

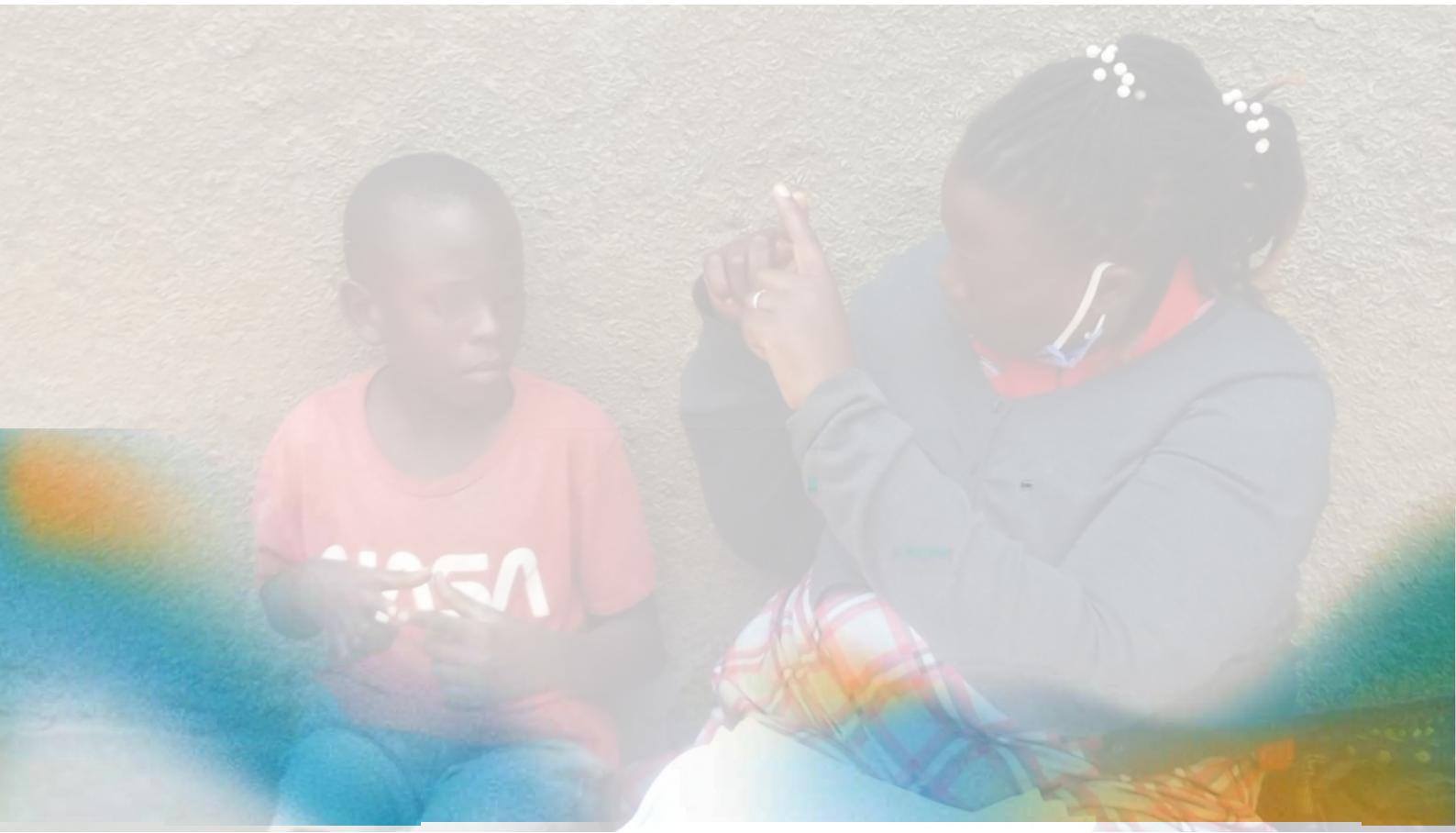


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# **Literature Review on Special and Inclusive Education in Sub-Saharan Africa, with a Focus on Uganda**

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## Abbreviations

ADHD	Attention deficit and hyperactivity disorder
AIDS	Advanced immunodeficiency syndrome
ASD	Autism spectrum disorder
CSO	Civil society organisation
CWD	Children with disabilities
DIS	District Inspector of Schools
DPO	Disabled persons' organisation
EHCP	Education, health and care plan
HI	Hearing impairments / hearing impaired
ICF	International Classification of Functioning, Disability and Health
ID	Intellectual disabilities
IE	Inclusive education
MR	Mental retardation
NGO	Non-governmental organisation
PH	Physical handicaps / physically handicapped
PWD	People / persons with disabilities
SEN	Special educational needs
SEND	Special educational needs and disabilities
SNE	Special needs education
SNECO	Special Needs Education Coordinator
SSA	Sub-Saharan Africa
UN	United Nations
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UPE	Universal primary education
UWESO	Uganda Women's Effort to Save Orphans
VI	Visual impairments / visually impaired
WHO	World Health Organisation

## Executive Summary

Educational provision for children with special educational needs and disabilities (SEND) is a challenging task and one which demands greater attention in Uganda. This literature review examines the evidence from previous initiatives and relevant research in this area, keeping global knowledge in view but focusing on Sub-Saharan Africa (SSA), including Uganda itself, with a focus on education below the tertiary level and on the period since 1990.

In the search strategy, different databases were used for Anglophone and Francophone sources. In the selection of sources, the emphasis is on independent academic research reported in journal articles and in contributions to symposium books. The review is not intended to be exhaustive, but selective and critical, giving priority to work of a good standard. An effort was made to select sources from all regions within SSA.

The review begins by presenting evidence on factors that have, over the past 50 years, encouraged stronger support for the education of children with SEND: international attention to rights and equity issues, advances in medical and social science, and awareness of the links between disability and poverty. Another part of the background described is the legacy of special schools and units within schools, introduced in Uganda and other parts of SSA from the 1950s onwards and described in the case of Uganda by Karugu (1988) and Kristensen and others (2006).

Despite the educational interventions to support children with disabilities (CWD), their situation continues to be affected by superstition, stigma, bullying and social isolation in and out of school. Various research in SSA is mentioned which illustrates these adverse factors, especially that of Gbebe (2022) and Banks and others (2017).

In the later twentieth century, the inclusion movement gained momentum in the Global North, largely as a reaction against the use of asylums (residential centres and schools) to accommodate both adults with intellectual disabilities and children with various disabilities. By the 1990s the movement had spread to the Global South, including SSA, generating new educational initiatives but also leading to differences of professional opinion about how far CWD should be integrated in regular schools and classrooms, with individual support, and how far special schools and units should be retained for them. Interpretations of 'inclusive education' vary among educators, some emphasising social integration and others giving priority to common goals of learning.

The institutional environment of basic education in SSA has made it especially difficult to integrate CWD in regular schools with successful results. Shortages of teachers, classrooms, furniture and learning materials have been aggravated by national programmes introducing universal primary education. Inadequate public budgets have been put under further strain by the AIDS pandemic and the demand for financial support to orphaned children. In Uganda and some other countries, the examination culture and academic competition among schools encourage attitudes and pedagogy that are not helpful for CWD – and the same applies to authoritarian teacher-pupil relationships as reported in Mali (Loua, 2021). In some countries the commercialisation of services within public education, imitating the practices of private schools, is a further potential barrier to support for CWD, who tend to come from the poorer homes.

In Uganda a system of 'special needs education' (SNE) was established in the period 1991-2003 with technical and financial support from Denmark. The system had a three-track approach, retaining some special schools and special units within regular schools and also designating some regular schools in every district to be 'inclusive' for some children with SEND. The intention was to maintain

an office for the management of SNE in every district and to appoint itinerant SNE Coordinators to serve clusters of schools within the district. Teacher education for SNE was first organised in a special institute and then transferred to Kyambogo University. From around 2005 onwards, this system seems to have gone into decline, partly because of the ending of Danish aid and partly because of a shift in national planning priorities from poverty reduction to a modernisation agenda. After 2016 cash transfers to vulnerable families were introduced in some districts: but we have no evidence as to how far children with SEND have benefited from them. Currently, Uganda has a total of 116 special schools and special units (100 being at the primary level), and 95 regular schools (84 being primary) that are designated as 'inclusive': but supervisory and itinerant staff are said to be in very short supply. The draft National Inclusive Education Policy sets out general principles such as 'differentiation' and 'adaptation' but does not indicate priorities or a programme of action.

In considering issues of curriculum, pedagogy, leadership and teacher education, the review begins with some foundational ideas from the global literature. Attention is given to the need for the curriculum to reconcile demands for integration and demands for differentiation, in relation to individual learners and groups of learners, with design options as explained by Brahm Norwich (2010). Other foundational ideas are concerned with promoting democratic values and practices in schools (Marzouk, 2024) and with external support for individual children in inclusive schools (Scepanovic, Nicolic & Mitrovic, 2024). A summary of types of organisational response to SEND is provided. Research from Lesotho, Tanzania and Zambia shows many difficulties in adapting curriculum and pedagogy for the benefit of children who are 'integrated' in regular schools and classrooms with little prior planning or relevant teacher education. Qualitative research on examples of leadership in special and inclusive education, in three countries, by Banlanjo and others (2024), shows useful role models and 'best practices'.

Rather too much of the research in SSA has focused on teachers' perceptions and attitudes relating to inclusive education. Studies of this kind from Nigeria, Botswana and South Africa show a disposition to support the inclusion of children with SEND in regular schools but doubts about whether they as teachers had sufficient training, knowledge or resources for this purpose. Relatively little research has been done on the perceptions of parents of CWD and those of the children themselves: but useful findings are reported from case studies by Brydges and Mkandiwire (2020) on parents and by Wickenden (2019) on children.

Consideration is given to the tasks of measurement, record-keeping, recognition and professional assessment (screening) for children's disabilities, with the help of global overviews (McTaggart & Kuper, 2019; Braun, 2020) and research on recognition and assessment in Lesotho (CGDE, 2011). Different approaches to measuring the prevalence of disabilities, through household surveys and key informant methods, are noted. For recognition and screening in the educational system, the evidence from Lesotho indicates that, in low-income countries, initial recognition depends more on teachers than it does in the Global North, but that professional screening, following recognition, is essential. Screening requires collaboration between the education, health and social welfare services and could be assisted locally by special schools that have relevant equipment. In the third stage, individual educational plans should be prepared for children with complex needs.

Recognition is given to three important categories of children with special needs that are not disabilities: orphans, street children (mostly boys) and teenage mothers. National governments in Southern Africa have organised systems of grants for orphans of school age. Research by Vandelin and others (2013) and by Bordonaro (2012) shows the difficulty of re-integrating street children in the educational system after they have experienced the culture of the street. Research on teenage mothers in South Africa (Van Schalkwyk, 2025) shows that the family, the school and the local

community all have important parts to play in fostering resilience and encouraging completion of secondary education.

In the concluding section, cautious and systematic planning is recommended for the countries in SSA, keeping special schools and special units as options and making the best use of scarce resources to meet children's needs. More detailed recommendations for good practice are made for Uganda, including a sub-regional structure for supervision of special and inclusive education, a role for special schools as resource centres, a guarantee of free assistive devices for children of school age, and an annual system of referral, professional screening and plans for individual children.

The recommendations for further research include, for Uganda, a comprehensive status report on special and inclusive education. For SSA in general, surveys that provide a reliable account of the enrolment, staffing and resources of schools that support SEND would be useful for policy and planning. In addition, more qualitative research on individual children, reconstructing their stories and educational journeys, would provide insights for teachers and other stakeholders.

## 1. Purposes and Scope of the Review

Educational provision for children with special educational needs and disabilities (SEND) is challenging for all countries, but especially for low-income countries with expanding school enrolments. Resources and expertise are needed to identify, measure and record the needs effectively. Educational provision for the needs, whether in mainstream or special settings, tends to be expensive. Because of the great diversity of disabilities and other needs, a wide range of skills and knowledge is required, as well as linkage between educational, health and social care services. Uwezo Uganda, as part of its mission to promote quality education for all children, seeks to enhance understanding of these challenges.

