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LIST OF ACRONYMS

CBR	Community Based Rehabilitation
DPOs	Disabled Peoples Organisations
FGDs	Focus Group Discussions
IBR	Institutional Based Rehabilitation
ILO	International Labour Organisation
NCD	National Council for Disability
PWDs	Persons with Disability
MGLSD	Ministry of Gender, Labour and Social Development
MoES	Ministry of Education and Sports
UN	United Nations
UNCRPD	United Nations Convention on the Rights of Persons with Disabilities

Foreword

The research has been conducted to understand the effectiveness of Institutional Rehabilitation in providing services to persons with disabilities in Uganda, 2015. The institutions were set up mainly to provide social and economic livelihood skills to persons with disabilities to be able to cope up and positively contribute to the National Development.

Based on the findings of this report, I appreciate the Ministry of Gender Labour and Social Development (MGLSD) for striving to maintain the relevancy of these institutions. However, the study identified several gaps that the Government of Uganda through the MGLSD need to urgently address to benefit persons with disability in Uganda, who require vocational skills for income generation and basic training in home care to fit in the society.

The purpose of this study was to evaluate the effectiveness of institutional based rehabilitation programs on the lives of PWDs in Uganda and come up with implementable recommendations that can improve service delivery in the centers.

It was intended to examine the quantity and quality of services delivered by the institutions of Government which are offering rehabilitation services.

This study was answering a variety of objectives that were fourth fold;

1. To ascertain to what extent institutional rehabilitation has improved the daily living of persons with disabilities
2. To establish the state and functionality of institutional rehabilitation centres
3. To examine the achievements PWDs have attained from the rehabilitation centers for personal growth and development
4. Identify the strength and weaknesses of institutional rehabilitation centers in Uganda.
5. Suggest recommendations to attain effective service delivery in the rehabilitation centers

As the National Council for Disability, we believe the report will be used by the Government to revive and improve the operation and usefulness of the rehabilitation centres for the good of PWDs in Uganda, most especially the youth that require skilling and employment.

I thank all the people and institutions that volunteered to give information in this survey. I hope that the Government will find this report useful in addressing the issues of PWDs included herein.

Candria Ark Azuma Goffin
CHAIRPERSON, NATIONAL COUNCIL FOR DISABILITY

EXECUTIVE SUMMARY

Over five million Ugandans have a disability, according to statistics from the World Health Organisation. Over 50% of five million have severe disabilities that cannot enable them to carry on their activities of daily living and therefore making them less productive and heavily dependent on other people for social, economic and moral support unless when they are properly rehabilitated.

Rehabilitation aims at enabling PWDs to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence.

The Government of Uganda established several vocational rehabilitation centers and sheltered workshops in 1960s and 1970s, to train PWDs in vocational skills and be able to get employment. The Government also came up with the PWDs Act, the Persons with Disabilities Policy, and subsequently ratified the UNCRPD. All these legislations provide for capacity building of PWDs through promoting apprenticeships, vocational, functional and lifelong skills training.

Rehabilitation in Uganda takes three approaches: Institutional Based Rehabilitation, Community Based Rehabilitation and Outreach Based Rehabilitation. The objective of all these forms of rehabilitation is to ensure that PWDs are able to maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full integration within their communities. Institutional Based Rehabilitation takes place in institutions often away from the homes of PWDs.

The purpose of this study was to evaluate the effectiveness of institutional based rehabilitation programs on the lives of PWDs in Uganda and come up with implementable recommendations that can improve service delivery in the centers. It was intended to examine the quantity and quality of services delivered by the institutions of Government which are offering rehabilitation services.

In 1960s and 70s, the Government established nine rehabilitation centres and sheltered works but according to the findings of this study, only four namely; Mpumudde, Lweza, Ruti and Kireka Rehabitattion Centre are functional.

The study was commissioned by the NCD following repeated complaints from individual PWDs and Disabled Peoples Organisations that rehabilitation institutions were no longer functional because of limited or no Government financial, administrative, technical and moral support. The NCD is a public institution charged with monitoring the extent to which Persons with Disability benefit from existing legislation, policies and programs in Government institutions, civil society and the private sector.

Institutional based rehabilitation in developed countries takes place in specialised centers, designed and controlled by professionals using modern technology and offering highly priced but effective interventions. However, here in Uganda, it is done in the opposite: it serves a big number of people with meager resources and limited technical expertise.

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Onyakedi rehabilitation centre remained with only a signpost

Rehabilitation institutions luck modern training equipments and materials

This study draws the attention of the Ministry of Gender, Labour and Social Development to the current conditions of the centers, provides recommendations on how best the rehabilitation centers can be run to effectively benefit PWDs. It also examines the extent to which institutional rehabilitation has improved the lives of PWDs, establishes the state and functioning of institutional rehabilitation centers and also examines the achievements PWDs have attained. The study also identifies the strength and weaknesses of institutional rehabilitation centers.

The study found out that only four out of nine rehabilitation institutions are functional offering a range of training courses including weaving, computer studies, knitting, mental works, and nursery teaching, among others. However, they lack the necessary qualified and skilled personnel to offer the training, and each institution was found to offer a different curriculum in spite of training in similar courses.

The other five rehabilitation centres namely Buyanga, Ocoko, Ogur, and Jinja, were no longer functional, with their land now either grabbed, or used for grazing and agriculture by the communities. Many of their structures collapsed.

The functional institutions admit learners of different disabilities dominated by persons with physical disability, deaf, blind, albinos and persons with learning disabilities. However, the centres have no sign language interpreters and lack special training materials and equipment not only for the blind but all learners with disability.

The institutions grossly lack training materials, in unhygienic conditions, with dilapidated and inaccessible infrastructure.For instance, all the rehabilitation centers have poor quality pathways that need renovation, the toilets are either full, leaking and often have no ramps

EXECUTIVE SUMMARY

and support rails to be used by a person with physical disability or visual impairment. There were also reported cases of drop out due to sanitation challenges where girls with severe physical disability could not use the toilets, and some were infected with urinary tract infections and abandoned their courses.

The training centres receive 30 to 50 students annually who come from their homes to learn skills for income generation. However, many of them have no prior education, cannot communicate in English and some find it hard to live in society with others. For example at Lweza, the research was informed that **"parents send their children to the centers with no support at all - not even pocket money, a sign of neglect for their children".**

In order to improve on the quality of training offered, the participants, called for provision of training materials, start-up kits after training, recruit trained tutors, introduction of more courses, improvement in diet and medical care.

During the study, it was also observed that there is no universal curriculum followed by the rehabilitation institutions yet they offer similar courses. There is therefore need for the development of a universal curriculum outlining the topics that should be covered during the courses as well as the skills, experience, education level and competence of tutors and the learners.

Most importantly, the Government should increase on the financial, technical and moral support and supervision to the centers so that learners get scholastic materials, better diet, renovate the structures, and improve on the hygiene. If this is done, the Government will also be able to recruit qualified tutors including those trained in sign language interpretation so that learners with hearing impairment, deaf/blindness can learn at the same level with others.

