thesis entitled "AN ASSESSMENT OF THE COMMUNITY BASED REHABILITATION PROGRAM OF PERSONS WITH DISABILITIES IN TORORO DISTRICT" prepared and submitted by Wegulo Kusain in partial fulfillment of the requirement for the award of the degree of Masters in Public Administration has been examined and approved by the panel on oral examination with the grade of _____

Dr. Mwanika Rosanna Atukunda

Name and signature of chairperson

DR. Imbuki Kennedy

Name and signature of supervisor

Dr. Rwabukunda Emmanuel Festus

Name and signature of panelist

Dr. Abuya Makeno Isaac

Name and signature of panelist

Date of Comprehensive Examination _____

Grade: _____

Name and signature of Director CHDR

Name and signature of DVC, CHDR

DEDICATION

This book is dedicated to my late father Idhuma Amir, who missed to see the foundation of his hands.

ACKNOWLEDGEMENT

This study would not have been possible without the guidance and protection of the Almighty God who blessed me with good health throughout the study and research undertaking. Thank you God.

The Almighty appreciation goes to my supervisors Dr. Imbuki and Dr. Abuga, Deputy Vice Chancellor, panel members, Entire Management and Staff members of Kampala International University (KIU) College of Higher degrees and research who helped me sharpen my thoughts in every step of the way leading to a successful completion of this study.

I want to extend my appreciation to friends and all those persons who have helped me in one way or the other in the development of this book.

Lastly, I would like to acknowledge the support of my family who gave me ultimate sacrifice and graciously excused my absence so special thanks go to my wives, Mwajabu and Hawa and all my children.

ABSTRACT

This study was conducted to make an assessment of the community based rehabilitation program for persons with disabilities in Tororo district. It was guided by the following objectives; to examine some of the factors that have contributed to the successful accessibility of CBR program by PWDs, to examine the hindrances to the accessibility of CBR program by PWDs; and to examine the PWDs' existing policies in relation to CBR program. Most PWDs in both rural and urban areas do not access rehabilitation services, education, health, justice, equal opportunities and vocational training equally. In countries that do offer rehabilitation programs, they are usually carried out in large cities which are difficult for most PWDs to reach yet 80% of PWDs live in rural areas. This combined with lack of community awareness, social negative attitude, stigma, prejudice and cultural attitudes towards PWDs in our society, leaves many PWDs not accessing rehabilitation programs. A descriptive survey research design was adopted whereby a total sample of 200 respondents was selected for qualitative and quantitative data using simple random sampling. The primary data was collected using structured, semi-structured, focus group discussions, interview guides, observation and secondary data from text books and reports. Data was collected, encoded into computer and statistically treated using the statistical package for social scientists. This study was conducted in the sub counties of Mukuju, Rubongi and Nagongera Town council for the period from 2008 - 2009. A sample population of 200 respondents was used to collect data for the recommendations made. The study found out that the successful accessibility to CBR program by PWDs was as a result of combined effort of the government, its personnel and the development partners. It also found out that the hindrances to the accessibility of CBR programs had a very big significant effect to PWDs' accessibility to CBR program.

Data was collected using open ended questionnaires with likert scale for both PWDs and heads of departments. Focus group discussions, interview guides and observation were some the research instruments used. Data was presented and analyzed using tables, frequencies, means and percentages and tested using parsons' coefficient. Findings, conclusions and recommendation were made for the benefit of PWDs, rehabilitation services providers, the government, policy makers, academicians, the public and private sector for the effective and efficient service delivery to PWDs.

TABLE OF CONTENTS

DECLARATION A	i
DECLARATION B	ii
APPROVAL SHEET	iii
DEDICATION	iv
ACKNOWLEDGEMENT	v
ABSTRACT	vi
TABLE OF CONTENTS	vii
LIST OF TABLES	x

One: THE PROBLEM AND ITS SCOPE	1
Introduction	1
Background to the Study	1
Statement of the Problem	5
Research Objectives	6
Research Questions	6
Hypothesis	6
Scope of the Study	6
Significance of the Study	7
Operational Definition of Key Terms	8

Two: LITERATURE REVIEW	10
Introduction	10
Concepts, Opinions and Ideas	10
Theoretical Perspectives	12
Review of Related Literature	13

Three: METHODOLOGY	28
Introduction	28
Research Design	28
Research Population	28
Sample Size	29
Sampling Procedure	29
Research Instruments	30
Validity and Reliability of the Instruments	31
Data gathering Procedure	32
Data Analysis	32
Ethical Consideration	33
Limitations of the Study	33
 Four: PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA	 34
Introduction	34
Demographic characteristics of respondents	34
Factors which contributed to the successful accessibility to CBR program by PWDs	39
Hindrances to the accessibility of CBR program by PWDs	41
PWDs' existing policies in relation to CBR program	44
 Five: SUMMARY, CONCLUSION AND RECOMMENDATIONS	 50
Introduction	50
Findings	50
Conclusion	51
Recommendations	52

ACRONYMS/ABBREVIATIONS

CBR	Community based rehabilitation
CWD	Child with disability
DPO	Disabled Peoples Organization
DFID	Department for International Development
FGD	Focus Group Discussion
HIV	Human Immune Virus
HOD	Head of Department
ILO	International Labour Organization
MDG	Millennium Development Goal
NAD	Norwegian Association of the Disabled
NCD	National Council for Disability
NEOP	National Equal Opportunities Policy
NPOD	National Policy on Disability
PWD	Person with Disability
UNESCO Organization	United Nation Education Scientific and Cultural
UNISE	Uganda National Institute of Special Education
UPHC	Uganda Population and Housing Census
WHO	World Health Organization

community through the appropriate health, education, vocational and social services. CBR focuses on enhancing the quality of life for PWDs and their families, meeting basic needs and ensuring inclusion and participation. CBR is a multi-sectoral approach and has 5 major components that is health, education, livelihood, social and empowerment. In 1976 the World Health Organization (WHO) introduced CBR as an innovative approach that would greatly improve on penetration coverage to give PWDs access to rehabilitation in their own communities using predominantly local resources. Therefore, WHO recommended provision of essential services and training of PWDs through CBR (WHO, 1994). It seeks the integration of the interventions of all relevant sectors - educational, health, legislative, social and vocational and aims at the full representation and empowerment of disabled people. CBR's aim is to rehabilitate and train PWDs, as well as integrate them into their communities. According to O'Toole (1995: 16), he observed that the goal of CBR is to demystify the rehabilitation process and give responsibility back to the individual (PWD), family and community. This means that PWDs' family members witness the PWDs progress and will increasingly believe in his or her capacities and it therefore follows that the costs of the individual program decreases. In CBR, the PWD, family, community, social workers and health professionals collaborate to provide needed services in a non-institutional setting and in an environment or community where services for PWDs are seriously limited or totally absent. CBR's essential feature is that, it focuses on partnership and community participation. Approaches to the implementation of CBR are many and are determined by a variety of social and demographic factors. Introducing rehabilitation services at a local or community level removes many obstacles to care which are associated with institutions. The difficulty of travel and its expense are

Community based rehabilitation calls for the full and coordinated involvement of society at all levels that is, community, intermediate and national. At the community level, CBR is seen as a component of an integrated community development program. It is based on decisions taken by its members and it relies as much as possible on the mobilization of local resources. The family of the disabled person is the most important resource. Its skills and knowledge is promoted by adequate training and supervision, using a technology closely related to local experience. The community supports the basic necessities of life and helps the families who carry out rehabilitation at home. It should further open up all local opportunities for education, functional and vocational training, jobs to mention but a few. At the intermediate level, a network of professional support services should be provided by the government. Its personnel should be involved in the training and technical supervision of community personnel, provide services and managerial support and liaise with referral services. Referral services are needed to receive PWDs who need more specialized interventions than the community can provide. The CBR program seeks to draw on the resources available both in the government and non-governmental sectors. At the national level, CBR seeks the involvement of the government in the leading managerial role through planning, implementing, coordinating, monitoring and evaluating the CBR program. This should be done in co-operation with the communities, the intermediate level and the non-governmental sector, including organizations of PWDs (Helander, 1993:8).

Statement of the Problem

Community Based Rehabilitation is a strategy in community development used to design a system for change and improve service delivery in order to reach all PWDs for more equal opportunities, promoting and protecting the human rights of PWDs. However, the rehabilitation, equalization of opportunities, inclusion and integration of PWDs in the mainstream society, improved service delivery and more equitable opportunities are all still inadequate. Most PWDs in both rural and urban areas do not access rehabilitation services, education, health, justice, equal opportunities and vocational training equally. In countries that do offer these services, they are usually carried out in large cities which are difficult for most PWDs to reach yet 80% of PWDs live in rural areas. This combined with lack of community awareness, social negative attitude, stigma, prejudice and cultural attitudes towards PWDs in our society, leaves many PWDs not catered for. Yet CBR's aim is to rehabilitate, empower, promote human rights and train PWDs to acquire skills, as well as to integrate them into their communities. But most of the PWDs are not rehabilitated, empowered and still left out of the mainstream society. They are unskilled, unemployed and discriminated against and stigmatized. This study will attempt to assess the CBR program with a view to identifying the hindrances to the accessibility to CBR program by PWDs in their communities and the existing PWDs' policies in relation to CBR program for rehabilitation, social inclusion and integration into the mainstream society.