Uganda has recently taken relevant initiatives at the policy-making level: notably the passing of the second Persons with Disabilities Act (Republic of Uganda, 2020) and the preparation of a draft *National Inclusive Education Policy* (Ministry of Education and Sports, 2020). But achievements on the ground remain relatively limited. It is therefore potentially useful at this time to review the evidence about previous initiatives to support children with SEND: especially the evidence from Sub-Saharan Africa (SSA) and from Uganda itself. A literature review can help to map the changing and varied approaches to provision, their achievements and limitations. It can suggest priorities for further research and priorities for good professional practice.

For practical reasons the review focuses on education below the tertiary level, although we are aware that the challenges of SEND apply to that level also. We also focus on developments since 1990, although we touch on the special education and inclusion legacies from an earlier period.

## 2. Search Strategy

In the use of bibliographic databases in general, the topic required a progression from wider to more specific search terms, both in relation to the content and to the geography of Sub-Saharan Africa. We also referred to some specific journal and organisational websites. Perusal of some specific sources also led the way to others (snowballing). In general, there are very few review articles for this topic but there are some books (symposia) that have a wide coverage and will be mentioned.

The search covered both Anglophone and Francophone sources. The inclusion of sources that were published in other languages widely used in SSA (e.g. Arabic and Portuguese) was not attempted.

For Anglophone sources in general, we used the Solo database of the Bodleian Library, University of Oxford, UK, starting with the search term, 'Special and inclusive education in Sub-Saharan Africa'. In some cases, the names of countries were later substituted for Sub-Saharan Africa (SSA) in the search. Care was taken to achieve a balanced coverage of the sub-regions within SSA, using conventional sub-divisions such as 'Central Africa' and 'West Africa'. The sub-regions were used initially in the structure of the bibliography: but it was later restructured on entirely thematic lines. Of necessity, close attention has been given to Uganda as a separate entity, and other work on East Africa was kept separate in the initial structure.

For Francophone sources, the Cairn.info database was used. The initial search terms were: 'Enfants ayant des problèmes de scolarité en Afrique subsaharienne' [children with special educational needs in SSA] and 'Éducation inclusive en Afrique subsaharienne' [inclusive education in SSA]. With this approach, some useful journal articles and book chapters were accessed.

Certain symposium books have merited a search for specific chapters: notably the works edited by Singal, Lynch and Johansson (2019) on disability in the Global South, by Perez and Shohel (2024) on inclusive pedagogy, by Imoh and Ansell (2014) on children's lives and rights, and by Sam Hickey and others (2020) on the politics of social protection. The French work edited by Kohout-Diaz and Deyrich (2023), on the ethics of inclusion, was also searched but only yielded one chapter of sufficient relevance (based on research in Togo).

Among journals, we gave particular attention to the *International Journal of Studies in Inclusive Education*, a relatively new, open-access journal based at the University of the Free State, South Africa. This has attracted contributions from a number of Anglophone African countries, based on relevant topics.

We also revisited reports written and sources used during research done in Lesotho in the period from 2007 to 2011. Those included in the bibliography include some that are foundational at the global level as well as research products that are specific to Lesotho and address issues of general relevance for SSA. The website of the charity, Sightsavers, was also searched for sources because of the significant work of Sightsavers for children with SEND in several African countries.

### **3. Background: The Drivers of Stronger Support for Disabilities and Special Educational Needs**

#### **3.1. An Area of Great Advances**

Policies and action to support the education of people with disabilities and other special needs (PWD, both adults and children) are widely thought to have made great advances, at the global level, within the past 50 years. Stronger support has been driven by three types of factors; (1) awareness of rights and equity issues, (2) relevant advances in medicine, social science and technology and (3) the desire to alleviate poverty, together with awareness of the links between disability and poverty. Each of these factors will be discussed briefly.

#### **3.2 Rights and Equity Issues**

Over the past 45 years the international movement to improve opportunities for children with disabilities and other special needs has developed as a branch of the wider movement for human rights and equity, having roots in the Universal Declaration of Human Rights (United Nations, 1948) and the Convention on the Rights of the Child (United Nations, 1989), and being reinforced by the Convention on the Rights of Persons with Disabilities (United Nations, 2008). The gradually increasing recognition of SEND in the 'Education for All' documents, with some changes in the language used, is outlined by Pauline Rose (2019): the Jomtien Framework of 1990 recognised that 'disabled persons' deserved special support; then the Dakar Framework for Action (UNESCO, 2000) made some references to 'special education needs'. We may add that the first two Dakar goals committed states to supporting 'disadvantaged children' in pre-primary and 'children in difficult circumstances' in primary education. Disabled people's organisations (DPOs) played an important part in these developments.

The 'flagship' programmes that emerged after the Dakar Agreement included one for 'the right to education for persons with disabilities – towards inclusion, which was influenced by the emphasis on social inclusion in the Salamanca Statement (UNESCO, 1994). The controversies over the concept of inclusion will be discussed in a later section of this review. Here we may note that the flagship did not receive significant funding and did little to clarify the inclusion concept. The Incheon Framework and Sustainable Development Declaration of 2015, however, are clear that 'inclusive education'

seeks to accommodate both PWD and other disadvantaged groups and requires policies responding to 'learners' diversity and needs' (Rose, 2019, p. 25). Target 4.5 in the Sustainable Development Goals explicitly requires action to ensure equal access to education for vulnerable groups, including PWD.

Some of the Global Education Monitoring Reports have given considerable attention to SEND issues (for example, the 2010 report, which has a theme of marginalisation, and the 2020 report on education and inclusion). But a perennial problem has been a lack of data, especially data that is internationally comparable. We shall return to this issue in the final section, where we identify priorities for research and action.

In the past five years (2020-25) major aid donors do not seem to have maintained the momentum of support for SEND in basic education. It has been a discouraging time for international aid in general, as a result of the Covid-19 pandemic, conservative political attitudes and competing pressures on the budgets of donor governments. The World Bank, too, has been less active than the UN agencies on SEND issues, although it did earlier on support a Global Partnership for Disability and Development (Le Fanu, 2014, p. 71). It is symptomatic that the Bank's publication, *Facing Forward: schooling for learning in Africa* (Bashir et al., 2018) contains a chapter headed 'The unfinished agenda for reaching universal basic education', in which there is not a single mention of disabilities or SEN – a glaring omission in a generally thorough chapter. As the issues of investment in special and inclusive education are complex, they deserve attention from the Bank's expertise in cost-benefit analysis.

### 3.3. Advances in Medical and Social Science and in Technology

Since the middle of the 20<sup>th</sup> century the 'mental map' of disabilities, from an educator's perspective, has been transformed to include both a wider range of impairments and challenges, and a greater awareness of differences in severity. Children with the 'traditional disabilities' used to be placed in four groups for (1) hearing impairment, (2) visual impairment, (3) physical handicaps, and (4) 'mental retardation' (in the USA) or 'mental deficiency' (in the UK). Professionally, the two latter terms have been replaced by 'intellectual disabilities' (ID). Since then, there have been great advances, among health and education specialists, in the understanding of ID, pervasive developmental disorders – especially autism spectrum disorder (ASD), attention deficit and hyperactivity disorder (ADHD), speech difficulties, dyslexia and other learning difficulties (Elliott & Place, 2004). There is also an improved understanding of co-morbidities such as those of ID with ASD and with epilepsy (Pedersen et al., 2017). In the area of behavioural disorders, efforts have been made to avoid the over-use of the ADHD preconceived diagnosis and to recognise comorbidities (Desgranges, Desgranges & Karsky, 1995).

While the expanded range of recognised disabilities presents challenges for educational systems, improved diagnosis increases the chances that a child's needs can be met appropriately. The improved ability of specialists to distinguish between intellectual disabilities and ASD (which can have some similar symptoms) is especially important, as they have very different implications for the kinds of individual support that may be beneficial (Pedersen et al., 2017). ASD is also distinguished from other 'pervasive developmental disorders (PDD) and, within ASD, high-functioning Asperger syndrome is recognised. A review of the epidemiology of ASD in the period from 1965 to 2005 shows a great increase in its apparent prevalence (in the Global North) but attributes this to 'changes in diagnostic criteria, diagnostic substitution, changes in the policies for special education and the increasing availability of services' (Fombonne, 2005, p. 291). Increasingly, disability records in the Global South are recognising autism as a distinct category.

Equally impressive improvements have occurred in audiology, hearing aid technology (Levitt, 2007) and optometry. Hearing aids (the latest ones being digital) and low vision aids (beyond glasses for common myopia) can enable many children with partial hearing or sight to attend regular schools and classes. Too often in the past, such children were forced to attend a residential special school and to learn a sign language or Braille – and research shows that such faulty placements still occur in the Global South, as we shall mention. In low-income countries the costs of assistive devices have been a major barrier: but in the case of hearing aids, a scoping review by Lauren Dillard and others (2024) finds evidence that they can be delivered and maintained economically at local community level, by trained non-specialists.

### 3.4. The Links between Disability and Poverty

In introducing a survey of disability and poverty among adults of working age in 15 developing countries, Sophie Mitra and others (2013) summarise the possible two-way causal links between poverty and disability. Poverty increases the risks to personal health, to self-concept, to safety at work and to remoteness from services that can allow disabilities to be acquired. Individual disabilities, in turn, can impede access to education and employment, can increase the costs of services (especially for health), and may prove challenging for the available rehabilitation services. The authors hypothesise that disability is associated with multiple types of economic deprivation: reduced educational attainment, employment, household assets and consumption. They use data from a world health survey of 2003 to explore the relationships at individual and household levels, comparing groups with and without disabilities.

An important finding is that ‘three dimensions contribute more to multidimensional poverty for persons with disabilities compared to persons without: education, the ratio of health to total expenditures, and employment’ (Mitra et al., 2013, p. 11). This applied fairly consistently to six African countries in the survey. It is concluded that ‘policies that promote access to education and employment may be particularly important for the well-being of persons with disabilities (PWD) in developing countries’ (p.13). The latter, identified in a conservative manner, constituted a significant proportion of the working-age population (within the range, 5% to 15%) in the countries studied. National programmes of poverty reduction, therefore, cannot afford to ignore opportunities for children with disabilities to obtain education and enter the labour market.

All these findings are relevant to Uganda, where earlier research (Hoogeveen, 2005) showed that, in urban areas as of 1992, consumption poverty was 43% among people living in households with a disabled head, as opposed to 27% for those in households with a non-disabled head. Okidi and Mugambe (2002) used Uganda’s 1991 census data to show the relatively low educational attainment of PWD.

### 3.5. The Terminology of Disabilities and Special Educational Needs

The UN educational documents of the Dakar era (2000-2015) refer less often to disabilities and more to ‘special educational needs’ or ‘special needs education’, partly in an attempt to reduce labelling and partly to recognise that special needs could be rooted in a child’s social situation (e.g. orphan status or membership of an ethnic minority), as well as individual impairments. Uganda officially adopted the term, ‘special needs education’ at that time: but the term could be misleading in suggesting that it involves a new or different type of education. The real purpose is to promote equal opportunities to pursue common educational goals at a general level, even if some of the pathways vary. In this review we borrow the formulation, ‘special educational needs and disabilities’ (SEND), as used in the United Kingdom (2001). Mentioning disabilities specifically has the advantage that some disabilities do not require major adjustments of teaching or curriculum but still deserve recognition.

#### 4. The Special Education Legacy in Sub-Saharan Africa

The 19<sup>th</sup> and early 20<sup>th</sup> centuries were an age of asylums in the Global North. The tendency was to place children with disabilities in special boarding schools; many adults who were considered to be mentally deficient were also placed in asylums. There were also ‘borstals/jails’, seen as corrective institutions for delinquent youths who were not old enough to be imprisoned (now replaced by ‘youth custody centres’ in the UK). From the 1950s onwards small numbers of special schools, modelled on those that existed in Europe and North America at the time, were established in most countries of Sub-Saharan Africa, including Uganda. These schools were designed to provide for one or more of the ‘traditional’ categories of disability, which were usually defined as hearing impairment (HI), visual impairment (VI), physical handicaps (PH) and mental retardation (MR). Many special schools were established by religious or other charitable organisations and supported by disabled people’s organisations. In these schools, sign languages were used to support the education of deaf children, and Braille to support that of blind children.

Uganda’s special schools and units, as described and evaluated by Geoffrey Karugu (1988)<sup>1</sup> and by Kirsten Kristensen and her colleagues (2006) are a good example of this legacy. They were predominantly boarding schools, mostly managed by disabled people’s NGOs and government-aided (i.e. the government paid the teachers).