Ogor in Lira is one of the five Rehabilitation Centres that are no longer functional

CHAPTER ONE
INTRODUCTION

Some people have permanently settled in the rehabilitation centres

INTRODUCTION

1.1 Background

Rehabilitation is a process aimed at enabling Persons with Disabilities (PWDs) to reach and maintain their optimal physical, sensory, intellectual, psychiatric and/or social functional levels, thus providing them with the tools to change their lives towards a higher level of independence (UN Standard Rules on the Equalization of Opportunities for Persons with Disabilities).

Vocational rehabilitation encompasses an array of services designed to facilitate and ease the return to work (Berkowitz, 1990). Typical services include, but are not limited to, vocational assessment and evaluation, vocational training, general skills upgrading, refresher courses, career counseling, on-the-job training program, job search, and consultation with employers for job accommodation and modification.

1.1.1 Legal framework

The International Labour Organisation (ILO) produced and circulated the first ever enforceable international instrument on the labour rights of persons with disabilities. Vocational rehabilitation dates back to 1921, when ILO explored how the obligation to employ disabled ex-servicemen, and came up with methods of placing persons with disabilities in employment might be introduced in national legislation. In 1955, the ILO organized a conference that first discussed the important question of the services to be made available to persons with disabilities and unanimously adopted the Vocational Rehabilitation (Disabled) Recommendation, 1955 (No. 99), and until the adoption of Convention No. 159 and Recommendation No. 168, it was this international instrument which served as the basis for all national legislation and practice concerning vocational guidance, vocational training and placement of disabled persons. Furthermore, Recommendation No. 99 contains basic standards to which non-governmental organisations can refer in order to ascertain the internationally accepted components of vocational rehabilitation and the means of applying them.

The resolution concerning vocational reha-

bilitation of persons with disabilities and the resolution concerning workers with disabilities adopted by the International Labour Conference in 1965 and 1968 respectively, focus on the efforts required to widen their vocational rehabilitation opportunities.

The resolution concerning the vocational rehabilitation and social reintegration of persons with disability was especially significant since it introduced a new concept - reintegration of persons with disabilities in society. It recalled the relevant resolutions of 1965 concerning the vocational rehabilitation of persons with disabilities and of 1968 concerning workers with disabilities. The resolution further noted that it was desirable to rehabilitate for work and reintegrate into the community an ever-greater number of persons with physical and mental disabilities, and that the need for special measures to this effect was clearly gaining recognition by public opinion. It referred to the fact that the non-governmental organisation, Rehabilitation International, had declared the 1970s the Rehabilitation Decade.

The new instruments are based on the view that vocational rehabilitation, freely chosen work and the opportunity to advance in employment are the essential prerequisites for the social integration of persons with disability. In pursuit of this objective, appropriate strategies and special programmes to enable persons with disabilities find their place in society had to be developed.

These strategies are part of an endeavor by the international community to secure the full participation of people with disabilities in society, through a world programme to be implemented by States including Uganda which is a member State of the UN. The Vocational Rehabilitation and Employment (persons with disability) Convention, 1983, ensures that appropriate vocational rehabilitation measures are made available to all categories of PWDs. It also promotes the employment of PWDs in the open labour market.

The UNCRPD, Article 26 talks about habilitation and rehabilitation of PWDs. It states: "States Parties shall take effective and appropriate measures, including through peer support, to enable persons with disabilities to attain and maintain maximum independence, full physical, mental, social and vocational ability, and full inclusion and participation in all aspects of life. To that end, States Parties shall organise, strengthen and extend comprehensive habilitation and rehabilitation services and programmes, particularly in the areas of health, employment, education and social services, in such a way that these services and programmes:

(a) Begin at the earliest possible stage, and are based on the multidisciplinary assessment of individual needs and strengths;

(b) Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas.

2. States Parties shall promote the development of initial and continuing training for professionals and staff working in habilitation and rehabilitation services.

3. States Parties shall promote the availability, knowledge and use of assistive devices and technologies, designed for persons with disabilities, as they relate to habilitation and rehabilitation. Article 27 also talks about work and employment of PWDs and why it's important to equip PWDs with employable skills.

1.1.2 Uganda's context

The Government of Uganda through the Ministry of Gender, Labour and Social Development, is strongly working towards promoting rehabilitation, tooling and re-tooling Institutional Rehabilitation Centers, and empowering PWDs with life skills and technical knowledge that is used to reduce unemployment among them in Uganda.

Several Vocational Rehabilitation Centers and sheltered workshops in Uganda were set up in 1960s and 1970s respectively, to train PWDs in vocational skills and to provide them with convenient protected employment. The Government also came up with the PWDs Act, 2006, the Persons with Disabilities Policy, 2006 that provide for capacity building of PWDs through promoting apprenticeships, vocational, functional and lifelong skills training.

There are three approaches to rehabilitation, namely; institutional based, outreach based and community based rehabilitation. The major objective of community based rehabilitation (CBR) is to ensure that PWDs are able to maximize their physical and mental abilities, have access to regular services and opportunities, and achieve full integration within their communities. CBR is a comprehensive approach at primary health care level used for situations where resources for rehabilitation are available in the community. In addition, transfer of knowledge related to skills development in various types of rehabilitation methods is attained. The community will also be involved in planning, decision making an evaluation of the program with multi-sectoral coordination. Besides, the PWDs who cannot be managed at community level are referred to districts, regional and national levels for better management of their cases.

Institutional Based Rehabilitation (IBR) on the other hand is rehabilitation of PWDs at or through institutions, often away from their homes. Outreach Based Rehabilitation is where outreaches are done and it can be considered on an inter-regional basis and from a provincial perspective. Attempt has been made to ensure regional equity of rehabilitation resources but there is still varying degrees of service and expertise available from region to region. It may be appropriate, from time to time, for the inter-regional provision of outreach service to meet client needs. This could occur either in the form of expert advice, or client service.

