

**THE CHALLENGES AFFECTING THE PROVISION OF HEALTHCARE
SERVICES TO PEOPLE WITH DISABILITIES IN MUKUJU SUB-COUNTY,
TORORO DISTRICT**

ELIZABETH ANYANGO

S23/MUC/BSW/038

**A DISSERTATION SUBMITTED TO THE SCHOOL OF SOCIAL SCIENCES IN PARTIAL
FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD OF THE DEGREE OF
BACHELOR OF SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN
UNIVERSITY**

May, 2025




**UGANDA CHRISTIAN
UNIVERSITY**

A Centre of Excellence in the Heart of Africa

DECLARATION

I declare that this information is my original work and has not been presented to any institution for the award of the same or any other award.

SIGNATURE..........

DATE.....26/05/2025.....

ANYANGO ELIZABETH

S23/MUC/BSW/038

APPROVAL

This is to certify that this research report has been completed under my supervision on behalf of Uganda Christian University and is now ready for submission.

SIGN.....

Nth fab gll

DATE.....

28/10/2025

MR. NUWAGABA NABOTH

UNIVERSITY SUPERVISOR

DEDICATION

I dedicate this work to my family members for their kind financial and moral support to my Education. I pray that the almighty God Bless you all.

ACKNOWLEDGEMENT

I take this honor to convey special thanks to Uganda Christian University fraternity for their academic support and for this note, I greatly thank my research supervisor, Mr. Nuwagaba Naboth for his academic guidance rendered to me during report development. I pray he may live to witness more great years on earth.

I also appreciate my family and relatives, not forgetting classmates whose emotional and physical support was significant for my completion of my research and general academic studies. God bless you all.

TABLE OF CONTENTS

DECLARATION	i
APPROVAL	ii
DEDICATION.....	iii
ACKNOWLEDGEMENT.....	iv
LIST OF ACRONYMS.....	ix
ABSTRACT	x

CHAPTER ONE

INTRODUCTION

1.0 Introduction	1
1.1 Background of the study.....	1
1.2 Problem statement	3
1.3 General objective.....	4
1.4 Specific Objectives.....	4
1.5 Research Questions	5
1.6 Scope of the study	5
1.6.1 Geographical location.....	5
1.6.2 Time scope	5
1.6.3 Content scope	5
1.7 Significance the study	5
1.8 Figure 1 Conceptual frame work.....	6

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction	8
2.1 The accessibility of healthcare facilities for people with disabilities.....	8
2.2 The capacity of healthcare workers in providing disability-inclusive services.....	12
2.3 The socio-economic and infrastructural barriers to healthcare access for people with disabilities.....	15
2.4 Research gaps identified in the existing literature.....	18

CHAPTER THREE

RESEARCH METHODOLOGY

3.0 Introduction	20
3.1 Research Design	20
3.2 Area of study	20
3.3 Sources of information	20
3.4 study population	21
3.5 Sample size determination.....	21

3.5 Variables and indicators	22
3.5.1 Independent variables.....	22
3.5.2 Dependent variable.....	22
3.6 Measurement levels.....	23
3.7 Data collection procedure.....	23
3.8 Data collection instruments	24
3.8.1 Interview guide.....	24
3.8.2 Questionnaire.....	24
3.9 validity and reliability of data	24
3.9.1 Validity.....	24
3.9.2 Reliability	24
3.10 Data processing and analysis.....	25
3.10.1 Qualitative data analysis.....	25
3.10.2 Quantitative data analysis.....	25
3.11 Ethical considerations.....	25

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.0 Introduction	27
4.1 Response rate.....	27
4.2 Bio Data.....	27
4.2.1 Gender of respondents.....	27
4.2.2 Marital status of respondents.....	28
4.2.3 Age of respondents	28
4.2.4 Qualification of respondents	29
4.2.5 Years of working	29
4.3.0 Research question one: Finding out the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County	30
4.3.1 Inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers	30
4.3.2 Limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities	31
4.3.3 Insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers.....	32
4.3.4 High medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment	32
4.3.5 Stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention	33

