

**AN ASSESSMENT OF THE LOCAL GOVERNMENT SUPPORT TO CHILDREN
WITH MENTAL AND HEARING DISABILITIES IN SONGEA MUNICIPALITY
PRIMARY SCHOOLS**

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**A DISSERTATION SUBMITTED IN PARTIAL FULFILLMENT FOR THE
REQUIREMENTS FOR THE DEGREE OF MASTER OF EDUCATION IN
DISTANCE EDUCATION OF THE OPEN UNIVERSITY OF TANZANIA**

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CERTIFICATION

The undersigned certifies that he has read and hereby recommends for acceptance by The Open University of Tanzania a dissertation entitled: **“An assessment of the Local Government Support to Children with Mental and Hearing Disabilities in Songea Municipality Primary Schools,”** in partial fulfillment of the requirements for the degree of Master of Education in Distance Education of the Open University of Tanzania.

Prof. M. K. Possi

Supervisor

Date:-----

DECLARATION

I, **Devota Yordan Ngonyani** do hereby declare that this dissertation is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree or diploma award.

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DEDICATION

This dissertation is dedicated to my lovely late mother, Evangelista Mkonde, my late lovely brothers Gilbert and Benedict Ngonyani, my lovely late sister Veneranda Ngonyani and the Servant of God Sr. Bernadeta Mbawala. To them I say, “You are remarkable persons in my life. Thank you very much”.

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ABSTRACT

The study investigated the Local Government's support to children with mental and hearing disabilities in Songea Municipality Primary Schools in Tanzania. Specifically, it explored the type of support received by the children, examined the needs of the children enrolled in primary schools and assessed stakeholder's views on the Local Government's support to primary children with disabilities. Qualitative research approaches were employed. The sample comprised 268 respondents involving school heads, academic coordinators; unit specialists which coordinate Special needs education, teachers, parents, children with hearing and mental disabilities. Questionnaires, interview guides and observation schedules were used as instruments for data collection. The study results showed that the Local Government supports both public and private special needs primary schools. The support include, employing and paying salary for teachers, providing funds for food and transport as well as teaching and learning devices. It was also found that children need health services, life skills training and friendly environment for learning. The study concludes that the role of Local Government in educating parents on the rights of every child to receive primary education is highly needed. It is recommended that MOEVT in collaboration with the Local Government authorities should review the primary school curriculum and make sure that every Tanzanian child receives primary education and appropriate life skills training.

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CHAPTER ONE

INTRODUCTION AND BACKGROUND TO THE STUDY

1.0 Introduction

The current study assessed Local Government support to children with disability in primary schools. This chapter presents the background and statement of the research problem as well as the general purpose and objectives of the study. It is also composed of research tasks and related questions, conceptual framework, significance, limitations and delimitation of the study. Moreover, it provides definitions of the key concepts used in the study. The chapter ends up with the chapter summary.

1.1 Background to the Problem

Primary education in Tanzania is compulsory to every child of 7 years old. The education is provided in primary schools for seven years. Issues to be addressed by this study focus on how local government supports children with mental and hearing disabilities enrolled in primary schools. It cannot be over emphasized that children with disabilities do face barriers in accessing education in terms of human resources, supply of learning materials, assistive technologies to support their learning and parents' ability to buy teaching materials for children with disabilities. This study enlightens on views of parents, teachers, district education officials and the children with disabilities themselves on how the local government supports the education of children with mental and hearing disabilities.

Since independence, Tanzania has been emphasizing on the importance of providing education to its people. The emphasis was exerted by the Late Mwalimu Julius Kambarage Nyerere in 1967, which focused on fighting against ignorance, disease and poverty. These efforts led to nationalization of schools in 1967 through the Arusha declaration. Further, It

led to various policies and acts such as of Education for All in 1974, the Education Act of 1978, and the formulation of 1995 and Education Training Policy in 1995. Both declarations and education policies focused on the provision of education for all, including person with disabilities.

Despite all the efforts of the Tanzanian Government to provide education for all, the education services have underestimated the presence of individuals with disabilities. Little emphasis has been given to special needs education. Persons with disabilities require special ways of education such as using of special equipment, specially trained teachers and special teaching techniques. There are minimal practical measures taken by the education stakeholder in rendering education services to person with disabilities.

Historically, formal education in Tanzania was introduced by missionaries in the 1880's. The provision of special education services to individuals with disabilities likes the physically hand capped, visual and hearing impaired and mental disabled individuals did not start alongside the regular education system. It is recorded that the formal education for person with disabilities was started by the Anglican Church in 1950. Buigiri Primary School was the first in providing education services for visual impaired person.

Like other countries, in Tanzania special education has been largely provided and supported by non- government Organizations (Possi,1996). Religious groups like the Anglican Church established a school for blind children in 1950 at Buigiri in Dodoma. The Roman Catholic Church started the first school for the deaf in Tabora in 1963. The Salvation Army established a school for physically hand capped person in 1967 in Mgulani, Dar es salaam. The government of Tanzania established the first school of children with mental disabilities in 1982 in Dar es salaam (Possi, 1996) Therefore, special education services in Tanzania were introduced and established by different religious

denominations like the Anglican, Lutheran and Catholic churches as well as the Salvation Army. It was the religious denominations which penetrated into the remote areas like Lulindi in Masasi, Irete in Lushoto and Buigiri in Dodoma.

The Education and Training Policy (1995) states that every child in Tanzania has the right to education, including children with special needs, whereby the government shall promote and facilitate access to education for disadvantaged children including those with disabilities. The provision of education services to children with disabilities has gone through a number of hurdles and success ranging from being kept in charitable centers to residential segregated schools, up to the inclusive educational system.

Tanzania is one of the countries which has responded positively to the international move towards the provision of education to children regardless of their disabilities. The Education and Training Policy of 1995 acknowledges that there are groups of children who have not equitable access to education. Such groups include children with disabilities such as the blind, deaf mentally retarded and crippled. The Constitution of the United Republic of Tanzania emphasizes that every Tanzanian citizen has the right to education provided he is to cope with the studies. The Education Act of 1978 stipulates that every school aged child should have access to education. The provision of education in Tanzania has been of two types, namely residential special schools and day special school (Possi, 1996). The residential educational services have proved to be segregative. Consequently, the Ministry of Education has committed itself into ensuring that all exceptional children are integrated in the mainstream of education through Inclusive Education.

The Education and Training Policy of 1995 stipulates that, as much as possible, children with special needs be educated in mainstreamed or integrated classrooms. The point is that, students with special needs who are integrated with the ordinary students can enjoy the

social and academic services with their peers who are not with disabilities. It is from this background that the Ministry of Education launched a pilot program on inclusive education in 1998.

Mitchell (2008) emphasizes that the success of inclusive education depends heavily on the ability of regular teachers in implementing the general curriculum which is used in teaching the main streamed students. Regular teachers should have the capacity and willingness to make appropriate adaptation of the curriculum, to use effective teaching strategies and manage the inclusive classrooms in such a way that each student regardless of disabilities, benefits from what is being taught.

Inclusive Education has evolved from a movement associated with the struggle against exclusion of learners with disabilities and others categorized as having special needs to one which challenges all exclusionary policies and practices in education (Savolainen and Alasuutari, 2000). Tanzania is one of the countries that have ratified the Declaration of International Conference on Inclusion and strives to put in practice such resolution. The Ministry of Education and Vocational Training has directed all schools to accept students regardless of their disabilities.

As an attempt to strike a right balance between centralization and decentralization of educational provisions has become one of the most significant policy issues in current education reforms (Gamage, 1994). Hanson (1998) simply defines decentralization as “the transfer of decision-making authority, responsibility, and tasks from higher to lower organization levels or between organizations”. He categorizes three basic types of decentralization, namely, de-concentration, delegation and devolution. De-concentration typically involves the transfer of tasks and work, but not authority, to other units in the organization. Delegation involves the transfer of decision-making authority from higher to

lower level hierarchical units, but that authority can be withdrawn at the discretion of the delegating unit. Devolution refers to the transfer of authority to an autonomous unit that can act independently, or a unit that can act without first asking permission.

However, some scholars affirm that the concept of decentralization, delegation and devolution can be considered as different stages of the development in the same continuum (Gamage, 2006; Gamage & Zajda, 2005). They clarify that similar to the concept of democracy, there are no ideal or absolute models of decentralization. It is a matter of degree. Any model of decentralization involves certain elements of centralization. Devolution or transfer of power and authority to the decentralized unit, enabling it to operate as an effective entity in performing certain duties and functions, can be considered as the next logical step for delegation of authority. The devolution can be to the state, provincial, regional, or institutional levels.

1.2 Statement of the Problem

UNESCO (1998) reports that even in countries where policies emphasize compulsory education, children with disabilities do not attend school due to limited provision or lack of strict rules enforcement for these groups. In Tanzania, and Songea in particular, since 2000 there has been an increase in enrolment for children with and without disabilities in primary schools. This has been attributing to an increase in awareness and change of attitudes by parents and the general public towards educating children, including those with disabilities. Decentralized by Devolution (D by D) Policy strengthens the Local Government Authorities with the overall objective of improving services delivery to the public. Through the Policy, the Local Government Authorities plan and distribute resources, allocate funds and salaries to the intended services, education being one of the most important one.

Since 1970s, the local government has had the mandate in monitoring the provision and access to basic education. The head of education in the Region was the Regional Education Officer (REO) and in the District level there are District Education Officer (DEO). Both the DEO and the REO oversee the functions of schools in their areas of control. Taking into consideration the challenges facing primary education in Tanzania, such as low budget, inadequate infrastructure, inadequate teaching and learning materials and few teachers (Mmbaga 2002, Mahenge, 2004, Mlekela, 2004), one wonders whether or not local government plans and budgets consider children with disabilities. There have been several questions without sufficient answers. Such questions include the following. Is the Local Government budget supporting primary education for children with disabilities? Does the Local Government use properly the resources for supporting primary education for children with disabilities? Are there programs that support teachers in supporting children with disabilities? How are such school supported? Do the allocated resources, if any, reach children with disabilities? “The questions beg for answers. It is therefore imperative to find out how the local government support is accessed by children with mental and hearing disabilities in primary education.