Rehabilitation of PWDs can take many different forms according to the socio-cultural and political context in which it is undertaken. Some approaches have emphasised the restoration of the physical function of the client, while others have looked beyond to psychological and social well-being. Some have built on the expertise of professionals while others have emphasised the caring capacity available in the family and the community and sought to reinforce it. Besides providing a wide range of possible services to PWDs, rehabilitation seeks to change the attitudes that prevail in society as a whole and promote the integration of PWDs in society with equal rights and opportunities (http://www.leprahealthinaction.org/lr/dec00/lep472_485.pdf

Differences between institutional rehabilitation and community based rehabilitation

Institutional rehabilitation	
Merits	**Demerits**
1. Creates cohesiveness among PWDs 2. High degree of technical skills 3. High acceptance, especially from non-persons with disability	1. Coverage restricted to urban areas 2. PWDs become segregated from families 3. Needs good infrastructure, technology and professionals 4. Costs are high 5. Tends to be rigid, increases dependency 6. Unsuitable for PWDs in rural areas
Community based rehabilitation	
Merits	**Demerits**
1. Meets needs of all PWDs, with comprehensive interventions 2. Encourages innovative use of local resources 3. Increases coverage 4. Promotes social integration 5. Changes negative attitudes of community 6. More affordable to those with limited resources 7. More flexible and creative 8. Promotes community participation	1. No universal models 2. Results are slow 3. Acceptance is low because of low literacy and superstitions 4. Rural PWDs are not well organised 5. People expect permanent solutions from institutions 6. Social, economic, cultural, geographical and political environment in rural areas are not conducive for initiating CBR 7. Inadequate knowledge and skills in the community 8. Communities resist change regarding beliefs and practices in disability 9. Lack of infrastructure, functional institutions and social organisations in villages

Source: C.C Thippanna Sacred, 6/263-10, laxminagar, Anantapur-515001, Andhra Pradesh

1.2 Statement of the problem

The study was intended to examine the quantity and quality of services delivered by the institutions of Government which are offering rehabilitation services to PWDs specifically through training. This training is aimed at equipping learners with skills and knowledge, and receiving shelter in rehabilitation centers as well as being habilitated to live in their communities back home after the training. Institutional rehabilitation has taken a period of time, delivering services, skills and vocational training to PWDs in Uganda.

However, PWDs and Disabled Peoples Organisations (DPOs) had been complaining to NCD which is mandated for monitoring, that insti-

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tutional based rehabilitation has lost meaning, the rehabilitation services offered now are rather outdated, the centers dilapidated, hence the need for concrete research into these allegations. The Government's support to the centers is inadequate, the personnel are inadequately trained, there is limited finances released to centers and equipments are outdated as well as poor maintenance of the structures and facilities in the centers. Also, there was reported land grabbing in some of the centers, an issue that has put Government employees in the centers at risk, and neglect of the institution by the mother ministry MGLSD.

Institutional based rehabilitation (IBR) in developed countries takes place in specialised centers, designed and controlled by professionals using modern technology and offering highly priced but effective interventions. However, here in Uganda, it is done in the opposite: it serves a big number of people with meager resources and limited technical expertise.

Based on this study, NCD will be in position to draw the attention of the Ministry of Gender, Labour and Social Development to the current conditions of the centers. The council will also advise Government on how best the rehabilitation centers can be managed to effectively benefit PWDs in the country. The study will also offer satisfactorily a wider coverage options and rehabilitation usefulness to Persons with Disabilities.

1.3 Objectives of the study

6. To ascertain to what extent institutional rehabilitation has improved the daily living of persons with disabilities
7. To establish the state and functioning of institutional rehabilitation centers
8. To examine the achievements PWDs have attained from the rehabilitation centers for personal growth and development
9. Identify the strength and weaknesses of institutional rehabilitation centers in Uganda.
10. Suggest recommendations to attain effective service delivery in the rehabilitation centers

1.4. Purpose of the study

The purpose of this study was to evaluate the effectiveness of institutional rehabilitation programs on the lives of PWDs in Uganda and come up with implementable recommendations that can improve service delivery in the centers.

1.5 Methodology

1.5.1 Research Design

The study used a case study research design using both qualitative and quantitative approaches because both methods provide details and comprehensive information on the effectiveness of service delivery to PWDs in vocational and rehabilitation centers.

The study also utilised a case study design because of its flexibility and suitability for both qualitative and quantitative data collection methods.

The study used both qualitative and quantitative methodologies in collecting, analysing and reporting the findings. Quantitatively, the research used structured questionnaires while qualitatively data was collected through focus group discussions (FGDs) and in-depth interviews with respondents identified as key informants.

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Process: A three-stage process was followed in the study, namely; literature review, field consultations, internal reviews, analysis and synthesis.

Stage one: This involved comprehensive review of literature both grey and published on disability and institutional rehabilitation.

Stage two: This is the actual field work. It involved data collection in nine Government founded rehabilitation centers, namely; Mpumude, Mbale, Buyaga, Ruti, Ocoko, Ogur, Kireka, Lweza and Jinja rehabilitation centers in Uganda.

Stage three: Data Analysis. The quantitative data collected was carefully checked for consistence, completeness and accuracy, entered into a computer generated template and analysed using Statistical Package for Social Scientists (SPSS) to obtain statistical inferences. Qualitative data was analysed using qualitative techniques such as coding and encoding of data to generate meaning and relevance.

The methodology used in collecting data for this study has four components. These include:

- The NCD structured questionnaire administered to 100 trainees with disabilities.
- Focus Group Discussions involving Tutors and staff in rehabilitation centers
- Key informant interviews to the heads of institutions
- Literature review
- Simple random sampling was used when selecting the respondents with disabilities from the rehabilitation centers since the occupants of the place are all of our interest.

Cattle keeping in what was the compound of Ogur Rehabilitation Centre

The Department for Disability and Elderly under the Ministry of Gender, Labour and Social Development, has the primary responsibility for registration, enrolment and supporting the vocational rehabilitation and coordination of employment for center staff. The rehabilitation centers in Uganda accommodate PWDs of different categories, age groups, education levels and of diverse origins.

Table 1: Demographic characteristics of the respondents

Respondents	Freq.	Percent
Gender		
Male	20	37.7
Female	33	62.3
Total	**53**	**100**
Age		
18-23	43	81.1
24-28	7	13.2
29-33	1	1.9
34-38	1	1.9
39 above	1	1.9
Total	**53**	**100**
Level of Education		
Tertiary	1	1.9
Secondary	9	16.9
Primary	32	60.4
No schooling	11	20.8
Total	**53**	**100**
Marital status		
Married	2	3.8
Separated	5	9.4
Single	46	86.8
Total	**53**	**100**
Occupation		
Farm-day labourer	5	9.4
Farm-own employed	7	13.2
Non-farm-day labourer	4	7.5
Student	18	34.0
Unemployed	19	35.9
Total	**53**	**100**

Source: primary data

CHAPTER TWO
DISCUSSION OF FINDINGS

As indicated in table above, the population of the study was 53 out of the anticipated 80 respondents which shows 66.3% response rate.

Of the 53 respondents, 20 (37.7%) were male while 33 (62.3) were female. This showed that there were more female than male in the study. The age of the respondents ranged from 18 years to above 39 years. The majority 43 (81.1%) were between 18-23 years followed by 7 (13.2%) who were aged between 24-28 years. Only 3 (5.7%) were aged 29 and above. This indicated that the majority of the respondents were the youths.

Primary was the commonest type of education level attained by respondents. Results showed that, 32 (60.4) of the respondents had reached primary level, 11 (20.8%) had not gone to school, while 9 (16.9%) and 1 (1.9%) had attained secondary and tertiary level of education respectively.

The study also indicated that 46 (86.8%) of the respondents were single with only 2 (3.8%) who were married while 5 (9.4%) were separated.