Karugu’s (1988) report provides a complete outline of special education as it then was in Uganda. Some disabled children attended special schools and others attended special units within regular schools. There were just four schools and units for HI, 21 for VI, seven for PH and eight for MR, giving a total of 40 schools and units. (At the time Uganda had 7,706 regular schools, primary and secondary.) The special schools and units included four secondary schools for VI and two for PH, the rest being primary. The geographical coverage was uneven for HI, which had no facility in the Western Region and for PH, which had none in the Northern Region. The pupil-teacher ratios were very favourable (generally below 10), but MR had only two teachers with special training and PH had only one: the rest were ‘ordinary teachers’. No attempt was made to distinguish between PH children who had normal cognitive abilities, and other disabled children.

The idea of social integration was present in the report, but its application seemed to be limited to the use of special units within regular schools. Karugu’s terms of reference included planning ‘with a view to integrating disabled pupils into ordinary structures of general education’ (page 1). But he probably considered this objective to be too ambitious, as his recommendations call on the authorities to ‘concentrate on activities for establishing more schools and units, providing equipment and staffing of teachers’ (page 9). He pays some lip service to integration: the disabled should be educated ‘in their home community and with the non-disabled as far as possible’ (page 9). A pilot project of community-based family support was planned for the Kiteezi community north of Kampala.

Kristensen’s research of 2006 provides a more thorough evaluation of the special institutions in Uganda, but this is limited to a sample of 15 and unfortunately no school census data is provided. The evaluation shows serious limitations of the special institutions, both in the inputs to education and in its processes. Children’s needs had not been assessed sufficiently before admission; there were serious shortages of assistive devices and learning aids, and some teachers had no training for special needs. Although two teachers were often available for each class, the researchers did not see effective team teaching in the lessons they observed. It is clear that the monitoring of the special

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<sup>1</sup>Geoffrey Karugu is a Professor of Special Education at Kenyatta University, Kenya.

schools, and the specialised training of teachers for them, remained insufficient in 2006, despite the recommendations of Karugu's report.

Some comparable findings from Lesotho are included in a research report by the Lesotho College of Education (2007). Lesotho (a small country with a 2007 population of just under 2 million) had four special schools in the public sector at the time: two for HI, one for VI and one for ID. One private school admitted children with ASD. A teacher survey indicates, for the HI schools, shortages of sign language interpreters, hearing aids, visual aids and diagnostic equipment (audiometers and tympanometers). The VI school had Braille machines but lacked a Braille transcriber, Braille materials and an assessment kit. Children with disabilities (CWD), both in these special schools and in mainstreamed settings, were not systematically supported with assistive devices, as there was no budgetary allocation for that purpose.

A general issue that relates to such special schools in the context is whether resources and specialised support that they offered were (and are) decisive enough to justify the separation of children from their families and local communities. On the other hand, Kristensen's research shows that there was a high prevalence of orphan status in Uganda's special schools and that some pupils were neglected by their families. For such children, the special school was a refuge as well as a provider of education.

Children who attend special units within regular primary schools can interact more with non-disabled children than those in special schools. Other approaches which can be effective (seen in Lesotho) are for HI or VI children to transfer from a special to a nearby regular school after some preparation, or for PH children living in a children's home (e.g. a Cheshire Home) to attend a nearby regular primary school with some special support (Lesotho College of Education, 2007). If wheelchair users are involved, classrooms and toilets must be accessible to them.

The adaptation of the special schools as resource centres, providing diagnostic services and outreach to support inclusive teaching in regular schools, has been widely recommended both in Western and in African contexts (e.g. Warnock, 2010, p. 38; Kristensen et al., 2006; Sightsavers, 2020). The schools would continue to provide a full education for learners with severe disabilities: Kristensen and her colleagues are clear that they will continue to be needed for some children. This dual-purpose strategy, however, can only succeed if there is a sustained investment in staffing and equipment.

## 5. Superstition, Stigma, Bullying and Self-Exclusion

In many traditional cultural settings, in Africa and beyond, disability is regarded as a curse, attributed to punishment by the ancestors, to evil spirits or to witchcraft. In considering the status of disabled children in Togo, Komi Gbebe mentions the term, 'tohosu', in the Ewe language, which is based on the idea of a river-dwelling monster, implies congenital deformity and tends to be perversely applied to people with various disabilities (Gbebe, 2022, p. 3). This kind of tradition helps to explain the low priority given, in some families, to the education of children with disabilities. Nearly two-thirds of a survey sample of adults in South Togo (the Ewe homeland) considered that school attendance by such children was weak in the area.

Similar attitudes were common in Europe during the Middle Ages and the Renaissance. We have only to think of Shakespeare's portrayal of the man who became King Richard III of England: a scheming 'hunchback' whose malign power is associated with his physical deformity:

Blush, blush, thou lump of foul deformity,  
For 'tis thy presence that ex-hales this blood

From cold and empty veins where no blood dwells.

(Richard III, Act 1, Scene 2)

In the supposedly more enlightened Western societies of the nineteenth and earlier twentieth centuries, even as charitable support for PWD increased, stigma persisted. Stigma partly accounts for the social segregation to which PWD, especially children, were subjected at that time. The 'social Darwinist' ideas of the early twentieth century added to these problems, especially for intellectually disabled people, who were assumed to be degenerate and a burden on society.

Negative attitudes of adults towards PWD encourage the victimisation of children with disabilities in schools. If care is not taken, groups of children ridicule and bully any child with unusual appearance or behaviour. This problem has received too little attention from some advocates of social inclusion: to be successful, the process may require strong action by school managers and teachers for a change of culture in regular schools. However, several studies provide notable evidence of the problem in tropical Africa.

A well-designed, qualitative study conducted in rural districts of Malawi and Uganda obtained in-depth evidence for 43 children with disabilities on their experiences of violence and issues of access to child protection services (Banks et al., 2017). The concept of violence is given a wide interpretation to include verbal, emotional and sexual abuse, neglect and isolation. The study shows that 33 of the children had experienced some form of violence, with multiple forms in many cases, from a wide range of perpetrators in schools, communities and homes. Key informants mentioned the effects of superstition and stigma relating to disability and, significantly, more than half of the children were not living with both their parents, 'often in households headed by their mother or grandmother' (page 13). For these children and their caregivers, many factors impeded access to potential child protection services, such as social welfare officers, the police and community leadership bodies. These authorities tended to be limited to urban centres and had little capacity to interact with children who had difficulties in mobility or communication. Although caregivers generally knew of them, the children themselves had limited knowledge of such sources of help. A further limitation was that 'none of the children with profound hearing impairments were trained in formal sign language' (page 10). Additional factors were poverty, fear of hostility in the community, and the tradition that men have precedence over women and children in speaking to community leaders.

A survey by Nomtshongwana and others (2025) in South Africa, provides some evidence of the risks of social isolation and bullying where children with disabilities are included in regular classrooms, but with insufficient support from teachers. They attribute the problem to inadequate teacher training but in reality there may be issues of resources as well. Teachers have the challenging task of creating an inclusive social environment where there is mutual respect among learners: an outcome that is more likely where tasks are differentiated and all can accomplish something.

The 'double discrimination' faced by girl learners with physical disabilities is well illustrated by a small, exploratory study in Kenya (Odhiambo, 2024), although the sample of informants is not described sufficiently. Confronted by low expectations and lack of support both at home and at school, most of the girls in the sample had developed negative attitudes towards education and were unlikely to complete the primary level. One recounted how the matatu owners would take other children to school but leave her behind with her crutches to be carried by a motorcycle (page 69).

This last example shows how stigma, bullying and persistent learning difficulties may result in 'school refusal' (self-exclusion) on the part of children with disabilities or other special needs. Elliott and Place (2004) distinguish between 'school refusal' and 'truancy' in a Western setting, on the basis that

'truant children' are capable of attending school but choose to be absent, while 'refusers' have physical or psychological barriers to attending. In SSA the distinction may be less clear-cut: but children with disabilities may develop a negative self-concept, as a result of the stigma and other difficulties that they experience, leading to dropout. Odhiambo mentions the importance of positive adult role models to motivate such children.

## 6. The Inclusion Movement: Development and Limitations, Globally and in Sub-Saharan Africa

Since the later twentieth century there has been a global movement to maximise the inclusion of adults with disabilities in activities of the wider society and children with disabilities in regular education. To understand this movement, we need to be aware of the situation that preceded it in the Global North, especially the segregation of adults with ID (the mentally handicapped) in large residential institutions. In the United States a turning point was reached in 1969, when Dr. Wolf Wolfensberger (1934-2011) presented to the Federal Government a devastating analysis and critique of American public institutions for 'retardates' (as they were then called) since around 1850 (Wolfensberger, 1969). He showed how these institutions had been initiated on a 'hospital model' but how official expectations of the inmates had declined over time from hopes of development to pity and then to fear and condemnation, so that in the early twentieth century 'retardates' had been associated with criminality. They had few rights of any sort, and some state governments had tried to prevent them from marrying or reproducing. Wolfensberger (*ibid.*) summarised the trend in this sentence:

The institution became not a paradise but a purgatory, not a Garden of Eden but an agency of dehumanization (p. 41).

Wolfensberger also observed that the use of large residential institutions had persisted into the mid-twentieth century, long after they had ceased to be justified by any scientific evidence. Most of these trends had parallels in Europe and Wolfensberger, who was of German origin, was aware that mentally handicapped adults had been among the victims of the Nazi holocaust.

During the last quarter of the twentieth century Wolfensberger became a leading figure in a movement of 'normalization', which encouraged the integration of adults with ID in the wider society and economy, with support from local communities. Along with other underprivileged groups in the United States, they benefited considerably from the civil rights movement at the time. As some of the criticisms of adult asylums were also applicable to the special schools for children with disabilities, the movement for inclusion of such children in regular schools developed alongside the 'normalization' movement. All these developments had parallels in other Western countries. In the United Kingdom, the goal of 'inclusion' had support from disabled people's organisations, fitted well with the model of the comprehensive secondary school which was then being adopted by many local authorities, and was endorsed by the Education Act of 1981. The extension of these ideas to the Global South was encouraged by the international (UN-based) commitments to rights and equity for children, which we mentioned in Section 3 above.

By the early twenty-first century, the goal of 'inclusive education' had become an international orthodoxy, but with different interpretations. Some of the more doctrinaire advocates claimed that the 'medical model' of disability had treated it as an individual defect, whereas in the 'social model' the concept is recognised as 'a form of oppression and exclusion produced by and within particular social conditions and relationships' (Barton & Armstrong, 2001, p. 696). This is an extreme position, as it treats disability as a mere social construction and one used with malice, not recognising that it could be an indicator based on evidence of impairment and used to organise support. It should be

emphasised that Wolfensberger himself was not responsible for this extreme and over-simplified contrast between medical and social models but recognised a wide range of ‘medical’ approaches to disability, including a ‘developmental’ one which he considered well suited to children.

In 2001, the World Health Organisation (WHO) developed a ‘bio-psycho-social model’ of disability, which combines elements from the medical and social models and places them within a rights-based agenda. This model recognises that impairments, health conditions, the social and environmental context and personal characteristics all play a part in disability. It is used in WHO’s International Classification of Functioning, Disability and Health, known as the ICF (McTaggart & Kuper, 2019, p. 62).

Different positions in the debate about inclusive education are represented by the UN Convention on the Rights of the Child (1989), which calls for support for a disabled child that is ‘appropriate to the child’s condition’ (Article 23), and by the Salamanca Statement (UNESCO, 1994), which asserts that ‘regular schools’ with an ‘inclusive orientation’ are the most effective strategy of provision for SEND. The Salamanca Statement has been treated by some governments and advocates in SSA and elsewhere as an exclusive mandate, whereas in reality its assertions are not consistently supported by research (Lindsay, 2003). Some of the inclusion advocacy that followed the Statement, both in Africa and in the West, was very rigid and aggressive (as in the above description of the ‘social model’), even to the point of calling for the closure of special schools. A factor that has encouraged the orthodoxy of ‘global inclusionism’ with an emphasis on integration, however, is the guidance that UNESCO has tried to provide: some of its publications have encouraged demands for general reform of the school curriculum to accommodate diverse needs and for a generalised inclusive pedagogy (UNESCO, 2001, 2004).