1.3 Purpose of the Study

The purpose of the study was to assess the Local Government support to children with disability in primary education in Songea Municipality, Tanzania.

1.4 Objectives of the Study

- i. To examine the needs of children with mental and hearing disabilities enrolled in primary school under Local Government.

- ii. To examine the type of Local Government support provided to children with disabilities in primary education.
- iii. To assess stakeholders views on the Local Government support in primary education to children with mental and hearing disabilities.

1.5 Research Questions

1. What kind of Local Government support is access by children with mental hearing disabilities?
2. What do children with hearing and intellectual impairment need in primary schools?
3. What are stakeholders' views on the Local Government for primary school pupils with disability?

1.6 Significance of the Study

The findings of this study are important in that they will assist in opening awareness for further research on supporting children with disabilities enrolled in schools. They will also assist in terms on benchmarks the services provided to children with different types of special needs in schools. The finding will enable local government officials to determine the needs of children with disability in schools in relation to services they receive. The study will also entice the local government officials in finding ways to support children with disabilities in their learning and inform the local government officials, type of disabilities not in schools. The study will further be useful to the counselors advocating for education for children with disabilities and become a base toward investigating barriers to learning among children with disabilities in schools. The research findings will

furthermore contribute to the knowledge and understanding of the challenge support in primary education.

1.7 Delimitations of the study

The study was confined to Luhira, St.Vincent, Mfaranyaki and Mitawa primary schools which enroll children with disabilities in Songea Municipality, in Ruvuma Region. The population included Heads of Schools, Academic Masters, Unit coordinators, and Special Education teachers, District Education Officers in charge of Special Education, Ward Education Officers (WEO), children and parents. Due to the size of the sample, findings may not be generalized to all districts in Tanzania.

1.8 Limitations of the Study

The time for research field was affected by delays in obtaining research clearance letter from the Executive Director of Songea Municipality. This caused a delay in data collection. The problem was solved by extending the projected time in order to complete data collection. On the other hand the absenteeism of deaf-blind children, limited their participation in the research. Therefore this study lacks the findings on deaf – blind children.

1.9 Conceptual Framework

This conceptual framework in figure 1 was adopted to assess the access of children with disabilities in schools. The Local Government influenced access to education, process and outcomes. The “inputs” in the study were teachers, teaching materials, food and transport. The “access” in schools for children with disabilities; included schools for mental impairment, hearing impairment and deaf-blind impairment. Access involved determining who enters in schools, by what criteria and the categories of persons in schools. The “process” in the study were classroom interaction, counseling and professionals support.

The “outcome” in this model was knowledge and skills, quality life achievement in basic education and employability of the students graduating from the schools. The components of the conceptual framework are summarized in **Figure 1**.

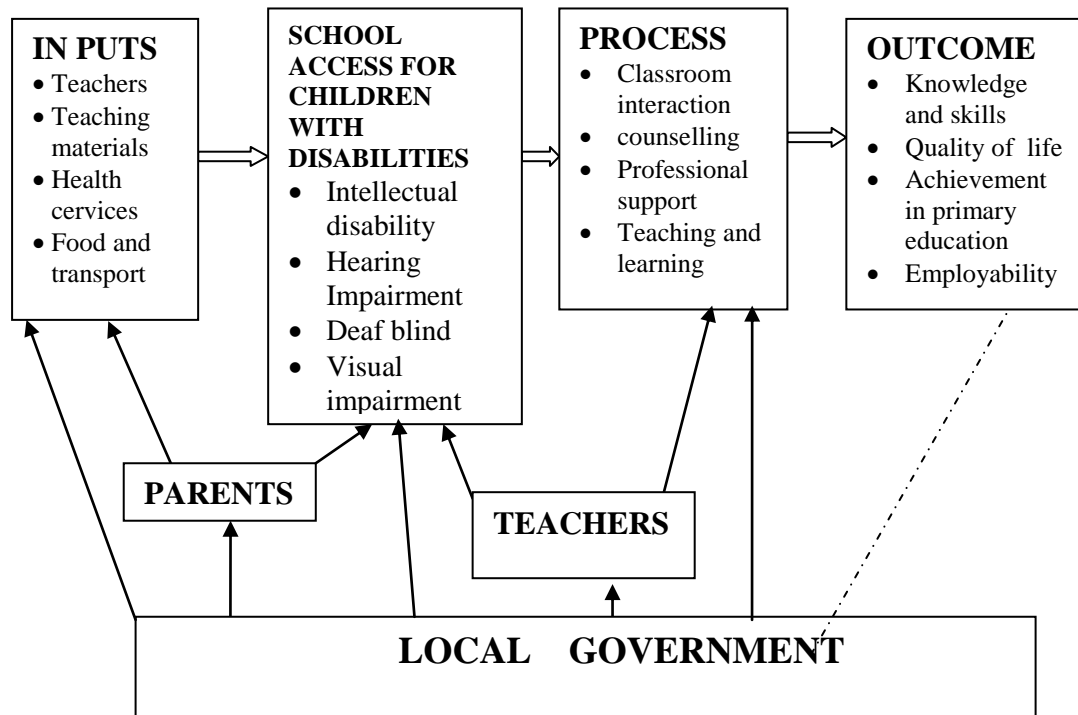


Figure 1: Conceptual Framework

Source: Researcher.

Definitions of Key Concepts

Local Government refers to an administrative body for a small geographic of area, such as a city, town, country or state. A local government typically has control over their specific geographical region, and cannot pass or enforce laws that will affect a wider area. Local Government can elect officials, enact taxes, and do many other things that a national government would do, just on a smaller scale.

Disability is a condition which may restrict a person’s mental, sensory, or mobility functions to undertake or perform a task in the same way as a person who does not have a disability. Is the state of not being able to use a part of one’s body completely or not being

able to learn easily (Hornby,2001). In this study, the term refers to intellectual and hearing disability.

Basic Education refers to the first level of education which includes two years of pre-primary education, seven years of primary education, and non- formal adult education.

Access refers to availability, right of entry, the opportunity or right to see or approach.

Support refers to providing for or maintaining by supplying an individual with money or other necessities.

Intellectual disability means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that affects a child's educational performance. The definition of intellectual disability is therefore much more than a point of academic interest, but of major importance to both service providers and persons with intellectual disability and their families. Intellectual disability is a term in mental disfunctioning and in skills such as communicating, taking care of oneself and social skills. These limitations will cause a child to learn and develop more slowly than a typical child (Heward, 2007). On the other hand, Luckasson, *et al* (2002) define intellectual disability as significant skill deficits in at least one area in conceptual aspects like reading, writing, money concepts, language, self-determination and social aspects such as interpersonal, self-esteem, responsibility, following-rules, avoidance and victimization. It also refers to practical daily living e.g. cooking, cleaning, hygiene. Further it is concerned with psychological, emotional and social strengths and needs of the individual. There are also limitations in present functioning which are considered within the context of community environments typical of the individual's age peers and culture so that profile of supports can be developed. For valid assessment on intellectual disability one has to consider cultural and linguistic

diversity as well as differences in communication, sensory, motor and behavioral factors. Children with intellectual disability require support in their studies and sometime need intensive support for inclusion in both academic and social life.

Hearing Disability refers to persons with hearing impairment ranging from mild to profound. It includes subsets of deaf and hard of hearing (Reynolds & Janzen, 2002). In the context of this study, the term means, pupils who have a hearing loss that prevents them from understanding speech through the ear. Such pupils do not use hearing as their primary sense for gaining information in the learning process.

Deaf blindness is a concomitant hearing and visual impairments, a combination which causes severe communication and other developmental and educational needs which cannot be accommodated in special education programs solely for children with deafness or children with blindness. Deaf blindness refers to a total inability to see or hear. Children who are called – blind are singled out educationally because impairments of sight and hearing require thoughtful and unique educational approaches in order to ensure that children with this disability have the opportunity to reach their full potential (Heward, 2007).

Summary

This chapter has provided information on the introduction and background to the problem and its statement and the purpose of the study and objectives. It also contains significance, conceptual framework and delimitation and limitation of the study. Moreover, the chapter defined definitions of the key concepts used in the study.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

This chapter presents a review of various literature related to the study. It explains the Local Government in Tanzania and its authorities. The chapter also highlights on basic education for children with disabilities including those with mental disability, hearing impaired, and deaf-blindness together with their support services. Finally various studies are discussed ending up with the reason gap that has been filled by this study.

2.1 The Local Government in Tanzania

The Local government structure in Tanzania is divided into rural and urban authorities. The latter comprise city, municipal and town councils. The district and urban councils have autonomy in their geographical areas. District councils coordinate the activities of the township authorities and village councils which are accountable to the district councils for all revenues received in the day to day administration. Rural authorities comprise the village and township councils and have responsibility for formulating plans for their areas, and in most cases securing district approval. There are three types of local government in urban centers: town, municipal and city councils. The chairperson of the town council and the mayors of the municipal and city councils and their councillor committees are elected by councillors among themselves.

Urban councils have the same standing committees as district councils and have also the discretion to establish more committees. Non-elected members may be co-opted into committees (URT, 2010).

Tanzania is currently implementing the local government reform with the framework of the reform of civil service. The reform aims at improving public service delivery. The decentralization reform considerably altered planning and decision-making in Tanzania. Today there are five levels of accountability that include National, regional, district, ward, and village at which institutions have been or are being established to plan and implement development programmes and projects.

Decentralization by Devolution in Tanzania

Gamage (2006) affirms that devolution means a relationship between authorities working at different levels and involves the transfer of authority to perform certain duties and functions by a superior authority to a subordinate or lower level authority. In the political context, the most common example of the principle of devolution is found between the state government and the local government. Decentralization is highly linked with Local Government system and has been practiced in the country in varying degrees since colonial times. The concept of decentralization is not a new concept in countries across the globe. The term attracted attention in the 1950's and 1960's when British and French Colonial administrations prepared colonies for Independence by devolving responsibilities for certain programs to Local authorities. Today, both developed and developing countries like Tanzania are pursuing decentralization policies (URT, 2000). Tanzania has seen decentralization as an ideal approach to rural and urban development (Ngwiliza, 2001).