As per occupation, most of the respondents 19 (35.9%) were unemployed, 18 (34%) were students, 5 (9.4%) were farm-day labourers, 4 (7.5%) were non-farm-day labourers while 7 (13.2%) were employed on their own farms.

However, according to the rehabilitation officers managing the institutions, there are tremendous changes in the daily living of those trainees that come to the center to be rehabilitated and habilitated. Often times the centers receive PWDs from their homes who are not in position to offer themselves proper hygiene, who are purely green about their daily living but by the time of stay at the center for one year, they are offered training in life skills, trained in self hygiene, habilitated and trained in skills for

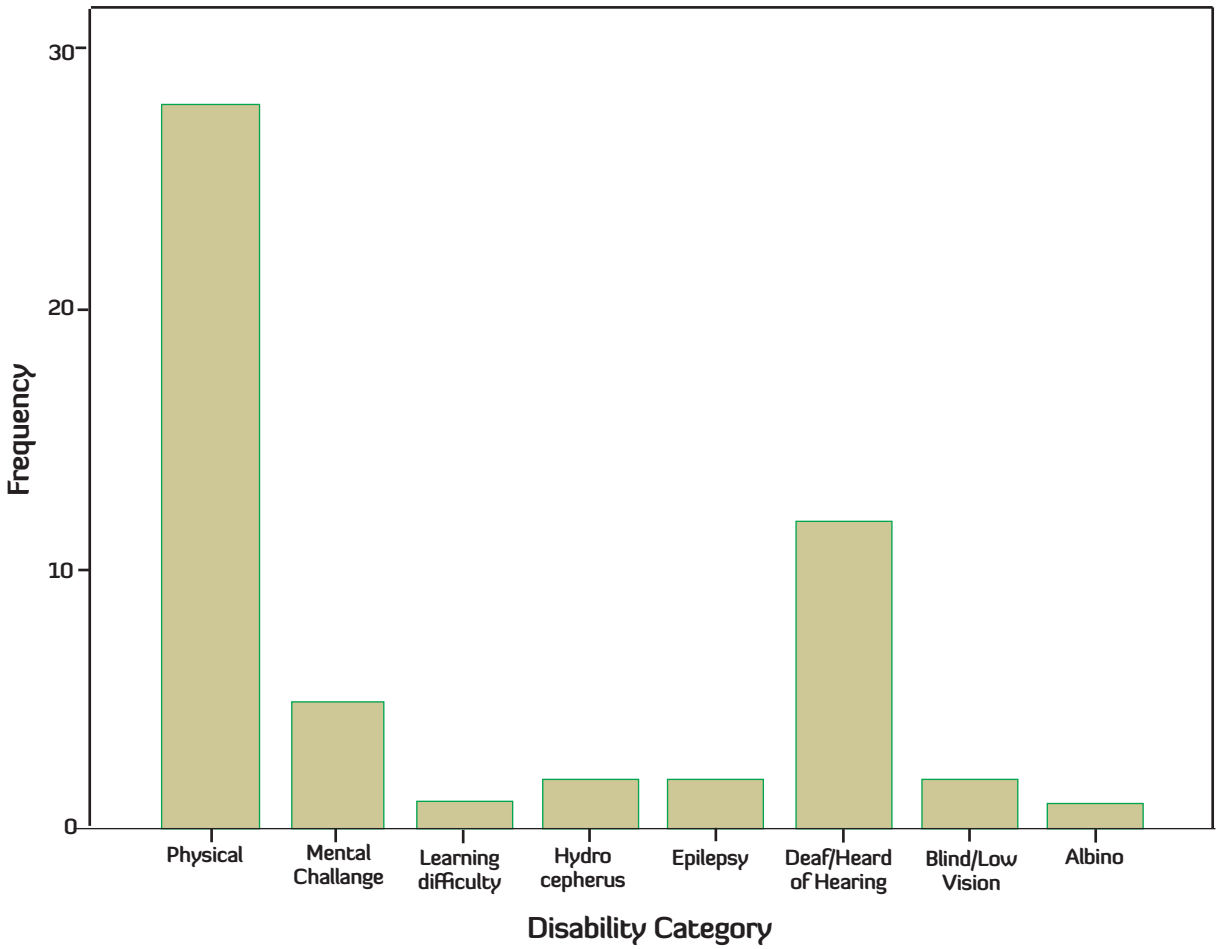
Staff and learners with disability at Ruti Rehabilitation Centre. The research shows that most of the learners go to rehabilitation centres with little or no formal education

income generation.

The center manager for Mpumude rehabilitation center noted that 10 trainees with disability abandoned training because they had severe disability with no capacity to offer themselves self care and keep hygiene. They included 3 from Mbale, 2 from Mayuge, 3 from Jinja and 2 from Busia. Because of failure to keep hygiene and lack of good toilet facilities at the center, the girls contracted urinary tract infections that made their lives unbearable to live in the center.

These persons with disability were of differing categories and according to the research, the table below highlights the disability categories at the rehabilitation centers as follows.

Figure 1: A bar graph showing the disability category of the respondents



DISCUSSION OF FINDINGS

According to the bar graph above, most of the respondents (28) were persons with physical disability followed by 12 who were deaf. The minority were the Albino and those with learning difficulty each having 1 respondent.

On the issue of assessment concerning physical capabilities evaluation, current skills and worksite analysis, the following data was obtained as in the table below.

Most of the learners in rehabilitation centres have physical disabilities, and are highly challenged by the inaccessible state of some of the facilities in the training institutions

Table 2: Evaluation analysis

Statements on evaluation	Very helpful 5	Helpful 4	Not sure 3	Not helpful 2	Not at all helpful 1
Evaluation of physical capacities	21 (39.6%)	6 11.4%	5 9.4%	13 24.5%	8 15.1%
Analysis of current skills/ education	16 35.6%	6 13.3%	3 6.7%	9 20%	11 24.4%
Work site analysis	8 18.2%	7 15.9%	13 29.5%	4 9.1%	12 27.3%

Source: primary data

On the issue of evaluation, 27(51%) of the respondents said the evaluation of physical capacities were helpful and very helpful in increasing their potential to find employment while 21(39.6%) of the respondents said the physical capacities evaluation was not helpful and only 5(9.4%) were unsure. Concerning current skills/education analysis, 22(48.9%) of the participants said it was helpful while 20(44.4%) said it was not helpful and 3(6.7%) were not sure.

However, on the work site analysis, 15(34.1%) of the respondents said it was helpful to evaluate the work sites if they favour persons with disability while 16(36.4%) pointed out that it was not helpful and 13(29.5%) of the respondents were not sure.

These service delivery processes are not necessarily unique for people with disabilities; the intensity, amount, and the delivery modalities may vary depending on the needs of the individual with disability. In addition, other personal, educational, and environmental factors are taken into account in the process.