Others have called for restraint, firstly because special needs are so diverse that not all can easily be met through mainstreamed provision, and secondly because of the resource limitations and institutional barriers affecting inclusive schooling initiatives. (Those relevant to SSA will be discussed in the next section). An important example of the call for restraint is Baroness Mary Warnock’s<sup>2</sup> critique of the largely mainstreamed provision for SEN in England (Warnock, 2010). Reviewing a system that she had helped to create through the work of the Warnock Report of 1978, she argued that “instead of the simplistic ideal of including all children ‘under the same roof’, we should consider the ideal of including all children in the common educational enterprise of learning, *wherever they can learn best*”. Warnock felt that current provision did not recognise the diversity of children’s needs and that, for many children with ASD and those who were in social care, for example, large, comprehensive secondary schools were unlikely to be suitable environments for learning – and indeed large numbers of such children were being expelled from the schools. In addition to the special schools (now relatively few) which received children with severe disabilities, she called for a new class of small, specialised schools to meet the needs of children with behavioural and emotional challenges, and the use of the individual ‘statements’ of SEN to determine access to such schools. These ideas were contested but have retained some traction. The current situation in England is one in which teachers’ and parents’ organisations are opposing a move by the Government (partly because of escalating costs) to increase mainstreaming and reduce or phase out the use of individual ‘education, health and care plans’ (EHCPs, which have now replaced ‘statements’). Research suggests that many teachers would prefer an increase in the number of state special school places (Dimsdale, 2025).

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<sup>2</sup>Mary Warnock (1924-2019) was a distinguished philosopher, educator and social reformer who was made a Life Peer of the UK in 1985.

John Charema, who discusses inclusive education in SSA generally (Charema, 2010) is an example of an African educator (one of many) who entirely buys into the orthodoxy of the global inclusion movement. For him it is all about changing attitudes and he makes light of the practical difficulties. He thinks that “teachers already have much of the knowledge and skills that they need to teach inclusively” and just need more confidence, not wanting to recognise that the authoritarian and exam-focused styles of teaching that are very common on the continent are unhelpful for learners with special needs, as shown by the works by Loua (2021) and Mutonhodza (2024) that are discussed in the next section.

As a concrete example, the initiative for inclusive schooling in Lesotho (Khatleli et al, 1995), which began in the 1990s but ran into difficulties, showed the limitations of an approach that was too ideological, disregarded the resource constraints and had no plan for the existing special schools (Urwick and Elliott, 2010). The external evaluation of the initiative (Mittler & Platt, 1995) failed to report that the most effective inclusion in regular primary schools occurred where they were adjacent to special schools, from which children with limited hearing or vision could be transferred after some preparation. It was reckless for Mittler and Platt to advocate closure of the special schools, which for some children were essential for completion of their basic education and for others an essential starting-point. (The schools were retained, although not funded adequately.) In contrast, the development of a limited number of ‘full-service schools’ in South Africa has shown more realism and has been better supported by the government (on the concept, see Republic of South Africa, Department of Education, 2001). In Uganda’s initiative for inclusive schooling in the same period, the approach was not too rigid: the leaders made it clear that the special schools would continue to be needed for some children (Kristensen et al., 2006) – and indeed many were retained.

Constructive contributions to the inclusion debate are made in two position papers by Guy Le Fanu (2012, 2014), who makes use of research findings both in SSA and in Papua New Guinea. In the first paper, Le Fanu recognises that the ambitious agenda of the inclusion orthodoxy is unrealistic, not only in relation to the delivery capacity of educational systems in low-income countries (discussed for SSA in the next section), but also in relation to the ‘generative epistemology’ expected of teachers where the pedagogic tradition is transmissive, and because no generalised ‘inclusive’ pedagogy could be effective for learners with serious sensory or mental impairments. He makes the case for a ‘grounded inclusionism’, which recognises the value of ‘situated expertise’ and the right of all learners, not just to access education but to receive relevant support for their learning (Le Fanu, 2012). In some cases this support would require special units or special educators. Le Fanu’s second position paper takes the argument a stage further by calling for a focus on the ‘capabilities’ of learners, their opportunities to convert these capabilities into effective functions, and the role of local communities as well as schools in supporting this educational process (Le Fanu, 2014). He is, however, doubtful about how far international development agencies are willing to adopt this more flexible approach to inclusion.

Moderate approaches such as ‘grounded inclusionism’ are supported by Marc Watkins (2009), an educator with long experience of education for CWD both in Mongolia and in the United States, who punctures the UNESCO rhetoric and refers to Karl Popper’s distinction between two types of social engineering: the ‘piecemeal’ and the ‘holistic’ (or utopian). In many situations, a piecemeal approach is more effective, as it negotiates with local contexts and avoids direct challenges to powerful institutions.

## 7. Institutional Difficulties for Inclusive Education in Sub-Saharan Africa

In this section we shall mention some institutional difficulties that are significant both in SSA and elsewhere, as well as others that tend to be more severe in SSA. In her critique of the inclusion policy

in England, Warnock (2010) recognises that reductions in the powers and funding of local education authorities, and a political emphasis on standards and ‘school productivity’, conveyed through school league tables, were unhelpful for learners with SEND – and similar difficulties can be found in countries of the Global South. Interventions to meet special needs tend to be perceived as expensive and have to compete with other demands on educational budgets.

In Sub-Saharan Africa there have been problems for inclusive education initiatives that were taken in the 1990s because of two other major developments that occurred at the turn of the century. One of these was the launching of UPE programmes in many countries, which led to rapid expansions of enrolments and placed increased strain on the provision of basic resources in schools: teachers, classrooms, furniture and learning materials. The learning situation in large and overcrowded classes, with few books and teachers with insufficient training, was difficult enough for normally developing children and held little prospect of adjustments or individual attention for learners with SEND. The situation encouraged a pedagogy that was restrictive, routinised and gave little attention to applications of knowledge (Ackers & Hardman, 2001; Moloi, Morobe & Urwick, 2008). In this situation, advocates of inclusion like Eleweke and Rodda (2002) deplored the lack of facilities, learning materials, specialised teachers and public funding structures for learners with SEND: but they were really overlooking the wider context. The second major development, which added to the difficulties, was the AIDS pandemic, which left large numbers of orphaned children who needed special support. The public financial support given to orphans in the countries of Southern Africa, for example, made it more difficult for children with disabilities to be supported adequately.

Other institutional difficulties relate to the culture and management of schools and of educational systems. John Baptist Okech and others (2021) are correct to identify the examination system in Uganda’s schools as one such factor but do not analyse it sufficiently. Competition among primary schools for Division 1 results in the Primary Leaving Examination focuses attention on high-achievers and may result in neglect of the goal of completion for all pupils. The examination culture also tends to encourage rote-learning and ‘spoon-feeding’ by the teacher, which is not beneficial for children with learning difficulties or emotional challenges.

In some parts of SSA the situation is exacerbated by an authoritarian tradition in teacher-pupil relationships. This is well described in a moving essay by Seydou Loua (2021), which captures the whole predicament of basic education in Mali – one which applies to many parts of the West African savanna. Despite reforms intended to redefine the teacher’s role and promote active learning in primary schools, the old authoritarian ways persist in the face of inadequate resources and the insecurity caused by terrorism and banditry. Loua had seen teachers walking around a school with whips slung over their shoulders. With the teachers demotivated and struggling to survive, the pupils who suffer the most, from Loua’s observations, are those with disabilities and the girls. The negative attitudes of teachers towards children with disabilities in their classes gives them a low status among their peers and a low self-concept, resulting in social isolation. Instead of being supported, they are sidelined, and the goal of inclusion is defeated. As for female pupils, at the hands of male teachers they suffer every imaginable difficulty, from sexual abuse in a few cases to the generalised imposition of a second-class status, reflecting the subordination of women in a traditional Islamic environment. We are left to infer that girls with disabilities suffer a dual discrimination in Mali’s schools – as in Kenya, and probably more so as a result of the adult culture.

A rather different institutional barrier is the commercialisation of services within public education, which has gained traction in some parts of SSA in response to the inadequacy of public funding. Research on the ‘marketization of education’ in Zimbabwe is reported by Lucky Mutonhodza (2024), although the work is somewhat unsystematic and does not distinguish clearly between the commodification of knowledge and the commercialisation of services in schools. A point of similarity

with Uganda is the background of reduced and inadequate funding of basic education, leading to a greater dependence of schools on private sources of income (as observed in our recent research on local communities and families). In Zimbabwe there was some evidence of favouritism on the part of teachers towards pupils whose parents could pay more, as well as marketing of private tuition by teachers. In the opinion of one head teacher who was interviewed, 'marketization leads to higher levels of socioeconomic segregation and stratification in schools, connected to disparities in educational achievement' (Mutonhodza, 2024, p. 5). This kind of trend is clearly unfavourable to pupils with disabilities or other special needs, who would be perceived as low achievers and few of whom would be able to pay for extra support.

## 8. The Rise and Decline of 'Special Needs Education' in Uganda

Uganda's system for inclusive education (using the label 'special needs education', SNE) was established in the period from 1991 to 2003, with financial and technical support from Denmark under an aid agreement. Such external support was fairly typical at the time and there is comparability with the initiative in Lesotho. Coordination was provided by Kirsten Kristensen, a Danish consultant, and Martin Omagor-Loican, Commissioner for SNE and many of its features are described in their research article (Kristensen, Omagor-Loican & Onen, 2003). Features included SNE offices at district level, each with three specialists ('assessment and resource teachers'), a network of SNE Coordinators (SNECOs) at school cluster level, and a new training institution, the Uganda National Institute of Special Education (UNISE). A limitation is that the reporting is normative (i.e. the intended programme) and does not document what was actually on the ground. It appeared that certain districts had played a 'piloting' role, however. Ironically, Kristensen's reporting on the special schools (2006) is more thorough and effective than her reporting on inclusive education in regular schools. Significant details of staffing, equipment and pedagogy are provided for the special schools: but there is nothing equivalent for examples of regular schools. The sample of districts in the 2003 survey is also biased by selection of those that were above-average in commitment to SNE.

Within the period of Danish support, however, case studies of three rural primary schools by Arbeiter and Hartley (2002) reveal the kind of classroom conditions that prevailed in regular schools that had admitted an increased number of CWD during the UPE expansion. The research had many limitations but did include some lesson observations (seen by the authors as a prelude but highly revealing). The findings in general show that, although there were improvements in attitudes to disability in the schools and communities, the classroom conditions were such that children with serious impairments would be lucky to make any progress at all towards literacy and numeracy. This extract gives a flavour of the situation:

Teachers generally gave little individual attention to children. There was little or no attention to children who did not participate in the lessons. Many children did not take part due to lack of writing material, others were sleeping or involved in other activities. In some cases special attention was given to children with disabilities through seating them in the front row and in many cases the teachers tried to communicate with children with a hearing impairment through gestures. Only a few examples were observed when individual attention was given to children with other disabilities (Arbeiter & Hartley, 2002, p. 68).

As one might expect, the casual integration of CWD in overcrowded regular primary schools, without any systematic support for the more serious impairments, could not result in effective learning.

After the articles written by Kristensen and her colleagues, there is relatively little published work on SNE in Uganda for some years, when resources for education, health and welfare were being stretched by the implementation of UPE and by the AIDS pandemic (as in other countries such as

Lesotho). In an undated paper, Kristensen and Omagor-Loican (n.d.) reveal that UNISE was soon merged with the relevant programme at Kyambogo University – probably an economy measure.

One important exception is research on the Bushenyi District experiment in deaf education, reported by Miles, Wapling and Beart (2011). The context was that a programme named Education and Assessment Resource Services (EARS), funded by Danida (the Danish development agency), had been phased out in 1998-2000, whereupon Bushenyi District decided to replace it with a low-cost alternative for deaf children and some with learning difficulties, with local community support. The researchers (having relevant knowledge) focused on the five deaf units that were established within primary schools from 2004 onwards. In many respects the results were impressive, as district officials, parents and teachers were very supportive and the demand for the service increased. The project was able to absorb teachers with relevant training (obtained at Ntinda School for the Deaf, Kampala) and ‘cascaded’ their skills to a second cohort of teachers.

An objective limitation, however, is that the programme depended exclusively on Sign Language, as ‘deaf learners in rural Uganda have no access to hearing aids’ (Miles, Wapling & Beart, 2011, p. 1517). The implication is that children who were ‘hard of hearing’ and not totally deaf, had to join a deaf community, with its distinct sub-culture, in order to gain an education. This segregation could have been avoided for many, if hearing aids had been available.