Research Objectives

To examine some of the factors that contributed to the successful accessibility of CBR program by PWDs

To examine the hindrances to the accessibility of CBR program by PWDs

To examine the PWDs' existing policies in relation to CBR program

Research Questions

What were some of the factors that contributed to the successful accessibility of CBR program by PWDs?

What were the hindrances to the accessibility of CBR program by PWDs?

What relationship existed between the PWDs' policies and CBR program?

Hypothesis

It was hypothesized that:

Ho; there was no significant impact of the hindering factors to the accessibility of PWDs to CBR programs.

Ha; there was a significant impact of the hindering factors to the accessibility of PWDs to CBR programs.

Scope of the Study

Geographical scope

The study was conducted in the sub-counties where active CBR programs were being carried out. These were Nagongera Town Council and two rural sub-counties of Mukuju and Rubongi.

Time scope

The study covered the period from January 2008 to December 2009 in Tororo district. This was also the time when CBR activities were at a decline in the district yet Tororo district had been a model to other districts in CBR activities.

Content scope

The study extensively examined the factors that contributed to the successful accessibility to CBR program by PWDs, the hindrances to the accessibility of CBR program by PWDs and also examined the relationship between PWDs' existing policies in relation to the CBR program.

Significance of the Study

The CBR program has been implemented in Uganda from 1992 to date but majority of the PWDs have not been reached neither accessed this program. Based on such a situation, the study findings would be useful to rehabilitation service providers, the PWDs, their families, the community, the Government and Non-Government organization in identifying the factors that contributed to the successful accessibility of CBR program by PWDs, the hindrances to the accessibility of CBR program by PWDs and the relationship between PWDs' policies and CBR program on the rehabilitation of PWDs. It is hoped that the information and knowledge generated from the study would guide policy makers, including Government and implementers of rehabilitation programs for PWDs at all levels to properly plan for the growing numbers of PWDs in their communities for improved service delivery of the CBR program. Research showed that a big number of PWDs do not access the CBR equally. The findings to these problems

would be used by the government, parents of PWDs, development partners and service providers to change the strategy. Other academicians and researchers may use the study findings for further studies on issues concerning PWDs' rehabilitation.

Operational Definition of Key Terms

These concepts are defined according to how PWDs understand and use them in their communities although they are defined differently by the United Nations Agencies.

Community Based Rehabilitation – This is the teaching of practical skills to PWDs in their communities using locally available materials within the community where they live.

Disability – Is any form of 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 by society.

Impairment – Is any loss or abnormality of physical, psychological or physiological nature or function.

Rehabilitation – Is a process of changing the lives of PWDs by acquiring knowledge, skills and changed attitude towards social functioning levels by providing them with tools to change their lives towards a higher level of independence as they used to be before the disability.

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

Equalization of opportunities – This is the process through which the general system of society makes and provides services like education, health, employment, transport and inheritance of property accessible to all without discrimination.

Effectiveness – Is producing results wanted or intended in doing something. In this case, this is intended to find out whether CBR program is producing the intended results for starting.

CHAPTER TWO

LITERATURE REVIEW

Introduction

This chapter basically discusses what other scholars, academicians, and philosophers have written on the subject under study. It is a review of the available literature that is relevant to the study area. The sources of the literature are research reports, textbooks, journals and internet.

Concepts, Opinions and Ideas

Over the years, a growing body of theoretical ideas published on CBR program, accumulated practical ideas. Some of these ideas were progressive while others came short of viewing CBR within a development concept. Community based rehabilitation as a strategy in community development for addressing the needs and demands of PWDs in developing countries has become the most accepted approach because it is now seen as having two perspectives that is, a rights and poverty perspective. It is estimated that 70% of PWDs could access CBR program at community level; while 30% comprising of persons with severe and multiple disabilities, require specialist interventions (Hartley, 2001). The CBR approach to rehabilitation of PWDs should be based on the understanding that the problems faced by PWDs in their daily lives are the result of not only their individual impairment but also of the attitudes and beliefs of their families and the communities where they live (Hartley, 2001). The problems that result from negative attitudes such as lack of social acceptance, opportunities for employment, income generation, inheritance and education must be resolved if PWDs are to have equal opportunities and achieve full participation in their communities. Despite the high profile given to

disability and development issues, there remains scant consensus on what are the most appropriate, sustainable strategies and operational modalities that should be employed for effective interventions within the disability sector (DFID, 2009). However, CBR may be effective but not necessarily cost effective. For instance, field workers require motorcycles or bicycles which they do not have. Another problem of CBR is highlighted by O'Toole (1995:43). According to him, CBR does not succeed in creating effective and efficient employment to PWDs. O'Toole (1995:45) continues to argue that one of the objectives of CBR should be to let PWDs earn money in order to become economically self reliant and if this is not achieved, then the rehabilitation program is considered unsuccessful. However, Nunzi (1996:15) found that in Malawi the CBR program was doing well because the component of apprenticeship had been incorporated. Craftsmen within the community were provided with materials such as wood, cloth and so on depending on the particular trade in exchange for taking on a person with disability for apprenticeship.

Therefore, there may be a need for CBR professionals to think of integrating apprenticeship in the program in order to help PWDs to generate income. In bringing about positive impact on the situation of PWDs at least three approaches have been practiced, namely: Institutional Based Rehabilitation, Extension of Institutional Based Rehabilitation, and Community Based Rehabilitation (CBR). However, the rehabilitation gap has not been closed in any quick or easy way although CBR is considered one of the most practical and efficient rehabilitation approaches (Handojo, 1991; Helander, 1988). The Community-Based Rehabilitation program as a strategy is an effort to

design a system for change and improve service delivery in order to reach all PWDs in need, for providing more equal opportunities and for promoting and protecting the human rights of disabled people (Helander, 1993: 5).

Theoretical Perspectives

This study was based on the social model theory. The social model theories explain the oppression of persons with disabilities in society. There has been a need to challenge previous theoretical assumptions about one dimensional class based nature of power relations. Persons with disabilities (PWDs) across all social classes face oppression and exclusion by society that does not take their needs into account. Although individual PWDs may be protected from particular instances of oppression because of their class, gender, ethnicity or sexuality (Humphrey, 2000), it is equally the same case that in many other situations, impairment is used as the primary excuse for mainstream society oppressive practices. Responsibility for their social exclusion has been rightly placed at the door of a normalizing society which has rigidly developed and maintained structures designed to create a docile workforce (Foucault, 1991, Douard, 1995). This model has challenged existing oppressive power relations ranging from increasing involvement of PWDs in policy making issues at both local and national levels through local councils of local governments and deliberation in parliament

Review of Related Literature

The world Health organization (WHO, 2011) estimates that persons with disabilities make up 15% of the world population; making 785 million people with disabilities. However in Uganda, 7.2% approximately 2.5 million are persons with disabilities (UNHS, 2005/06). This study, continues to say that out of these, only 2.2% of PWDs in Uganda attain post secondary education. In Uganda approximately 90% of PWDs do not go beyond primary education (UPHC, 2002), also 60% of PWDs do not receive any kind of rehabilitation (UNHS, 2006). In this situation, PWDs are generally vulnerable by virtue of their impairment and negative societal attitudes arising from fear, ignorance, superstitions, neglect and lack of awareness. In both developed and developing countries, evidence suggests that PWDs are disproportionately represented among the world's poor and tend to be poorer than their counterparts without disabilities. It is estimated that of the world's poorest people and who lack access to basic necessities such as food, clean water, clothing and shelter in every five persons, one is a PWD (Elwan A. 1999). There is a strong bidirectional link between disability and poverty. Disability can cause poverty as it prevents the full participation of PWDs in the social and economic life in their communities, especially if the appropriate support is not available (World Bank, 2008). Also, poverty may cause disability through malnutrition, poor health care and dangerous living conditions. Therefore, disability is both a cause and a consequence of poverty (Yeo, 2005). In 2002, James Wolfensohn, former President of the World Bank, stated that unless disability issues were addressed, the United Nations Millennium Development Goal targets would not be met (DFID, 2009). The high number of PWDs who are disproportionately represented among the world's most marginalized

groups have a profound significance with respect to the achievement of the Millennium Development Goals (MDGs) but it has passed unnoticed in the international discourse on the MDGs (UNESCO, 2008). Therefore, it is essential that PWDs needs should be addressed and included in all the MDGs for rehabilitation of PWDs through CBR program.