"Ensuring that people with disability have maximum quality of life is very important not just because they are still human like all of us, but that their dignity and social well-being should not be downgraded just because of a disability. Disabilities can occur through illness, aging, accidents and injuries and a wide scope of different causes that may happen to anyone, or will affect us all at some stage in life." (Kitty _ monster et al, 2012)

In all the 4 centers where training is taking place, they receive between 30 to 50 students with disabilities annually who come from their homes to learn some skills for income generation. However, many of them have no prior education, cannot communicate in English and some find it hard to live in society with others. For example at Lweza, the research was informed that "parents sent their children to the centers with no support at all - not even pocket money, a sign of neglect for their children".

For the daily living of persons with disabilities to be improved, there is need to consider and put in place ways or systems to make their day-to-day life easier in their homes and at the centers. What a person needs will always vary according to the challenges they are facing. In the due course of the study, learners with disabilities informed the research team of the challenges faced due to lack of accessible infrastructures. The biggest challenges are usually for those with mobility impairments (the majority) and visual impairments as they find it difficult to access facilities. For instance, all the rehabilitation centers have poor quality pathways that need renovation, the toilets are either full, leaking and often have no ramps and support rails to be used by a person with physical disability.

The primary goal of vocational rehabilitation is to assist individuals with disabilities gain or regain their independence through employment or some form of meaningful activity and reintegration into society (Parker & Szymanski, 2003). The institutions' premises (structures) need renovation and refurbishing, electricity needs repairing and bulbs replaced. The water taps also need replacement so that the environment is accommodating the needs of the diverse categories of PWDs for career, personal, social and community development. However, some study materials and equipment are not available as one instructor emphasised: "Vocational training means skills giving but no materials given, no practicing; it's only class work done yet there is need for practicals to be done. In the end, we pass out half-baked trainees."

In Mpumude rehabilitation center, there were reported cases of drop out due to sanitation challenges where girls with severe physical disability could not use the toilets, and some were infected with urinary tract infections and abandoned the course. The challenges were tabled below:

Table 3: Factors affecting Effective service delivery in rehabilitation centers

Factors affecting service delivery	Frequency	Percentage
Discrimination	7	5.4
Inadequate access to quality education	8	6.2
Excluded from Job market	10	7.7
Lack access to information	17	13.1
Difficulty to access basic needs	16	12.3
Lack assistive devices	22	16.9
Lack voice/influence	15	11.5
Lack accessible environment	16	12.3
Lack skilled tutors	19	14.6
Total	130	100

Source: primary data

It was found out that most of the respondents 22(16.9%) lack assistive devices followed with 19(14.6%) who reported lack of skilled tutors, 17(13.1%) lack access to information, while 16(12.3%) find it difficult to access basic needs and also lack accessible environment. 15(11.5%) lack a voice/influence, 10(7.7%) are excluded from the job market, 8(6.2%) were affected by inadequate access to quality education and 7(5.4%) were affected by discrimination.

Therefore, there is need to keep the family ties with the learners. Persons with disability often feel discarded and neglected when they cannot get around as easily as other people. Staying in touch with them, provide assistive devices, take them for shopping and in social amenities, will let them know that they are loved and wanted, and that they have somebody on whom they can rely on should they need help.

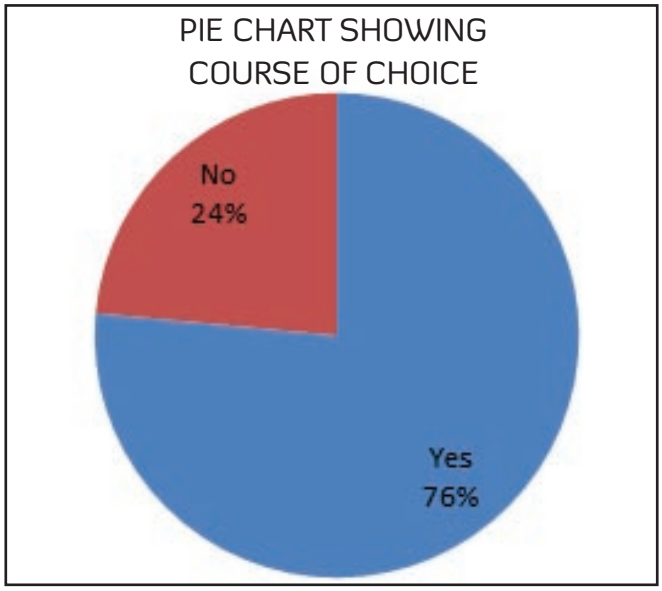
In all the centers visited, there was reported neglect by the parents and guardians of trainees. It was reported that when they bring PWDs to the centers, they never come back to visit them neither do they ever call to talk to them. Parents also bring their children with disabilities with no scholastic materials, no clothes, no sanitary ware and dump them to the centers, thus increasing discrimination and stigma amongst PWDs.

2.1 The state and functioning of institutional rehabilitation centers

Though the centers offer different courses that PWDs are trained to improve their income generation and life skills, there are gaps in recruitment and training. Students offer courses not of their own choice, learners of different levels of education – even those with low education - and learning difficulties, are recruited for same courses and trained in the same class. For example, students who dropped out of school before completing primary education sit in the same class and offer same courses with those who completed senior four.

The rehabilitation centres have some training equipment but they are outdated, and learners lack training materials

Figure 2 showing whether the course chosen was by choice

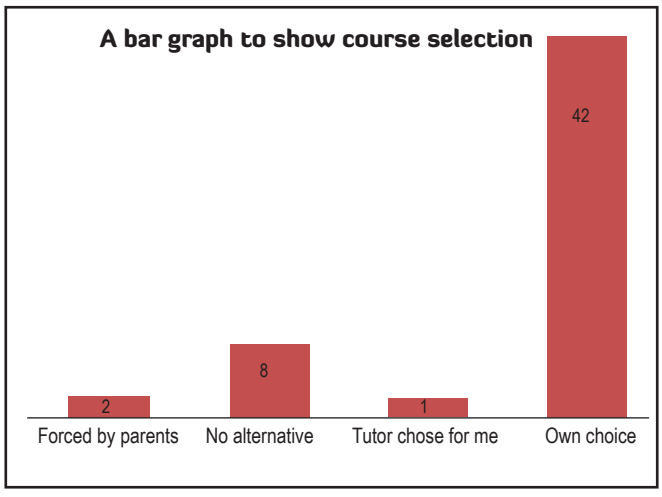


Source: primary data

From the pie chart above, it was clear that 76% of the respondents participated in choosing their own desired courses while 24% did not make their own course choices. This means that some were forced by parents or tutors chose for them while others might have lacked choices.

There was a challenge observed during the research study: the selection criterion used does not favour proper learning as there was no well laid pre- selection procedures to follow as indicated in the figure below.

Figure 3 showing how trainees with disabilities got to study the course they are doing



Source: field data

DISCUSSION OF FINDINGS

From the figure above, 42 participants noted that they took the courses of their own choice while 2 of the respondents were forced by parents, 1 of the participants said the tutors chose for her and 8 offered what was available because they had no alternative - meaning that they were limited by choice.