Interview evidence from the present Department of Inclusive and Non-Formal Education, within Uganda’s Ministry of Education and Sports (MoES) confirms that the system of district offices and SNECOs did not survive for very long after the end of the Danish-Ugandan aid agreement (2003) and the transfer to the district level of responsibilities for managing basic education. A thesis by John Akope (2005), completed soon after the transfer, identifies poor coordination between central and local government as an issue for the SNE system: but the basic challenge in the longer run was insufficient funding. The three officers per district were not affordable and the MoES has just struggled to ensure that there is one District Inspector of Schools (DIS) who has responsibility for SNE. A few districts have maintained this element: but even in those, the DIS is not equipped to have any role in assessing disabilities. Today (in 2025) there are just 41 inspectors at district level with substantive appointments as SNE specialists. Moreover, the system of itinerant SNECOs serving clusters of primary schools, to the extent that it was implemented up to 2003, disappeared completely in the years that followed. SNECOs were absorbed into full-time teaching positions and none exist today.

It is relevant to mention changes in the national policy and planning by the Government of Uganda (GoU) which produced an environment somewhat less favourable for the relief of poverty and for the financing of social services in general (notably education and health), which have been researched by Sam Hickey (2005, 2012). From the late 1990s until about 2006 the GoU had given a high priority to its Poverty Eradication Action Plan, which, in the spirit of the ‘Post-Washington Consensus’ about development at the time and with donor support, encouraged efforts to improve the accessibility of social services. The latter included Uganda’s UPE programme and the President’s announcement of free health care (2001). We may note that the introduction of the SNE programme, with Danish support, took place in this period and was consistent with the general emphasis of policy.

In the period 2006-2010, however, the ruling party and the GoU changed their policy priorities, adopting a more ambitious goal of economic transformation ‘from a peasant to a modern and prosperous country’, as reflected in the *Uganda Vision 2040* document and inspired by the ‘Asian Tiger’ economies. Since that time, Uganda has used national development plans (NDPs), not poverty reduction programmes, as the main instruments of policy. This change of direction was encouraged by the discovery of oil deposits in the Lake Albert region, a reduction of the Government’s

indebtedness, increased investment by ‘non-traditional’ development partners, (especially China) and a flexible attitude but reduced budget support on the part of the traditional lenders (Hickey, 2012). In the short term, the increased emphasis on development of the infrastructure had a wide electoral appeal: but in the longer term the new policy process, in which the National Planning Authority had, and continues to have, a leading role, and the reduced contributions of Western development agencies, allows less space for linking service provision to the goal of social justice. Signs of this are the treatment of education as ‘human capital development’ in the current NDP and the abandonment by the Ministry of Education and Sports (MoES) of its independent sector review process, which is now deemed to have been merged in national development planning.

Despite this shift towards more autonomous development planning focused on growth and structural change, some attempts have been made, with donor support, to promote social protection programmes in Uganda. It is relevant to consider the fortunes of these efforts, as a national system offering support to vulnerable groups would have the potential to meet some of the needs of children with disabilities. Badru Bukenya and Sam Hickey (2020) provide a comparison of the attempts to promote a social health insurance scheme and (separately) a programme of social cash transfers, roughly in the period from 2007 to 2015.

Although a national health insurance system has potential benefits for social security and standards of health provision, the attempt (up to 2015) to start a scheme failed politically, having insufficient support from government, from various stakeholders within Uganda, and from some potential donors (e.g. USAID). The difficulties included the inadequacy of the existing health facilities and opposition from private health providers and from private employers (who would have been required to pay part of their workers’ contributions). This outcome is unfortunate for children with disabilities, as an insurance scheme of this kind would provide a framework for meeting some of their needs (e.g. for assistive devices).

In contrast, however, lobbying for social cash transfers to the elderly (aged 65 and above) and to vulnerable families, by a group of Ugandan officials and donor representatives, was well coordinated and in 2010 obtained a special secretariat within the Ministry of Gender, Labour and Social Development (MoGLSD). By 2016 the GoU had committed itself (in a National Social Protection Policy) to providing these benefits in 54 districts by 2020. The researchers comment that the cash transfer idea fitted more easily with the President’s ‘personalized and populist approach to governance’ in the period (Bukenya & Hickey, 2020, p. 219). An implication seems to be that a system of cash grants to the parents or guardians of each child of school age with a recorded disability (if they are not already receiving a cash transfer) could reasonably be proposed to MoGLSD. Currently the only individual state grants received by PWD are tied to vocational training<sup>3</sup> – a sign of the GoU policy bias towards the ‘economically active’ population. A strong case for a disability grant for all PWD, as individuals, was made (Uganda Social Protection Platform, 2017); but the GoU did not adopt the proposal, and we have no evidence about the extent to which CWD have benefited from the cash grants to families.

Uganda’s current provision for children with SEND is concentrated in 116 special schools and units and in 95 regular schools that are designated as ‘inclusive’. Table 1 shows how these are distributed between the primary and secondary levels. However, there are few supervisory or itinerant staff at local government level, and some districts and municipalities provide little support to the

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<sup>3</sup>Information from Dolores Were Naswa, of the Uganda Society for Disabled Children, 2020.

institutions.<sup>4</sup> We are awaiting details on how many of the special schools and units are being funded by the GoU.

Over the past 50 years a number of government and non-government bodies and services have been formed to meet the needs of PWD and a remarkably large number of DPOs have also been formed, at national and local levels. The more significant national bodies are listed in Annex II of this document.

In recent years we have been made aware of a draft policy document, the National Inclusive Education Policy (Ministry of Education and Sports, 2020), first prepared in 2016 and revised several times but still not approved by the GoU. This is quite a short document which sets out general, ambitious principles but gives no details about implementation. It claims to represent a 'new understanding' of inclusive education, globally, 'as a process for all educational institutions and the educational system in general' and not limited to 'the domain children with disabilities or the framework of Special Needs Education' (page 6). In this spirit, the policy expresses a goal of preventing 'exclusion' of all kinds and promoting the inclusion of marginalised groups in general (pages 9, 11).

**Table 1: Special and inclusive institutions within basic education in Uganda**

Type of institution	Primary level	Secondary level	Total
Special schools	12	4	16
Special units within schools	88	12	100
Inclusive regular schools	84	11	95
Total	184	27	211

With reference to 'the varied learning needs of children', the draft policy asserts optimistically that: 'Schools will be able to change negative attitudes to diversity by educating all learners together' in a 'learner friendly environment' and makes a reference to 'the universal design for learning' (page 6). The draft goes on to mention its relevance to various other, national policy documents and international conventions and to state general principles such as 'appropriateness', 'differentiation' and 'adaptation'. But the ideas for implementation are stated only in the most general terms.

Several aspects of the draft policy seem to be unrealistic or incorrect. Some of the limitations are as follows:

- a. The document takes on board areas of responsibility that clearly belong to other units of MoES or to other ministries, such as health and nutrition in schools, curriculum, assessment, and monitoring of pupil enrolment and attendance (pages 18-19). These are areas of concern for SEND but collaboration with the relevant units should be specified.
- b. The reference to a 'universal design for learning' (UDL) seems unrealistic, as Uganda has a national curriculum with carefully developed goals and standards. Some aspects of UDL, however, such as promoting expression by the learner, are really basic aspects of good teaching. Just as there are many types of disability, so many types of adjustment to curriculum and pedagogy may be needed.

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<sup>4</sup> Information from the Department of Inclusive and Non-formal Education, Ministry of Education and Sports, 2025.

- c. The document repeatedly becomes ‘bogged down’ in issues of access and progression at the pre-primary level (pages 7, 18), a level not yet funded by the GoU, and in issues of gender balance at the university level (pages 9-10), which are at best marginal to SEND.
- d. The links between SNE and non-formal education are not explained, and it is not clear whether rehabilitation and training centres for PWD are to be treated as part of the formal or the non-formal education system.
- e. The document incorrectly states that ‘Uganda has up to date not developed an Inclusive Education Policy’ (page 12), thus completely ignoring the system that was developed in 1991-2003. The latter system should be used as a starting point.
- f. The need for cross-sectoral collaboration to promote inclusion is mentioned but the reasons for this are not explained and there is no indication as to how it should be organised. Assessment of children’s disabilities could not be effective without collaboration between the education, health and social welfare services.
- g. The document does not set out priorities for action. It gives no indication of the provision for SEND at the time of the drafting, or of the steps that could be taken, gradually, to improve it. These would have to include both the ways in which the ‘inclusive schools’ are to lead the way in good practice across the country, and a plan for the special institutions to offer both adapted curricula and assessment services.

In the light of these and other shortcomings, it is not surprising that the draft policy has repeatedly failed to obtain approval from the relevant authorities. On the other hand, a more supportive attitude on the part of key elements in the GoU would help to ensure that a more useful policy document is prepared.

Against this generally sombre background, we mention two initiatives by development partners which have potential value for learners with SEND in Uganda. The first is UNICEF’s Interventions for Disability in Early Childhood (IDEC) Project, which began in 2019 and is now being implemented in five local government areas, i.e. districts (see UNICEF, 2022, for a description of the second phase). This project has elements of referral of the child, parent training, and ‘rehabilitation’ (which includes suitable educational support). The second development is a renewed effort by the World Bank to support school construction and its new Advancing Innovative Methods to Promote Learning (AIM4L) programme for Eastern and Southern Africa.<sup>5</sup> A country such as Uganda has the opportunity to present provision for SEND as one of its areas of focus for AIM4L.

## 9. Issues of Curriculum, Pedagogy, Leadership and Teacher Education

This section will begin with some foundational points from the global literature. To some extent these will provide a framework for discussion of the literature produced within SSA.

The issues of curriculum for learners with SEND are logically prior to those of school organisation and pedagogy, even though questions about separate and integrated schooling have tended to dominate public debate. The curriculum that is appropriate for any group of learners should influence the school organisation that is used and, obviously the pedagogic strategies that are used within that organisation.

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<sup>5</sup><https://fasi.eu/en/articles/news/28130-world-bank-s-aim4learning-program-to-enhance-education-in-africa.html>

The work of Brahm Norwich (2010) provides a useful starting-point by recognising that the curriculum must reconcile (1) demands for integration and equality – giving children access to a common core of knowledge and skills – and (2) demands for differentiation, to meet the specific needs of individuals and of groups that have a claim to recognition. Norwich's research, conducted in three countries of the Global North that have somewhat different institutional arrangements for SEND (England, the Netherlands and the United States), shows that reconciling these competing demands involves genuine dilemmas, which are widely recognised as such by educators. He concludes by distinguishing between four, hierarchical, 'design levels' of curriculum – general principles, programme areas, specific programmes (for school subjects) and teaching – and indicating that, while differentiation could occur at any of these levels, it is least likely at the top of the hierarchy (in the general principles) and most likely at the teaching level (see Table 2).

**Table 2: Design options for curriculum differentiation (based on Norwich, 2010)**

Option	General principles	Programme areas (broad fields)	Specific programmes (subjects, etc.)	Teaching (methods, content or both)
1 (unlikely)	Common	Common	Common	Common
2	Common	Common	Common	Different
3	Common	Common	Different	Different
4	Common	Different	Different	Different
5 (unlikely)	Different	Different	Different	Different

The option chosen is likely to depend on the type and severity of the disability or special need and the available resources, as well as the institutional environment of the country. Variation in teaching could be achieved with the help of regrouping of learners in sets (or special units), grouping within the regular class, multi-level pedagogy in a regular class, interventions to support individual learners (e.g. by an itinerant SEN specialist or a learning support assistant), or some combination of these.

As both inclusive group activities within the school, and targeted support for individual learners, are likely to be important elements in an effective national strategy for children with SEND, we mention some key ideas from two contributors to a recent symposium on inclusive pedagogy, firstly on the promotion of 'democratic practices' in the school (Marzouk, 2024), and secondly on individual support services (Scepanovic, Nikolic & Mitrovic, 2024).

To Farouk Marzouk, democracy is not simply a system of government but "a way of thinking, behaviour and dealing" (p. 21). He considers that schools have a responsibility to promote a democratic culture, both at the institutional level and within classrooms. This means the avoidance of repression and violence, awareness of human rights, tolerance, and acceptance of varied opinions. Teachers should encourage students "to express their opinion and respect the other opinion" (page 23). In support of Marzouk, these are important goals which can have many benefits for learners with disabilities and those from ethnic minority groups.