Factors that contributed to successful accessibility to CBR program by PWDs

For any program or project to be successful, there are a number of factors that contribute to its success. Likewise, the CBR programs to be successful in Tororo district, the following factors were mentioned as major contributors to its success. The funding of the CBR program by the Norwegian government through development partners like the Norwegian Association of the Disabled (NAD) and other Nordic countries is one of the factors that made the accessibility of this program by PWDs a reality. The government's will to fund the CBR program in order to reach as many PWDs as possible, the positive attitude of the technical personnel of the central and local government to implement the CBR program without diverting the funds to other programs, the representation of the PWDs from local council one to five, the community support by owning the program in their various sub counties of program implementation and the combined effort of the volunteers at the grass root to do the work as most CBR activities depended on volunteers for their implementation in all areas of operation. The government's will is witnessed in its commitment to good governance as a prerequisite for national development. It encourages co-existence that promotes social inclusion and integration of PWDs in society (NPOD, 2006:14). The government's will promotes

they are usually carried out in large cities which are difficult for PWDs to access due to lack of awareness, mobility difficulties, physical, social and environmental barriers in the community. However, according to the National Equal Opportunities Policy (NEOP, 2006), government pledges to take appropriate measures to ensure that marginalized and disadvantaged people access on equal basis with others to information, facilities and services. However, though there is such a policy, it is in words because obstacles and accessibility barriers to buildings, health and medical facilities, roads and transportation, employment and workplaces, information and communication facilities are still a problem to PWDs' in Uganda and other developing countries.

Illiteracy levels – Illiteracy is still highest and common among PWDs. This affects their ability to conceptualize their own issues and leads to a feeling of worthlessness and powerlessness in society (Hartley, 2001:31). The high levels of illiteracy are caused by a number of difficulties including lack of trained special needs teachers to handle children with special needs at all levels of learning, lack of assistive devices like Braille machines and papers, mobility devices like wheel chairs, sign language interpreters, physical, social and environmental barriers, long distances to schools, parents and community negative attitudes which hinders them to educate their children. Parents tend not to send their children with disabilities to school because of their belief that they are useless (Nalwadda, 1994). This author says that in Uganda it is assumed that disability goes hand in hand with mental deficiency. That is why little effort is made to educate or even treat PWDs as persons. This quotation may also be related to the belief among the Basoga towards children with disabilities. There are also very few primary and secondary schools in Uganda which handle

children with special needs and at the same time, they are very expensive to be affordable by parents of such children. These schools are found in urban cities which are difficult and still expensive for the parents to afford. Poor and little access to education in childhood results in high proportion of PWDs to remain illiterate and unskilled. Still issues relating to PWDs are not well highlighted in education and training curricula at all levels (NPOD, 2006:5).

Top-bottom concept - According to Hartley, (2001) CBR is still viewed by many Disabled Peoples Organizations (DPOs) as a top-bottom concept, and this has made its acceptance difficult in some communities. It has not been very successful in developing supportive socio-cultural environments for PWDs or in mobilizing community resources. The PWDs' needs and those of the community have not been responded too because CBR is seen as a top –bottom program which is designed without the PWDs themselves. The top-down ideology assumes that professionals know best what the PWDs' and the community's needs are. However, on the other hand, in the bottom-up approach , it is acknowledged that PWDs, their families, and communities are in the best position to know what is needed after gaining appropriate skills and can control how rehabilitation is to be implemented (Pupulin, 1995).

Persons with special needs - Issues of people with special needs like mental retardation, disability due to epilepsy, leprosy and the deaf-blind, cerebral palsy coupled with intellectual impairment and strange behaviour are not adequately addressed in CBR program. Families and communities seem not sure of their role in rehabilitating persons with these types of disabilities. Most children with these types of disabilities

are identified at very late stages and as a result, the only intervention at this stage is only institution based. However stigma, negative attitudes and prejudice prevent the establishment of community based post institutional care which requires intensive and long term community education and mobilization. Kakama (1993) also reported on how PWDs, especially the mentally disabled, are seen as being beyond help. This author found out that, people in Kasese regard the PWDs as a gone case.

He gives an example of how he tried to help a family with a baby born with cleft foot which could be corrected in the hospital without much difficulty. According to the author, members of the family were not bothered and this made him give up.

Kakama (1993) further found that in some communities, PWDs are not taken to hospitals; many do not go to school and at worst, they are unattended to and are left to wander in the villages. He argues that the community considers children with disabilities as children of less value. It is worse when they are born out of wedlock. They are stigmatized and are sometimes likened to wild cats. All these explain the problem of negative attitudes families and communities have towards PWDs.

Dependence syndrome - This has been the greatest hindrance to participation in and sustainability of CBR program. Many families, communities and even PWDs themselves have continued to exhibit high sense of dependence. This is because traditionally, issues of disability have been supported by charitable and welfare organizations. Therefore, CBR needs to be viewed as a development issue but not as a charity or welfare issue. There should be enhancement of self-esteem for self-reliance through education and economic empowerment of PWDs to change these attitudes. PWDs face severe constraints in accessing credit and financial services from formal

banking/lending institutions. This is caused not only by their lack of investment, limited ownership of assets such as land and livestock to provide as collateral for credit but also the inadequate skills and knowledge of financing procedures and basics such as calculations on interest rates due to illiteracy (NEOP, 2006:27).

Inadequate appropriate trained personnel – This provides the biggest hindrance in providing family and community oriented services. There is need for intensive advocacy and influencing of curricula development at the central level and provision of training opportunities for those working at community level. CBR program needs personnel who understand and know how to deal with rehabilitation and community behaviour. Insufficient number of adequately trained CBR community workers could lead to poor conception, implementation and supervision of CBR program in the community. Since the educational background of most CBR workers has to do with rehabilitation, the program tends to concentrate on rehabilitation interventions only. Therefore, there is need to improve on quality of workers in CBR program by providing training in community development as well as rehabilitation methods and skills. Whereas, the government of Uganda embraced the Universal Primary Education (UPE) in 1997, the majority of children with disabilities (CWD) have not benefited from this policy. There are a number of barriers limiting their full participation. These range from social, physical, environmental and economic barriers. Children with intellectual disability suffer the most because of limited number of trained special needs teachers and scarcity or absence of materials and equipments used in their instruction in classes.

Negative social attitudes- Persons with disability (PWDs) encounter negative social attitudes, particularly in the fields of education, health and justice. Furthermore, there is evidence to suggest that different impairment groups discriminate against each other, and there is discrimination as well within families where there is a disabled family member. According to Mittler (1994: 14), the social and economic problems of PWDs are brought about by negative attitudes towards PWDs. According to this author, the problem starts in the family and eventually spreads to the community and other social settings. Mittler (1994:12) also says PWDs live their lives without dignity, victimized by beliefs that they are possessed by evil spirits or their very presence is proof of Divine punishment.

Werner (1987) also notes that attitudes are dominated by the assumption that the persons with disabilities are alien to the "normal" society, that they do not belong; that they are an embarrassment, an eye sore that should not be allowed out.

Jackson Helen (1993: 25) on her part observed that beliefs and negative attitudes may also be internalized by PWDs themselves. She argues that in many countries, people believe that misfortune including problems such as disablement has more than natural explanation. She says that a range of supernatural or spiritual explanation exists.

Inadequate understanding and knowledge about disability, poverty and social exclusion makes some parents with disabled children neglectful of their disabled child's needs. Broader lack of a basic understanding of child health and development coupled with poverty, makes some parents unwilling or unable to access those child health services that do exist, which itself is a continuing cause of preventable disablement. Also, the attitude of most rehabilitation providers towards PWDs participation is still negative. Many still believe that PWDs can only be

recipients of the services and not participants in the whole process. Most of the initiators have a professional bias and believe that their skills cannot be transferred to beneficiaries who are not professionals. And as a result, most PWDs do not have the requisite skills to provide specialized services to their colleagues.

