MAY 2022

PSN STUDY

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Adaptation and Transformation in COVID-19 among Persons with Special Needs (PSNs). A study in Nakivale, Rhino Camp and Adjumani refugee settlements in Uganda.

1.0 INTRODUCTION AND BACKGROUND

1.1 INTRODUCTION

This report presents the key findings from a study conducted by Windle International Uganda (WIU). This aimed to understand the lived experiences of learners with special needs during COVID 19, how the outbreak of COVID 19 changed their lives, the impact of COVID 19 on their education, the challenges brought about by COVID 19 and how they cope with these challenges. The study was conducted in Nakivale, Adjumani and Rhino Camo refugee settlements' following WIU's geographical scoping. This study was conducted at the beginning of second term in May 2022 – this was timely to gather new experiences because schools in Uganda were reopened in January 2022 for first term.

1.2 BACKGROUND

As Uganda takes strides to curtail the spread of COVID-19, community experiences and perceptions have not been systematically collated and or analyzed to inform on-going measures (Pawar et al. 2020). To contribute towards addressing the challenge of dealing with the unknowns around COVID-19, Windle International Uganda (WIU) undertook the effort to document evidence from lived experiences of Persons with Special Needs (PSNs) – learners and their care takers before the outbreak of the COVID-19 pandemic and their experience during the peak of the noxious disease. In this study, a socio- behavioral lens on how Ugandan COVID-19 guidelines are operationalized, being perceived/experienced in practice among PSNs and their social networks was applied. Moreover, the study documents the impact of COVID-19 on Education among PSNs of school going age in Nakivale, Rhino camp and Adjumani settlements.

Windle International Uganda documented evidence on the operationalization of Ugandan COVID-19 directives/guidelines from a socio-behavioral perspective. Additionally, we explored perceptions, experiences and potential barriers to adherence and compliance coupled with understanding the impact of COVID-19 on Education among Persons with Special Needs (PSNs). A key focus at this stage was to identify and develop meaningful community partnerships and support systems for local solutions and resilience for this group.

This study focused mostly on the lived experiences for learners and their social networks, knowledge (including the info demic challenge), interpretation and behavioral aspects of learners living with difficulties considering the COVID-19 national response. We sought to study refugee lived experiences, assess behavioral shifts, and determine the impact of COVID 19 on the learners living with disabilities.

1.3 PROBLEM STATEMENT

Whereas all people, People with Special Needs (PSNs) or those living with no difficulties have been in one way, or another affected by the COVID-19 pandemic, PSN populations have heightened vulnerability considering COVID-19 for different reasons (Gouin et al. 2020). They have special needs where they may not have support from social networks, strong livelihoods, or other resources to draw from to survive through an epidemic like COVID-19 and its ramifications (Cao et al. 2020).

As a minority group, they are likely to be a subject of stigmatization, especially given that Corona virus is known to attack people with lower immunity and so prone to catching it (Bukuluki et al. 2020). Other aspects of vulnerability may be through such factors such as language barriers and lack of identification documents since the study was conducted in refugee settings/refugee hosting districts (Bukuluki et al. 2020).

Moreover, most COVID-19 information and support are only available in English and some local Ugandan languages which most refugees do not understand (Zhong et al. 2020). This may be in addition to the fact that most learners living with learning difficulties in refugee communities tend to be closed with limited information sharing. Also, the nature of Ugandan refugee settlements – consisting of mainly crowded housing units may make implementation of some COVID-19 guidelines (e.g., social distancing) difficult, while poor access to safe water and sanitation facilities may make rigorous hand-washing unfeasible (Bukuluki et al. 2020).

At the same time, while all refugees have no doubt, been affected by COVID-19; there are possibly differences in contextual and other socio-economic dynamics which impinge on their response to the COVID-19 threat. Contextual specificities may a have a bearing on the dissemination of lifesaving information or enforcement of government directives and guidelines in different settings (Banerjee and Banerjee 2020). The rural settlement refugee communities are organized largely into nationalities of origin – South Sudanese, Congolese, and others (Ahmed et al. 2020). Thus, study sought to establish whether these contextual differences have a bearing on refugee people's response to the government guidelines, how they have experienced them, and whether existing social norms and practices have been a facilitator or hindrance to understanding of COVID-19 prevention measures and compliance to them. Yet nearly all information readily available [on sub-optimal implementation] is on stable populations, and even among these populations the effect of these measures has not been fully measured and/or explained.

This research therefore sought to assess the COVID-19 situation in refugee settings with keen interest on learners living with disabilities; to engage the learners living with disability and their social networks on their understanding of the COVID-19 -

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risk, their lifestyle and other changes and how they are coping to survive this pandemic outbreak; mapping existing support systems or resources and their functions.

1.4 OBJECTIVES

- To generate and document lived experiences of PSNs in Refugee settlements before and during the COVID-19 pandemic.
- To assess the impact of COVID-19 on Education among Persons with Special Needs (PSNs).
- To document community innovations and coping strategies for PSNs in response to the challenges of COVID-19.
- To develop recommendations for community-led socio-behavioral interventions for education and wellbeing among Persons with Special Needs (PSNs).

1.5 RATIONALE

It is safe to say that nearly everyone was affected, in some way, by COVID-19 outbreak. So, this research's utility extends to the entire population. An understanding of the lived experiences of a generally vulnerable group of persons will provide further insight to decision-makers, implementers, and other stakeholders in designing a more robust response with minimal chances of noncompliance by those most affected. Understanding local innovations, improvisations (or resilience strategies) will be a rich resource to inform related policy and practice – in Uganda and further afield. Engaging with previously excluded (yet locally respected) community structures (e.g., para-social workers or development workers, local leaders – including religious and/or cultural) will lead to local support for the response and its eventual success. Despite [pandemic] limitations, the research process was highly participatory, engaging, and transformative.

It is expected that the process gave the participants a voice and enabled them to appreciate that their needs, experiences, agency, and opinions during this COVID-19 phase matter. This participation, recognition and upholding of human dignity will have both direct and indirect, immediate, and long-term psycho-social gains. Ultimately, this should contribute to improving not only the health

status, but also other life outcomes of people affected by COVID-19. This research is complementary to and supportive of other socio-behavioral efforts in Uganda's COVID-19 response.

2.0 METHODOLOGY

2.1 STUDY DESIGN

This study, used qualitative research methods (interviews, observations, focus group discussions) approaches supplemented by a desk review. The approach enabled collection of relevant data in real time. The study explored local perceptions of pre-post-COVID-19, lived experiences, knowledge, opinions, compliance levels, coping mechanisms, cultural norms and changes in practices to gain a deeper understanding of the unfolding situation amid the COVID-19 crisis within the PSN refugee community. To gather first-hand information, participants were engaged in real time and in their own environments (both at home, school and work for the parents to children living with disabilities). The qualitative methodology was adopted to increase the sense of participation, generate high quality and authentic data. In general, a range of factors, including prior knowledge and informed understanding of the social worlds of the refugees, purpose, goal and objectives of the study, as well as funding requirements, influenced how the fieldwork was executed.