In 1984, the Local Government system was re-introduced followed by its reform in 1996 where it was accompanied by Decentralization by Devolution policy. The policy shifted from the formal centralized to the decentralized local government system (Max, 1991). For that matter, the Local Government reform was used as a driving vehicle of Decentralization by Devolution (D by D) policy to strengthen the Local Government Authorities, with the

overall objective of improving services delivery to the public (Ngwale, 2005). Thus the transferring of power is made through transferring of power of the decision making functional responsibilities and resources from central to local government authority (Ngwale, 2005).

The local government officials as decision makers in their locality have a vital role in implementing and supporting education for pupils with disabilities in their area. According to Thomas (2000), the social model raises the very significant point that disability is a political issue. It requires consideration of human rights, not charity. When someone is denied access to education is denied to human and development rights.

Role of Local Government in Primary Education

The education system of Tanzania has three levels, namely: The Basic, Secondary and Tertiary levels. Basic or first level of Education includes pre-primary, primary and non-formal adult education. Secondary level education has Ordinary and Advanced level of Secondary schooling while Tertiary or third level includes programmed and courses offered by non-higher and higher education institutions.

Local Government plays a key role in public education in Tanzania and work with the Ministry of Education and Vocational Training to provide the primary funding for public schools. Local governments have the power to levy taxes so as to fund education and can redirect school budget to meet new priorities. They make decisions on how to set achievement standards where to locate a new school and the role of a school in community life. The United Republic of Tanzania realizes that quality education is the pillar of national development for it is through education that the nation obtains skilled manpower to serve in various sector in the nation's economy. It is through quality education that Tanzania will be

able to create a strong and competitive economy which can effectively cope with the challenges of development.

Institutions are in charge of technical support and monitoring

The institutions in charge of technical support and monitoring of Local authorities in Tanzania are: The Ministry of Local Government and Regional Administration. The Local Government Service Commission (Kuusi,2009), The Association of Local Government (Ngware 1999).

The term for all councilors is five years. The central government in Tanzania has excess control over the local authorities. It exercises control over revenues, human and financial matters. The Tanzania legislation requires that every council should set aside a percentage of its revenue to fund development projects (Kuusi,2009).

The planning process in Tanzania involves institutions from the village to the national levels. Since the Arusha Declaration, it has been a deliberate policy to encourage all people to participate in the planning and implementation of their development projects. This policy reflects the view that development of a country is brought about by the people themselves. All the village affairs are discussed and decided upon in the village council, which is chaired by the party village chairman. Each village council should have a subcommittee on education, and health and nutrition as well as on agriculture. Local government oversees the supply of basic services to the population, including, education, health and water services. Basic local government services are financed by sector ministries and the local authorities themselves. The Local Government Reform Program is advocating for autonomous, efficient, and effective local authorities (URT,2010, URT,1998, Kuusi 2009).

2.2 Primary Education for Pupils with Disabilities

Special education takes into account the Intra- individual and inter-individual differences (Kirk et al 2000) of the children with special needs, something which cannot be done in the regular classroom by regular teachers. The special classes are the major means whereby students with special needs or disabilities can be served. (Hallahan and Kauffman, 1994)

Jean Marc Gaspard (1775-1838) was a French physician with expertise in diseases of the ear and therefore he developed skills of teaching children with deafness. He is a renowned precursor of special education. His efforts were continued by Eduard Seguin (1812-1880) who maintained that it was possible to teach persons with mental disability, who most people thought they were un teachable (Kirk et al, 2000).

The Perkins's School of the Blind, which was established in Watertown, Massachusetts, owes its background to Samuel Gridley Howe, an American who successfully taught students who were deaf and blind. Maria Montessori who worked with children with mental retardation in the 20th century contributed a lot on the development of special education. Using what now is called sense training; Maria emphasized the use of teaching and learning materials, and creating a good learning environment in order to enhance learning.

The development of science and technology also contributed a lot to the present status of special education (Hallahan and Kauffman, 1997; Kirk et al, 2000). Assistive technology is the equipment that improves the functional capabilities of individuals with disabilities (Kirk et al, 2000).

With the developments of medical and assistive technological devices, individuals with disabilities, even those with severe handicapping conditions, are now able to participate in the learning process. The assistive and adaptive devices have empowered individuals with

communication, physical, learning and sensory disabilities, with the ability to learn, move and gain more control over their lives and environment, and greater access to general education. Children who in the past, were believed to be hopeless, like those with severe physical disabilities, can now, through assistive and adaptive devices, learn comfortably, even in inclusive setting. (Shia&Nilson, 2011).

2.3 Disability Status and trend in Tanzania

Historically, in Tanzania, disability issues were rarely considered. For example, there were few efforts to determine the number of persons with disabilities. According to the WHO, taking the estimation of 10 percent in the population, Tanzania might be having around 8,000,000 people living with disabilities. In the 1981 Census of Disabled Persons in Tanzania undertaken by the Ministry of Labor and Social Welfare on the mainland identified 193,599 disabled persons in the 20 regions, representing approximately 1 per cent of the population at that time. The three following facts stood out in this census: a majority of disabled persons were of working age, illiterate and unemployed. Approximately 45 per cent of disabled persons identified were women. According to UNESCO, in 1995-96, about 3 per cent of disabled persons in Tanzania received basic education. According to REPOA (2007), in the 2002 census which attempted to establish the extent to which the population experienced disabilities, it was reported that 2 % of the population has some form of disability, the most common forms being physical loss of use of limbs.

The National census have indicated the incidence of disability in Tanzania to have stood at 2 percent (NBS, 2006). However, the proportion of persons with disability was higher among males (2.2 percent) than females (1.7 percent). The common disabilities were leprosy/physically handicapped (47.9 percent), mentally handicapped (16.3 percent), multiple handicapped (13.3 percent) and dumb/hearing impaired (13.1 percent).

The purpose of the school system is to develop a strong foundation through which a child can learn, adapt and operate most effectively in a social world. Children who have any kind of disability have the right to special care and support so that they can live full and independent lives', the reality affecting children living with a disability is quite different. Tanzanian children with disabilities are largely excluded from schooling. Even if they attend they do not receive the most basic assistive devices. According to UNICEF (2010) only 0.4% of all children enrolled in school have a disability. These percentages are extremely low compared with the estimated 7.8% of the population with disabilities in Tanzania, which indicates that most children with impairment are not enrolled (MoHSW, 2009a). One likely reason for this situation is that no national system for the identification and assessment of children with physical or mental impairments is in place and so no coherent data to track them or respond to their needs.

Those with physical disabilities are by far the largest group recorded at both primary (38%) and secondary level (66%) (MoHSW, 2009). At primary level less than 42% of children with recorded disabilities are girls while at the secondary level they only constitute 35% (MoHSW, 2009). Girls with disability are more vulnerable than boys. Many parents say they are inclined to keep children with disabilities at home, partly due to the stigma attached to disabilities, and partly due to the desire to protect them.

The number of children with disabilities enrolled in schools in Tanzania is increasing yearly as a result of implementing inclusive education, laws enforcing parents to enroll all children in schools and the awareness of education to the community. The capacity of teachers to facilitate their learning is low as compared to the number of children with disabilities enrolled in schools (Table 2). Inclusion calls for children with disabilities, visually impaired inclusive, to be enrolled in nearby schools (UNESCO, 2000; Ainscow, 2003). Therefore, teachers need some form of training in order to cater for the needs of

children with visual impairment included in their classes and continue providing services to the society at the same time meet their own personal and professional needs. On the whole, number of children with disabilities in schools is as indicated in Table 1.

Table 1: Children with disabilities in schools in Tanzania 2008 -2010

| Type of Disability | 2008 | | | 2009 | | | 2010 | | |
|---------------------------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| | M | F | Total | M | F | Total | M | F | Total |
| Albino | | | | 479 | 427 | 906 | 1605 | 913 | 2518 |
| Autism | 316 | 253 | 569 | 469 | 320 | 789 | 348 | 236 | 584 |
| Deaf/ Mute | 2719 | 2202 | 4921 | 2028 | 1717 | 3745 | 2615 | 2270 | 4885 |
| Deaf-Blind | 373 | 290 | 663 | 280 | 206 | 486 | 767 | 618 | 1385 |
| Mentally Impaired | 4521 | 3194 | 7715 | 4127 | 2932 | 7059 | 4887 | 3449 | 8336 |
| Multi-Impaired | 418 | 261 | 679 | 326 | 250 | 576 | 410 | 302 | 712 |
| Mute | | | | 251 | 279 | 530 | | | |
| Others | 2082 | 1594 | 3676 | 1504 | 1099 | 2603 | 2052 | 1461 | 3513 |
| Physically Impaired | 8181 | 5915 | 14096 | 7258 | 4970 | 12228 | 8410 | 5984 | 14394 |
| Visually Impaired | | | | | | | 960 | 736 | 1696 |
| Visually Impaired/ Albino | 1810 | 1501 | 3311 | 1156 | 1002 | 2158 | | | |
| Grand Total | 20420 | 15210 | 35630 | 17878 | 13202 | 31080 | 22054 | 15969 | 38023 |

Source (BEST, 2010)

In this study the focus is on mental disability, hearing impairment and deaf blindness.

These types of disability are common in the area of study.

2.3.1 Mental Disability

Mental disability means significantly sub average general intellectual functioning existing concurrently with deficits in adaptive behavior and manifested during the developmental period that affects a child's educational performance. Intellectual disability is a term used when a person has certain limitations in mental functioning and in skills such as communicating, taking care of him or herself, and social skills. These limitations will cause a child to learn and develop more slowly than a typical child (Mnyanyi, 2010).

Children with intellectual disabilities may take longer to learn to speak, walk, and take care of their personal needs such as dressing or eating. They are likely to have trouble learning in school. They will learn, but it will take them longer. There may be some things they cannot learn.