Equity and equal opportunities - The fairness and justice in the treatment and distribution of resources, services, opportunities, responsibilities and benefits as well as access to services still remains an elusive goal for many CBR programs which are usually on a small scale and without wider government and political support. Therefore influencing local and national policies should form a major priority for CBR program for the inclusion of all the above. Access to justice is crucial for the promotion of equal opportunities. However, despite the progressive legal framework entrenched in the Constitution of Uganda discrimination, inequality, marginalization and violation of rights of PWDs still manifest in practice due to low self-esteem as well as physical, environmental, technical and financial barriers experienced by PWDs (NEOP, 2006:18). Grievances of PWDs often remain unreported and many existing cases are not prosecuted due to weaknesses both within the laws and through administrative practices. Although PWDs desire equal human rights and opportunities, we are working in an environment where there is extreme poverty. Opportunities are very scarce for everyone including the PWDs. Even opportunities for income generating activities are remote. According to Marsland (Marsland et al 2008), PWDs have greater statistical probability of being poor than their able-bodied counterparts, because of lack of access to education, loans from micro-finance institutions and employment opportunities. Therefore, this implies that, poverty reduction should remain part and

parcel of any credible CBR program to uplift the standards of living of PWDs. This shall narrow the gap of equal opportunities for the PWDs. Promoting equal opportunities is not only about adopting measures directed at PWDs but also actualizing fairer roles for all. It involves not only making programs and resources more accessible to PWDs but also reviewing and refocusing the policy and legal framework. Issues of equal opportunities affect the PWDs at individual, household, community and state levels. At household level, PWDs are denied in terms of access, control and benefit from resources and services. At community level, PWDs are denied access to resources and services, participation and involvement in decision making in the development process. At the state level, PWDs are denied opportunities through omissions in policy and legal framework (NEOP, 2006:15)

Existing PWDs' Policies in relation to CBR program

The policy context in which PWDs issues are framed within Uganda is complex and to some extent contradictory. On one hand, the Ugandan Government has passed progressive anti-discrimination disability legislation as exemplified by the National Policy on Disability 2006 (NPOD, 2006), Persons with Disabilities Act 2006 (PWD, 2006) and the National Council for Disability Act 2003 (NCD, 2003). Furthermore, PWDs' rights are explicitly recognized within the 1995 Uganda Constitution. Article 32 explicitly outlaws discrimination on the basis of race, gender and disability. Article 34 recognizes the right of all children to benefit from Universal Primary Education. In addition, Article 16 explicitly recognizes the rights of PWDs which states that the Society and the State shall recognize the rights of PWDs to respect and human dignity. Other mainstream domestic legislations which also recognize disability rights include, The Local Government Act, CAP.243

(As amended), provides for representation of PWDs (female and male) at all local government levels. The parliamentary elections statute of 1996; provides for elections of 5 representatives of PWDs in parliament.

The Children's Statute 1996; stipulates early assessment of disabilities among children for appropriate rehabilitation and education. The Uganda Communications Act 1998; provides for further development of techniques and technologies that facilitate accessibility to communication services by PWDs. The UNISE Act of 1998; provides for the establishment of the Uganda National Institute of special education, training of teachers for children with special needs as well as special education teachers. ;The Uganda traffic and road safety Act of 1998; stipulates that, PWDs shall not be denied driving permits on the basis of their disability or by reason of his or her disability. The Universities and Tertiary Institutions Act 2001; provides affirmative action towards the education of PWDs by additional 1.5 points.

The National Equal Opportunities Act and Policy 2006. The Education (Pre-primary, Primary and Post-Primary) Act 2008. Others are The World Declaration on Education for All, 1990. The Alma Ata Declaration of 1978; which emphasises inclusion of the rehabilitation approach into the Primary Health Care system. The international Labour Organization Convention N0.159 and recommendation 168 on vocational rehabilitation and employment of PWDs. The World Programme of Action 1983, which advocates for full participation of PWDs in the development process. The Vienna World Conference on Human Rights 1993 resolutions, which stipulates promotion of rights of PWDs, The United Nations standard rules for equalisation of opportunities 1993,

which guides policy making and the convention on the rights of PWDs, of which Uganda is a states party. Thus, from a constitutional perspective, the human rights of all PWDs living in Uganda are enshrined in national legislation and international legally binding instruments. However, the challenge lies with the government in the translation of these instruments into the local languages and their implementation to effect positive change in the lives of PWDs (DFID, 2009:23).

Despite of these laudable constitutional provisions and international conventions, there is still a big challenge to the effective enforcement of disability rights. There is also a significant implementation gap in the policy-making process, this being manifested in a multiplicity of ways. The most important part of this implementation gap is poor governance structures and processes that affect not only disability legislation, but constitute a significant impediment to the development of social and economic policy in general (DFID, 2009). It is evident and clear that the legislative process is divorced and separated from the implementation of such legislation. A prime example of this is that although the PWDs Act was enacted in 2006, to-date there has been no regulations published to enforce this legislation (DFID, 2009).

The National Policy on Disability (NPOD, 2006) mentions the major concerns faced by PWDs as being poverty, education and skills, employment, conflicts and emergencies, social security, health, HIV/AIDs and accessibility (NPOD, 2006:3). However, the PWDs Act (2006) provides a legal basis for the implementation of the National Policy on Disability. The Act's objective is to provide a comprehensive legal protection for PWDs in accordance with Article 32 and 35 of the

Constitution of Uganda; to make provision for the elimination of all forms of discrimination against PWDs towards equalization of opportunities and other related matters. Also, within the Act, many PWDs substantive rights are recognized including the rights to privacy, family life, and participation in public and cultural life, access to social services, and access to public services and many others. CBR has tried to solve some of the PWDs major concerns like employment and skills acquisition by extending training opportunities to some PWDs in their communities using the locally available materials. However, with the limited skills characterized by most PWDs and others being severely disabled, accessing employment is still a major challenge an indication that CBR program alone cannot solve PWDs needs and concerns. Also, there are no regulations that have been drafted or agreed upon to ensure that the principles and tenets of this act are indeed implemented, despite the fact that this Act was assented to on 24th May, 2006. The National Council for Disability (NCD) Act 2003 was enacted by Parliament to promote the rights of PWDs as delineated in existing international conventions, legal instruments and the 1995 Uganda Constitution.

The overall strategic goal of the NCD is to promote the implementation and the equalization of opportunities for PWDs through empowerment, participation and monitoring of services, which again is underpinned by the principles of human rights. However, NCD has not lived to its expectations due to challenges like insufficient funding from government and organizational capacity to conduct its affairs in an efficient and effective manner (DFID, 2009:27). The UN convention on the rights of PWDs which Uganda is a signatory endorses inclusive education in article 24 and states that, with a view to realizing this

right without discrimination and on basis of equal opportunity, State parties shall ensure an inclusive education system and lifelong learning at all levels. However, despite these laudable and progressive education policies, there is a chronic shortage of trained special needs teachers within the district and Uganda at large, which again compounds the difficulty in implementing any viable and sustainable inclusive education policy within the district and the country at large (DFID, 2005:28).

In conclusion, disability issues transcend all sectors, therefore, the public and private sector, Government ministries, Local governments, Civil society organizations, Non-governmental and Faith based organizations should use existing legal and planning framework to guide planning, resource mobilisation and allocation, implementation of efficient and effective interventions for the rehabilitation and benefit of persons with disabilities.

CHAPTER THREE

METHODOLOGY

Introduction

This chapter outlined how the study was carried out. It gave the Research Design, Research Population, sample size and sampling procedure, Data collection Instruments and Data Analysis and Presentation, Ethical considerations and Limitations.

Research Design

In this study, a descriptive survey research design was adopted in order to collect data from respondents. A descriptive survey design was applied using both qualitative and quantitative methods to allow for the collection of detailed information from the respondents in their social context. A qualitative method was used because the researcher wanted to describe and analyze the collected data from the perspective of the respondents and for easy measure and analysis of variables.

Research Population

According to the Uganda Population and Housing Census (UPHC, 2002), Tororo district has a population of 450,000 people of which 25,000 are persons with disabilities (PWDs). The population comprised of four categories of PWDs. The physically disabled, the blind, the deaf and the blind-deaf. It also included the district rehabilitation officer, the district community based services officer, district education officer, chairperson district union of persons with disabilities, and two councilors for PWDs at the district, the two sub-counties and one town council as key informants.

Sample Size

The sample size was of 200 respondents comprised of 60 PWDs selected from each sub county and the town council to make 180 respondents. Then 60 PWDs were selected from each sub-county and the town council to make 180 respondents. The heads of departments for education, rehabilitation, councilors for PWDs at the sub county, town council, district and the district union of PWDs comprised of 20 respondents totaling to a sample of 200 respondents. Tororo district was purposively selected because it had the qualities that suited the interest of the study and its improved outreach in CBR program.