4.4.0 Research question two: Finding out the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County	34
4.3.1 Limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities.....	34
4.4.2 Lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments.....	35
4.4.3 Inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities	35
4.4.4 Shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities	36
4.4.5 Heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services	37
4.5.0 Research question three: Finding out the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County	38
4.5.1 Limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible	38
4.5.2 Inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses.....	39
Source: primary data (2025).....	39
4.5.3 Poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services.....	40
4.5.4 Limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care.....	41
4.5.5 Long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments	42

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction	43
5.1 Summary of findings.	43
5.1.1 Research Question one: Findings on the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County	43
5.1.2 Research Question two: Findings on the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County	44
5.1.3 Question three: Findings on the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County	44
5.2 Conclusion.....	45
5.3 Recommendations	46
References	47

APPENDICES

APPENDIX I: QUESTIONNAIRE.....	52
APPENDIX II: INTERVIEW GUIDE.....	56

LIST OF ACRONYMS

ADA	:	African Disability Alliance
CRPD	:	United Nations convention on the rights of persons with disabilities
NGO	:	Non-governmental organizations
NUDPU	:	National Union of Disabled Persons of Uganda
PWD	:	People with Disabilities
SPSS	:	Statistical Package for Social Sciences
UBS	:	Uganda Bureau of Statistics
UNCRPD	:	United Nations Convention on the Rights of Persons with Disabilities
UNICEF	:	United Nations International Children's Emergency Fund
WHO	:	World Health Organization

ABSTRACT

This research report was undertaken to investigate the challenges affecting the provision of healthcare services to people with disabilities in Mukuju Sub-County, Tororo District. It was guided by three objectives; to assess the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County, to evaluate the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County, to identify the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County. The researcher used a sample size of 63 respondents then used questionnaires and interview guide to collect data which was later analyzed using the statistical package for social sciences. Results of the first objective shows that accessibility of healthcare facilities has a significant effect on people with disabilities in Mukuju Sub-County, Supported by the following responses; 62% were positive to the statement that high medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment; 61% of the respondents were positive to the statement that stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention. Results of the second objective showed that capacity of healthcare workers has a significant effect on disability-inclusive services in Mukuju Sub-County and was supported by the following responses which include; 80% of the respondents were positive to the statement that lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments, it can be observed that 57% were positive to the statement that shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities, 51% were positive to the statement that heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services while results of the third objective indicated that socio-economic and infrastructural barriers have a significant effect on healthcare access for people with disabilities in Mukuju Sub-County. There is need for the government to prioritize and invest in the integration of disability-inclusive practices in all healthcare systems to ensure equitable access for people with disabilities. This begins with formulating and enforcing policies that mandate disability-friendly standards in all public and private health facilities. The government should increase budget allocations to support construction and renovation of hospitals and clinics to meet universal design standards.

CHAPTER ONE

INTRODUCTION

1.0 Introduction

This chapter presents a background of the study, statement of the problem, general objective, specific objectives, and research questions, scope of the study, significance of the study, conceptual framework.

1.1 Background of the study

Healthcare services for people with disabilities have been defined as the provision of medical, rehabilitative, and supportive services tailored to address the unique physical, mental, and sensory needs of individuals with impairments (World Health Organization 2011). Globally, over 1 billion people, representing approximately 15% of the world's population, live with some form of disability, and nearly 80% of these individuals reside in low- and middle-income countries (WHO 2022). Despite advancements in policy frameworks such as the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD), many people with disabilities continue to experience significant barriers in accessing healthcare services. These barriers include inaccessible infrastructure, discriminatory attitudes from healthcare providers, and lack of affordable assistive devices. For instance, global reports suggest that only 10-15% of people who require assistive technologies such as wheelchairs or hearing aids have access to them (UNICEF 2020). Although international frameworks advocate for disability inclusion in healthcare, practical implementation remains limited, especially in rural and underserved regions. This situation highlights the need for systematic efforts to ensure that healthcare policies address both physical and attitudinal barriers effectively. However, a gap persists in translating global commitments into tangible improvements in service delivery, particularly in regions with constrained resources.