Sometimes an intellectual disability is caused by abnormal genes inherited from parents, errors when genes combine, or other reasons. Problems during pregnancy are also another cause whereby, an intellectual disability can result when the baby does not develop inside the mother properly. A woman who drinks alcohol or gets an infection during pregnancy may also have a baby with an intellectual disability. Problems at birth can cause intellectual disability if a baby has problems during labor and birth, such as not getting enough oxygen, he or she may have an intellectual disability. Health problems, such as diseases like whooping cough, measles, or meningitis, if not well treated can cause intellectual disabilities. Mental disability can also be caused by extreme malnutrition, not getting enough medical care, or by being exposed to poisons. An intellectual disability is not a disease. You cannot become infected with intellectual disability from anyone. It is also not a type of mental illness, like depression. There is no cure for intellectual disabilities.

However, most children with an intellectual disability can learn to do many things. Programs for all students with intellectual disabilities should include the basic skills of reading, writing, and math (Joseph&Seery, 2004). Teachers must carefully assess each pupil's current routines to find those skills that the pupil requires or could use often, should also consider skills that future environments are likely to acquire. Complete immersion in the academic curriculum, however, can be a restrictive education for a pupil with mental disabilities (Heward, 2007).

2.3.2 Hearing Impairment

Hearing impairment refers to impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance. The impairment also refers to both complete and partial loss of the ability to hear. There are two types of hearing impairment, depending on which part of the ear is affected. Conductive hearing impairment is a problem in the outer or middle ear. It is often medically or surgically treatable. A common example is chronic middle ear infection. Sensor neural hearing impairment is a problem with the inner ear or the hearing nerve. It is mostly permanent and requires rehabilitation such as the use of a hearing aid (Hunt & Marshall, 2006).

Hearing impairment in children may delay development of language and cognitive skills, which may hinder progress in school. Hearing impairment focus on the child's ability to use his hearing to understand speech and learn language and the effects on educational performance. A child who is hard of hearing has a significant hearing loss that makes some special adaptations necessary. Children who are hard of hearing can use their hearing to understand speech, generally with the help of a hearing aid (Maduhu, 2010).

Most children with hearing impairment have difficulty with all areas of academic achievement especially reading and math. Studies assessing the academic achievement of students with hearing impairment have routinely found them to lag far behind their hearing peers, and the gap in achievement between children with normal hearing and those with hearing impairment usually widens as they get older (ASHA, 2007).

2.3.3 Deaf-Blindness

Deaf-blindness is a concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with

deafness or children with blindness. It may seem that deaf-blindness refers to a total inability to see or hear. However, in reality deaf-blindness is a condition in which the combination of hearing and visual losses in children causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness or multiple disabilities. Children who are deaf-blind are singled out educationally because impairments of sight and hearing require thoughtful and unique educational approaches in order to ensure that children with this disability have the opportunity to reach their full potential (Heward, 2007).

A person who is deaf-blind has a unique experience of the world. For people who can see and hear, the world extends outward as far as his or her eyes and ears can reach. For the young child who is deaf-blind, the world is initially much narrower. If the child is profoundly deaf and totally blind, his or her experience of the world extends only as far as the fingertips can reach. Such children are effectively alone if no one is touching them. Their concepts of the world depend upon what or whom they have had the opportunity to physically contact. If a child who is deaf-blind has some usable vision and/or hearing, as many do, her or his world will be enlarged.

Many children called deaf-blind have enough vision to be able to move about in their environments, recognize familiar people, see sign language at close distances, and perhaps read large print. Others have sufficient hearing to recognize familiar sounds, understand some speech, or develop speech themselves. The range of sensory impairments included in the term "deaf-blindness" is great. (Zuppan, 2013)

An educational program for children who are deaf is often inappropriate for a child who also has limited vision because many methods of instruction and communication rely

heavily on the use of sight. On the other hand, programs for students with visual impairments usually require good hearing because much instruction is auditory. The majority of children who have both visual and hearing impairments at birth experience major difficulties in acquiring communication skills, motor and mobility skills, and appropriate social behavior. Tactile teaching techniques involving the sense of touch are used to supplement the information obtained through visual and auditory (Chen & Downing, 2006).

The senses of sight and hearing are the two primary avenues by which information and knowledge are absorbed by an individual, providing a direct access to the world in which he lives. When these senses are lost, the individual is drastically limited to a very small area of concepts, most of which must come to him through his secondary senses of touch, taste, smell and kinesthetic awareness that he can broaden his field of information and gain additional knowledge (Smithdas, 1981).

2.4 Support Services for Pupils with Disabilities:

2.4.1 Teachers Support

Regular classroom teachers have considerable responsibility for the success of students with disability in a regular class. These teachers need additional support to help students with disability succeed in the regular classroom. Additional supports may comprise a time allocation for the regular teacher to plan for the inclusion of the special needs pupil, a professional development for the regular teacher, personnel support, material resources, administrative support, or a reduced class size (Scruggs & Mastropier, 1996). Australian Bureau of statistics data (Australian Statistics, 2000) indicates that the majority of children with disability enrolled in regular classes do not receive additional support services of any kind.

In Tanzania, children with disabilities are provided education services in various levels ranging from primary through secondary to higher learning institutions. The Patandi Special Needs Education Teacher Training College in Arusha trains teachers in disabilities children. There are special departments for blind and visual impaired students at the Open University of Tanzania (OUT), University of Dar es Salaam, at the Sebastian Kolowa University college and Ruaha University College in Iringa. Support includes training of teacher's development of materials, pre-service training and developing in-service modules. Teachers need to be provided with practical information on what they can do in the classroom, how they can identify children with disabilities and who they shall refer the children too. Through in – service and training for teachers are kept abreast of ever changing teaching and learning approaches making them competent and effective. (Weimer, 2011).

2.4.2 Teaching Materials Support

Children with disabilities vary considerably even those with same disabilities. For example, while some pupils have no vision some are able to see large letters, others can see in magnified print, still others have no tunnel vision with no, peripheral vision. Some pupils use Braille and some have little or no knowledge of Braille. Children who are deaf are expected to use sign language some who are deaf do not use sign language. Therefore teaching materials support will vary according to the need or disability of the pupil.

In Tanzania, the curriculum used for education of children with disabilities is the same as the one used for non disabilities children. However, it has to be adopted to meet the educational needs of children with abilities learners. Special materials and equipment such as; specialized writing devices for visually impaired, hearing aids for hearing impairment are used in the process of imparting knowledge and skills to this category of children. (MoEC 2006).

2.4.2 Food and Transport Support

Availability of food at school for children with disability and assurance of convenient transport will enable these pupils to avoid absenteeism and attend school regularly. Children with disability in Tanzania experience difficulties in the use of transport facilities. Most facilities for instance busses and roads are not accessible to disabilities (TEN/MET, 2007)

2.4.3 Role of Primary Education to Pupils with Disabilities in Tanzania

The Education and Training Policy (1995) states that every child in Tanzania has the right to education, including children with special needs, whereby the government shall promote and facilitate access to education for disadvantaged children including children with disabilities. In Tanzania basic education consolidates and develops further values transmitted at pre-school level. The main subjects through which values are transmitted at this level includes social studies and vocational skills. The social studies subject which is taught from class three to seven is intended to prepare students to become self conscious, their place in the family, the Tanzania society and the world.

The subject also intends to enable students to appreciate the interdependence between human beings and the environment, human understanding management and use of the environment, the way environment may affect human being and precautions that are to be taken against negative consequences of human responses on environment.(Mosha, 2011). Moreover, it is expected that the subject will enable pupils to acquire skills which will be used to observe and judge societal issues and propose strategies which will enable the society improve the standard of living of the people. The vocational skills curriculum is designed to enable students to appreciate value customs and traditions of the society, develop spirit of self-reliance and hard working value conserve, manage and utilize the environment and develop positive habits and manners. The students also learn to value and

develop appreciation for several virtues like decoration, art, music, dance and traditional dance or ngoma. (MoEC, 2006).

2.5 The Knowledge gap

Since Tanzania is currently implementing the local government reform, Moreover local government oversees the supply of services to the population including education (MRALG, 1998). In general most available research on local government has been focused in providing services in general (Kuusi 2006). Despite the attempts, most studies conducted focused on other than provisions in schools enrolling children with disabilities of the disabilities most documented are visual impairment. Little attention has been given to other types of disabilities and services provisions particularly in Ruvuma region. Therefore, this study intended to fill in the gap by assessing the accessibility in primary education, in four primary schools enrolling children with intellectual disability, hearing disability and Deaf blind in Songea Municipality, Ruvuma region.

2.6 Summary of Chapter Two

This chapter has reviewed several literature and studies relating to study from various contents. The review includes the Local Government in Tanzania and the support services to children with disabilities in primary education. Disability status and trend in Tanzania including mental impairment, hearing impairment and deaf – blind impairments and the role of primary education to children with disabilities. Moreover several studies have been conducted on Local Government practices in different parts of the world was reviewed to establish the gap that was to be filled by this study.

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction

This chapter presents research methodology used to answer the research questions so as to meet the intended objectives. The presentation contains description of the research design, area of the study, sample, sampling techniques, sampling procedures, data collection techniques and data collection procedures. Data analysis procedures as well as ethical issues are also included in this chapter.

3.1 Research Approach and Design

3.1.1 Research Approach

Qualitative research approach was considered suitable for the study because it allows in-depth inquiry through interviews and focus group discussions. Through this approach, it was easy to assess the local government support to children with disability in primary education. The approach also enabled the researcher to find out the support given in schools. It also helped in portraying direct quotations capturing people's personal perspectives and experiences (Bogdan & Biklen, 1992, Silverman, 2010).

3.1.2 Research Design

Research design is the conceptual structure within which research is conducted, it constitute the blue print for the collection, measurements, and analysis of data (Kothari, 2004). Case study design has been used in this study. Case study; mean an intensive detailed study of an individual or institution with aim of securing information about the study variables (Kothari, 2004). Case study design was preferred because it leads to study few selected elements in detail, its historical background and accurately. In addition, survey

design was used in this study which allowed to collect data through self reporting methods with help of questionnaire. This was preferred because it enhances completeness and accuracy of data because the respondents had time and could complete questionnaires at their own conveniences. (Gimbi,2010).

According to Kothari (2002) research design is a conceptual structure with which the research is to be conducted. It constitutes the mental blue print for data collection process, data measurement which comprises data identification, arrangement and summarization, and data analysis. The study was dominantly qualitative. The design was chosen for this study because the study's interest was to describe how schools enrolling children with disabilities are supported at district level. Ploeg (1999) reported that the purpose of qualitative research is to describe, explore and explain the phenomena being studied. It takes the form of what is happening.