By paying attention to specific social factors, the study relied on study population's lived experiences, relationships and appreciation of the social and natural contexts around them to identify emerging ideas and patterns in the data. Thus, the study provided scope for flexibility during data collection and the use of Key Informant Interviews (KIIs), Focus Group Discussions (FGDs), observation and document review methods.

2.2 STUDY POPULATION

The study targeted the refugee population in Uganda and some members of the host community across peri - urban and rural settings. In both refugee and host communities, we targeted to include various participant categories / groups including men, women, youth, elders, local leaders, persons with disabilities, frontline implementers, enforcers, among others. Others include major stakeholders from specific government Ministries, Departments and Agencies (MDAs) involved in the refugee response such as MoH, OPM, NGOs, and district local governments, as well as international agencies such as UNHCR. This was done in view of identifying and examining cross-cutting COVID-19 concerns and risks relating to (education, health, social status, norms, practices, behaviours, gender, disability, and age, etc.). A total of 100 participants were purposively selected based on their roles, positions, experiences and understanding of the context surrounding national and local level responses to COVID-19 and its impact on education in the refugee community. These participants contributed to the study either as key informants, In-depth interview participants or focus group discussion participants.

2.3 STUDY SITES

The study was conducted in peri-urban and rural refugee settings across three regions in Uganda namely, West Nile, Northern Uganda and South Western Uganda.

1. Adjumani Refugee Settlement
2. Arua - Rhino Camp and Arua city where some special schools are located.
3. Nakivale Refugee settlement and Mbarara city

All these sites were purposively selected and part of the settlements with in which Windle International Uganda (WIU) together with partners support the learners living with disabilities.

2.4 DATA COLLECTION METHODS AND TOOLS

Desk Review

Key Informant Interviews

Focus Group Discussions

In-depth Interviews

Secondary and primary data was collected through four main methods namely: desk review, Key Informant Interviews (KIIs), Focus Group Discussions (FGDs) and In-depthinterviews (IDIs).

Desk Review

The review of documents was guided by the study objectives to capture background data on COVID-19 and the PSN refugee sector in Uganda. The secondary data generated from the review informed the tool development, field planning, and our understanding of the humanitarian response contexts and other aspects of the study. An abstraction tool was used to guide the review of existing secondary resources related to the topic, which informed understanding of the context in which the research was implemented and how the team navigated the field.

Key Informant Interviews

The Key Informant Interviews (KIIs) with strategic stakeholders were conducted during the primary data collection in order to gather vital information and answers to the study questions. Overall,15 KIIs (Adjumani 5, Rhino Camp 5 and Nakivale 5 KIIs) were carried out across all the three study sites. These included upstream OPM and school headteachers in all Adjumani, Rhino Camp and Nakivale. The KIIs tools were designed considering the respondents' roles and knowledge of topic and the study context. Telephone interviews were conducted only in specific cases were the either opted for them or were not able to find a suitable time for an in-person interview. The Telephone interviews were also conducted using the ordinary KII tools since they were only adopted as a measure to make up for in-person interviews, where necessary.

Focus Group Discussions

The FGDs were conducted with a maximum of 12 participants per group. In total, 2 FGDs (Rhino Camp 1 and Nakivale 1 FGDs) were conducted during the study the 2 locations with groups of parents, caregivers and community structures. The FGDs involved specific categories of respondents who were deemed to have similar experiences, knowledge, understanding and perspectives on the issues. Bringing them together allowed for a thorough discussion and gave opportunities for crosschecking views and identifying new ideas, as well as emerging patterns of response.

With regard to the tools, interview guides, observation checklists and abstraction tools for desk review were developed and pre-tested as part of the team training programme.

In-depth Interviews

Separate In-depth interview tools were designed for the diverse participant categories, including a guide for learners living with disabilities (30; 10 learners per location), local leaders, parents in Adjumani settlement since they lived far apart(10 parents to all

learners that participated in the IDIs), implementers of services, and managers of refugee settlements, and national level/upstream key informants, youth/adolescents, community structures (including men, women, elders and persons with disabilities). The tools were designed around key themes and objectives of the study such as perceptions of the pandemic, impact of the pandemic on education, community resources, coping mechanisms, implementers' innovations and implications for future responses. During data collection, qualitative interviews were either audio-recorded or written as field notes.

2.5 DATA ANALYSIS

The qualitative interviews were audio-recorded, transcribed, coded and thematically analyzed manually. Interview summaries produced by interviewers were initially used to capture the main highlights from each interview / discussion. Subsequently, following the completion of data collection, data matrices were used to map out responses from different participants across key themes and sub-themes. Data was analyzed along major themes such as knowledge, beliefs, practices, life style change, impact on education, coping mechanisms, levels and nature of enforcement of guidelines, feasibility of promoted measures, and community resources. Texts that could potentially be used as quotations were also identified and labelled.

2.6 TRAINING THE STUDY TEAM AND PRE-TESTING OF TOOLS

The team training was conducted over teams in one day focusing on the purpose of the study objectives; ethics including privacy, confidentiality and the informed consent process; sampling procedures; data collection methods and procedures; COVID-19 prevention measures and precautions; standard operating procedures (SOPs) among other things. During the training, the tools were tested through a role play and simulation exercises to enable the data collectors understand their roles and challenges of

collecting data. Relevant permissions were sought during the pilot also with the aim of introducing data collectors to the good practice of always getting approval before engaging in any field activity.

2.7 ETHICAL CONSIDERATIONS

The protocol and all study tools were submitted to Windle International Uganda's directorate of institutional development and quality assurance . Upon approval, this was shared with the Regional Program Coordinators and Settlement Managers to gauge context and feasibility of the protocol and the tools. Approval was sought from OPM which is in charge of Refugee affairs before the study commenced. We sought oral and written consent from all study participants, assured them of anonymity and confidentiality, and adhered to all standard ethical principles including privacy, voluntary participation and doing no harm to study participants. In addition, the study team adhered to the COVID 19 SOPs as issued by the Ministry of Health.

2.8 WORKING DEFINITIONS FOR THE STUDY

Term	Definition
Children/young people living with disabilities	These are participants in the study that are of school going age and have difficulty in movement, hearing, seeing and mental comprehension. These are selectively referred to as Persons with Special Needs in some sections of the report.
Parents/guardians	Care takers for the Children/young people with disabilities that are blood relatives or foster families.
Caregivers.	Care takers for the Children/young people with disabilities in both special needs schools and mainstream education schools
Social Networks	these are people that are actively engaged in the lives of the children/young people living with disabilities. These include relatives, neighbors, caregivers, peers, community leaders among other players.

3.0 KEY FINDINGS

This section of the report presents the results from the data collection showing verbatim recorded directly from the interviews. Further, shares cases with pseudo names in text boxes sourced directly from the hand written field notes recorded by the study research assistants.

Objective 1: To generate and document livedexperiences of PSNs in refugee settlements before and during the COVID 19 pandemic.