In Sub-Saharan Africa, where healthcare systems are already stretched due to factors such as poverty, limited infrastructure, and high disease burdens, individuals with disabilities face compounded challenges (Mitra et al. 2017). Recent statistics reveal that approximately 25% of people with disabilities in the region report unmet healthcare needs, a stark contrast to the global average of 10% (Ngugi et al. 2021). Key barriers include inaccessible health facilities, with less than 50% of clinics in the region meeting the basic accessibility standards required for people with mobility challenges (UNDP 2020). Furthermore, healthcare provider shortages

and the lack of disability-specific training exacerbate the situation. For instance, in a study conducted across 15 Sub-Saharan African countries, it was found that only 20% of healthcare workers received any form of disability-inclusive training during their professional education (Mwesigwa et al. 2019). Despite some initiatives to integrate disability awareness into public health campaigns, significant gaps remain in implementing comprehensive disability-sensitive policies. Limited budget allocations for disability-inclusive health services further widen the disparity, underscoring the urgency of addressing these challenges through targeted interventions.

In East Africa, particularly in Kenya and Tanzania, community-based healthcare programs have been introduced to extend services to marginalized populations, including individuals with disabilities (Khasakhala & Mwaniki 2020). However, these programs have faced operational challenges such as inconsistent funding, lack of trained personnel, and weak intersectoral collaboration. In Kenya, for example, a survey by the Ministry of Health (2021) indicated that 43% of healthcare facilities were not equipped with ramps or elevators, rendering them inaccessible to individuals with mobility impairments. Similarly, only 18% of healthcare providers in Tanzania reported confidence in addressing the needs of patients with disabilities, emphasizing the need for specialized training programs (Ochola et al. 2022). Moreover, assistive devices such as hearing aids and prosthetics remain unaffordable for most families, with less than 30% of those in need able to access them (African Disability Alliance 2020). Although government initiatives such as Kenya's Disability Act and Tanzania's Community-Based Rehabilitation programs aim to promote inclusivity, enforcement and monitoring mechanisms remain inadequate. This has resulted in a lack of meaningful progress, leaving critical gaps in addressing the healthcare needs of people with disabilities across the region.

In Uganda, the Ministry of Health has adopted several policies aimed at promoting equitable access to healthcare for people with disabilities, such as the National Policy on Disability and the Health Sector Development Plan (Uganda Bureau of Statistics 2020). However, despite these efforts, disparities in service delivery remain widespread, particularly in rural areas where 85% of the population resides. Statistics from the Uganda Bureau of Statistics (2021) indicate that approximately 12% of Ugandans live with disabilities, yet less than 40% have access to essential healthcare services. Financial barriers remain a significant issue, with out-of-pocket healthcare expenditures averaging UGX 20,000 per visit, which many families cannot afford. Additionally, less than 30% of healthcare facilities in the country meet basic accessibility standards, and only 15% of healthcare workers report receiving disability-specific

training (National Union of Disabled Persons of Uganda 2020). Furthermore, societal stigma and discrimination against people with disabilities exacerbate their exclusion from healthcare services, resulting in poorer health outcomes. Although non-governmental organizations (NGOs) have implemented community-based rehabilitation programs to address these issues, their coverage remains limited, particularly in remote areas.