A case study design (Yin, 2009) describes an empirical inquiry that investigates a contemporary phenomenon in depth and within its real life was convenient in collecting data from St. Vinsent primary school, Mitawa, Luhira and Mfaranyaki primary schools. Also from the District Education Officer for special education and parents. It also enables the researcher to probe deeply and analyze intensively the multifarious phenomena that constitute the life cycle of the unit with a view to establish generalizations about the population to which that unit belongs (Cohen, Manion & Marrison, 2005). Moreover, the case study design helped the researcher to describe the local government support children with mental and hearing disabilities. Also, it brought about a deeper insights and better understanding of the problem.

Therefore, four schools with mental and hearing disabilities from Songea Municipality were used as a multiple – case study design. Yin, (2009) argued that, each school might be

the subject of an individual case study, but the study as a whole covers several schools, in this way uses a multiple case study design.

3.2 Area of Study

The study was carried out at St. Vincent, Luhira, Mitawa and Mfaranyaki primary schools in Songea Municipality in Ruvuma Region perceptively. The schools were purposefully selected for the study because two schools are residential and two schools have units for disabilities with a good number of pupils. The schools made it possible for the researcher to obtain relevant information about the support received from the local government authorities. Both schools had enough information's to share with the researcher regarding the disabilities and their needs in learning.

Accessibility to the schools by the researcher was an added advantage, making it easier to frequently visit the schools which were necessary for maximization of reliable data gathering. Patton (2002) points out that frequently access to respondents by the researcher increases reliability and validity of interpretations of data made by the researcher.

3.3 Target Population

Best and Kahn (2006) define population as a group of individuals who have some characteristics in a common that are of interest to the researcher. Considering the nature of this study, the targeted populations were District Education Officer for special education, Head of Schools, special education teachers, parents with special needs children, children with mental and hearing disabilities from selected primary schools in Songea Municipality in Ruvuma Region.

The District Education Officer for Special Education and Head of Schools were involved due to their administrative role and management of the special education programs in school. They were expected to have relevant information concerning the kind of support

received in schools. Parents with special children on the other hand were concerned in providing a reach source of information about the strength and needs of their children. Special education teachers were involved in the study because they play a role monitoring classroom such as general academic performance, classroom attendance, implementing of curriculum in the actual classroom and identifying the real needs of the children. They are responsible for monitoring the children's progress at classroom level. Children without and with mental disabilities were involved because they were the targeted group in the study.

3.4 Sample Size and Sampling Technique

3.4.1 Sample and Sample Size

A sample is a small group of participants drawn from a population in which the researcher is interested in gaining information and drawing conclusion (Kothari, 1990). As indicated in Table 3.1, the projected sample was 254 participants, among which two were government officials, four head teachers, ten parents, fourteen teachers, ten school board members, one hundred pupils with disabilities and children without disabilities one hundred.

Table 3.1 Composition of the population sample

| CATEGORY | SAMPLE SIZE |
|----------------------------------|--------------------|
| Pupils with disability | 100 |
| Non – disability pupils | 100 |
| Parents with disability children | 10 |
| Teachers | 40 |
| Government officials | 2 |
| Head teachers | 4 |
| School board members | 16 |
| TOTAL | 254 |

3.4.2 Sampling Procedures

The study used purposive sampling technique in selection and identification of participants in this study. A purposive sampling technique is a technique which accords every

individual who meets set criteria has an equal chance of being included in the study (Orodho and Kombo, 2002). Purposive, snowballing and opportunistic sampling procedures were used in this study. (Silverman, 2010).

Purposive Sampling: This is a kind of sampling whereby researchers handpick the cases to be included in the sample on the basis of their judgment of their typicality or possession of the particular characteristics being sought (Cohen, Manion&Marrison, 2007). Purposive sampling was used in order to obtain information on the knowledge and experiences of head of schools, special education teachers, parents with disability children and District Education Officer were selected due to virtue of their professional role, leadership position and in depth knowledge about the local government support by children with disability in basic education.

The sampling was further used to select head teachers, parents with disability children and District Education Officer for Special education because they were considered to have vital information for the study by virtue of their positions. Also the four primary schools were purposively selected because they were the only primary schools enrolled big number of children with hearing and mental impairment in Songea Municipality. The advantage of purposive sampling is that it enables the researcher to explore the knowledgeable participants. Thus, it satisfied the specific needs of the researcher.

Snowballing: This is the process which involves the researcher in tracing and trying to get hold of a source of information. (Patton, 1990). The technique involves the researcher using contacts with study participants to identify other sources of information. Therefore snowballing was used to trace the parents who have children with special needs, and other resource persons who were able to give information. The advantage of snowballing sampling technique is that it allow researcher to make estimates about the social network

connecting the hidden population and have access to sufficient people with the characteristics the researcher seeks.

Opportunistic Sampling: This type of sampling is closely related to snowballing. While the latter is based on individuals, opportunistic sampling is based on opportunities. The sample enables the researcher to use her presence in the field and opportunity which emerge as a basis for gathering further information (Bagandanshwa, 1997). This technique was used when researcher visited the District Education Officer for special education, during field work. At this chance researcher took advantage of unexpected environment opportunity to acquire more information to the respondent which was not planned.

3.5 Data Gathering Techniques

There is no single technique that can be claimed to be better than other in data collection. They all depend on what is being studied and what is to be found out. No single instrument may be considered to be adequate in itself in collecting valid and reliable data (Creswell, 2005).

Due to the nature of this study and in order to obtain adequate and reliable information, triangulation methods were adopted. Through this method, different data collection instruments were combined, involving structured questionnaire, semi structured interviews, and non participatory observation.

3.5.1 Semi Structured Interview

The interviews are built around a core of structured questions from which the interviewer branches off to explore in depth (Omari, 2011). Using semi structured interview necessitated collection of accurate and complete information desired with the additional opportunity of probing issues concerning the study. Face to face interviews were conducted with head of schools, unit coordinators, and academic coordinators. Parents and

local government leaders, whereby an interview guide was used to collect information on the issues related to local government support by children with disability in basic education.

The advantage of semi structured interview includes: Increasing data comprehensiveness and makes systematic data collection from each respondent. Logical gaps in data can be anticipated and easily corrected which increases the level of validity by giving true and accurate description of the phenomena. The disadvantages of interview includes being prone to subjectivity and bias on the side of the interviewer, having a limited number of respondents because interviewing consumes time (Gimbi, 2010).

3.5.2 Questionnaire

A questionnaire was used to collect information from special education teachers, classroom teachers, hearing students and those with hearing disability. The questionnaire had both closed and open ended questions. The closed ended questions were used to solicit specific information, while the open ended gave respondents the room for self expression of their views concerning local government support by children with disability. Students were asked to fill in the questionnaire during break time in order to avoid class interruptions. In two boarding schools the researcher used dining hall to accommodate all students during the time of administering the questionnaire. Teachers were asked to fill in the questionnaire at their own time and return them to the researcher after four days. Therefore, four days were used to collect questionnaires from each school.

Questionnaires have advantages of saving time and enable the researcher to collect information from a relative large sample and enhanced collection more and comprehensive information to be used (Silverman, 2010). At the same time questionnaires had got some

drawbacks. For example, some questions in questionnaires may be ignored. Also some respondents may not return their questionnaires on time.

Advantages of questionnaire are that large amounts of information can be collected from a large number of people in a short period of time and in a relatively cost effective way. The study can be carried out by the researcher or by any number of people with limited affect to its validity and reliability. The results in questionnaire can usually be quickly and easily quantified by either a researcher or through the use of a software package. Also data can be analyzed more 'scientifically' and objectively than other forms of research (Popper, 2004).

The disadvantages of questionnaire according to Popper (2004) are that the respondent may be forgetful or may not be thinking within the full context of the situation and that researcher cannot study emotions and behavior of respondents. These disadvantages in this study were minimized by asking teachers to respond to both closed and open ended questionnaires.

3.5.3 Non Participatory Observation

This kind of observation technique enabled the researcher to get live data from live situation (Cohen et al, 2005). Through non participatory observation researcher observed activities of the mental disability students in the class and outside the class. Hearing aid and sign languages for students with hearing disability were also observed. Photos were taken on the activities done by mental disability students and for hearing disability students. The advantages of observation technique include enabling the researcher to collect information which depicts what is currently happening in the real situation. However, it is expensive in terms of time consumption and sometimes it disturbs the natural situation, hence some information may be forged (Gimbi, 2010).

3.6 Validation of Instruments

Donald and Delmo (2009) assert that the quality of data gathering instrument is dependent on whether the instrument can measure what it is supposed to measure and if items carry the same meaning for all respondents. Validity is the extent to which the study findings will make sense, or will represent on an authentic portrait of what the study will be looking at. The instruments were edited before they were checked by the researcher supervisor. Furthermore, questionnaires for teachers and students were translated into Kiswahili (the national language of Tanzania) in order attain effectiveness and easy communication as well as understanding with them. The instrument was piloted at Kigamboni Dar es Salaam whereby twenty hearing disability students and two class teachers were involved. Also one academic coordinator and one head of school participated in the process of piloting the instrument. Findings from the pilot study were used to bring into light some problems pertaining to the instruments. The researcher and supervisor refined the instrument for the fieldwork.

3.7 Data Analysis

Data were analyzed in accordance with the researcher questions. Qualitative data were analyzed through narrations and content analysis in interpreting qualitative data drawn from interviews, questionnaire and observations. All relevant information and data addressing a particular research question were sorted out. Some of the explanations by respondents have been presented as quotations. In this study, data analysis was on progress throughout data collection phase. Information was recorded, dated, transcribed and labeled according to when it was collected and the source. The second stage was to establish category of the data. The research questions were used as a guide to categories the data. Then the data was grouped under specific themes. These themes were further discussed in line with the objectives of the study. Inappropriate data was discarded. Thus, data collected

was subjected to editing, coding, classification, tabulation and computation to enhance analysis and interpretation.