State of local covid – 19 experiences knowledge and access to information

KEY FINDINGS/MESSAGES

1. Life before COVID-19 was better than when the pandemic broke out – however, it opened up people's eyes on leading mixed livelihoods especially parents and guardians to children and young people with special needs.
2. There is generally a high public knowledge and awareness of COVID 19, its signs and symptoms and how it is spread and how it can be prevented.
3. The children/young people living with disabilities of school going age all articulated circumstances around COVID 19 with correctness they were aware of the contagion, severity/dangers, effects, and understand the value of appropriately applying this knowledge for their personal protection against the disease.
4. There were myths associated with PSNs and COVID 19 with in the community
5. There was missed opportunity of targeting children especially those living with disabilities through age and living appropriate messaging.

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Introduction

This theme highlights the PSNs and their social networks' life befo2reCOVID 19, knowledge, awareness of COVID-19and the sources of information used as well as their effectiveness to deliver information to all. The associated education and social environment, socio-demographic, socio-contextual factors, include age, gender, culture(community cohesion), individually or convergently affect what information is accessed and how promptly. The narratives present findings on knowledge of the children/young people living with disabilities and their social networks from Adjumani, Nakivale and Arua (Rhino Camp) showing where necessary how the knowledge has evolved since the onset of the pandemic.

Life before COVID 19

As a way of measuring levels of knowledge on COVID 19 the study asked participants to share their lives before COVID 19 and when it broke out. This was asked to find out whether the participants attributed their life changes to the pandemic or other factors – therefore this differentiation and acknowledgement of change implies awareness and knowledge on the disease. All study participants shared that life was way better before COVID 19. Some the key aspects they highlighted were on socialization. With socialization came support and economic gains, however when COVID 19 came this was halted and it created awareness of the pandemic. For the children and young people in school that are living with disabilities it was introduced to them when the schools were closed.

> "…. We got to know about COVID19 when they told us to leave school and go home… schools were closed for so long and we were at home… we were stopped from moving to prevent COVID 19." _ Senior 1_Deafstudent Nakivale.

"…life changed, okay, what I would say is that PSNs are usually vulnerable in circumstances like this, where the entire community is affected. Because usually depending on the social support systems, there should be mechanisms to empower the persons who act as social support systems for PSNs such that in situations like COVID those people have the capacity and even the resources to support persons with specific needs. Otherwise, if those support systems are weakened during the pandemic, the PSN vulnerability will escalate and they may actually move from bad to worse conditions. So basically, that is what I would say." _ **KII Implementing partner, Rhino Camp**

Furthermore, outside socialization and economic gain before COVID 19 the parents and children living with disabilities would spend less time together. Since the schools had specialized personnel to support them parents would leverage on that. However, when schools closed, they had to spend more time together. The participants shared that this had its advantages and disadvantages. That is to say, this gave parents and their children more bonding time during the lockdown. Though, it had several downsides like parents being unable to support the children study while at home because of illiteracy coupled with incapacities tailored around care for children living with disabilities.

"… I was given books to read and other home learning materials from school… I did not use them because I did not have any support…there were no educated people at home…people in the community isolate me because they do not want to repeat themselves… I have a hearing difficulty." _ **IDI Primary5 pupil, Nakivale.**

"… time came and I wished I knew sign language to help my child with school during lockdown… I wished I can get someone in the field (knows sign language) (SIC) to help my child." _ **FGD parent Nakivale.**

"…And children with severe disabilities are left behind because of the challenges that come with it. A child with severe disabilities, you have to have a fulltime caregiver to look after them while in school. This was not the case at home which leaves them behind." _ **KII Head teacher special needs school, Arua**

Beyond inability to provide education support and care for the children, these parents economic side was heavily affected by the pandemic where most children shared that they did not have enough food because the parents could not provide. They added that when schools opened, they were relived because now they had access to food and other resources without strive. They went ahead and reported that at school food is readily available but in mainstream schools that have PSN pupils/students - the PSNs do not have designated schedules and areas of receiving food yet other students impose a lot of pressure on them while getting food at school. This needs to be revised because they thrive on nutrition and other special care integrities for quality and successful education.

> *"...after COVID 19 came, we went home... food was not enough, schools were closed, life was very difficult and we could not see people because of limited movement.... At school food is there but we have share with other learners." _ IDI Primary 5 pupil, Nakivale.*

The other challenge highlighted was parents had to work twice as hard to provide for their families. Some participants reported illness for chronic body pains especially the back as a result of over working. This affects the lives of the children living with disabilities because majority reported that they were receiving day to day support from their parents and relatives. Parents/guardian being affected by illnesses then this affects the PSNs too. Even with the mischiefs of working harder than usual, the parents' minds opened to the fact that they can work more than one job and earn more to ensure their families are well tended to.

> *"My mother used to dig in people's gardens in the morning...in the evening she sells food on the road side... to provide for us... now she has back pain and she is weak, we need more support... before COVID 19 should only sell food on the road side." _ IDI Primary 6 pupil, Adjumani.*

From this sub theme we learn that COVID 19 not only affected the Children/young people living with disabilities but also their social networks. When the social networks were affected, it intensified the vulnerabilities of the children/young people living with disabilities. Therefore, while supporting the children/young people living with disabilities to resilience, their social networks especially the parents and guardians should be supported to recover from the shocks and stressors presented to them by COVID 19.

Knowledge and awareness on COVID 19

The study equally identified significant knowledge and awareness of some of the basic COVID-19 prevention measures. Respondents cited recommended guidelines such as hand- washing with soap, social distancing, the consistent adorning of face masks in public places, sanitizing, avoiding crowded places, not touching the eyes, mouth and nose, not touching surfaces, and restrictions on movements through lockdowns and curfews. As such, majority appeared to be well informed of the acceptable preventative measures. The prevention knowledge is equally reflected in the following account:

"…The community knowledge about COVID, the awareness, I think if I was to rate on a scale of 1 to 5, I would put it at 5. Everyone globally I think was well informed about COVID. The attitude towards it was that, it was something that is negatively impacting their lives. First of all the reach to them was minimal. They also kept seeing the impact of this COVID, so some people saw it as negatively impacting on their personal lives." _ KII Implementing partner, Rhino Camp.

Despite the understandably convincing level of knowledge and awareness of COVID-19, each of known preventive measures are understood and applied variously by the different sections of the community, as will be shown in the subsequent sections.

The above findings reiterate not only a level of informed awareness about how COVID-19 presents in a patient, but also suggests that people are informed that age could be a risfactor due to the various

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physical vulnerabilities known to impact the health of the Persons with Special Needs (PSNs) and older persons. It is not clear why they also think children are among the most vulnerable. However, some of the younger and middle-aged people could be using this argument not to adhere to the guidelines, dismissing the COVID-19 risk as only a threat to the PSNs, children and the elderly.

> *"No… because they said that COVID 19 is associated with elderly people only." _ IDI Primary 7 pupil, Nakivale.*

Equally, the knowledge about hand-washing as a COVID-19 prevention measure is seemingly well understood, but also applied differently, as will be shown in later sections of this report. Again, this is happening despite the recognizably sound knowledge of the importance of hand-washing in COVID-19 prevention.

Social distancing is yet another well recognized prevention measure. However, practicing social distancing seems to be quite difficult in the study contexts, especially due to their living and working contexts that are largely crowded.