However, to achieve successful learning, tutors must make sure that the candidates are highly motivated to learn about enterprise development and new skills. Trainers must sit together and evaluate each candidate, decide whether or not a candidate should be selected, and justify their decision. This will ensure impartial and objective selection. Trainers must always keep in mind that the training is not only for enterprise development but should also serve as a re-education of PWDs towards their full integration as active and self-reliant participants in society. This can be evidenced by the participants' reasons for taking up the courses in the table below;

Table 4 showing reasons for taking up the training course

Reasons for taking up the course	Frequency	Percentage
Enter workforce	33	29.5
Increase income	42	37.5
Get independent	31	27.7
Enjoy disability benefits	6	5.3
Total	**112**	**100**

Source: primary data

From the study, it was revealed that the participants decided to take up different courses at the rehabilitation centers for different benefits. Most of them 42(37.5%) offered the courses to increase on their income levels, 33(29.5%) wanted to enter the workforce, 31(27.7%) to get independent while 6(5.3%) want to enjoy the disability benefits. This indicated that most of them wanted to be empowered financially/economically while others were for social empowerment. This financial and socio-economic empowerment improves the living standards of PWDs and also reduces on their vulnerability as they can get involved in income-generating activities, hence reducing on dependency and vulnerability.

It was also observed that institutional rehabilitation infrastructures were not appropriate for PWDs. However, to effectively achieve good service delivery, there should be established infrastructure which meets the needs and aspirations of learners with disabilities. This can only happen with adequate state funding, to enable PWDs secure their rights. Hence, it is ultimately PWDs themselves who should define how they wish to live their lives. This was observed when it came to rating services provided at the rehabilitation centers and how accessible they are as follows;

Table 5 showing availability and accessibility of resources and services provided at the rehabilitation centers

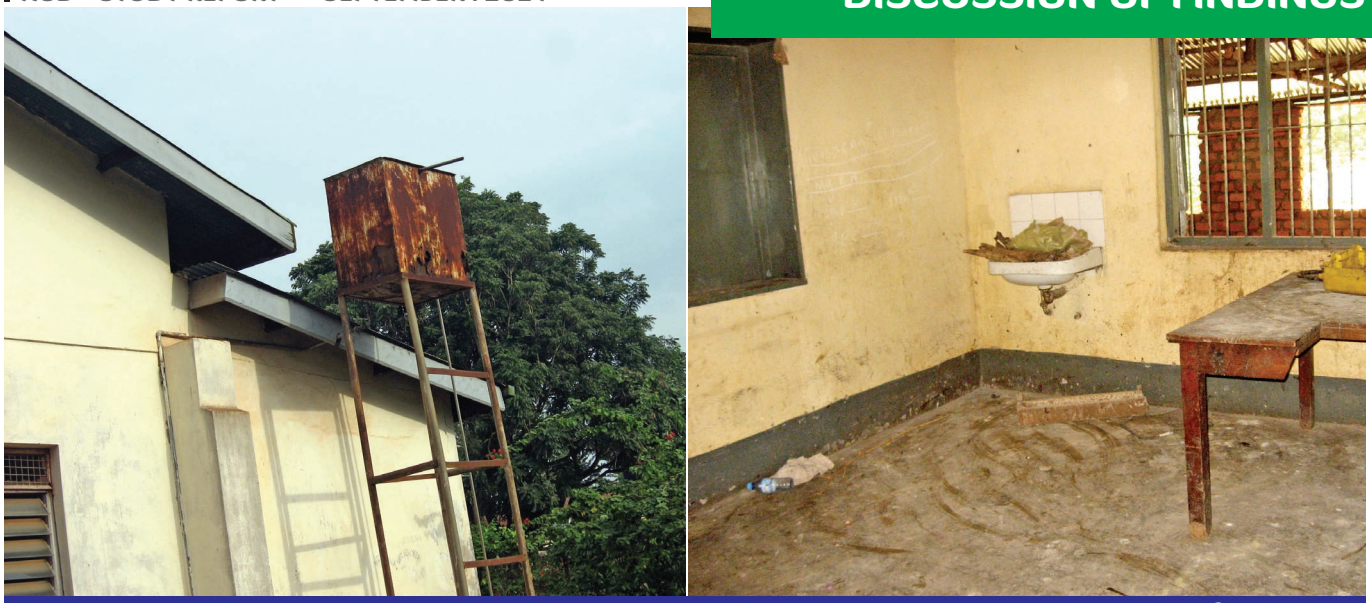
Resources and services provided at the rehabilitation centers	Availability		Accessibility	
	Frequency	Percentage	Frequency	Percentage
Water Supply	46	17.1	42	17.8
Vocational Training	52	19.3	48	20.3
Health services	34	12.6	40	16.9
Housing	24	8.9	31	13.1
Infrastructure	24	8.9	25	10.6
Employment guarantee scheme	33	12.3	0	0
Sanitation	26	9.7	20	8.5
Electricity supply	30	11.2	30	12.7
Total	**269**	**100**	**236**	**100**

Source: primary data

When it came to resources and services the respondents know were provided at the rehabilitation center and their accessibility, 52(19.3%) pointed out the vocational training was available with 48(20.3%) saying it's accessible. This showed that vocational training is available at the centers and also easily accessed by the students. This was followed by water supply with 46(17.1%) on availability and 42(17.8%) on accessibility. This showed that water at the rehabilitation centers was not a problem as it was readily available and it can be easily accessed. When it came to health services, 34(12.6%) said that the health services were available to them with 40(16.9%) of the respondents saying that health services were not only available but also accessible. This indicates that their medical issues can be attended to but also calls for more efforts as health services comes the third on the percentage score.

Also according to respondents, though the employment guarantee scheme was available at the rehabilitation center with 33(12.3%), it was not accessible. This might mean that the scheme only appears on paper but not implemented by the rehabilitation centers or the conditions set for its accessibility may be challenging to students, thus making its access difficult for them. On the issue of electricity, 30(11.2%) assured the researcher of its availability while 30(12.7%) endorsed its accessibility.

When it came to availability of housing and supportive infrastructure, 24(8.9%) said they were available, and their accessibility was accepted by 31(13.1%) and 25(10.6%) respectively. This meant that though the housing and supportive infrastructures were few, they were easily accessed. However, the performance in



The water system in the institutions is dilapidated like the case is with many other buildings and facilities

terms of sanitation was low as indicated by only 26(9.7%) for availability of sanitation facilities and 20(8.5%) only said they could access those facilities.

This leaves more effort desired to improve the sanitation facilities in the rehabilitation centers as it has negative impact to the lives of persons with disability when it comes to their personnel hygiene. It was also noted that the performance of the rehabilitation centers concerning areas of basic necessities leaves a lot to be desired which calls for more efforts in terms of resources and supervision to be attached to these centers so as to improve standards of living of the people with disability. It was found out that in all the centers, there was no official nurse, posing a challenge in treating sick students. At Lweza, the rehabilitation center had incurred an outstanding bill of 60,000/= for treating learners outside the institution.