Sampling Procedure

The researcher was introduced to the district local government authorities with the letter seeking permission from the University. The researcher then made an appointment with the technical staff and chairpersons of the sub counties of the areas for the study with permission from the Chief Administrative Officer of the district. A sampling frame consisting of all the names of the respondents per sub-county and town council was constructed. The first target of the sample for the study included was the district rehabilitation officer, community based services officer, education officer, chairperson of the district union of PWDs and the councilors' for PWDs. This was purposive sampling from which a researcher could discover, understand and gain more insight on issues crucial for the study. Open ended self-administered questionnaires

Research Instruments

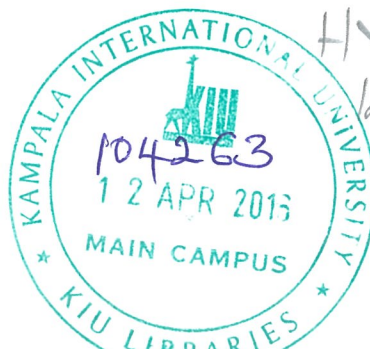
Data was collected using questionnaires, interview guides, observation and Focus Discussion Groups delivered to the respondents by the researcher and the research assistant. The questionnaires were semi and structured open-ended: -

- (i) Questionnaires for PWDs (Appendix i) - This was open-ended and with a likert scale. A likert scale questionnaire is one where the respondents are asked how much they strongly agree scoring - 4 points, agree - 3 points, disagree - 2 points, strongly disagree- 1 point or non-decided - 0 point with the point of view on the item being studied.
- (ii) Questionnaires for PWDs (Appendix i) and for heads of departments (Appendix ii) – Were open- ended and with a likert scale.
- (iii) Interview guides (Appendix iii) – These were structured open- ended questions which the researcher followed in eliciting responses from the respondents.

Both questionnaires examined the hindrances to the accessibility of CBR program by PWDs, however, questionnaire (ii) looked for the factors that contributed to the successful accessibility of CBR program by PWDs and

Observation

Through observation the researcher was able to assess and appreciate the usefulness of the CBR program in the district while hearing from the beneficiaries themselves. It was used to gather information about



HV 1559. P18
12/44
2012

Data gathering Procedure

The respondents were mobilized by the community development officers (CDO) at the sub counties together with the CBR volunteers. Questionnaires were delivered to them through the volunteers, CDO and the researcher himself together with his assistant at the agreed venues and to the heads of department. Some questionnaires were filled in and picked the very day while others were picked after a week from the CDO's office for compilation and analysis. The simple random sampling technique was used because it gave each member of the target population chance to participate in the study; which avoided bias in the selection of respondents and the eventual data collected. A sampling frame consisting of all the respondents per Sub County and town council was constructed.

Data Analysis

Data was collected, encoded into computer and statistically treated using the Statistical Package for Social Scientists (SPSS). The frequency and percentage distribution were used to determine the demographic characteristics of respondents. The means and interpretations were applied to the successful factors and the hindrances to the accessibility of CBR program by PWDs and PWDs' policies in relation to CBR program.

Mean Range		Response Mode
3.26-4.00	Strongly Agree	Very High
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	very low

CHAPTER FOUR

PRESENTATION, ANALYSIS AND INTERPRETATION OF DATA

Introduction

This chapter presents analyses and interprets the results of the data obtained after the data collection. The purpose of the study was to assess the community based rehabilitation (CBR) program on the rehabilitation of persons with disabilities (PWDs) in Tororo district. This was in view of Tororo being a model district for the CBR program in Uganda. In the first part, demographic characteristics of the respondents are described, followed by the categories of PWDs accessing CBR program more than others and the factors which have contributed to the successful accessibility to CBR program by PWDs in Tororo district. It also analyzes the hindrances encountered by PWDs in the accessibility to CBR program and finally, the existing PWDs' policies in relation to CBR program. Two hundred (200) respondents equivalent to 100% represented PWDs in the two sub-counties and one town council in this study. The respondents included heads of departments (HODs), CBR volunteers as key informants and councilors for PWDs to gain more insight on the accessibility of CBR program by PWDs. The results were obtained through use of several methods are presented in this chapter. The data is presented by descriptive statistics using frequency distribution tables and percentages.

Demographic characteristics of respondents

The respondents were characterized by sex, age, educational level, marital status, employment status and types of disability. A response rate of two hundred respondents (200) which represented (100%) of

the respondents was attained. The characteristics of the respondents were shown using the table below.

Table 1: Characteristics of respondent by sex, age, educational level, marital status, employment and disability n= 200

Sex	Frequency	Percentage
Male (M)	128	64.0
Female (F)	72	36.0
Total	200	100
Age		
Adult	120	60.0
Youth	80	40.0
Total	200	100
Educational level		
Primary	57	28.5
Secondary	18	9.0
Diploma	0	0
Graduate	0	0
Illiterate	125	62.5
Total	200	100
Marital Status		
Married	52	26.0
Single	121	60.5
Divorced	27	13.5
Total	200	100
Employment Status		
Employed	30	15.0
Unemployed	135	67.5
Self-employed	35	17.5
Total	200	100

Categories of disability		
The Blind	22	11.0
The Deaf	62	31.0
The physically disabled	101	50.5
The deaf-blind	15	7.5
Total	200	100

Source: Primary data, 2011

The results in table 1 indicates that majority of the respondents (128) represented by 64% were male while female were (72) represented by 36% in the study. This was due to men's dominance in most social-economic activities in society. Regarding age, the table indicates that majority of the respondents (120) were adults represented by 60% and the youth were few (80) represented by 40%.

Regarding the educational level of the respondents, the table indicates that majority of the respondents (125) represented by 62.5% were illiterate followed by (57) respondents represented by 28.5% who were of primary level. The table further indicates that there were neither graduates nor diploma holders and (18) respondents represented by 9% were of secondary education level. An in-depth analysis of these study revealed that majority of the PWDs were illiterate. The table goes further to show that some of the PWDs had reached primary level and a few had reached secondary level education and dropped out. There are many factors as to why majority of PWDs are still illiterate and even drop out of school. These revelations confirm kakama (1993) findings. The factors include and not limited to parents/guardians' and communities' negative attitude towards persons with disabilities, social

and environmental barriers, non-disability friendly learning facilities, long school distances inaccessible classrooms, lack of special needs and sign language teachers, lack of mobility devices and many others. On the other hand, the low levels of literacy among PWDs were not surprising because it is well known they were discriminated against for a long time. Those who happen to go to school dropout due to the various factors mentioned above.

On the side of marital status of the respondents, the table indicates that majority of the respondents (121) were single represented by 60.5% followed by those who were married (52) represented by 26% and then the divorced (27) represented by 13.5%. The study lays it bear that many PWDs are not married and live single lives although they may have children. The findings also revealed that divorce among PWDs was a big problem because (27) respondents represented by 13.5% were divorced as shown in the table. Like divorce, marriage also appeared to be a problem among PWDs as shown in the table. This is due to the stigma attached to persons with disabilities by society depending on the severity of the disability. Consequently, an in-depth probe with some PWDs, one male PWD commented thus:-

"We persons with disabilities find it difficult to marry. Those who marry sometimes find it difficult to sustain their marriages due to poverty. As a disabled man or woman, you may be helped to get a wife or husband but once the wife discovers that you have no money, she moves away with another man who has the money. And when you think of marrying a fellow disabled person, it is at times difficult for us to help each other"

One female PWD also commented thus:-

"Who can marry a woman with disability? The majority of men do not want to be associated with women with disabilities as far as love

affairs are concerned. They feel ashamed to be associated with us during day and come in only during dark and still leave during dark hours". These comments prove why majority of PWDs are single or divorced. The above quotations also confirm Werner (1987) and Milter (1994) findings on society's attitude towards PWDs.

On the aspect of employment, the table indicates that majority of the respondents (135) represented by 67.5% were unemployed while (35) represented by 17.5% were self-employed followed by (30) respondents who were represented by 15% as employed (Here the term employed was used to refer to someone who was paid a monthly salary). When analyzed further, these figures revealed that although CBR program has been in Tororo for the last fifteen (15) years majority of the PWDs are unemployed apart from those who are self-employed and a few who are employed as councilors for persons with disabilities at the district and sub-counties. The situation of PWDs in terms of employment was generally poor. This phenomenon is attributed to the fact that CBR trainings emphasized daily living skills and the prevention of impairments. It also emphasizes training PWDs using local materials in the community. These skills cannot help a PWD to get a monthly paid job. This situation was also attributed to the negative attitude of employers. The employers first look at the individual's disability instead of the skill and ability of the individual PWDs. However, when probed further, especially the self-employed PWDs, they said they prefer to be self-employed than being employed because they would be paid little yet overworked.

Regarding the type of disability which accesses CBR program more than the others, the respondents assessed were of four categories of disability and the table indicates that the physically disabled persons

(101) represented by 50.5% accessed CBR programs most followed by the deaf (62) represented by 31% and the blind (22) represented by 11%. The deaf-blind were the least in the accessibility of CBR programs. An in-depth interview with heads of departments revealed that the physically disabled persons had more access to CBR programs because they are more vocal than the other categories of disabilities. They speak the language that those in office understand so that they can demand for the share of resources. The findings also revealed that the nature of disability affected the utilization of the rehabilitation program in place. The deaf and the blind would miss out on certain rehabilitation programs if there were no sign language interpreters and knowledge of using the Braille as well as the deaf-blind when there were no persons who understand the tactile language.