Sources of and Access to information

Field perspectives from the three study sites show that COVID-19 prevention information is received and accessed in a variety of ways. Different national, district, civil society and local community structures have either been directly involved in dissemination exercises or collaborated with grassroots counterparts to widen access to information. In refugee settings, local leaders collaborated with IPs to adapt and adopt information in predominant refugee-spoken languages such as Dinka, Nuer, Arabic, Lingala, Kiswahili, among others. To this end, community and religious leaders indisputably assisted in localizing messages in order to improving access to lifesaving information, as stated below:

"… I got to know about COVID 19 through the chair man."_
Senior 1 student, Nakivale.

"…. Information was widely shared through radios, televisions, community structures and church leaders… and use of cars informing them about COVID 19 and how they can prevent it."_
_KII OPM official.

"… some of our children especially the deaf, did not know about COVID 19 because while they were moving during lockdown to socialize… they were beaten up by people during curfew time and had no say because they have hearing impairment and did not understand since there were no messages for them to understand."_
_ FGD Parents, Nakivale.

Thus, engaging community leaders and people at the grassroots is a rewarding approach because it gives them ownership of the sensitisation process. While in the beginning information was mostly disseminated through national print, broadcast (radio), and telecast media, eventually local mechanisms and media were innovated. These allowed IPs and community structures to sensitize communities through roving megaphones, public address systems [locally referred to as 'Mukalakaasa'] to pass on information, radios, leaflets, signposting and post messaging in local languages. Most of the posters were displayed at community centres; health centres (HCs) and market places for a wider reach.

These local innovations effectively adapted and contextualised what would have been generalised COVID-19 information making it more effective. This approach made the prevention messages relatable to everyday life situations and experiences enabling recipients to reflect on the health implications of non- adherence. Judging the level of knowledge exhibited by the study population about COVID-19 and its prevention, it is evident that information is currently widely accessible in the refugee/host communities – including among the extremely vulnerable persons (EVPs) such the elderly, disabled as well as children and women. In this category, children especially got information through their parents and from schools (for the time they remained open), while women and the elderly were mainly reached through local leaders, radios, megaphones, door-to-door and telephone messaging.

Coverage, Effectiveness and Equity to Access to COVID-19 Information

Findings reveal that the information coming through the various sources might not be accessible to all especially due to the coverage of the media used. The challenges of accessing information technology/equipment and language barriers affect refugees since many do not have televisions or radios. Yet those that receive this information often do not understand it A case in point are children/young people living with hearing and searing difficulties. These suffered the most because none of the information was elaborate enough for them to understand several aspects on COVID 19.

> "… some of our children especially the deaf, did not know about COVID 19 because while they were moving during lockdown to socialize… they were beaten up by people during curfew time and had no say because they have hearing impairment and did not understand since there were no messages for them to understand."
> _ FGD Parents, Nakivale.

Also, with all the numerous information sharing channels, some of the community members associated COVID 19 with PSNs. They highlighted that the PSNs have very low immunity no matter the difficulty; these will easily catch COVID 19 and spread it. Therefore, during the lockdown and in the apparent, parents are preventing other children to associate with PSNs because they believe they can easily catch COVID 19. Moreover, some parents and guardians to PSNs also have the same belief, therefore they stop their children from socializing because they do not want them to catch COVID 19. The study found some cases of PSNs that had not returned to school because of this fear of the unknown that comes with their socializing and COVID 19.

Coverage, Effectiveness and Equity to Access to COVID-19 Information

> "… My daughter is not back yet because is sick, she needs a surgery to remove water from her head… but I also fear when she goes, she will get COVID 19 and spread it." _ IDI with parent, Adjumani.

Most of the material of the information sharing material was not favourable to the PSNs for example those that have do both hearing and seeing difficulties were only awakened by the enforcement teams for not adhering to the Standard Operating Procedures (SOPs) they are not aware about. Also, the messaging about COVID 19 was not child friendly – it was very technical for children comprehend and the PSNs were not an exception in this case. The respondents especially the PSNs shared that they understood the gravity of COVID 19 after seeing so many people they know die. Before the deaths, they associated the disease to the "normal colds" and violation because they used to see the enforcers beating and arresting those that were not adhering to the Standard Operating Procedures (SOPs).

> "… I do not know much about COVID 19, all I know is I saw police beating people to adopt the SOPs." _ IDI Primary 5 pupil Adjumani.

Conclusion

Generally, COVID 19 created a drastic change in the lives of the PSNs their social networks and the study has further established that the general level of public knowledge and awareness of COVID-19 is convincing. There is informed knowledge of its signs and symptoms and satisfactory understanding of how it is spread. Hence, the public are sufficiently informed on how best to prevent the spread of the virus.

The sound knowledge has been attributed to the visibility of the President in leading COVID-19 response from the very onset of the pandemic. Although, initially language barrier hindered compliance, the IPs quickly altered this situation by engaging local structures in interpreting and translating all the guidelines and other information.

The PSNs as a section of the society have not equally benefitted from targeted policy-led and humanitarian-facing interventions aimed at improving their knowledge and protection wherever they are. However, there is a considerable effort from IPs and the full role

of the MOH, OPM, COVID-19 Response Taskforce and all relevant government Ministries, Agencies and Departments (MDAs). These efforts ensured that the knowledge therefore empowers all including parents, local/cultural/religious/district leaders to bring information closer to their communities using the languages they understand.

From the findings we learn that, much as families are considered the first line of COVID-19 defence for children, schools could also instrumentally shape young people's understanding of nature of the disease and how to prevent it. This was halted by the school closure, and currently it being incorporated as shared later in the report. Results indicate that the efforts to cascade information to the grassroots through existing community structures and specific local area languages, missed the opportunity of targeting children (pre- teens)/young people living with disabilities, pubescents and youth through age-appropriate messaging. Hence, going forward, there will be a strong need to further innovate mechanisms for engaging this sub-group (children and young people) through platforms and networks that they identify with, including radios, telephones television, social media and probably theatre. This is critical because the initial strategies did not provide specific approaches for engaging these three sub-groups.

Recommendations

A number of recommendations are made focusing on diversifying health, education and communication programming

- The lives of the PSNs thrive through their social networks. They are not in position to operate independently and once the people they depend on them it intensifies their vulnerabilities therefore when designing interventions to support PSNs these should holistically target their social networks as well for effectiveness.
- Empower parents to sensitize their children from home about COVID-19rather than relyingon schools and teachers alone.
- Adopt content and age-appropriate messaging for children (pre-teens), pubescents and youth throughexisting community structures and specific localarea languages.

- Parents to Children and young people with disabilities should be empowered on the care of their children in areas of education support, health care and effective communication.

Objective 2: To assess the impact of COVID 19 on education among Persons with Special Needs (PSNs).