One sympathises with Marzouk, an Egyptian who is obviously frustrated by the authoritarianism of the Middle East, which he sees as one of the "diseases of Arab education" (Marzouk, 2024, p. 22). But Marzouk could have improved his argument by recognising some of the challenges that may occur within the school in any context, for democratic ideas. A school cannot be fully democratic, as the managers and teachers have ultimate authority over children. Standard agendas can also stand in the way of decisions based on consensus, and competition has to be well controlled if it is not to lead

to discrimination. Nevertheless, Marzouk provides strong arguments for the use of student councils, for a culture of tolerance in the school, and for encouraging independent thought and opinion.

The contribution on support services for individual learners (Scepanovic et al., 2024) comes from Serbia, with a focus on Europe. The authors consider that, in countries where there is a high degree of inclusion of children with SEND in regular schools and classrooms, it is highly important that such children should be supported individually by various specialists with relevant skills. (The latter could include speech and occupational therapists and developmental psychologists as well as itinerant teachers with a general SEN training.) Their expectation is that these specialists will visit the schools and classrooms concerned but that they may also need some special spaces and equipment. They cite European guidelines that prescribe an initial assessment, an individual plan of support and a regular review process as requirements for this kind of support. As such support is delivered in the child's normal local environment, the authors argue that it should not be considered as segregation (p. 12).

Part of the argument for such support by specialists is that there is a limit to the amount of training for special needs that can be included in the pre-service training of regular teachers (important though that element is). The Serbian authorities seem to have experienced too much pressure of this kind on pre-service training and so decided to invest more in specialised individual support (p. 11). Unfortunately, the cost implications are not discussed and these are clearly more challenging in SSA than in Europe. But we can infer that, functionally, there is a trade-off between coverage of SEND in the pre-service and in-service training of regular teachers, on the one hand, and support for individual learners by itinerant specialists, on the other. Educational authorities need to develop guidelines on the points at which a child is referred for assessment and considered for specialist support beyond that which regular teachers can provide.

Marinela Scepanovic and her colleagues should have mentioned that, for children with moderate or severe disabilities, there is also a choice to be made between delivery of a modified learning programme, with suitable pedagogy, to a group in a special school, or in a special unit within a regular school, and the individualised support in an inclusive school setting which they advocate. In the low-income and middle-income countries of SSA, where fewer specialists for SEND are available and travel is slower, the practical arguments for using some special schools and units are likely to be stronger than in European settings, and they are still needed in the Global North.<sup>6</sup> The choice is a complex issue, as some children may need boarding facilities or home carers outside their home communities and the types of support needed vary greatly according to the disability. But, building on the ideas of Norwich, we should encourage decision-makers in Uganda and SSA to recognise dilemmas of this kind. As a step in this direction, Table 3 provides a summary of five possible types of organisational response to SEND within a system of basic education, and examples of the types of personnel required for each. The fourth type, consisting of visits by external personnel, can be used in combination with any of the others.

Keeping in mind the various possibilities, we now consider some research articles which have focused on issues of curriculum, pedagogy and leadership roles for SEND in various African countries. The most useful of these are Paseka Mosia's (2014) discussion of curriculum and pedagogy in Lesotho, Joachim Tamba's (2022), clear but rather dated, discussion of special needs and inclusion in Tanzania, and the portrayal by Ngoran Banlanjo and others (2024) of examples of leadership for inclusive education in Cameroon, Sierra Leone and Zambia, and. We also keep in view a discussion of

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<sup>6</sup>As an example, admissions to special schools have been increasing over the past decade in England, where state-funded special schools account for 1.8% of the children enrolled in primary and secondary education (Sibeta and Snape, 2025).

curriculum reform in Zambia (Maguvhe & Mutambo, 2023) and a study of teachers' perceptions of provision for special needs in Lesotho (Lebona, Monyane & Mukuna, 2024): but these two articles have serious flaws in their research and reporting. A feature that these various articles have in common, with the exception of the Banlanjo article, is a touching but unrealistic faith in the reform of a national curriculum as the key to more inclusive practices. Most of these authors also accept without question the goal of maximising social inclusion, as advocated in the Salamanca Statement.

**Table 3: Possible organisational responses to SEND within basic education**

S.n.	Organisational response	Examples of personnel required
1.	Special schools for children with moderate to severe disabilities (blind, deaf, etc.), usually residential.	Special teachers with training for the specific disability. Support staff with relevant skills. Trained carers (for boarding schools).
2.	Special units within regular schools, for children with moderate disabilities (usually day schools).	Special teachers and support staff as above.
3.	Inclusion in regular classrooms, with multi-level teaching (for special needs that affect learning).	Highly trained and skilled regular teachers. Trained learning support assistants (if possible).
4.	Inclusion in regular classrooms, with the use of an assistive device (e.g. a hearing aid for a HI child with no other disability).	Regular teachers (no additional support is necessary except maintenance of the assistive device: but for wheelchair users, classrooms and toilets must be accessible).
5.	Visits to assess and support individual children, additional to the usual teaching in a special or regular classroom.	Itinerant special teachers, covering a cluster of schools, based in a cluster hub or in a special school. Non-teaching specialists: psychologists; occupational therapists; paediatricians.

Mosia (2014) is nonetheless realistic about the general state of provision for SEND in Lesotho – which in this is probably representative of large parts of SSA. He argues that children with special needs are, *de facto*, 'integrated', in the sense of attending regular schools, but not meaningfully included in the learning process, and that the existing policy documents do not distinguish adequately between integration and inclusion. With reference to learners with disabilities, he concludes that:

Learners' needs cannot be addressed in mainstream schools when screening and assessment of learners is substandard, teachers are not trained, schools lack relevant resources and education support systems are non-existent (p. 307).

At the same time, 'special education is hardly evident in special schools', as the three included in the study 'neither had specialist staff nor received any form of consultation from non-teaching professionals' (pp. 404-306). Mosia's findings suggest that the provision of resources had not

improved since the report by the Lesotho College of Education (2007), despite the specialised teacher training programmes that had been introduced.<sup>7</sup>

With reference to Tanzania, J. Tamba mentions a situation in approximately 2008 when over 300 regular schools had been designated as 'inclusive' but, in the absence of a support system, children with disabilities were being placed in special classes. This was no doubt a practical response to lack of resources rather than a 'conceptual' problem, as Tamba infers (p. 3). However, Tamba correctly points to the lack of a 'functioning nationally accepted system of identification and assessment of children with special needs' as a factor that may have contributed to non-attendance by such children. Up to 2010, too, no component of pedagogy for special educational needs or inclusive education had found its way into the national teacher education curriculum.

In the case of Zambia, as reported by Maghuve and Mutambo (2023), the national school curriculum does recognise the concept of inclusive education and encourages teachers to adapt content and methods for the benefit of learners with special needs. But the impression from the research findings (albeit based on faulty analysis) is that teachers felt they had too little guidance about how to adapt: a view supported also by some education support officers. The authors seem to pin their hopes on a further reform of the national curriculum. However, Mathabo Lebona and her colleagues in Lesotho (2024), having studied rural teachers' perceptions of the challenges of teaching children with special needs, place more emphasis on the value of relevant teacher education, especially in-service programmes. It is not very clear from their reporting whether the curriculum, or the teachers, or both, needed to be more flexible. In any event, teachers considered that they were not paid well enough for such challenging work.

On a happier note, we now mention some useful qualitative research on examples of leadership in inclusive education in three countries (Banlanjo et al., 2024). The 'inclusive education champions' who were studied, identified in 18 schools, mostly held the positions of head teacher, head of a special unit in a school, or teacher in a special unit. They all had in common 'profound intrinsic motivation', and knowledge and expertise in inclusive education gained from training. The research identifies five types of leadership roles that these champions illustrate, as follows:

1. Role model – demonstrating the important values
2. Advocate – working for support from parents and teachers and for children's self-esteem
3. Connector – building relationships with families and communities
4. Knowledge broker – helping to compensate for stakeholders' limited knowledge
5. Entrepreneur – fundraising and mobilising non-monetary resources

All the champions acted as role models and all of them practised at least three of the roles listed and there was much consistency across the three countries.

The article also lists twelve 'best IE practices', all observed in at least two of the countries. They are listed in Annex I of this literature review. The authors conclude that a holistic approach is needed for inclusive education to be effective, encompassing not just educational practices but behaviour, institutional strategies and acquisition of resources. (In some cases these champions managed to obtain help from international NGOs.)

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<sup>7</sup>When serving as a consultant in Lesotho in 2014, the writer discovered that teachers who had obtained the Higher Diploma in Special Education had not been placed systematically in the schools where their skills were most needed (i.e. the special schools and designated inclusive schools). This seemed to be part of a general marginalisation of special and inclusive education.

The authors do admit that the success stories they studied were exceptional. In that respect, two further observations may be made, reading between the lines. Firstly, most of the champions had the structural protection of special units within schools and were not working in typical schools. Secondly, these champions were allowed considerable autonomy, perhaps in recognition of their exceptional skills. But some teachers in SSA may not have very much autonomy in principle: they may be expected to work to pre-designated schemes of work and lesson plans to a large extent, in which the learners are expected to be normally developing children. But teachers' autonomy is often considerable in practice, especially in rural schools, because guidebooks and supervisors do not reach them and shortages of resources force them to improvise. For inclusive schools and special units to be successful, more recognition of the principle of teacher autonomy, as well as additional training, is an important requirement.

This section ends with a further note of caution. Some researchers who are dedicated advocates of inclusive education, such as Mosia (2014) and Maghuve and Mutambo (20230, continue to have faith in the ideas of a radical reform of the national curriculum and the wide adoption of multilevel pedagogy in regular schools: ideas which are derived from the extremist beliefs of the inclusion movement in the 1990s. Mosia argues that the existing curriculum cannot be suitable for inclusive education because of its 'performance-based' goals and rejects assessment 'against predetermined standards' on the grounds that assessment measures have to be diversified in inclusive education. In support of this view, he cites a 1990s source on multilevel pedagogy (Johnson, 1999). For most educational systems in SSA, however, these are unrealistic expectations. Standards are important, for curriculum and assessment, in basic education programmes that are supposed to develop foundational skills effectively and in an equitable manner – and African governments cannot be expected to abandon them. Modified targets and methods are needed for many learners with SEND, but not a complete discarding of standards. Multilevel pedagogy, as described by Genevieve Marie Johnson (1999), can be very effective in a heterogeneous class but requires a high level of skill and favourable conditions (e.g. a class of 20 children in one of her examples), neither of which is likely to be available in the schools of SSA. This is not to deny that interactive, child-centred pedagogies are desirable for all children, whether with SEND or not: but multilevel pedagogy requires a much higher level of skill and fine-tuning of tasks to individual children's needs.

## 10. Attitudes of Various Stakeholders to Educational Provision for SEND

We now consider some selected evidence about the attitudes of teachers, parents and children to educational provision for children with disabilities and other special needs in SSA.

We can begin with warning that too much of the literature on provision for SEND in SSA, in general, has focused on teacher perceptions and attitudes. There are three aspects to this problem, Firstly, many researchers obtain descriptions of educational provision through teachers, whose perceptions are less reliable than the data that could be obtained more directly from ministries, school managers and classroom observation. Secondly, while teacher attitudes to SEND are indeed one important aspect of provision, they are closely linked to the resources available, the training received and the teacher's exposure to pupils with SEND. Thirdly, data from teachers, who may not report their own mistakes, needs to be complemented with data from parents and children, whose attitudes have received far less attention.

Some of the research already cited in previous sections made rather too much use of teachers' perceptions, as opposed to more direct observation (e.g. Kristensen, Omagor-Loican & Onen, 2003; Mosia, 2014). This problem also applies to some research on 'implementation of inclusive educational practices' in Uganda (Okech, Yuwono & Abdu, 2020). The latter depends almost entirely on the perceptions of 'special needs teachers', makes little use of the data from learners with special

needs (although a small sample of these was included in the study), and provides no hard facts (as opposed to impressions) about the situation on the ground.