3.8 Ethical Considerations

Respondents were informed about the nature and purpose of study. An emphasis was on the support of the local government and the disability children. Confidentiality on the information provided by the respondents was well assured. The participant's names were discouraged in this study. Furthermore, to clear some doubts and safeguard both the researcher and his respondents, research clearance was obtained from the District Education Officer (DEO) of Songea Municipal.

3.9 Summary of Chapter Three

This chapter has discussed the research approach and design, study area and target population. It has also provided information on sampling procedures, data gathering techniques, validation of instruments ethical consideration and data analysis. The next chapter presents analysis and discusses the research findings.

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND DISCUSSION

4.0 Introduction

This chapter presents the study findings in line with research objectives, and questions. The chapter consists of four main parts namely; Teachers and teaching materials, food and transport for children with hearing and intellectual disabilities received from the local government, their needs and it also presents stakeholders view on the Local government support in primary school education to children with disabilities. The following is the presentation, analysis and discussion of findings in line with the set research objectives, and questions.

4.1 Respondent characteristics

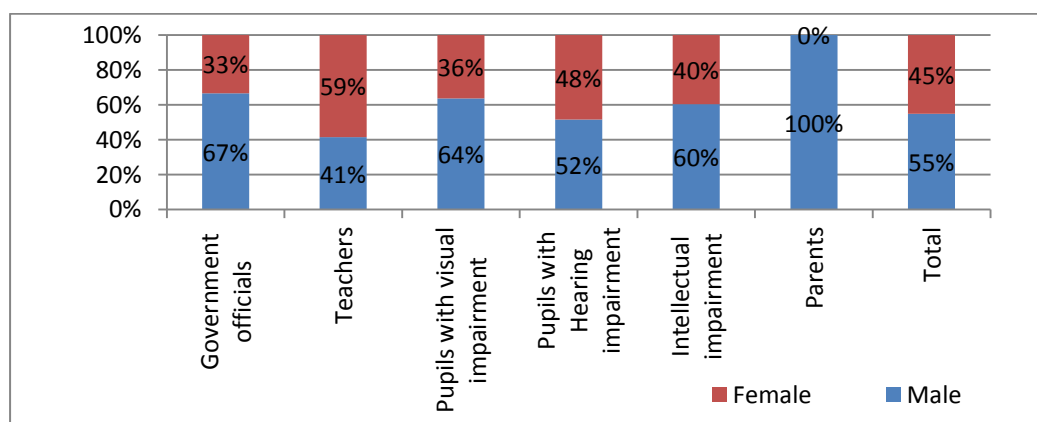
The participants in this study were 281. 3 Government Officials of whom one is for Special Education, 41 teachers being 17 male and 24 female, and 234 pupils with hearing, vision, and intellectual disabilities. The participants were selected from 4 primary schools in Songea Municipal with special needs children. Among them one school is for hearing disability with 128, being 66 girls and 62 boys. Another school is for visually impaired with 44 children, 28 boys and 16 girls. Two primary schools are for mentally impairment, one school with 45 children, 19 girls and 26 boys; while the fourth school participated 17 mentally impaired among them 11 were boys and 6 girls. The researcher asked the Education Officer for Special Education and Head Teachers to provide her the number of children with disability enrolled in their primary schools and any support provided by the Local Government. Moreover, there were 3 parents who participated in the interview with the researcher. Table 4.1 shows the number of respondents.

Table 4.1 Number of respondents

| S/N | Category | Male | Female | Total |
|-----|--------------------------------|------|--------|-------|
| 1. | Government officials | 2 | 1 | 3 |
| 2 | Teachers | 17 | 24 | 41 |
| 3 | Pupils with visual impairment | 28 | 16 | 44 |
| 4 | Pupils with Hearing impairment | 66 | 62 | 128 |
| 5 | Intellectual impaired school A | 26 | 19 | 45 |
| 6 | Intellectual impaired school B | 11 | 6 | 17 |
| 7 | Parents | 3 | | 3 |
| 8 | Total | 154 | 127 | 281 |

Source: Field data, February, 2013

On average most of respondents were females. In the case of parents only were males because they are the ones responsible for ensuring that students attend schools. According to taboos when family issues are asked males are the ones who are responsible.

**Figure 4.1 Respondents by gender**

4.2 Local Government support provided to children with disabilities

The first objective focused on finding out the type of local government support to children with disabilities for primary education in schools. Interviews and questionnaire were used in obtaining data for this objective. The following were the findings on the objective.

4.2.1 Support on Teaching and Learning Materials

Interviews with heads of schools revealed that, all special education teachers were trained at Patandi and Sebastian Kolowa Memorial University (SEKOMU). The Songea Local

Government posted the teachers to primary schools, regardless of their being private or government owned schools as long as the schools provide special needs education. The teachers employed in the district were supported to pursue studies in special education at Patandi. One of the heads of schools had the following to say:

Normally we report the shortage or the number of teachers needed in school to

District Education Officer for Special Education. It depends on the number of students we have. In our district, special education teachers were posted to primary schools enrolling children with disabilities. Sometimes we train our own. If someone shows interest we send her to college and after completion of their studies they come back to our school. We help them to be employed by the government (Interview with head of schools on 08/02/2013)

While the Education Officer for Special Education said:

Teachers for special education are not enough in our district. The ratio of one to five is not followed. Every five pupils should be attended by one teacher. But the situation in the schools is different. For example, in one school there are 17 children with intellectual disability, but there is only one special needs teacher who is assisted by one ordinary teacher interested with the children. Teachers are trained in special needs, but the problem is with the Ministry of Education and Vocational Training on how they allocate teachers.

The quotation indicates that of special education teachers are posted to primary schools which provide education services to children with disabilities by the government. The unit coordinators were also required to mention the teaching materials support received from the local government. Both commented that they had received some teaching and learning

materials for academic purposes. It was revealed that schools were equipped with teaching materials. One school unit coordinator for education of children with intellectual disability was quoted saying:

In our school we received the following materials; filter for drinking water, stove, balls for sports, toilet papers, books syllabus, teaspoons and table spoons, call test instruments, sewing machines, whistles, and cooking utensils. (Interview with unit coordinator, on 11th o2, 2013)

Another coordinator from hearing disability is the primary school for HI children mentioned the following:

We received audiometer from the municipality.

The findings reveal that schools were equipped with teaching materials received from the local government which could be used for academic success.

4.2.2 Food and Transport Support

The following have revealed that the local governments give first priority in providing funds for food to schools for children with disability. Food for children with disabilities is the first priority. One school head commented.

In the budget of every year for the Ministry of Education and Vocational Training, there is a budget which is set aside for special needs education department. The budget considers day schools differently from boarding schools and the number of children (Interview with School Head, 13/02/2013)

The finding also revealed that, children in day schools are provided with breakfast and lunch. Children with special needs in boarding schools are given three meals. Data from interviews with school heads revealed that revealed that children with hearing disability are

in boarding schools, while those with intellectual disability are day scholars. Data on Table 4.2 was further verified through documentary review and observation. In one of the schools it was found that the local government funding for food increased annually as indicated in Table 4.2

Table 4.2 Food Assistance Funds for school year 2012-13

| S/N | School | Amount received | Year |
|-----|----------|-----------------|---------|
| 1 | School A | 3.7000,000 | 2012-13 |
| 2 | School B | 9,000,000 | 2012-13 |
| 3 | School C | 25,000,000 | 2012-13 |
| 4 | School D | 42,000,000 | 2012-13 |

Source: Field data, February, 2013

Heads of schools were asked to comment on the food budget provided to their schools. It was found out that before 2010, the situation in schools were not the same as they are at present. One head of school lamented as follows.

It was in 2009 when the Regional Commissioner visited our school. In the school report we wrote our concern on how the children are neglected. The budget for food and transport was limited to one million only for the whole year. The Regional Commissioner promised to work immediately on it. From then, things have changed and the children are given priority in food and transport budget. For instance, the budget we received for this year 2013 is twenty five millions. (Interview with Head of School, 8/02/2013)

During an interview another Head of School commented as follows:

Our school used to be in another district before the municipal expanded its boundaries. The situation was terrible because there were no food budget. We sometimes received very little funding which was insufficient for us to maintain the

pupils at school. When the schools fail to provide breakfast and lunch to pupils, the latter stop coming to school. Fortunately now our situation is better. I wonder why there is such a big difference whereby one district can afford to fund for the disabled children and other cant. Are we from different governments? (Interview with Head of School, 11/02/2013)

The quotation reveals that the local government has increased its support to enable the children with special needs to benefit from primary education. The overall findings on the transport support have revealed that, hearing impaired children who stay in boarding schools are supported by the government for transport fare during holidays, to and from their homes. One special education teacher said:

The children we have in our school are from far places. They live as far as Iringa, Mbeya, Mtwara, Lindi, Dar es Salaam, Rukwa and from Ruvuma Region. During holidays, the government provides transport fare for both children and teachers who escort them to their districts where their parents meet them. The same process is followed when they are coming back to school. Teachers follow them to the same destination and bring them back to school. (Interview with classroom teacher, 15/02/2013)

The findings concur with Ressel – Fox (2011) who suggested that, for an effective learning process, a professional relationship should be developed with other personnel. The narrations reveal that parents of children with disabilities depend totally to the government support in transporting their children for holidays. In connection to that, another special education teacher for children with mental disabilities argued about this aspect as follows:

Since the children are day scholars, at early stage the parents have to send them to school and collect them after classes daily. Later we train them how to come to

school and how to go home without escort. We used to organize with public transport drivers to collect them at the same bus stop when they go back home. This practice could be much easier if only we could have school bus or special transport for them alone for safety purpose. (Interview with special education teacher, 13.02.2013)

The narrations reveal that lack of proper transport for children with mental disability may endanger the children.

4.3 Special Needs for Children with disabilities enrolled in schools.

The second objective of the study was to examine the needs of children with hearing impairment and mental disability.

4.3.1 Teaching and learning devices used by children with hearing disability

Learning devices are essential for children with hearing disability. Devices such as hearing aids are needed to help to regulate student voice so that they can learn easily. The study investigated the teaching and learning devices for hearing impairments. Students identified teaching and learning devices for hearing impaired children such as speech machines, audiology machines, earphones, video tapes related to various subjects and mobile phones which are used for asking teachers questions through text messages.