Impact of covid 19 on psn education

KEY FINDINGS/MESSAGES

1. The school closure led to application of new approaches to learning from home. Materials shared enabled education continuity but they were not PSN friendly.
2. Some PSNs did not participate in home learning due to the myth that they can easily catch and spread COVID 19, they had challenges studying in small groups and majority come illiterate homes.
3. Most home learning approaches were mainly facilitated IPs.
4. Some PSNs have not returned to schools because of the myths about their immunity and COVID 19
5. Currently schools are supporting pupils catch up with lost time, mixed adaptation for instant promotions and spear heading awareness creation and prevention of COVID 19 among learners.
6. There are several opportunities and innovations for distance learning unearthed by COVID 19 that can be leveraged to catch up with lost time. Here several stakeholders can support the processes of initiation and application of these opportunities and innovations.
7. Sexual harassment and teenage pregnancies were on the rise and PSNs especially females were not an exception. The predators used their disabilities to their advantage especially the deaf and dumb girls/boys.

Introduction

The respondents agreed that closing schools was a smart move to protect school children from COVID-19. Most study participants expressed confidence that Uganda was in good position to contain

COVID-19. However much as the children were being protected there were several losses incurred like loss of time, learners outgrowing classes, school drop outs and risk behavior adaptation. This theme shares experiences on home learning, current situations in schools, opportunities and innovations education continuity, and key stakeholders to support education continuity through distance learning.

This study found numerous approaches were applied during the closure ranging from government and partners-initiated approaches (formal) to community-initiated approaches (informal). This study differentiates these approaches as formal and informal because the government and partner-initiated approaches had structures and these included – distribution of home learning materials for individual revision, learning in small groups with the support of the teachers by WIU, TV and radio learning and on-line learning as the commonest. The informal approaches had no structure and occurred as when fit within the context where parents helped the learners with revision, relatives, social networks and peers revising together and lastly revision of the notes they had before school closure as the commonest. However, there were no approaches specially put aside to support learners living with disabilities presenting challenges for them.

> *"…My brother taught me mathematics only because it is what he understood best… but I got home learning materials for all the 4 subjects…my brother took me to the room and taught me how to write English and math only… so I was left out on SST and science." _ IDI primary 7 pupil, Arua.*

> *"… it was hard for me to understand all the things because I had no teacher to explain to me" _ IDI primary 7 pupil, Nakivale.*

The approaches above were tailored towards learning continuity and this study registered strengths and challenges of some these approaches. These are particularly highlighting aspects around the learners living with disabilities as shown in the matrix below;

Please note. This matrix was developed following responses from learners with disabilities and their social networks.

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Home Learning Experiences

When schools closed, many countries including Uganda moved towards remote methods of instruction for facilitate learning continuity.

Remote learning system	Description	Strengths	Challenges
On line learning	This provides an interactive on-line platform where students can access self-paced learning materials	The coverage of this is wider and can be accessed by learners with different varieties of disabilities With learning there is flexibility where a learner can pose as when they wish, has a variety of delivery mechanisms like audio, videos, subtitles, pictures, music among other factors.	Much as this was highlighted by the respondents, none of them benefited from it. There was limited access to tools that facilitate online learning. Currently, Uganda's internet coverage stands at 29.1% as of January 2022. This coverage affects access to online learning Developing new materials can be expensive and producing new materials in short period of time is difficult
Radio learning	Radio programs have teachings at different levels where the learners can follow through.	The coverage of this approach is rewarding. Learners even those with disabilities can access or use it. Does not require prior skills of a care giver	Learners reported that these were interrupted by adverts and they were not regular The teachers were too fast and could not they could not follow Some stations that had constituent lessons were out of reach to some learners Conflicting use of the radios. There were multiple users and radios were mainly used for entertainment. Learning off the radio was bizarre for the learners since they assumed their primary function in the households was entertainment.

Remote learning system	Description	Strengths	Challenges
Television learning	Education is provided in television programming	Wide coverage Can be made accessible if instruction uses closed captioning and/ or sign language interpretation and audio descriptions of visual materials are provided	Inaccessible learners in remote/ rural areas. Interruption from adverts and other entertainment programs Can be challenging in settings where multiple languages are spoken. This was a major challenge especially for refugee learners.
Small group learning	This has learners have remedial lessons directed by teachers	This is in person and aids comprehension even for learners with disabilities. Concentration and evaluation are assured.	Focuses on a few learners and some teachers reported that they did not have resources to reach all learners especially those in remote areas
Printed material	Textbooks, printed study guides, reading lists, and projects.	Can be useful in settings with limited technology.	Distribution of materials can be challenging because of distance. Facilitating the use of printed materials without a teacher. Printing in alternative formats.

Remote system	Description	Strength	Challenges
Support from peers	Peer to peer learning where learners of the same class get together in 2s or 3s for revision	This worked will for PSNs, they learnt and understood topics shared from the printed material distributed by the government at partners. It was easier for the learners to learn from their classmates.	There is no system to evaluate the work done. PSNs were isolated most of the time because of the myth and perceptions around their immunity and COVID 19.
Classwork support from close relatives and social networks	In this case the family members that are not parents were supporting the children wirh special needs continue with education.	Works for a few learners that have literate and have the expertise to communicate with them with out strive especially the deaf and dump.	Only occurs when the relatives are available and there were lots of conflict of interest Only works when the relatives are educated.

[1] https://datareportal.com/reports/digital-2022-uganda

Even with the breadth of innovations for school continuity presented in the matrix above, the learners with disability reported several limitations. The study found learners that did not study at all during the school closure yet they were already promoted to new classes as the government directive in response to time loss. Those that had studied reported that it was only in selected subjects and currently they are struggling to catch up. Other learners had access to material but could not utilize them due to the severity of their disabilities. For examples learner with both hearing and seeing difficulties did not study at all but have been promoted to new classes.

> *"... yes, the promotion is happening, but some of our children especially those with hearing and talking difficulties hardly participated in home learning with the rest of the children because there were no trained personnel in sign and now, they are in new classes which are very challenging to them." _ **IDI parent Adjumani**.*

> *"... time came and I wished I knew sign language to help my child with school during lockdown... I wished I can get someone in the field (knows sign language) (SIC) to help my child." _ FGD parent Nakivale.*

Other reasons for not participating in home learning include the myths around COVID 19 and PSNs. Here parents of children with disabilities reported that they were restricted by the community on sending their children to small group learning spaces. The reason being that they had very low immunity, they could easily catch COVID 19 and spread it to other children. Beyond class catch up activities their children when not allowed to play with others as they will spread COVID 19. They shared that their children were forced to stay at home at all times without socializing with others because of COVID 19 which might have affected them mentally beyond the physical.

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They said that the IPs that supported small group learning and other approaches to learning continuity did not pay attention to the PSN needs and challenges before rolling out these approaches and they did not benefit their children at all.

"…My life changed in many ways, I was staying alone most of the times, no movement (Visiting friends) I can't get help from my friends who used to come and help me because their parents stopped them from movements." _IDI Primary 6 pupil, Arua._

"…People normally said when a PSN gets infected by Covid 19 there are few chances of them surviving or the infection increase their vulnerability." _ FGD parents, Rhino Camp_

In addition, the community leaders and implementing partners (IPs) reported that they did not specifically support the children living with disabilities in any special way. When distributing materials for home learning they treated all children equally whether they had a disability or not. However, they believe that in such cases equity works better as compared to equality and there was a great need to have the children living disabilities supported differently with out pronouncing them special since that can also be regarded as discrimination in its sense.