Factors which contributed to the successful accessibility to CBR program by PWDs

The first objective of this study was to examine some of the factors which contributed to the successful accessibility to CBR program by PWDs. The researcher analyzed the different factors which were given by the respondents. The responses were analyzed using Special Program for Social Scientist (SPSS) and summarized using means as illustrated in the table 2 below.

Key for interpretation of means

Mean range	Response mode	Interpretation
3.26-4.00	strongly agree	Very high
2.51-3.25	Agree	High
1.76-2.50	Disagree	Low
1.00-1.75	Strongly disagree	Very low

Table 2: Factors that contributed to the successful accessibility of CBR program by PWDs n = 200

Categories	Mean	Interpretation	Rank
Representation in councils	3.21	High	1
Funding by development partners	2.99	High	2
Volunteers at the grass root	2.96	High	3
Positive attitude of technical personnel	2.70	High	4
Funding from government	2.57	High	5
Community support	2.44	Low	6
AVERAGE MEAN	2.81	High	

Source: Primary data 2011

The results in table 2 are generally showed that majority of the respondents agreed that the given factors contributed much to the successful accessibility of the CBR program by PWDs in Tororo district as with indicated the average mean of (2.81). The results indicate that, representation of PWDs in the councils with a mean of (3.21). This was followed by funding from development partners with a mean of (2.99), and then followed by volunteers' support at the grassroots with a mean of (2.96), positive attitude of the technical personnel of the district followed with a mean of (2.70). This was followed with funding from the government with a mean of (2.57) and then community support was last with a mean of (2.44). An in-depth interpretation of these findings revealed that for any program to be effective there must be a positive political will of the government and the combined effort of all the stake holders concerned. Most CBR activities depended on CBR volunteers for their implementation in all areas of operation.

However, although the above mentioned factors contributed to the successful accessibility of CBR program by PWDs, there were some gaps identified by the respondents in the delivery of CBR program as mentioned below: -

The funds allocated to the program were inadequate to address all the needs of the PWDs. What development partners donate is insufficient to cover all the districts.

The referral systems to manage different disabilities need to be strengthened. Many PWDs and their parents/guardians in the community have not yet known the importance of CBR program.

The planning system for service delivery is not adequately handled well by omitting PWDs' needs and concerns. Some PWDs themselves at times shy away from the program which calls for more sensitization of the PWDs in the community to come out and embrace the program. There is small funding of the CBR program by central and local governments due to financial constraints experience by both of them.

Hindrances to the accessibility of CBR program by PWDs

The second objective of this study was to examine the hindrances to the accessibility of CBR program by PWDs. The researcher analyzed the hindrances mentioned by the respondents as illustrated in the tables below. The responses mentioned. The respondents mentioned included: Social negative attitude of society, cultural attitudes towards PWDs, Lack of mobility devices, Inability to read and write, Lack of accessibility to buildings and Ignorance, prejudice and stigma, Negative attitude of the parents, Inadequate trained personnel for CBR program and Ignorance of parents/guardians about the existence of

CBR program in the district. The responses were run through the SPSS and summarized using means as illustrated in the table 3 below.

Table 3: Hindrances to the accessibility of CBR program by PWDs n = 200

Categories	Mean	Interpretation	Rank
Inability to read and write (Illiteracy)	3.89	Very high	1
Lack of mobility (Wheelchairs/Tricycles/Guides	3.80	Very high	2
Negative attitude from parents	3.70	Very high	3
Cultural attitudes towards PWDs	3.62	Very high	4
Ignorance of parents/guardian	3.54	Very high	5
Lack of accessibility to buildings	3.52	Very high	6
Ignorance, prejudice and stigma	3.49	Very high	7
Lack of instructors to teach in the CBR program	3.05	High	8
Inadequately trained personnel for CBR programs	3.00	High	9
Social negative attitude of society	2.85	High	10
AVERAGE MEAN	3.44	Very high	

Source: Primary data 2011

The results in table 4 reveal that majority of the respondents strongly agreed that the mentioned issues were a big hindrance to PWDs accessibility to CBR program in their communities as represented by the average mean of (3.44). However, PWDs' inability to read and write with a mean of (3.89) was ranked the first. The high levels of illiteracy among PWDs were as a result of a combination of barriers as

without taking PWDs into cognizance. But government pledged to take appropriate measures to rectify the situation (NEOP, 2006).

The table further shows that ignorance; prejudice and stigma were seen as another hindrance with a mean of (3.49). Ignorance was a big hindrance to PWDs accessibility because PWDs are in their present situations because their parents/guardians and themselves did not know what to do when the enemy (Poliomyelitis) attacked them (Hartley, 2001). They all needed to know how to prevent disability, care for the disabled and communicate with them appropriately. Prejudice and stigma were equally the same because society assumes PWDs are all the same and stigmatized. This was followed by lack of instructors to teach CBR with a mean of (3.05). This explains why access to services in many CBR programs still remained an elusive goal as these programs were on a small scale in a few selected districts and without wider government and political support. This was followed by inadequate personnel for CBR program with a mean of (3.00). The insufficient number of adequately trained CBR community workers lead to poor conception, implementation and supervision of the program in the community. An in-depth discussion with some of the respondents revealed that it was a very big hindrance because they were the source of providing family and community oriented services to the parents/guardians and the PWDs. Lastly was the social negative attitude of society with a mean of (2.85) but, there was some support and owing the program by the community.

PWDs' existing policies in relation to CBR program

The third objective of this study was to examine the PWDs' existing policies in relation to CBR program. The researcher analyzed the

responses using the SPSS and summarized using means as indicated in the table 4 below.

Table 4: The PWDs' existing policies in relation to CBR program n= 200

CBR programs	Mean	Interpretation	Rank
Human rights based approach	3.32	Very high	1
Use of local materials in the training	3.00	High	2
CBR Program and Institutional rehabilitation compliments each other	3.00	High	3
Equal opportunities for training in CBR program	2.96	High	4
There is self employment of PWDs after training	2.79	High	5
CBR program is the current government strategy to address issues of PWDs in Uganda	2.41	Low	6
Full participation of beneficiaries in the planning, implementation, monitoring and evaluation of the program	2.36	Low	7
Minimizes discrimination and stigmatization of PWDs	2.23	Low	8
Address the HIV/AIDS issues among PWDs	2.06	Low	9
CBR meets all the PWDs needs in its training component	1.83	Low	10
AVERAGE MEAN	2.61	High	

Source: Primary data, 2011

Results from the table 4 show that the respondents agreed there was a relationship between PWDs' policies and the CBR program as indicated with the average mean of (2.61). Majority of the respondents with a mean of (3.32) strongly agreed that CBR program was looked at as a human right's based approach. This was attributed to its emphasis on minimization of stigmatization and discrimination of PWDs (NPOD, 2006). For social inclusion and integration of PWDs in the mainstream society CBR training observes the rights of PWDs. This was followed with the emphasis on the use of local materials in its trainings with a mean of (3.00). This was attributed to the training done from or within the disabled person's community. The local materials are affordable and easy to get within the community. This was also in line with government's policy of shifting PWDs' rehabilitation trainings from institutional rehabilitation to CBR training program. This was attributed to its big coverage in number of trained PWDs than institutional rehabilitation which is very expensive with small coverage. Institutional and CBR training complementing each other also followed with a mean of (3.00), equal opportunities for training in CBR program followed with a mean of (2.96). This is attributed to saying that issues of equal opportunities affect PWDs at individual, household, community and state levels. At household level, PWDs are denied various opportunities in terms of access, control and benefit from resources and services. At the community level, PWDs are denied access to services and resources, participation and involvement in decisions that affect them. At the state level, PWDs are marginalized through omissions in policy and legal framework (EOP, 2006). It was attributed to the different categories of PWDs and the severity of the disabilities. There some PWDs who may be severely disabled and the CBR worker (volunteer) may be an able to handle their cases from the community and may

refer them for institutional rehabilitation. Self employment of PWDs followed with a mean of (2.79). This was because of the availability of the local materials used in their trainings and acceptance in the community. It was further revealed that the PWDs prefer employing themselves for fear of being overworked and paid less thus being cheated by the employers. Self employment was also common among PWDs because of the lack of vocational skills by the PWDs coupled together with the employers' negative attitude towards PWD. Then CBR being current government strategy to address issues of PWDs followed with a mean of (2.41). Majority of respondents did not agree with this statement because of CBR's lack of education on sexuality, sex education and life skills, high levels of illiteracy, poverty and HIV/AIDS among PWDs. The participation in planning, implementation, monitoring and evaluation of CBR program followed with a mean of (2.36). This was attributed to the origins of the rehabilitation program, the charity model. It was also attributed to the top-bottom approach used in CBR program which meant that professionals in CBR continued to be the decision makers and this supported postponement of participation of beneficiaries in the CBR program (Lang, 1999). The top-bottom ideology assumes that the professionals know best what the PWDs and the community's needs are. This was also in view of Hartley, (2001) who said that CBR was still viewed as a top-bottom concept whereby it was not involving PWDs in the planning, implementation, monitoring and evaluation of the program. Then Minimization of discrimination and stigmatization of PWDs followed with a mean of (2.23). This was attributed to its training which emphasizes daily living skills and the prevention of impairments. The PWDs are trained in their local communities witnessed by the community members. The PWDs remain part and parcel of the

community where he/she comes from. The community acknowledges the strength and abilities of the individual PWD. This was in line with Uganda constitution Article 35 (1995). Addresses the HIV/AIDS issues among PWDs followed with a mean of (2.06). The majority of the respondents disagreed with this statement because in Africa, Uganda in particular, many PWDs continue to live with their parents though adults. This coupled with CBR's lack of sex education and life skills, low self esteem and lack of information designed and packaged to meet their needs, many PWDs have been vulnerable to HIV/AIDS infection. The factors that limited PWDs participation were the very factors that made them vulnerable to HIV infection. Lastly, CBR meets all the PWDs needs in its training component with a mean of (1.83), was disagreed by the respondents. This was attributed to the little coverage of CBR program in the country. The CBR program was operational in only 16 districts out of the 112 in Uganda.