The academic coordinator specialized in special needs education revealed that the schools had shortage or had no some devices. One of the academic coordinator reported:

The shortage of teaching devices goes hand in hand with the shortage of special education teachers. We always report this issue but the response is too slow. For instance this year in January we could not admit thirty children in class one due to

the shortage of devices and teacher (interview with academic coordinator 19.02.2013)

Such comments signify that the shortage of devices for children with hearing disability in schools is well known by all responsible educational authorities. However, the assistance provided was too little to solve the shortage of teachers and learning devices. Most children were highly in need of the devices and thus suffer a lot in the learning process as a result of such shortage.

During the interview, both heads of schools were asked to mention the teaching devices that were needed in their schools for facilitating the teaching process for children with hearing disability. Their responses indicated that children needed audiometer and hearing devices. The needs of teaching and learning devices for children with hearing disability have been documented in some literature such as Mnyanyi (2007), who recommended that availability and use of teaching materials and assistive technologies is very important in enhancing learning process for students with disabilities.

4.3.2 Health Care Services

Data from interviews with heads of schools revealed that both schools never received any assistance or funds for health services for children with mental and hearing disability. Health care service is one of the most important needs to the children. One special needs education class teacher commented:

We need professionals such as doctors to investigate and attend to their health problems. In my class, I have two hyperactive pupils and one is deaf-blind.

Students with deaf blindness have both deafness and visual impairment; some of them are not educatable in the unit. So if only they could be diagnosed, it could be

easy to know where to place them for teaching and learning so that they get maximum support and achievement. (Interview with Head of School, 20.02.2013)

Furthermore, through questionnaires, teachers from the sampled schools were asked to identify the needs of the children with mental and hearing impairments. One of the class teachers said the following:

We have no funds for health services even the government have no budget for that. The pupils need doctors to clean their ears. Most of the parents of these children are poor, cannot afford to the specialists. As a result, the children suffer a lot for the hearing loss (Head of School Interview, 18/02/2013).

On recognizing students' needs for health care services, this study has revealed that the local government is doing the best in providing funds for food. While, health care services could improve and minimize complications to the disability children and the parents would be less frustrated since their children would benefit from their education in schools.

4.3.3 Funds for training life skills

Findings have revealed that both groups have life skill training. One of the class teachers narrated that:

Among students with disabilities, including hearing impairment have hard time in academics. When you see them you will not detect their problem by just looking at them. This group has no language. Even if they pass in class seven, it is difficult for them to continue with higher studies. Many of them do not complete secondary education. The best thing to do is to train them life skills. For instance, in our school when they reach class five we teach them regular lessons in the morning. In the afternoon they are trained vocational skills. This continues up to standard

seven. Girls learn sewing while boys learn carpentry. (Interview with class teacher 18/02/2013)

The Head Teacher had the following to say concerning the same issue.

When our pupils reach standard seven they sit for two exams. The first exam is for the completion of primary education while the second one is of vocational education. Therefore they graduate primary level with two certificates, thus they do get Primary School and Vocational Training Certificates. (Interview with Head Teacher, 10.3.2013)

Research results reveal that, many boys with hearing disability are carpenters while girls are tailors. It is also revealed that, one private school provides sewing machines for girls and carpentry tool box for boys when they complete primary level education.

Funds are needed for purchasing these equipments and materials for training. Through the help of donors the school is able to provide sewing machines for girls and carpentry tools for boys. Time will come when donors will no longer donate equipments. Therefore, it is high time that initiatives are taken to support for skill training to children with disability.

Data from interview with other unit coordinators revealed different information from the mental impaired pupils. One of the coordinators reported:

The mental disability pupils have three stages for their study. The duration of their course is five years. After that they have to proceed to boarding schools for job training. Learning in this special group, are mostly trained in agriculture and animal keeping. In our school we train them gardening and simple activities like cleaning. It is difficult to train them more activities because we lack funds. (Interview with unit coordinator, 13/02/2013)

One of the Head Teachers said:

Children mental disabilities are trainable and can be employed, for instance in cleaning the environment or offices. There should be a college for them for job training. The problem is that, mental disabilities are associated with mental illness or craziness. (Interview with Head teacher, 15.3.2013)

The quotations reveal that funds for skills and job training of children with mental disabilities are essential. By providing those funds for job training, may rescue them from being dependants and beggars in the streets.

4.3.4 A need for friendly environment

Data collected through observations and questionnaires, revealed that some schools needed friendly environment, especially toilets. Most teachers who responded through questionnaires stated the need of having separate toilets with none disability pupils. One of the teachers said:

Some of the parents come to school and inspect toilets before they bring their children to school. Some impaired children are also crippled. So it is difficult to use the same latrines. Parents who are not pleased with the environment refuse to bring their children to school (Interview with the unit coordinator, 18/02/2013)

This was contrary to TEN/MET, 2007). Who directed that, buildings and environment should be improved in schools and other educational institutions so as to meet needs of children with disabilities?

4.4 Stakeholders view on the Local Government support in primary education to children with disabilities

The last objective of the study was to assess stakeholders' views on the local government support in providing primary education to children with disabilities. Data were collected

through interviews and questionnaires. The following are the findings. The establishment of District Education Officer (DEO) for special needs education brought a big change in coordinating and facilitating education for children with disabilities. Formally, the schools with special need education were communicating directly to the central government and they had to receive all directives from the special education department at the Ministry level.

The findings concur with results from other studies such as Macha (2000) who have indicated that

A zonal special needs education inspector further explained the situation as follows:

There is a great problem of coordination of the provision of special needs education. For example, all primary schools are run by local authorities. But the administration of special needs education units is under the central government. Additionally, although they are located in one of the districts of the region, they admit children from the whole region and beyond. So it is difficult for the particular district to spend its levy on children who are not residents of the particular district. Pupils from other regions suffer a lot until their local authorities send money to the district where the school is located. Sometimes it happens that those pupils drop out of school because of failure of local authorities to remit funds in time. Sometimes they never provide funds at all. Worse enough is that there is no stipulated special needs education structure. There is only a special education department at the ministerial level. At zonal, regional and district levels the structure does not exist. Hence there is a lack of coordination of these services.

Despite the fact that, the situation has started being reversed by taking special education to the districts, the structure for handling special needs education issues is still questionable. Not all districts have special education coordinators and the powers availed to special education coordinators are not well stipulated as they have no budget set for special education activities. Data were available to indicate budget allocation but only funds that were sent to schools. It was also noted that funds sent to school were not enough causing children dropout as a result of having no food supplies in schools. Days where schools had food the school attendance was much higher as compared to days when food was not available.

The findings of this study revealed that, the municipality, through its District Education Officer (DEO) for special education coordinator, all schools and units of special needs education in the municipal also the DEO educates parents of children with special needs children and help them to allocate children to a particular school. Through his office the access of services to children with disabilities is accessed easily unlike before as it is quoted above.

Apart from that, a comment from one parent was as follows.

We are often called at school to see the development of our children and sometimes to attend their needs in particular when the school runs shortage of food for our children. Those meetings give us an awareness and cooperation among teachers and us parents. We contribute money, food and plates. We have also established our union, working hand in hand with school and the local authority. Moreover, we encourage other parents who have children with disability and do not want to send them to school by leaving that they are unteachable or they are so pity to their

children and thinking that better stay at home under their care (Interview with parent, 12.2.2013)

Another parent had the following to say:

My child has intellectual disability. I was so disappointed because we have to do everything for her. After sending her to school, with the help of special teachers, she is improving a lot. This program is very important and useful (Interview with parent interview, 16.3.2013)

Parents view basic education as a help to children with special needs and support the children in developing basic living skills. The daily living skills help children with disabilities to lead an independent life. Parents therefore place much importance to education and support they get through the awareness creation campaigns made at the Municipal level.

4.4.2 Availability of children with disabilities in primary education

From the study it was disclosed that increasing number of children with disabilities receive primary education in the municipality. School heads from the respondent schools revealed the following in

Table 4.3 Availability of children with disabilities in surveyed schools

| S/N | Type of Disability | No .of children | No. of special teachers |
|-----|-----------------------|-----------------|-------------------------|
| 1 | Hearing impaired | 128 | 7 |
| 2 | Intellectual impaired | 62 | 8 |
| 3 | Visual impaired | 37 | 5 |
| 4 | Deaf blind | 1 | 0 |

Source: *Field data, February 2013*

Although there are many children with hearing impairment, the special education teachers to cater for their needs were few compared to other types of disabilities. This might have had effects in their academic achievement.

4.4.3 Access to Food

During field data collection period, it was noticed that the municipal provided support to school in buying food for the children with disabilities. This is highly commented as most of the children with disabilities were from poor families and thus could not afford to bring food to schools. Table 4.4 indicates the amount of money that was budgeted for food supply in schools.

Figure 4.4 Funds for food for January to June 2013

| S/N | School | Amount received |
|-----|----------|-----------------|
| 1 | School A | 3,700,000 |
| 2 | School B | 9,000,000 |
| 3 | School C | 25,000,000 |
| 4 | School D | 42,000,000 |

Source: Field data, February, 2013

The findings support Mosha (2006), who pointed out that, availability of teaching aids brings smooth learning and teaching together with the appropriate provision of other needs including food.

4.5 Summary of the Chapter

This chapter has covered data analysis and findings of the study. Findings have indicated that teachers and teaching materials in both primary schools which provide special needs education are provided by the government. Also it was revealed that food support is the first priority, while transport support is the priority for children who are in residential schools.

Needs of hearing and mental disabilities were mentioned, these includes teaching and learning devices, health care services and funds for training life skills as well as friendly

environment like toilets and good classrooms. The findings on views of stakeholders on the local government support in primary education to children with disabilities, was presented.

CHAPTER FIVE

SUMMARY, CONCLUSION, AND RECOMMENDATION

5.0 Introduction

The aim of this study was to assess the Local Government support to children with mental and hearing disabilities in primary education. From this general aim and the review of literature, the researcher had three questions which were (1) what kind of Local Government support is accessed by children with mental and hearing disabilities? (2) What are the needs of children with mental and hearing disabilities enrolled in primary schools? (3) What are stakeholders' views on the Local Government support for primary schools children with disabilities? The study was qualitative in character. Data were collected through interviews and questionnaires. The major findings of this study are discussed below following the order of the three questions.