"We worked with different partners to distribute home learning materials but we did not single out those with disabilities…. These materials were the same and there was no need for special case." KII_ Community leader, Adjumani.

Generally, the learners with disabilities commend the time they had the opportunity to study during school closure. They studied and learnt new class topics from their peers that studied from different schools improving on their knowledge. They shared that they were even more happy when schools were reopened because they were tired of staying at home and they missed their friends at school. They made mention that at school they are well taken care of and they are not discriminated or labelled as people that can easily spread the noxious disease.

Current situation in schools

Apparently, school has resumed and the learners have been promoted to new classes. Most of them are still finding it hard to catch up but also, they are in class most of the time and it is becoming very demotivating to them. They shared that they have lots of class work to cover and some the things they do not know

and they are assumed to have learnt from home by their teachers which has affected their performance in class.

Further, the teachers shared that promoting learners to new classes is ideal for time loss however, the approaches with which is being delivered are not clear. They mentioned that this was actioned with in the schools and they are simply following it because of the government directives. In addition, the inception of promotion was not clear and caught both the teachers and learners by surprise and currently they are trying to adapt to the new way of delivery of the syllabus, twice as fast as the initial way of delivery. They further reckon that learners were not fully ready for these promotions because of the way lessons were delivered while they were learning from home. Learners took time to get acquainted to the home learning activity so they did not cover much and currently they are over whelmed because they have to study double the usual way.

> *"...Before I was in P.6... now I am in P.7 and classes are fair... I always ask the teacher where I don't understand and gives me explanations... we have to study a lot to catch up which is tiresome."* _ IDI Primary 7 pupil Adjumani.

Learners with disabilities expressed the difficulty they find to catch up the new classes and majority preferred going back to their former classes. They reported that the topics in the new classes were very new to them and they are struggling to understand them. Also, they are learning topics from their former classes and their new classes. Currently, they spend more time in class as they have to catch up and they do less of the co-curricular activities which affects their ways of living. Teachers have also been affected by this because the workload has increased yet their compensation have not been increased especially those in mainstream schools.

> *"...And children with severe disabilities are left behind because of the challenges that come with it. A child with severe disabilities, you have to have a fulltime caregiver to look after them while in school. So, we think that if we had something of that kind, whether by Window or any other responsible organization to step in and provide, it will be very inclusive in nature. As much as we think we are inclusive, but in our inclusivity, we are leaving some children behind which is totally against the principles we inspire to."* _ KII Head teacher Special Needs School, Arua.

In some cases, parents rejected this and left the learners to continue in their original classes before the schools were closed. This however has resulted in to demotivation and school dropouts as the case shared below;

KEY FINDINGS/MESSAGES

Before the lockdown, Monic (pseudo name) was in P.6 but her grandmother refused her to be automatically promoted to p.7.. This is because the grandmother thinks she is not ready for the new class, she fell sick during the lockdown and did not concentrate on the studies as other pupils did. So, she did not think she could manage the next class. Monic on the other hand feels discouraged because all her friends were promoted and she is still in the old class which is very demotivating. (Source; Nakivale RA daily report notes).

Other factors that are leading to school drop outs include out growing a class and not being promoted, the myths around COVID 19 and learners living with disabilities, intensified vulnerability because the parents did not have the knowledge on specialized care for their children. In addition, during the lockdown there was a lot Violence Against Children (VAC), here the children and young people living with disabilities were not an exception. Many of them shared that they faced child abuse in terms of physical and mental violation coupled with sexual harassment especially among the deaf and dumb.

> "…Many schools were closed and girl children ended up getting pregnant which resulted in to early marriage and teenage pregnancy which has led to child headed families which makes them not to the needs became high since get necessary services because are few… also children including those with disabilities were included in income generating activities which became hard to convince them to go back to school." _ *KII OPM Official*

Further, when the returned to school they are still facing some these VAC issues. Teachers reported that these are not intended but they are as result of COVID 19 downsizing. For example, fetching firewood has been included on timetables and some the female learners living with disabilities have been sexually victimized as result of this activity. Parents made an appeal to the schools to remove this activity, if this is not possible then have a teacher or two go with the learners to pick firewood. Some adolescent girls have conceived and left school because of this.

Opportunities and innovation unearthed by COVID 19

Much as COVID 19 negatively impacted on the education of children and young people living with disabilities, it imperative to report that there was positive side to it. COVID 19 proved that distance learning is possible and the learners especially those with difficulties can study from home leveraging on the approaches highlighted the pros and cons matrix shared earlier in this report (see page 13 -15). Over the years many learners with disabilities were dropping out of school due to long distances, limited facilities to support their learning, discrimination in school among other factors. Respondents to study commended COVID 19 for showing that this is possible and requested that programmes for home learning for learners living with disabilities should be introduced with their communities.

> *"...we worked with humanitarian agencies who provided home learning materials and monitored the effectiveness and efficiency... they introduced teaching in shifts... and catch-up clubs nothing special for those with disabilities though." _ **KII OPM Official.***

> *"...because of COVID 19, we have adopted new methods of education like home learning and digital learning which is favorable for learners with disabilities." _ **KII Head Teacher, Nakivale.***

In addition to this, the school heads highlighted that the schools are very under resourced as a result of limited funds. They attest to the willingness of providing quality and inclusive education to all learners but they are limited by the funds the receive. They shared

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that they are currently operating on the same school budget from 5 years ago yet prices of commodities especially food stuffs have increased but also learners increase overtime as a result of several refugee influxes in the recent past. Recommend that there is need for inclusive education financing not only focusing on all learners not only those that are living with difficulties.

Key stakeholders for distance learning

The study participants further shared key stakeholders and their roles in distance learning. The roles are as in regards on how best they can be involved in a distance learning project supporting learners with disabilities thrive. The table shares a summary from the findings on stakeholder involvement in distance learning.

Learners and their peer	Parents/ guardians	School and teachers	community leaders	Government	Development actors
Project acceptance and learning for good grades	Project design, acceptance and providing support to learners	Project design and providing learning materials and support to learners on distance learning programme. Popularizing the approach with in the community.	Project design Project popularization Encourage learners especially those living with disabilities to participate in distance learning.	Provide policies for distance learning Advocate and popularize distance learning approaches at both national and global level. At local government level the government should provide support to distance learning projects especially those supporting learners with disabilities	Project design Project implementation Documentation of project processes and best practices Dissemination of project processes and practices Strategizing on project sustainability

Conclusion

COVID 19 did more harm than good to the education of children and young people living with disabilities. Those that live in the refugee settings were even a bigger risk. They were prone contracting COVID 19 given their living arrangements moreover, locked down at home with no specialized care. The time loss mainly affected the PSNs because they usually start school late so ideally, they were in classes that are below their age and this was intensified by the pandemic. Also, the lock down caused by COVID 19 did not only affect their education but their mental wellness because they were victims of Violence Against Children (VAC). This group of the population require more support to resilience and recovery because their vulnerabilities were intensified by the pandemic.