For Nigeria, Paul Ajuwon (2012) carried out a quantitative survey of 141 special educators who attended conferences in 2010 and measured their degree of optimism or pessimism about four aspects of including students (i.e. children) with special needs in regular classrooms: (1) behavioural issues, (2) students' needs, (3) resource issues and (4) teacher's professional competence. The respondents were relatively optimistic about behavioural and resource issues, more pessimistic about their own professional competence, and very divided about the prospects of meeting students' needs. Those with higher levels of professional training showed greater tolerance towards diverse behaviours in the classroom. In contrast with Ajuwon's findings, a survey of regular teachers in Botswana (Chhabra, Srivastave & Srivastava, 2010), conducted at about the same time, showed somewhat negative attitudes and various concerns about the inclusion of children with disabilities (CWD) in regular classrooms, especially the inclusion of those with severe disabilities, which they saw as potentially disruptive. Teachers (quite reasonably) had concerns about the availability of specialised equipment and of support staff that might be needed. These findings carry weight because educational standards are higher in Botswana than in most of SSA.

A more recent study of teachers' beliefs and attitudes in Limpopo Province, South Africa (Mamabolo et al., 2021) has more positive findings, with some areas of concern. Teachers were generally well disposed to including learners with SEND in their classrooms – not surprising as these teachers were working in schools designated to be inclusive (full-service, piloting and special schools). Most were also positive about the values underpinning inclusive education. However, some (26%) felt they did not know enough about the resources that learners with SEND would need. The authors seem to interpret this last finding as a problem of attitude, whereas limited training about diverse needs may have been the main factor. A more critical perspective is provided by Kavitha Govenda's (2023) case study of a full-service school in Kwazulu-Natal Province, South Africa (a master's thesis), which finds that the District Based and School Based Support Teams were not effective enough, that teachers and school managers felt inadequately prepared for inclusive education, and that the buildings were not sufficiently adapted for children with physical handicaps.

We now draw attention to one study of the perceptions of parents of CWD, and to another study of the 'voices' of the children themselves, both of which are very insightful. In the first of these, the researchers use case studies of twelve parents in Surulere, Lagos, Nigeria to discuss their perceptions, attitudes and experiences (Brydges & Mkandawire, 2020). Of the children concerned, some who had visual or hearing impairments were attending 'inclusive' regular schools, while those with intellectual or developmental disabilities were attending special schools: but parents showed some appreciation of both types of school. Some felt that attending the regular school was helpful for the child's motivation. Others, with children in special schools, said that their children had benefited from the holistic care and thought they would find it difficult to 'cope' in a regular school. Some, however, mentioned that social expectations for such children were low.

The authors, having a strong commitment to integration, consider that regular schools were doing too little to include children with intellectual and developmental disabilities. However, from a continental perspective, and perhaps from a global one too, it was a positive achievement that children with moderate sensory impairments were attending regular schools with support. In this respect, Surulere, an urban and largely middle-class area, was ahead of many parts of SSA. We may compare the story of a child included in research in Lesotho: an albino pupil with moderate visual impairment, who lacked functional glasses, had been made to repeat grades and received no special support from the school despite his parents' poverty (Lesotho College of Education, 2007, pp. 21-22).

The saddest aspect of the findings from Surulere is stigma faced by the mothers because of their child's disability and the cruel attitudes of family members, even in this middle-class area. Two of the mothers had separated from their husbands and had been under pressure from their in-laws to 'get rid of' the disabled child, who was seen as unproductive and possibly controlled by an evil spirit. 'Blame' for the disability tends to fall on the mother rather than the father (Brydges & Mkandawire, 2020, pp. 652-653). All this points to the importance of changing social attitudes to disability as well as improving educational practices. On a more positive note, however, Ajuwon (2012) speculates that Islam in Northern Nigeria encourages a tolerant attitude to disability ('it is the will of Allah').

In her study of children's 'voices', Mary Wickenden (2019) uses qualitative data from focus groups of children who were taking part in four programmes of community-based rehabilitation (CBR) in rural areas of Uganda and Malawi. All the children concerned had disabilities and most were attending school (partly because of the CBR programmes). They were asked to comment on CBR, the health service and their social lives as well as education: but we will focus on their views about education. Firstly, attending school was seen by all as very important, and somewhat more achievable than it had been in the past. They found a 'safety in numbers', where they were not seen as unusual. Secondly, they reported both positive and negative experiences with teachers. One teenage girls' group said, 'We are accepted as part of the school community, we love coming to school because teachers love us ...' On the other hand, there were several reports of teachers not allowing those with sensory impairments to sit at the front of the class, with severe consequences for their learning. Thirdly, some children with physical handicaps commented on problems of access to classrooms and toilets, but had continued to attend school nevertheless. Fourthly, a boy with a cognitive disorder said that he enjoyed the physical activities in his school, even the cleaning tasks. It is also worth mentioning the mixed experiences of the children in obtaining assistive devices from the health services: in some cases, the CBR workers had been able to help them, with important benefits. As some devices are easily damaged, continuous support is needed to maintain them.

## **11. Challenges of Measurement, Record-Keeping, Recognition and Assessment for CWD**

On the measurement of children's disabilities in the Global South, our best general source is a book chapter by Isla McTaggart and Hannah Kuper (2019). They consider measurement for four purposes: (1) to document the prevalence of disabilities, (2) to document the needs and experiences of CWD, (3) to show how far such children have access to education and the factors involved, and (4) to identify such children at a young age so that they can be supported in education. Another useful source with a global framework is Alisha Braun's (2020) paper on referral and identification of SEN, which contributed to the Global Education Monitoring Report on inclusion and education.

Estimating the prevalence of disabilities among children is difficult, partly because working definitions of disability – a complex and evolving concept – vary. A single question to the caregiver in a national census is not likely to give reliable or useful responses. Household and child surveys, however, can accommodate more questions and at least may yield more reliable data on different types of impairment, such as the responses to the Washington Questions obtained for our Uwezo Uganda assessments and similar questions used in Uganda's demographic and health surveys. A more detailed approach, mentioned by McTaggart and Kuper, is to use the 'key informant method' in selected communities, where adults with knowledge of a community select children who may have impairments and who are then assessed by a professional team and, where necessary, provided with support (International Centre for Evidence in Disability, 2015). Wider estimates of prevalence can then be extrapolated from those of the communities.

For Uganda, a UNICEF estimate of 2014 was that 13% of children had some form of disability (Uganda Social Protection Platform, 2017). For the annual educational statistics of 2017, however, primary schools reported a total of 172,846 pupils with impairments (in six categories): just under 2% of the total enrolment of 8.84 million (Ministry of Education and Sports, 2017). These statistics taken together suggest that, although schools probably failed to record many CWD, a large proportion of CWD of school age in 2017 were ‘invisible’ and out of school. More efficient household surveys could help to make these children visible to public services.

McTaggart and Kuper report that, through collaboration between UNICEF and the Washington Group, the approach of the Washington Questions on child functioning has been extended to fourteen categories of functioning, with rigorous field testing. This development could assist household surveys to report a wider range of needs for support.

The Washington Questions are consistent with the focus of the ICF on functioning, which is expected to be influenced by: (1) body functions, structure and impairments, (2) activity and limitations on activity, (3) participation in life situations and restrictions on this, and (4) environmental factors, both physical and social (a summary based on Braun, 2020, pp. 6-7). In practice, referrals and screening may only be able to record some of these factors where functioning is limited. Another international system widely used for reference is that of the OECD (2007), which distinguishes between (a) disabilities, interpreted as impairments, (b) difficulties, specific to learning and (c) disadvantages, relating to the learner’s social, cultural and linguistic environment (Braun, 2020, pp. 8-9).

With reference to the needs and experiences of CWD and their access to education, a further advantage of household surveys is that they can provide comparative findings on children with and without disabilities, including differences in educational attainment and achievement. At the same time, school-based surveys can illustrate the supports and constraints that CWD experience in school. These two types of evidence help to describe ‘participation restrictions’, which are a component of disability in the bio-psycho-social model used by the ICF. In Section 5 above, we have already noted some of the general social barriers, such as superstition and stigma.

In low- and middle-income countries, a key challenge is to organise initial recognition and referral of CWD, followed by a more rigorous professional screening. Many tools for initial, holistic screening of children in the early years have been developed in the Global North: but they tend to be inaccessible in the Global South because of costs, shortage of paediatric professionals and lower attendance of children in pre-primary education. Training of teachers in some basic aspects of impairment recognition is important: but even with some training teachers may make referrals in a speculative manner. Reliable professional screening at the second stage is essential if children’s needs are to be met in the educational and health systems. In many countries of SSA, the poor availability of the relevant professionals is aggravated by shortages of equipment and vehicles. However, McTaggart and Kuper mention some developments in mobile phone technology which may enable HI and VI screening of children to be carried out at lower cost over wide areas and without the continuous presence of highly qualified specialists. The Peek Acuity app., for example, was being tested for VI screening in Kenyan schools. There is a strong case for public investment in this kind of technology.

A study of relevant issues in Lesotho by the Centre for Global Development through Education (CGDE, 2011) found that a key requirement was collaboration between the education, health and social work services to meet children’s needs. In that context, as there were very few health and social workers in the rural areas and many parents had little education, teachers had to take on more responsibility for responding to disabilities than would be the case in a high-income country. In recognition of this need, Braun mentions that short, in-service training of teachers on recognition of disabilities and special needs in children has been provided in India and Pakistan, with some success

(Braun, 2020, p. 12). It is important, also, for SEN officers, school heads and teachers to be empowered to call on health and other specialists when necessary. These points are relevant to many parts of SSA.

For Lesotho, the CGDE report recommended a system of annual referrals, annual screening and annual compilation of educational and ancillary needs for children with SEND, to be coordinated by the Ministry of Education and Training and supported by the Ministry of Health and Social Welfare. Teachers, especially those with coordinating responsibilities in a cluster of schools and ECCE centres, would play an important part in referrals. Screening would be coordinated at district level as far as possible, and the screening teams would include both education and health specialists. Visits to schools, by mobile units for audiology and vision testing for example, would help to reduce the costs of screening. In districts where special schools were located, they could function as resource centres to support the screening process. Where hospitals had to be used for screening, it was important that children should be exempted from fees and that the transport costs of child and carer should be met from public funds (CGDE, 2011, pp. 72-73). For additional oversight, a national Advisory Council on Disabilities and SEN was recommended.

In the compilation of needs, a useful practice is for children with complex needs of support to be given individual educational plans (IEPs, see Annex I). In the UK, such plans have been expanded in recent years to combine education, health and care needs: but IEPs could be adopted as a first step. In any event, the 'compilation' stage must provide both support plans for individual children and a summary of the prevalence of SEND among learners in each district.

Any system of referral and screening involves the use of labels: an unavoidable problem but one that can be mitigated. Educators need to be aware that children who receive extra support in school because of a disability or other special need may experience reduced self-esteem and negative attitudes on the part of their peers (Braun, 2020, p. 10). This applies especially to those with intellectual or behavioural difficulties. Therefore, it is important for teachers to foster a social environment of tolerance and of acceptance of individual differences among the children they teach. At the level of the school, where there is a special unit for a disability within the school, leadership is needed to minimise labelling and promote social integration.

The kind of system outlined above is relevant for Uganda in most respects. However, because of the proliferation of districts in Uganda and the shortages of specialist personnel and resources, it may be practical to consider organising referral and screening from the sub-regional level, instead of the district level, for the time being. Provision of an effective office for inclusive education in each of the 15 sub-regions would be preferable to an uneven patchwork at district level where some districts have nothing.

## 12. Non-Disability Special Needs

### 12.1. Orphans

Most of the research literature on SEND in SSA focuses on disabilities but there are occasional studies of groups of children that are disadvantaged in education because of acute adversity in their social environments. Here we shall briefly discuss the situations of orphans, street children and teenage mothers, while recognising that this list is not comprehensive.

Because of the onset of the HIV-AIDS pandemic, the Kajubi Report of 1989 recognised that orphans needed special support to complete their basic education (Ministry of Education, 1989): but relatively little action followed in Uganda. Orphans can be sub-divided into 'single' and 'double'

categories, according to whether they have lost one parent or both. In both cases, however, it is common for grandparents to be involved in their care and for the older orphans to be required to help with the upbringing of their younger siblings. In our case studies of children who were of primary school age but not attending, and of others who were frequently absent, there were several examples of children whose parents were deceased or absent and who had difficulties with school attendance because of financial and time constraints (Uwezo Uganda, 2023). We hope that the GoU will consider the example of national governments in Southern Africa that have organised systems of grants for orphans of school age to complement support by NGOs such as Uganda Women's Effort to Save Orphans (UWESO) and SOS Children's Villages in Uganda. The South African Government administers grants for orphans in foster care and for those living with relatives, although it has been difficult to meet the demand. Botswana developed guidelines (from 2008) and legislation (the Children's Act of 2009) for support to orphans and vulnerable children in general, with some support from USAID.<sup>8</sup> Lesotho also has (since 2009) a Child Grants Programme targeting households with orphans and other vulnerable children and using a means assessment.