5.1 Summary of the Study

This study sought to assess the Local Government support to children with mental and hearing disabilities in Songea Municipality Primary Schools. It identified the type of local government support to children with mental and hearing disabilities in primary schools. The study also examined the needs of children with disabilities enrolled in schools under local government. Finally, it assessed stakeholder's views on the Local Government support in Primary Education to children with mental and hearing disabilities. The study was guided by the researcher's own developed model in order to assess the local government support. Related studies were reviewed in order to enrich the researchers' knowledge about the research problem and established the gap that was to be filled. It was revealed that most studies on the local government concentrated more in providing services

in general and did not focus on the local government support services to children with hearing and mental disabilities in primary education.

Qualitative research approach was employed to facilitate the study, using a case study design. Four primary schools from Songea municipal were purposely sampled because they were among schools which had children with hearing and mental disabilities in that area. A total of 281 respondents of different categories such as school heads, department coordinators, academic coordinators, special needs teachers, and classroom teachers, children with mental and hearing impairments and children without disability were involved in the study so as to generate wide and complementary information. Purposive sampling technique was used to select four School Heads, four academic coordinator or department (unit) coordinators and thirteen special education teachers for both mental and hearing disabilities. Snowballing sampling was used to trace parents with disability children and other resourceful persons who were able to give information. Opportunistic sampling was used when the researcher visited the District Education Officer for special Education during field work. Data were collected through questionnaires, interview guide and observation techniques.

5.2 Summary of the Key Findings

In this study, it was found that primary education for children with hearing and mental disability is fully supported by the local government authorities in both private and public schools. The support includes provision of special education teachers, learning materials, funds for food and transport. However, shortage of teachers and learning devices used by children with hearing impairments has negatively affected the ability of children to learn effectively.

Regarding the needs of the children with hearing and mental disability, findings have shown that health services need to be increased and improved and the funds for training life

skills as well as a need for friendly environment for learning are needed, which includes funds for toilets and accessible classrooms.

Concerning stakeholders views on the local government support in primary education, findings has revealed that, through the District Education Officer for special education, coordination is easily accessed and provided. The office takes initiatives in coordinating schools with disability children and the government. Parents are educated, children with disability are allocated to their proper schools according to the need, and thus a big number of impaired children are accessed to primary education. However the study revealed that there are still some few parents who hide their children with disability. This group is denied in receiving primary education. It was found that accessibility of local government to educate parents on the rights of every child to receive primary education is highly needed.

5.3 Conclusion of the Study

Basing on the findings the following conclusions are drawn. Primary education for children with mental and hearing disabilities in private and public schools is accessed and supported by the local government. Teachers, learning devices, funds for food and funds for transport are provided. However it is evident from the study that the support is inadequate.

Needs which are not accessed while they are important were identified in this study. They include health care services, life skill training and friendly environment for learning.

Moreover it was revealed that there is significant relationship and coordination between schools and the Local Government authorities through the DEO for special education. It was also shown in this study the need for the local government to educate the society on the importance of giving primary education to children with hearing and mental disabilities.

5.4 Recommendations

Based on the study the following recommendations are made.

5.4.1 Recommendations for Action

Education for children with disability has to be regarded by education stakeholders as an investment in order to build independent human beings and for future development since the government plans to invest in education, a high priority has to be deliberately placed on disadvantaged groups including mental and hearing disability.

This study has revealed that special needs primary schools are faced with shortage of funds for life skill training. Therefore it is recommended that MOEVT in collaboration with the local government authorities have to review and consider this group receives primary education and appropriate life skills for children with mental and hearing disabilities.

The study has shown that there are still some parents with special needs children, do not show them up, so these children are denied for basic education. Therefore, it is recommended that the government, non government organizations, social workers and community leaders educate the society and the general public to protect the rights of these children.

5.4.2 Recommendations for Further Research

The study has come up with a number of issues and gaps required to be addressed. On this basis, the following suggestions are hereby put forward:

- i. Since the study was conducted in one district involving only four primary schools, it is therefore suggested that similar studies should be carried out in other districts using a large sample for generalization purposes.

- ii. This study confined itself on accessibility of local government support by children with hearing and mental disability. Further study can be carried out in other schools for children with different special needs so as to compare the support and needs of those children.

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APPENDICES

Appendix A: Interview Guide for Parents/ Guardians of children with disabilities

1. Location (Name of the village, ward, district and ownership-----
2. Ethnicity-----
3. Male-----Female-----
4. Marital Status
 - a. Single b. Married c. Widow d. Widower e. Divorced
5. Level of education-----
6. Occupation.....
7. Did the child acquire the hearing/ mental/ deaf blind impairment since birth?
8. Do you know any other parents in your community with a child/ children with disability? Yes/ No.
9. If the response is “yes”, how do you cooperate with them?
10. Do you know anything about the provision of education for children with disability?
Yes /No).
11. Did you believe that children with disability could benefit from the schooling?
12. What costs (eg fees, transport charges stationeries, meals, uniforms, accommodation etc)

Did you have to incur expenses for the educational needs of your impaired child?

13. Did you afford the expenses? (Yes/ No). If you did not, what efforts did you make to meet those expenses for the educational needs of your child?

14. What support did you get for your impaired child from

- a. Relatives
- b. Community
- c. Local and central government
- d. Local NGOs ?

15. Are there any problems which your impaired child face due to lack of poor education.?

Yes/ No . If yes, what are they? (Please explain).

Appendix B: Interview Guide for Heads of Schools.

1. Male-----Female-----
2. Name of the school-----
3. Location of the school-----
4. Level of education-----
5. Professional background-----
6. Teaching experience-----
7. For how long you have been the head of this school?
8. What is the total number of children in your school?
 - a. Boys-----
 - b. Girls-----
9. When did your school start enrolling children with disabilities?
10. How many children with disability are there in your school?
 - a. Boys-----
 - b. Girls-----
11. What criteria are used in enrolling those children in your school?
12. What arrangements are made in getting the children to school in class one?
13. Do you think all impaired children of school age in your area are already in school?
 Yes/No

 If “No”, why?
14. Are there dropouts? (Yes/ No)
15. What do you think could be the reason for the dropouts?
16. Are there enough teaching/learning facilities in you school? (e.g. text books, teaching models, adapted equipments, stationeries, etc. (Yes/ No).

 If you do,
 - a) What are they?

b) What is the ratio of those facilities per student(s) ?

17. What is the condition of the teaching and learning facilities?
18. How do you get them who is responsible to provide the school with teaching/ learning materials?
19. How many teachers are there in total (specialist and non- specialist)?
20. Do you or other teachers encounter any problems in teaching children with disability in the class? (Yes/ No,)
21. If you do what are the problems?
22. How do you go about solving them problems?
23. In dealing with the problems you have explained, what support/ cooperation do you get?
 - a. School
 - b. Parents/ guardians
 - c. Community
 - d. Local authority and
 - e. Central governments
24. In order to improve access and acquisition of primary education for children with disabilities, what efforts are made by your school?
25. How do you think the provision of primary education and support to children with disabilities could be improved?
26. In raising access and acquisition primary education for children with disabilities, what measures do you think are important and necessary to be made ?

Appendix C: Questioner for Classroom Teachers.

1. Name of the school-----
2. Location of the school-----
3. Teaching experience-----
4. Professional background-----
5. How many students with disability are there in your class?
 - a) Boys-----
 - b) Girls-----
6. Are there any dropouts among impaired students in your class?

Boys-----

Girls-----
7. What are the reasons behind this dropouts problem?

8. Are there enough teaching/ learning facilities in your school? (e.g. text books, teaching models, adapted equipment, stationeries etc.) Yes/ No.

If the response is “yes”,

 - a. What are they?

 - b. What is the ratio of those facilities per student
9. What is the condition of the teaching/ learning facilities?

10. How do you get them? Who is responsible to improve the school with teaching/
 learning materials? -----

11. Do you encounter any problem in teaching impaired students? (Yes/ No)

12. If you do, what these problems are?

13. How do you go about solving those problems?-----

14. In dealing with problems you have explained above what support do you get
 from

a. School:-----

b. Parents/guardians:-----

c. Community:-----

d. NGOs:-----

e. Local authority:-----

a. Central government-----

15. What can you say about the real situation facing children with disability who have either no or poor education in terms of

a. Knowledge and skills-----

b. Employment-----

c. Health-----

d. Poverty-----

e. Self actualization-----

f. Discrimination-----

g. Security-----

h. Independent living -----

16. In order to improve access of primary education to children with disability what efforts is your school making?-----

How do you think the provision of primary education and support to children with mental and hearing disabilities could be improved?

17. In raising access and acquisition of basic education for impaired students, what measures do you think are important and necessary to be made by:

a. Parents

b Village/ community

c. Government (Local and central)

Appendix D: Interview Guide for Local Government Officials.

Personal Data

1. Name of the official-----
2. Sex : a) Female-----b) Male-----
3. Position-----
4. Experience-----
5. Level of education-----
6. What arrangements does the Local government make to support the basic educational needs of children with disability?
7. Is there any specific allocated educational fund for children with disability? (Yes/ No).
8. If the response is “Yes”,
 - a) What kind of support does the fund give?
 - b) How many children benefit from this fund?
9. Are there enough trained specialist teachers? (Yes/ No).
 - a) If the response is” Yes”, what is the student/teacher ratio per class?
 - b) If the response is “NO”, why?
10. Are there enough learning teaching materials? (Yes/ No).
 - a) If the response is “Yes” are they in good order?
 - b) What is the ratio of e.g. text books, typewriters, etc. per student?
11. What has been the annual budget for special needs education?
12. Has the budget been meeting the requirements of all special needs basic education schools? (Yes/ No).
13. If it has not been so, please explain how do you manage to run special needs education schools with no or limited resources. Please give details of the situation in the schools
14. In raising accessibility and support of basic education to disabilities, what measures do you think are important and necessary to be made by:

- a) Parents/ guardians
- b) Community/ village
- c) Local and Central Government.