Recommendations

- There is a great need to leverage on distance learning to address discrimination challenges and also catch up with class.
- Teachers need to be introduced and trained on approaches addressing time loss as a challenge so far WIU and government have provided training, but there is need for more.
- All actors should be involved in education programming as illustrated in the distance learning matrix
- Parents should be provided with training on how care for the children or young people with special needs.
- Peer to peer learning was highlighted as an approach to continue learning during the lockdown and can be used to address time loss.
- School feeding is ideal but not at cost of the learners therefore schools and partners should address this by venturing in to innovative ways of preparing food. Briquettes are a cheaper option and can replace firewood in this case.
- Parents fervently expressed the need to support the learners catch up with classes. Therefore, amidst this time when learners are spending more time in class that cognitive boosting activities, provision of home learning materials for class catch up can be used for a balance. This will also reduce on the teachers' workload especially with the abridged curriculum.

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KEY MESSAGES

1. Learners have their own ways of coping that are not externally induced
2. Support should be built on learners coping strategies because they identify with those
3. Communities are willing to support learners living disabilities to cope with the challenges they face directly or indirectly caused by COVID 19.

COPING STRATEGIES FOR LEARNERS LIVING DISABILITIES.

Introduction

This theme explains the coping strategies that were specifically applied by the children and young people living with disabilities. It presents them in illustrations of "NANA" the girl and DENG the boy – it is shared in illustrations that are gender specific because these participants faced the same challenges but the level of gravity differed. Also, their coping strategies differ because what works for the girls may not work for the boys and the reverse is true.

This report earlier shares some of the community innovations to further support the children and young people living with disabilities cope with challenges in Education. This theme will go further to describe some of the community innovations beyond education after the illustrations of NANA and DENG below;

Illustrations showing profiles of children and young people living with disabilities that participated in this study

"NANA"

She is 19 years old and she in primary six studying in one of the primary schools in Nakivale refugee settlement. Her age is higher than her current class due to disability. She is always in and out of school for hospital visits and has challenges in comprehension.

She has a difficulty in hearing and speaking – she uses sign language to communicate.

She lives with her grand mother and brothers who do not know how to communicate using sign language

She has a young brother Lala and Mamu who are 15 and 17 and are both in secondary level. Nana's brothers have no disabilities.

She got to know about COVID 19 when schools were closed and enforcement operatives were beating people who violated the SOPs. But she does not know how it is spread.

She was beaten because did not know curfew existed.
She also knows about social distancing because churches were closed to ensure social distancing.

She does not know any other SOPs apart from Curfew and social distancing because no one told her.

She only revised her books during COVID 19 and not access the Home Learning Material she was left out because no could help her in using them.

She coped through praying to God to take COVID 19 out of Uganda.

She also coped through playing with friends and she fought about COVID 19 for some time.

She believes it impacted her education because she still in the same class after 3 years and she does not appreciate her grand -

mother making her stay in her previous class citing that she will not understand. She was very happy when school re- opened.

She has a community around her but they did not support her in any way it is only her grandmother that supports her with basic needs.

She mentioned that if she was the government should ensure all children know about COVID 19 whether disabled or not.

She said as a teacher she would go to the community at teacher the pupils with in the community

She shared that as an NGO she would make sure children have Home Learning Materials whether disabled or not.

"DENG"

He is 17 years old and he was in Primary 6 but promoted to Primary 7 when the schools reopened. Like, Nana, he is older than his current class because of the disability and irregular attendance.

He has difficulty in movement and he uses a wheel chair donated by one of the humanitarian agencies 7 years ago and he has outgrown it.

He lives with is mother, father and two older siblings Chona and Cele who are both at the university.

He got to know about COVID 19 through the radio – he heard when the messages were passed on in his language.

He knows social distancing because of lockdown and closure of schools and churches but he does not know why there is social distancing because he is not aware of how COVID 19 is spread.

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He studied from home during school closure; he received materials from Windle International Uganda and his siblings helped him respond to the exercises in the Home Learning Materials.

He prefers learning from home because he is not bullied by his peers. Deng goes to mainstream education school.

He was discriminated because people thought that since he has a difficulty, it is very easy to get COVID 19. But his family member encouraged him.

He also coped by playing with some of his friends who were not afraid or stopped from playing with him.

He believes COVID 19 impacted on his education because he was promoted to a new class and it is very difficult for him and teachers are rushing to catch up.

He said no body in the community helped him cope with COVID 19 challenges apart from his immediate family.

He said a government he would make all children with difficult in movement learn from home

He shared that as a teacher he would support pupils learn and encourage them that COVID 19 will go.

He mentioned that as an NGO he would provide extra support to all children most those living difficulty.

Community innovations for education continuity (both direct and indirect).

As a way of preventing COVID-19, some community members made masks and hand sanitizer and availed them to their children. These were commonly used during small group learning to prevent the spread and transmission of COVID 19 as the learners were doing class work. They shared that through observation, learners were using the masks mostly when there was a death case with in the vicinity and the beginning of COVID 19 when a lot was unknow about COVID 19. Currently, this study observed that learners were not complying to wearing masks, washing hands or even using hand sanitize and the same applies to the parents. Also, the selling of masks is common in peri-urban areas and not the rural areas. Non-compliance was also observed with children and young people living with disabilities even when there was a myth around them and COVID 19.

> *"...Normally, we made sure that every child had a mask and followed the sops to keep them safe and all the procedures were followed such as putting them in different classes to encourage social distance so that no one was infected and as a result since they were studying over the pandemic in shifts. P7 came, after they left P6 came and because of this none of our children were affected by covid. They came and left safely."* _ *KII Deputy head teacher, Arua.*

During COVID 19 lockdown, the teachers used schools as residential areas and they utilized most of the schools' land for cultivation of crops (selling and subsistence). This was highlighted as an eye opener that this land can be utilized for sustainable school feeding programmes. Some of the teachers shared that they had never participated in agriculture due to limited resource but because of COVID 19 they acquired new agricultural skills. During the study they shared this can be adopted for sustainability of school feeding programmes in schools since can be a major enrolment challenge

> *"... before COVID 19 we had a lot of untilled land... now that we saw harvests...we are looking for means of having school garden for our school feeding... so not everything was bad in COVID 19."* *KII _ Head Teacher, Nakivale*

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Local leaders also came in handy with sharing key COVID 19 messaging with all children however, PSNs were not handled as a special group which presented its own challenges. In addition, they were a source of engagement that calmed the anxieties for both the children and adults in community. Majority of the learners with disabilities met during this study shared that they coped with challenges through prayer and advise from the local leaders. Also, these leaders handled cases on violence among children cases ranging from physical abuse to sexual harassment because these were on the raise, grassroot structures were put in place to handle all these challenges.

Among community innovations was response of the development partners who supplied communities with essentials to prevent COVID 19. For the PSNs some development partners provided cash grants, food, and other necessities to recover from shocks and stressors of COVID -19. Some community members however, did not take this up in good faith because they felt they all needed support and these agencies only catered for the PSNs and not them.