## 12.2. Street Children

Another vulnerable group, with distinct challenges in education and social development, is the street children (mostly boys) in the large cities of SSA. The difficulty of reintegrating such children in education and in mainstream society is illustrated by research done in Yaoundé, Cameroon (Vandelin, Mfouapon & Pangrace, 2013) and in Cape Verde (Bordonaro, 2012), the first published in French and the second in English.

The research done in Cameroon is based on three in-depth case studies of adolescent boys who were staying at the *Foyer de l'Espérance de Mvolyé*, a centre organised by a charity to protect street children and help them to attend school. All these individuals had either been abandoned by their relatives or had run away from them, had been in the streets for at least a year before entering the Foyer, and had difficulties in adjusting to their school work. In two cases, they tried to conceal from their school-mates and teachers, and from their former gangs, the fact that they were staying at the Foyer; in the third case, the fact was known at school, and the boy was stigmatised to some extent. The first two boys showed negative behaviour or attitudes towards their schools (school phobia), which could easily lead to dropout.

Mgbwa Vandelin and his colleagues show that the difficulty street children experience in school is rooted in their experience of the street-child culture, where they have learned different social rules and a different kind of knowledge for survival, including cooperation in petty crime. For some, the band or gang had provided emotional support that they had not been able to obtain from the family. The school curriculum, although it was officially supposed to have a 'constructivist' application, prioritised a scientific approach to knowledge and did not connect well with the street-child experience. Although the Government of Cameroon recognises officially that street children have special educational needs, there was no mention of special support by teachers in the cases studied.

The research by Lorenzo Bordonaro (2012) on street children in Cape Verde focuses partly on the difficulty of applying the popular concepts of 'child rights' and 'agency' to this group, which rejects many social norms and to some extent sees the life of the street as offering freedom from regulation. Rehabilitation centres are available, but some children prefer to avoid their rules. There are

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<sup>8</sup><https://www.fundsforgos.org/grants.gov-2/usaidsa-botswana-comprehensive-care-and-support-for-orphans-and-vulnerable-children/#:~:text=The%20United%20States%20Agency%20for,to%20the%20project's%20target%20groups.>

continuing demands for such children to be protected and controlled, and this is usually the goal of social workers who engage with them.

In the context of Praia and Mindelo cities, Bordonaro has found a strong element of 'choice' about being on the street. This is partly because informal economic activities enable children to have significant earnings on the street (probably more significant than in Cameroon), which some share with their parents or guardians. Another factor that he finds, however, especially in Mindelo city, is escape from violence at home; it is common for boys to be afraid of receiving corporal punishment if they return to the home. In such circumstances, the street may be seen as temporary solution to problems rather than 'the problem'. This perspective, however, does little to improve the prospect of bringing street children back into schools and keeping them out of the penal system.

### 12.3. Teenage Mothers

In various African countries, attitudes to pregnancy and motherhood among female pupils have become more humane and they are less likely to be excluded from school than was formerly the case. A South African draft policy, for example, calls for schools to be supportive and avoid discrimination (Republic of South Africa, Department of Basic Education, 2018).

In a recent study, Johan Van Schalkwyk (2025) uses a resilience theoretical framework and reports on case studies of five teenage mothers, all still attending secondary schools, in a rural district of the Free State Province, South Africa. Data was obtained by interviewing and through a 'draw-and-write' exercise. The girls received both emotional and practical support from a range of sources, in varying degrees. Immediate family members provided support in all cases, the girls' partners, as well as extended family members, were supportive in most cases. Support from the school, and from members of the local community (such as neighbours) was also important where it was provided but was less consistent across the cases. Fellow students, on the whole were supportive and encouraged them to continue with their schooling. The teachers, however, varied in their behaviour towards the girls: some were considerate and others less so. It is clear that some teachers were not sufficiently aware about how easily the girls could suffer from stigma and low motivation, against a background of competing demands on their time and, in some cases, financial pressures.

The general implications of these findings are that school managers and teachers should be aware of teenage mothers as students with special needs, and monitor their progress through discrete, one-to-one interaction, but avoid labelling and maintain their integration in the class as fully as possible.

## 13. Conclusions and Recommendations

### 13.1. The Situation in SSA

Efforts to promote special and inclusive education in SSA began well before the Education for All movement took hold in 1990-2000. Children with disabilities and other special needs were then recognised to some extent in the Dakar agenda but overlooked in the reductionist Millennium Development Goals. After about 2005, there was a tendency in low-income areas to marginalise provision for SEND, as governments grappled with the basic tasks of mass educational provision and (as in Uganda's case) tried to foster elite resources for a modernisation agenda, even while their basic service provision remained defective. The Sustainable Development Goals of 2015, however, with their emphasis on equity and quality in education and some specific references to disability, have encouraged research and advocacy and helped to re-focus some attention on provision for

SEND. Various governments in SSA have developed policies for 'inclusive education': but the gap between these policy statements and actions on the ground remains very wide.

Some African advocates of inclusive education have a doctrinaire approach, derived from 1990s extremism, which seeks to maximise the inclusion of CWD in regular schools despite the lack of resources (trained teachers and equipment) to make this educationally effective. Such attitudes are unhelpful, adding to the gap between goals and implementation. Countries in SSA will benefit from cautious but systematic planning, where choices of placement between a special school, a special unit within a school, or a regular school that is equipped to be inclusive, can be made according to the support needed by the child and the resources available.

### 13.2. Recommendations for Good Professional Practice in Uganda

1. School managers (Head Teachers, Deputy Head Teachers and School Management Committees) should be made aware that children with SEND are often victims of superstition, stigma, bullying and violence, in their homes, local communities and schools. Successful education of these children requires supportive and tolerant attitudes on the part of teachers and non-disabled students, as well as interventions relevant to the disability. School managers and teachers should support values and practices suited to a democratic society, including the use of student councils.
2. The three-track approach should be retained. Because of the diversity of children's disabilities and special needs and scarcities of specialised personnel and resources, the Government should continue to maintain some special schools and special units within schools, as well as designating some regular schools to have resources for the inclusion of CWD in regular classes. It should also provide for the supervision of the teaching and learning in these different types of setting. It is important that some special schools and units for specific impairments (visual, hearing and intellectual) should be available in every sub-region of Uganda.
3. For supervision, because of the proliferation of districts in Uganda and the scarcity of well qualified inspectors, a realistic goal is to maintain one office for special and inclusive education (SIE) in each sub-region (the 15 sub-regions of Uganda). The team in each office should be led by a Chief Inspector and include at least two other Inspectors, all with training in special and inclusive education.
4. Within each sub-region, some special schools should be staffed and equipped to have outreach functions, as well as educating children with severe impairments. This would be consistent with a recommendation by Sightsavers (2020). These special schools should assist in the provision of diagnostic services (screening) and in the itinerant support for CWD in inclusive regular schools. Schools for deaf children, for example, would provide hearing tests and would assist in the maintenance of children's hearing aids across the sub-region.
5. We call on the Government to guarantee free audiology and optical services for children of school age, including the supply of hearing aids, vision aids and reading glasses to those who need them. Similarly, wheelchairs should be a free service to children with severe mobility difficulties. Children who can benefit from these assistive devices and have no other disabilities should be mainstreamed in regular schools as far as possible. We recommend public investment in mobile programmes for the screening of hearing and vision, in order to make these services more cost-effective.

6. The Ministry of Education and Sports should coordinate an annual process for the referral, screening and support of children in primary schools and preschools who may have impairments or special needs, to take place during Term 1. Teachers and parents/guardians should be invited to initiate referrals, through the school managers (Head or Deputy Head Teacher), who will then seek parents' agreement for professional screening. Significant travel costs incurred by a child and carer to attend screening would be reimbursed by the sub-regional SIE office, through the school. In the third stage, individual educational plans and suitable support would be arranged for children with confirmed disabilities and records would be compiled at the local and national levels.
7. There should be flexibility to revise the draft National Policy on Inclusive Education to reflect the above recommendations. It should also indicate the part to be played by non-government agencies and disabled people's organisations in the development of the system. Preferably the revision should be informed by a status report (see the next sub-section) and the revised policy should include, as an annex, an action plan for a period of 4-5 years, setting priorities and targets for the improvement of staffing and physical resources in the special schools and units and in the designated inclusive schools.

### 13.3. Recommendations for Further Research in Uganda and in SSA

1. Partly because of the dearth of official reporting on special and inclusive education in Uganda, it is desirable that a status report on the whole system should be commissioned, with the help of external funding. Uwezo Uganda has the capacity to play a leading part in such an exercise but would need collaboration and additional funding to carry out the comprehensive evaluation that is needed. The status report would use samples of the major types of institution: special schools, special units and inclusive regular schools. It would use a mixture of surveys that document the staffing and resources of schools, and qualitative procedures such as focus groups and lesson observations. The availability and impact of supervision and itinerant support would also be assessed. The report on disadvantaged children in Lesotho (Lesotho College of Education, 2007) is a small example of this kind of status report.
2. In Uganda and in SSA more generally, it would be helpful for smaller research projects to provide survey findings on the enrolment, staffing and resources of schools that support learners with SEND. Such surveys should place an emphasis on data obtained directly from written records and from school managers, *not* on the impressions of teachers. The findings would be used to evaluate the quality and equity of educational resource allocation for SEND.
3. In Uganda and in SSA, more, qualitative case-study research on individual learners would be desirable. Some of the examples that have been mentioned in this literature review (e.g. Wickenden, 2019; Vadelin, Mfouapon & Pangrace, 2013) show the value of case studies that construct a child's story and educational journey in the context of the home, the local community and the school attended. The research by CGDE (2011) also contains useful examples of household-based studies of CWD, both attending and not attending school.

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## Annex I: Best practices for inclusive education, from case studies of leadership

Area	Practice
Educational	Individual educational plans for CWD
	Increasing retention of CWD in schools (preventing dropout)
	Promoting leadership and involvement of CWD in extracurricular activities
Behavioural	Raising awareness of the importance of inclusion, among all stakeholders
	Strengthening coping skills of parents and teachers
	Boosting self-esteem and confidence in CWD
Institutional	Adjusting physical facilities for CWD
	Improving teacher skills for inclusive education
	Dedicated committees for inclusive education
Resources	Partnerships with external funders
	Collaborating with local government, CSOs and local communities
	Income generating activities

**Source:** Banlanjo et al., 2024, Table 1. (Slight changes of wording have been made for clarity and economy.)

## **Annex II: Organisations relevant to children with disabilities in Uganda**

The list below is limited to organisations with international and national scope. There are also numerous disabled people's organisations (DPOs) with a local scope, many of which are listed in a directory complied by the Uganda Society for Disabled Children (2009).

Acronyms used only in this annex are not included in the list of abbreviations on page iv.

### **A. Government departments and official bodies**

Department of Inclusive and Non-Formal Education, Ministry of Education and Sports

Department of Elderly and Disability, Ministry of Gender, Labour and Social Development

Ear, Nose and Throat Department, Mulago Hospital

National Council for Disability

### **B. Non-government services**

Kampala Audiology and Speech Centre, Kampala

Pure Sound Uganda Hearing and Speech Centre, Kampala

Ruharo Eye Centre, Ruharo Mission Hospital, Mbarara

### **C. International agencies and NGOs**

International Needs Uganda - faith-based organisation with local centre in Buikwe District and a Disability Inclusion Project in 4 districts)

Save the Children Uganda

Sightsavers International

UNICEF Uganda

### **D. National NGOs and CSOs**

Association of People with Albinism in Uganda

National Union of Persons with Disabilities in Uganda (NUDIPU) – umbrella organisation for DPOs

National Union of Women with Disabilities of Uganda (NUWODU)

Transcultural Psychosocial Organisation (TPO)

Uganda Epilepsy Association

Uganda Epilepsy Society

Uganda National Association of Sign Language Interpreters

Uganda National Association of the Blind (UNAB)

Uganda National Association of the Deaf (UNAD)

Uganda Parents of Persons with Intellectual Disabilities (UPPID)

Uganda Social Protection Platform

Uganda Society for Disabled Children (USDC)

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