Among nine centers, there are only four rehabilitation centers that are offering skills trainings, namely; Kireka, Lweza, Ruti and Mpumude. The remaining five have no training and that is Mbale, Jinja and Buyaga. These were initially set up in 1960's as sheltered workshops where PWDs were accommodated for survival after being neglected by their parents and community. Ogur and Ocok are none operational; no service is being rendered to PWDs. Therefore, the four institutions which were found active during the research study are as follows;

Table 6 shows names of active institutions and period spent at the institution

Item	Freq.	Percent
Institution name		
Kireka	12	22.6
Mpumude	13	24.5
Ruti	16	30.3
Lweza	12	22.6
Total	**53**	**100**
Period lived at the center		
Less than 5 years	51	96.2
5-10 years	1	1.9
11-15 years	1	1.9
Total	**53**	**100**

Source: primary data

Out of the 53 respondents, Kireka had 12(22.6%), Mpumude with 13(24.5%), Ruti had 16(30.3%) while Lweza had 12(22.6%). This means most of the respondents were from Ruti Rehabilitation Center. Most of these participants 51(96.2%) had lived at the rehabilitation centers for less than five years, 1(1.9%) had stayed at the center between 5-10 years while the other 1(1.9%) participant had lived at the center for between 11-15 years.
Rehabilitation centers offer different courses as shown in the table below;

Table 7 showing courses offered in rehabilitation centers

Rehabilitation centers	Courses offered at Centers					
Lweza	Tailoring	Metal works	Leather works	Handcraft		
Ruti	Tailoring	Carpentry	Leather works and shoe making			
Mpumude	Tailoring	Food science	Knitting and weaving	Nursery teaching	Primary health care	Computer skills
Kireka	Tailoring	Handcraft	Cosmetology	Carpentry	Metal works/welding	

Source: field data

It was noted that though some courses overlap, there were those which were particular to a rehabilitation center as indicated in the table above. But the most common across all institutions was tailoring. However, when it came to services/courses not offered, the research found out the following depending on the location/rehabilitation centers as indicated in the table below;

Table 8: Cross tabulation of services not provided at the institutions

Services not offered by institutions	Any services not provided			
	Yes	No	Missing	Total
Missing				
Entertainment and drama	12	15	5	**32**
Job placements	2	0	0	**2**
Metal fabrication	4	0	0	**4**
Hair dressing and	2	0	0	**2**
cosmetology	13	0	0	**13**
Total	**33**	**15**	**5**	**53**

Source: primary data

On the issue of services not being provided at the institutions 15 of the respondents said no while 33 said yes and 5 did not give a response. Of the 33 who accepted that some services/ courses were not offered by their institutions, 2 of them mentioned entertainment and drama, 4 said job placements were not offered, 2 indicated mental fabrication while 13 mentioned hair dressing and cosmetology as the services not offered at their institutions.

2.2 The achievements persons with disabilities have attained from the rehabilitation centers for personal growth and development

Some of the benefits were tangible while others were intangible but according to the research, the participants gained the following;

Table 9 showing satisfaction with the trainings

Training satisfaction	Frequency	Percentage
Very satisfied	21	51.2
Somewhat satisfied	6	14.6
Not sure	11	26.8
Somewhat dissatisfied	2	4.9
Very dissatisfied	1	2.5
Total	**41**	**100**

Source: field data

When it came to training satisfaction, 21(51.2%) said they were very satisfied with the trainings provided as 6(14.6%) were somewhat satisfied while 1(2.5%) were very dissatisfied and 2(4.9%) were somewhat dissatisfied. It was also clear that 11(26.8%) of the persons with disability were not sure whether the training provided was satisfactory or not. It is important to note that though the majority were satisfied, those who were not sure or unsatisfied need not to be ignored and the reasons for their unsatisfaction should be explored and addressed as they may adversely affect their learning.

The cause of the unsatifaction may be due to lack of the training materials which are rarely provided and the few times they are provide, they are not enough. A staff at Mpumude center reported that by the time of the research, they had spent two years without receiving materials for training from MGLSD. They last received training materials in December 2011 and for only tailoring. Yet the courses are practical in nature which needs hands on training.

It was also found out that all instructors were not trained in sign language but only try to gamble with it to help the deaf understand. However, being practical work, they communicate by demonstrations, but nevertheless, it's hard to tell whether the learner is grasping or learning effectively. This may lead to producing half-baked trainees.

Apart from training satisfaction, the participants also benefited directly from the training courses to improve their ways of life and these were as follows.

Table 10 showing the benefits got from the training courses

Very satisfied	21	51.2
Somewhat satisfied	6	14.6
Not sure	11	26.8
Somewhat dissatisfied	2	4.9
Very dissatisfied	1	2.5
Total	**41**	**100**

Source: field data

The table shows that most of the trainees have already started to benefit from their courses and this will help them increase on their financial independence through acquiring new skills that will help them get employment 29(14.6%). These were followed by increased capacity to do daily activities and general independence at

DISCUSSION OF FINDINGS

26(13.1%), improved morale to get a job with 25(12.6%), increased chances of getting a job with 24(12.1%), then improved quality of life had 19(9.6%) while increased self-esteem and improved health/wellbeing had 10(5.1%). This means that the benefits were highly on financial motives with little focus on social wellbeing of the persons with disability, yet individual way of life contributes a lot to economic/financial empowerment.

Some PWDs are permanently living in rehabilitation centres with their families and are keeping birds and animals to earn a living

Table 11: Services on job search

Statements on job search	Very helpful	Helpful	Not sure	Not helpful	Not at all helpful
CV preparation	10 24.4%	4 9.8%	4 9.8%	3 7.2%	20 48.8%
Training in job search techniques	8 17.7%	7 15.6%	7 15.6%	7 15.6%	16 35.5%
Job search assistance	6 13.3%	12 26.7%	5 11.1%	4 8.9%	18 40%

Source: field data

On the issue of job search, respondents when asked to rate the services received from the institution, 23(56%) of them said curriculum vitea (CV) preparation services were not helpful while 14(34.2%) accepted that the service was helpful and 4(9.8%) were not sure whether the service was helpful or not. On the services received on job search techniques, 23(51.1%) argued that the service was not helpful as 15(33.3%) said the service was helpful. However, 7(15.6%) of the respondents said they were not sure whether the service was helpful or not. Also 22(48.9%) participants said they did not get assistance in job search while 18(40%) said they got job search assistance and 5(11.1%) were not sure whether this service was available at the rehabilitation center.