Table 5: Significant relationship between PWDs and CBR program to factors

Variables correlated	r-value	sig	Interpretation	Decision on Ho
PWDs to CBR programs Vs Factors	.641	.000	Significant relationship	Rejected
PWDs to CBR programs Vs hindrances	.793	.000	Significant relationship	Rejected
overall Factors Vs. Hindrances	.738	.000	Significant relationship	Rejected

The results in table 5 indicate a significant relationship between PWDs to CBR programs and factors with $r=.641$, $\text{sig} = .000$, PWDs to CBR program and hindrances with $r = .793$, $\text{sig} = .000$. The table indicates the overall relationship between factors and hindrances r of $.738$ and a sig of $.000$ indicating a significant relationship. Basing on these results, the null hypothesis was rejected hence concluding that there was a significant relationship of the factors which contributed to the successful accessibility of CBR program by PWDs.

Table 6: Regression Analysis between factors and hindrances to accessibility to CBR program by PWDs

Variables regressed	Adjusted R Square	f-value	sig	Interpretation	Decision on Ho
	.632	171.526	.000	Significant effect	Rejected
Coefficients	Beta	t-value	sig		
(Constant)		5.553	.000	Significant effect	Rejected
Factors	.123	1.934	.055	Significant effect	Rejected
Hindrances	.702	10.993	.000	Significant effect	Rejected

The linear regression in table 6 above indicate that the hindrances had a significant effect on the accessibility to CBR program by PWDs ($F = 171.526$, $\text{sig} = .000$). The results indicate that the hindrances significantly had an effect to the accessibility of the PWDs to the CBR programs. The coefficients section of this table indicates the extent to which the factors and the hindrances had an effect to the CBR program and this is indicated by Beta values. For example, the constant has an impact with a beta value of ---- with $\text{sig} .000$ which showed a significant effect to the accessibility to CBR program by PWDs.

CHAPTER FIVE

SUMMARY, CONCLUSION AND RECOMMENDATIONS

Introduction

This chapter presents a summary of the findings, conclusion and recommendations from the study and the suggested areas for further research.

Findings

This study was set to make an assessment of the community based rehabilitation program for persons with disabilities in Tororo district. The study was guided with three specific objectives as below: -

To examine some of the factors that contributed to the successful accessibility of CBR program by PWDs

To examine the hindrances to the accessibility of CBR program by PWDs

To examine the PWDs' existing policies in relation to CBR program

The findings indicated that majority of the respondents were PWDs who were mainly with physical disabilities, those with hearing impairment, the visually impaired and the deaf-blind. Majority of the PWDs were found to be illiterate and unemployed due to the reasons mentioned. The findings also indicated that there was a significant relationship on the factors which contributed to the successful accessibility of CBR program by PWDs with ($r = .641$, $\text{sig} = .000$). It was found out that the success of the CBR program in Tororo district was made possible by the combined effort of the central government, development partners, the local government technical staff, commitment by the CBR volunteers and the community support

without which it could not have been successful. The findings also show that there was a significant relationship between the hindering factors and the CBR program with ($r = .793$, $\text{sig} = .000$).

Finally, there was a significant relationship between the successful factors and the hindrances. This is shown by the fact that the sig. value was less than the maximum sig. value of 0.05 considered in social sciences. The same results were supported by linear regression results which also indicate that hindrances have a significant effect on the accessibility to CBR program by PWDs ($F = 171.526$, $\text{sig. } 0.000$).

Conclusion

With reference to the second and third objective of this study the researcher generated the following conclusions;-

The Government should put in place guidelines to operationalize the existing PWDs' policies and Acts like the Persons with disabilities Act and the national policy on disability. As disability issues transcend all sectors, the public and private sector, Government ministries, Local governments, Civil society organizations, Non-governmental and Faith based organizations should use the existing legal and planning framework to guide planning, resource mobilization, allocation and implementation of effective and efficient interventions for the rehabilitation and benefit of all persons with disabilities at all levels of service delivery. Most of the PWDs are illiterate, unemployed and single. Many of the would be employers look at disability instead of the ability and qualification of the person with a disability.

Recommendations

The central, local governments and development partners need to sensitize the society/community on the plight, needs and concerns of PWDs so that they can access development programs in their communities.

Central government need to inject in more funds so that CBR program is implemented in all the districts of Uganda. This is because funding of CBR program is implemented in only 16 districts out of 112 districts in Uganda.

The existing PWDs structures in the society/community need to be strengthened so that PWDs can demand for their rights and make informed decisions.

The central government should train more instructors for the CBR program as this was mentioned as one of the hindrances to accessibility of CBR program by PWDs. Most of the CBR work is done by CBR volunteers who are poorly paid.

The government needs to subsidize acquisition of assistive devices for PWDs to ease their mobility and access development programs in their various communities.

Government needs to sensitize society to reduce or minimize ignorance, prejudice and stigma as these were mentioned as the greatest hindrances to the PWDs rehabilitation and accessibility to CBR program.

Government need to enforce the laws pertaining to PWDs provisions, regulations, policies and conventions to mitigate accessibility problems faced by PWDs both in urban and rural communities in accessing education, health and participation.

The CBR program should include sexual and reproductive health component in its training so that PWDs are knowledgeable about their

sexual and reproductive health rights to make informed decisions on the same.

Areas for further research

This study was limited to PWDs' accessibility to CBR program. However, more research can be done into other areas of disability concerns like disability and HIV, PWDs in UPE and USE programs, disability and poverty, disability and inclusive education and many others.

REFERENCES

Collin Barneés & Geof Mercer (2004). *Implementing the Social Model of Disability Theory and Research*, The Disability Press.

Community-based Rehabilitation Africa Network Consultancy Report (2003), *An evaluation of CBR Training Programs in Uganda*, Retrieved 10th October 2010 from <http://www.afri.can.org/CBR%Information/CBR%20Inclusive%20Policy%20Development%20and%20Implementation.pdf>

Deaf friends International (2004), *Community Based Rehabilitation*, retrieved on 15th Sept 2010 from <http://www.deaffriendsinternational.org/cbr>

Department for International Development (2009), Disability, Poverty and Development (DFID), Uganda Disability Conference, (2008) *UN Convention on the Rights of Persons with Disabilities: A Call for Action on Poverty, Lack of Access and Discrimination*: Addis Ababa.

Disability and the Millennium Development Goals, (2003) *ACFID Issues Paper*, Retrieved 20th October 2010 from <http://www.acfid.asn.au/what-we-do/docs->

Elwan A. (1999), *Poverty and disability, A Survey of the Literature* World Bank, Retrieved 20th December 2010 from:

<http://siteresource.worldbank.org/INTPOVERTY/Resources/WDR/Background/elwan.pdf>

Hartley Sally (2001), *CBR a participatory strategy in Africa*, University College London.

Helander E. (1993), *Prejudice and dignity, An introduction to community based Rehabilitation*.

Helander E. (2007), *The origins of community based rehabilitation*.

Helen Jackson (1993), *Vocational Training and Employment of People with Disabilities*, Harare, Zimbabwe

Ministry of Gender, Labour and Social Development (2006), *The National Equal Opportunities Act and Policy*, Kampala

Ministry of Gender, Labour and Social Development,(2004), *The National Orphans and other vulnerable Children Policy*, Kampala.

Ministry of Gender, Labour and Social Development (2006), *The National Policy on Disability in Uganda*, Kampala.

Ministry of Gender, Labour and Social Development, (2003), *The National Council for Disability in Uganda*, Kampala.

Ministry of Gender, Labour and Social Development, (2006), *The Persons with Disabilities Act*, Kampala.