In Mukuju Sub-County, Tororo District, the challenges faced by people with disabilities in accessing healthcare services are even more pronounced due to the area's rural nature and limited infrastructure (Tororo District Local Government 2022). With a population of approximately 70,000 residents spread across 300 square kilometers, the sub-county has only three primary healthcare centers, none of which fully comply with accessibility standards. Reports indicate that individuals with disabilities often travel over 10 kilometers to access healthcare services, with transportation costs averaging UGX 10,000 per trip, further limiting their access to care (Uganda Bureau of Statistics 2022). While NGOs such as the Comprehensive Rehabilitation Services in Uganda (CoRSU) have provided support in terms of assistive devices and rehabilitative care, these initiatives are sporadic and fail to address the broader systemic issues. Moreover, there is a lack of comprehensive data on the healthcare needs of people with disabilities in the area, which hinders effective planning and policy development. It is against this backdrop that this study seeks to explore the challenges of healthcare services for people with disabilities in Mukuju Sub-County, Tororo District, to identify existing gaps and propose actionable strategies for improving accessibility and service quality.

1.2 Problem statement

Access to healthcare is a fundamental human right, yet its accessibility for people with disabilities in Uganda remains a critical challenge despite national and global commitments to equity. Ideally, healthcare services should be inclusive, with facilities equipped with ramps, accessible toilets, sign language interpreters, and trained personnel capable of addressing the unique needs of individuals with disabilities. Uganda's Ministry of Health, through policies like the National Policy on Disability (2006) and the Health Sector Development Plan (2020/21–2024/25), emphasizes equitable healthcare for all. An annual budget of UGX 2.7 trillion is allocated to the health sector, with specific provisions for vulnerable populations, including people with disabilities (Uganda Bureau of Statistics, 2023). However, the actual situation reveals significant disparities. For instance, only 30% of healthcare facilities in rural

areas like Mukuju Sub-County meet minimum accessibility standards, compared to 65% in urban centers. Furthermore, less than 20% of healthcare workers in the sub-county have received training on disability-specific care, leaving the majority ill-prepared to handle diverse cases (National Union of Disabled Persons of Uganda, 2022). Financial barriers compound the problem; households spend an average of UGX 20,000 per clinic visit, which is prohibitive for many, especially in rural areas where poverty rates exceed 45%.

Moreover, transportation remains a critical barrier, with individuals traveling over 15 kilometers to access the nearest health facility, often on rough terrain unsuitable for wheelchairs or assistive devices. National statistics reveal that only 35% of people with disabilities in rural Uganda access essential health services, compared to 70% in urban areas (Uganda Bureau of Statistics, 2021). In Mukuju Sub-County, where the population exceeds 70,000, most health centers lack specialized equipment, such as adjustable beds, and essential personnel, including rehabilitation specialists. Interventions by organizations like the Uganda Society for Disabled Children have made strides in providing assistive devices and rehabilitation services, yet these initiatives are often localized and fail to scale across regions. Additionally, discriminatory attitudes and inadequate community based outreach programs exacerbate the issue, leaving people with disabilities excluded from health awareness campaigns.

Despite some progress, critical gaps in policy implementation, infrastructural development, and service provision remain, highlighting the need for comprehensive strategies to address these shortcomings. It is against this backdrop that the researcher seeks to investigate the challenges of healthcare services for people with disabilities in Mukuju Sub-County, Tororo District, to identify existing gaps and propose actionable solutions to enhance equitable access and service delivery for this vulnerable population.

1.3 General objective

To investigate the challenges affecting the provision of healthcare services to people with disabilities in Mukuju Sub-County, Tororo District.

1.4 Specific Objectives

- i. To assess the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County.

- ii. To evaluate the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County.
- iii. To identify the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County.

1.5 Research Questions

- i. What is the level of accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County?
- ii. What is the capacity of healthcare workers in delivering disability-inclusive services in Mukuju Sub-County?
- iii. What socio-economic and infrastructural barriers hinder healthcare access for people with disabilities in Mukuju Sub-County?

1.6 Scope of the study

1.6.1 Geographical location

This study was carried out from Mukuju Sub-county which is situated in the eastern region of Uganda, within Tororo District. It is approximately 10 kilometers west of the town of Malaba, which lies at the border between Uganda and Kenya.