When respondents were asked if they are trained on how to search for jobs, they reported that there is a weakness on such services that included general skills upgrading, refresher courses, career counseling, on-the-job training program, and provision of assistive devices. The responses are presented in the table below;

Table 12 showing upgrading services

Statements on upgrading and other services	Very helpful	Helpful	Not sure	Not helpful	Not at all helpful
On-the-job training	10 22.2%	3 6.7%	5 11.1%	8 17.8%	19 42.2%
Short-term retraining	5 12.5%	5 12.5%	5 12.5%	8 20%	17 42.5%
Physical conditioning program	5 10.9%	5 10.9%	6 13.0%	12 26.1%	18 39.1%
Provision of assistive devices	8 33.3%	2 8.3%	1 4.2%	0 0.0%	13 54.2%

Source: field data

From the table above, 27(60%) of the participants argued that on-the-job training received was not helpful to them while 13(28.9%) argued that the on-job-training was helpful and the 5(11.1%) participants were not sure whether the training was helpful or not.

On the issue of short-term retraining, majority of the participants, 25(62.5%) said the short-term refresher training was not helpful to them as 10(25%) of the participants said the short-term retraining was helpful while 5(12.5%) were not sure whether it was helpful or not. This might be because no tangible benefits were gained by the participants during and after the refresher trainings.

When it came to the issue of physical conditioning program, 30(65.2%) of the persons with disability said the service was not helpful while 10(21.8%) argued that the service of physical conditioning was helpful to them. However, 6(13.0%) were not sure whether the service was helpful or not. This was followed by 13(54.2%) of the persons with disability who regarded the provision of assistive devices as not at all helpful to them while 10(41.6%) said the assistive devices provided were helpful. It was also important to note that 1(4.2%) of the participants was not very sure whether the assistive devices provided by their institutions were helpful or not helpful.

It was also clear from the research that the rehabilitation centers do not offer follow-up services to their learners who complete the course to see how they are doing. This poses a threat that the centers may have gaps in their trainings as they may not be in line with the employment needs and technology and this opportunity to find out and fill up the gaps is not explored. This is a threat not only to the centers but also their output in terms of students. This was noticed from the field as documented in the table below;

Table 13 showing follow-up after completing the course

Follow-up after job placement	Freq.	Percent
No follow-up	6	11.4
Never heard of it	20	37.8
Rarely	4	7.5
Sometimes	4	7.5
Yes- follow-up	4	7.5
Not aware	15	28.3
Total	**53**	**100**

Source: field data

It was clear that 20(37.8%) of the respondents have never heard of follow-up after job placement from their institutions, 15(28.3%) were not aware of the service, 6(11.4%) said there was no follow-up while 4(7.5%) said there was follow-up though it was rarely carried out. This means that follow-up services were not offered by most of the institutions and the few that do it, carry it out at a limited level.

Table 14 showing SWOT analysis

Strengths	Opportunities	Weaknesses	Threats
1.The program is bound by national and international laws 2.Its Government aided under MGLSD	1.International bodies have supported and can resume the support 2.NGO's have tried to support like ADDRA-Uganda 3.Being Government institutions, the government can offer funding for renovation and improvement	1.Lack of assistive devices such as wheelchairs and crutches 2.Inaccessible roads, buildings, etc 3.Lack of Braille material and equipment 4.Lack of hearing appliances 5.Lack of sign language interpreters 6. Poor educational facilities 7.Lack of occupational teaching for children with mental disabilities 8.Negative attitudes 9.Lack of clear policies 10.Lack of commitment by governance 11. Lack specialists in disability issues 12.Lack medical personnel to deal with disabilities and general health care 13.Under staffing and inadequate supply of training materials 14.No clear records to twin-track the relevance of institutions to PWDs 15.Internal wrangles 16. Corruption 17.Lack curriculum to follow in the trainings	1. Land grabbing 2.Community based rehabilitation

2.3 ANALYSIS OF REHABILITATION CENTERS

2.3.1 The strengths, weaknesses and threats of institutional rehabilitation centers in Uganda

The research also identified some weaknesses at the rehabilitation centers concerning trainings in the areas of job search and the results are documented in the table below

CHAPTER THREE
CONCLUSIONS AND RECOMMENDATIONS

Conclusions and recommendations to attain effective service delivery in the rehabilitation centers

The resolution concerning starting up vocational rehabilitation in Uganda was timely and the social reintegration of persons with disabilities was especially significant since it helps to fight stigma and discrimination. PWDs after training, come back home with new abilities and skills that are brought in society and the society appreciate their capacity and contributions that is essential to their lives. The reintegration of people with disabilities in society after the training is appreciated, but, however, requires Government to come up with strategies for better integration. For example, graduates need to be provided with start-up kits and capital to kick-start them in business formation.

During the study, respondents with disabilities suggested recommendations that can improve service delivery in institutions as shown in table 12 below:

Most of the participants, 31(27.7%) called for provision of training materials, 15(13.4%) were in for start-up kits after training, 14(12.5%) wanted the institutions to recruit trained tutors, and 13(11.6%) suggested equalisation of opportunities and provision of funds after training. While 10(9.0%) wanted more course units introduced at the institutions, 8(7.1%) were in for medical care and change of diet at the rehabilitation centers.

Vocational counseling and guidance should be done while orienting students. This is important as it helps them appreciate the courses they are undertaking. It is an area of intervention that can be done with the individuals via discussion and guidance. Vocational counseling can be a process that occurs during the different rehabilitation phases. For instance, in an earlier phase, information gathered from the different assessment processes (standardised and paper-pencil testing) can be used to help the individuals to understand their interests, values, needs, and direction of their vocational pursuit.

Table 15: Suggestions for effective service delivery in the rehabilitation centers

Suggestions to effective service delivery	Freq.	%
Equalisation of opportunities	13	11.6
Change on diet	8	7.1
Offer medical care at center	8	7.1
Provide training materials	31	27.7
Recruit trained tutors	14	12.5
Provide start-up kits after training	15	13.4
Provide funds after trainings	13	11.6
Introduce more course units	10	9.0
Total	112	100

Source: field data

CONCLUSIONS AND RECOMMENDATIONS

During the course of study, it was also observed that there is no universal curriculum followed by the various institutions. Each institution offer courses that differ from another yet they are regionally representing. To have this training improved and effective to give learners the best skills that will help them in their daily life and be competitive in the job market, there is need to have a curriculum for all courses that will be best on to train the learners. The curriculum should also outline the skills, experience, education level and competence that tutors to be hired should have. Institutions ought to copy the planned paradigm shift in skills development away from a supply-to a demand-led system in the country that MoES is currently piloting in the Skilling Uganda programme.

MGLSD should increase on the financial support provided to the centers where training is being offered to support learners with scholastic materials, better diet, renovate the structures and improve on the hygiene which is in bad state.

Government should recruit tutors including those trained in sign language interpretation so that learners with hearing impairment, deaf/ blindness can learn at the same level with others.

The centers are understaffed which has affected the learner's capacity to learn: there are no enough tutors, no medical personnel, all the centers had no matrons to look after girl learners. Therefore, for all this to be rectified, Government should recruit permanent staff, and motivate them to work.

The disability movement should work with NCD to form a monitoring task force that will keep updating the Government through the line ministry what is transpiring in the rehabilitation institutions and propose changes to improve the service delivery of the Institutions.

Rehabilitation centres have their structures but are in a sorry state and need to urgently be renovated