Ministry of Gender, Labour and Social Development,(1996), *The Children's Statute*, Kampala.

Ministry of Education and Sports (2001), *The Universities and Tertiary Institutions Act*, Kampala.

Ministry of Education and Sports, (1998), *The UNISE Act*, Kampala.

The Government of Uganda, (1995), *The Constitution of the Republic of Uganda*, Kampala.

The Government of Uganda (1997), *The Local Government Act, Cap 243 As Amended*, Kampala.

The United Nations, (1993), *Standard Rules for Equalization of Opportunities*.



KAMPALA
INTERNATIONAL
UNIVERSITY

Ggaba Road, Kansanga PO BOX 20000 Kampala, Uganda
Tel: +256(0) 41-266813 * Fax: +256 (0) 41-501 974
E-mail: admin@kiu.ac.ug * website: http://www.kiu.ac.ug

INSTITUTE OF OPEN AND DISTANCE LEARNING
OFFICE OF THE DIRECTOR

Date: 13th May, 2010

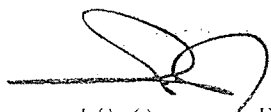
TO WHOM IT MAY CONCERN

Letter of Introduction.

This is to introduce **Wegulo Kusain** Reg. No. **MPA/10001/81/DU** a student pursuing a Master's Degree in Public Administration of Kampala International University from **September 2008** in the Institute of Open and Distance Learning Programme. He is writing his research on '**An Assessment of the Community based Rehabilitation Program on Persons with Disabilities in Tororo District of Uganda**'. He is at the data collection stage and your Institution/ Organization has been chosen for his research study.

It will be appreciated if you can accord him the necessary assistance.

Thank you,


J.S. Owocye, Ph.D
Director-ODL

① *Kimani Grace*
14/5/2010
SCDO - Nagongera
Town Council
The beaver has
been granted permission
to conduct the study
Please accord him
necessary support
Ag. SCDO - Elderly
Disability

APPENDIX 1B
TRANSMITTAL LETTER FOR THE RESPONDENTS

Dear Sir/ Madam,

Greetings!

I am a graduating student of Kampala International University. Part of the requirements for the award is a thesis/dissertation. My study is entitled "*An Assessment of the Community-Based Rehabilitation Program of persons with Disabilities in Tororo District*" Within this context, may I request you to participate in this study by answering the questionnaires. Kindly do not leave any option unanswered. Any data you will provide shall be for academic purposes only and no information of such kind shall be disclosed to others.

May I retrieve the questionnaire within five days (5)?

Thank you very much in advance.

Yours faithfully,

APPENDIX II

CLEARANCE FROM ETHICS COMMITTEE

Date_____

Candidate's Data

Name_____

Reg.# _____

Course _____

Title of Study _____

Ethical Review Checklist

The study reviewed considered the following:

- ___ Physical Safety of Human Subjects
- ___ Psychological Safety
- ___ Emotional Security
- ___ Privacy
- ___ Written Request for Author of Standardized Instrument
- ___ Coding of Questionnaires/Anonymity/Confidentiality
- ___ Permission to Conduct the Study
- ___ Informed Consent
- ___ Citations/Authors Recognized

Results of Ethical Review

___ Approved

___ Conditional (to provide the Ethics Committee with corrections)

___ Disapproved/ Resubmit Proposal

Ethics Committee (Name and Signature)

Chairperson _____

Members _____

APPENDIX III
INFORMED CONSENT

I am giving my consent to be part of the research study of Mr. Wegulo Kusain that will focus on *"An Assessment of the Community-Based Rehabilitation Program of persons with Disabilities in Tororo District"*.

I shall be assured of privacy, anonymity and confidentiality and that I will be given the option to refuse participation and right to withdraw my participation anytime.

I have been informed that the research is voluntary and that the results will be given to me if I ask for it.

Initials: _____

Date _____

APPENDIX IV

QUESTIONNAIRE TO PWDS

Dear respondent,

I am Wegulo Kusain a student of Kampala International University pursuing a masters degree of arts in public administration. Am carrying out a study on the assessment of the community based rehabilitation program on the rehabilitation of PWDs. I therefore kindly request your assistance by filling this questionnaire to enable me complete this study.

Bio data

Instructions: Please kindly either tick/circle or fill in the space provided.

1. Sex: a) Male b) Female
2. Age: a) Adult b) Youth
3. Educational level: a) Primary b) Secondary
c) Diploma d) Graduate
4. Marital status: a) Married b) Single
c) Divorced d) Widowed e) Widower
5. Employment status: a) Employed b) Unemployed
c) Self-employed d) Retired
6. Position of responsibility.....
- 7(i) Have you heard of CBR program in your community? YES / NO
- ii) Have you ever been trained in any CBR program? YES / NO

iii) What were you trained in? (Write it/them down)

.....

iv) When were you trained? a) 2007 b) 2008 c) 2009

d) Before all that

v) Do you see a change in yourself before and after CBR training?

YES / NO

8. Who are the persons accessing CBR programs more than the others?

(i) The blind (ii) The deaf (iii) The physically disabled (iv) The deafblind

9. This table shows some of the hindrances encountered by PWDs in the accessibility of CBR program. Tick the appropriate box to show the extent to which you agree or disagree with the statement.

	Strongly Agree	Agree	Non-Decided	Disagree	Strongly Disagree
Hindrances to accessibility of CBR program by PWDs					
1. Social negative attitude of society					
2. Cultural attitudes towards PWDs					
3. Lack of mobility (Wheelchairs/Tricycles)					

/Guides					
4. Inability to read and write (Illiteracy)					
5. Lack of accessibility to buildings					
6. Ignorance, prejudice and stigma					
7. Negative attitude from parents					
8. Inadequately trained personnel for CBR programs					
9. Lack of instructors to teach in the CBR program					
10. Ignorance of parents/guardians about CBR program					

10. What are your suggestions to minimize these hindrances? (Please list them)

Thank you very much for your time

APPENDIX V

QUESTIONNAIRE TO HEADS OF DEPARTMENT

Dear respondent, am Wegulo Kusain a student of Kampala International University pursuing a masters degree of arts in public administration. I am carrying out a study on the assessment of the community based rehabilitation program on the rehabilitation of PWDs. I therefore kindly request your assistance by filling this questionnaire to enable me complete this study.

Bio data

Instructions: Please kindly either tick/circle or fill in the space provide.

1. Sex: a) Male b) Female

2. Marital status: a) Married b) Single c) Divorced
d) Widow e) Widower

3. For how long has the CBR program been implemented in this district?

.....

4. Who are the persons accessing CBR program more than the others?

i) The blind (ii) The deaf (iii) The physically disabled (iv) The deafblind

a) Why?

.....

.....

5. What are some of the factors which have contributed to the successful accessibility to CBR program by PWDs?(Please list them)

.....

.....

.....

6. This table shows some of the hindrances encountered by PWDs in the accessibility of CBR program. Please tick the appropriate box to show the extent to which you agree or disagree with the statement.

	Strongly Agree (SA)	Agree (A)	Non- Decided	Disagree (D)	Strongly Disagree (SD)
Hindrances encountered by PWDs in accessing CBR program					
1. Social negative attitude of society					
2. Cultural attitudes towards PWDs					
3. Lack of mobility (Wheelchairs/Tricycles/ Guides)					

4. Inability to read and write (Illiteracy)					
5. Lack of accessibility to buildings					
6. Ignorance, prejudice and stigma					
7. Negative attitude from parents					
8. Inadequately trained personnel for CBR programs					
9. Lack of instructors to teach in the CBR program					
10. Ignorance of parents/guardians about existence of CBR program					

7. What are some of the solutions to these hindrances? Please list them

.....

.....

.....

.....

8. What are the gaps in the delivery of CBR program to PWDs? (Please list them)

9. Here are some of the existing PWDs' policies in relation to CBR program. Please tick the appropriate box to show the extent to which you agree or disagree with the statement.

	Strongly Agree	Agree	Non- Decided	Disagree	Strongly Disagree
EXISTING PWDs' POLICIES IN RELATION TO CBR PROGRAM					
1. Self employment of PWDs after training					
2. Equal opportunities for training in CBR program					
3. A human rights based approach					
4. Minimizes discrimination and stigmatization of PWDs					
5. Full participation of the beneficiaries in the planning, implementation, monitoring and					

Office Supervisor, Ministry of Gender, Labour and Social Development, Kampala (1996-2001)

Assistant Rehabilitation Officer, Ministry of Gender, Labour and Social Development, Kampala (2002-2006)

Rehabilitation Officer, Ministry of Gender, Labour and Social Development, Kampala (2007- 20012)

- Implementing government policies and projects for persons with disabilities in vocational institutions
- Monitoring government grants to districts for persons with disabilities



HV559-P18

W44

2012