> *"… we have a cash grant for PSNs which has really helped them… this grant for households with PSNs only…it has registered so many good results especially during the lockdown." _ KII Implementing Partner, Rhino Camp.*

> *"…The community helped out us with nothing to support our children… they just envy us when Windle International Uganda takes them to school… they think they are taking them abroad …. And theirs are left so they do not help at all." _ FGD parents, Nakivale.*

Conclusion

Coping strategies were both internally and externally motivated among children and young people living with disabilities. These drew their strength to keep on from within and also from the support of their social networks. Pray was cited as a major coping strategy for learners especially those living with disabilities yet when projects are delivered none shares with them about God even with

those that have funders that are faith-based agencies. This can be actioned if agencies study social norms beyond attitudes during projects inception. Also, when supporting PSNs other groups need to understand why they are being support to cover them up from exposure to danger that results from entitlement.

From the study we learn that most IPs supported PSNs exponentially with an assumption that other population groups will understand which was not entirely the case. Here, even when the forge coping mechanisms they are demoralized by society because they do not take these in good faith.

Recommendations

- All community members should be consulted on what works for them even cases of emergencies
- Local leaders, opinion leaders and other community gate keepers can be resourceful in terms of response effectiveness for all populations including PSNs.
- There is need for further studies to understand the depth of violence against children especially among PSNs.
- Projects supporting learners with disabilities should focus on both the parents and learners. In an event where specialists could not reach the learners; parents had to step and most of them defaulted.

Objective 4: To develop recommendations for community social behavioral interventions for education and well being among Persons with Special Needs (PSNs).

Key recommendations for change

KEY MESSAGES

1. With the opportunities presented by COVID 19, there is need to rethink the education continuum.

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2. Holistic support and social protection should be provided to children and young people living disabilities including their social networks.
3. There is a great need for inclusive and age-appropriate messages for social behavior change.
4. Community resources should be leverage for response after gathering thorough evidence on the context.

Introduction

The report has been sharing specific recommendations and this theme will further provide general recommendations in tabular form. These are presented in matrix showing stakeholders on response phases including relief, recovery and resilience building among populations. Relief in this case focuses on the immediate actions needed to ensure inclusive response while the learners rejoin schools and acquainted to their new classes; Recovery presents the mechanisms with in which learners with disabilities and their social networks can be supported for both short and long term to overcome the shocks and stressors of COVID – 19 especially in education; lastly resilience is the long term response to ensure inclusiveness in education and give an equitable access to opportunities.

These phases are in line with process with which community, Windle International Uganda and development partners are cushioning learners with disabilities and their social networks overcome the uncertainties presented to them as a result of COVID-19 in Uganda's refugee settlements and their host communities. This table of recommendations is focusing on key thematic areas like rethinking education, an all-round support for children and young people living with abilities and their social networks, inclusive and age-appropriate messaging, psychological and mental health support, social protection response, leverage on the available community resources and, lastly, the cross-cutting issues that span in all phases and areas are shared at the top of the table.

RECOMMENDATION	RELIEF	RECOVERY	RESILIENCE
In All Areas	Apply a twin-track approach Embed disability technical expertise in planning and implementation Maintain meaningful consultations/collaboration with families of children with disabilities, persons with disabilities, and Organizations of Persons with Disabilities (OPDs) Use the best available data on children with disabilities for planning, budgeting, and outreach and include disability specific indicators for monitoring and evaluation Disaggregate all data by disability Apply a multisectoral approach Widely disseminate materials in multiple accessible formats.		
Rethinking education and leveraging on distance learning. Key actors include; ⇒ Government ⇒ NGOs ⇒ School heads ⇒ SMCs ⇒ PTAs	Apply Universal Design for Learning (UDL) principles Facilitate educational accessibility and UDL in programming Encourage individualization when necessary and consider heterogeneity of disability		
	• Introduce distance learning especially for the learners living with disabilities. • Mobile revision and remedial classes to reduce on class time. • Double Shift School System for learners to more time rest before and after school.	• Organize home led catch up classes where communities, peers and parents are empowered to support the learners to catch up with class. • Design inclusive accelerated learning with mindfulness of children living with disabilities	• Work with school management committees (SMCs) and Parents Teachers Association (PTAs) to rethink education on what works following the context. • Leverage on competence-based education to support learners through their strengths. • Design an inclusive curriculum using a hybrid approach.
Support children and young people living with disabilities their social networks. (Family and community support) Key actors include; ⇒ Government ⇒ Non-Government Organizations ⇒ Schools	An all-around support for children and young people living with disabilities together with their social networks		
	• Develop parental awareness on how to support home-based learning. • Support families to maintain livelihood activities including targeted and regular social protection measures. • Provide support and guidance on rehabilitation and assistive devices • Engage Community Based Rehabilitation workers, local education activists, and itinerant teachers to provide support via phone calls, SMS messages, and home visits	• Raise parental awareness of the importance of education for children with disabilities • Promote inclusive back-to-school campaigns highlighting that disabilities are not the cause of COVID 19. The two differ.	• Promote enrolment for children and young people living with disabilities. • Ensure inclusive infrastructure construction and maintenance in mainstream education schools because some the learners were tilted towards distance learning because the learning environment in their schools was discouraging. • Raise parental awareness on education for children and young people living with disabilities by sharing success stories. Also, reckoning that all children have a right to education whether they have a difficulty or not.

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Inclusive and age-appropriate messaging. Key actors include; ⇒ Government ⇒ Non-Government Organizations	Social Behavioral Change Communication Campaigns should be inclusive and age appropriate (targeting all ages and using mechanisms understood by each group).		
	• Designing communication materials, consultations should be made to understand the mechanism of delivery, how the message should be packaged. • The mechanisms of delivering messages should be inclusive and accommodative to all children.	• Use communication methods both wider coverage and individual reach mechanisms. • Design communication materials that specific to age categories	• SBCC campaigns that are holistic work more effectively and lessons have been picked from the COVID 19 prevention messaging and how the end users interpreted them. • Messages should be tailored to the current myths and beliefs – there is always need to attention to those before letting out messages to the end users.
Social protection response should be inclusive and leverage on the available community resources and challenges at hand. Key actors include; ⇒ Government ⇒ Non-Government Organizations	Social protection response should be for all and should be embedded in to the available community resources. Social protection programs targeting those living with difficulties makes them alien to the community. That is in times where the community needs to step up and support them, they neglect them because they believe they are well off and have already been supported.		
	• Consultation on the key needs. • Design projects tailored to those specific needs.	• When delivering there is need to apply the principle of equity and ensuring community understand why the PSNs need more support compared to others and this should not be assumed.	• Social protection should focus on well being for all ranging from physical to mental wellbeing.

Conclusion

This study shares key lived experiences of children and young people living with disabilities in COVID 19. How their lives changed when the pandemic hit, the challenges they face, coping strategies and the support they received. COVID 19 here is highlighted however, when emergencies hit, the response is not any different. Commonly this population group is engulfed in the needs of the other population groups yet theirs are quite distinct. Therefore, before coming up with approaches, the actors need to identify the specifics of the Persons with Special Needs and respond in ways that holistically address their challenges – that is to say the response should follow the pathway of individual (PSN), the immediate social networks and then the community for effectiveness in addressing their vulnerabilities.

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