1.6.2 Time scope

The period to be considered for the study was 3 years that is from 2020-2023, this is because during that period in Mukuju Sub-county, there are significant barriers preventing people with disabilities from accessing adequate healthcare.

1.6.3 Content scope

The study was limited to the challenges of healthcare services on the people with disabilities in Mukuju sub-county, Tororo district.

1.7 Significance the study

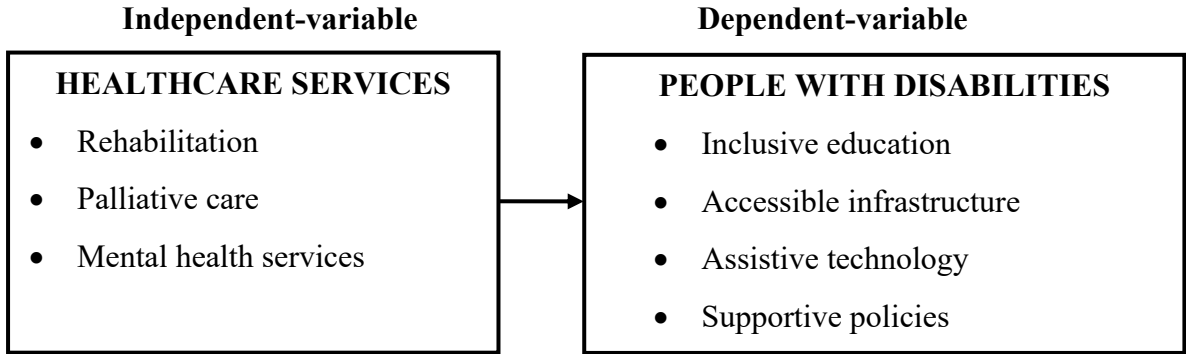
Understanding the challenges faced by individuals with disabilities in accessing healthcare services is crucial for stakeholders, including healthcare providers, community organizations, and advocacy groups. Identifying these barriers enables stakeholders to develop targeted interventions to improve service delivery and ensure that healthcare systems are inclusive and responsive to the needs of all community members.

For policymakers, gaining insight into the specific obstacles encountered by individuals with disabilities in accessing healthcare is essential for formulating effective policies and regulations. Understanding these challenges allows policymakers to create frameworks that promote inclusivity, allocate funding appropriately, and implement strategies that address the unique needs of this population.

Academicians benefit from studying the healthcare challenges faced by individuals with disabilities as it contributes to the body of knowledge in public health, social sciences, and disability studies. Research findings can inform curriculum development, guide future studies, and provide empirical evidence that supports theoretical frameworks.

District officials, responsible for local governance and resource allocation, can utilize this information to enhance the quality and accessibility of healthcare services within their jurisdictions. By understanding the specific needs and challenges of individuals with disabilities, district officials can advocate for necessary infrastructure improvements, ensure that healthcare facilities are equipped to serve all community members, and monitor the implementation of policies aimed at reducing health disparities. This proactive approach leads to more equitable healthcare outcomes and fosters a healthier, more inclusive community.

1.8 Figure 1 Conceptual frame work



Source: Researcher’s conceptualization (2025)

Figure 1 above shows healthcare services as an independent variable encompass rehabilitation, palliative care and mental health services all which significantly impact people with disabilities. Rehabilitation provides physical, occupational and speech therapies, promoting independent and enhancing daily functioning for individuals with physical or cognitive impairments. Palliative care focuses on improving the quality of life for those with chronic or terminal conditions addressing pain and symptoms while offering emotional and physical

support. Mental health services cater to the mental and emotional well-being of individuals helping them manage conditions like depression, anxiety and stress which are common among people with disabilities.

People with disabilities as a dependent variable are deeply influenced by factors such as inclusive education, accessible infrastructure, assistive technology and supportive policies. Inclusive education ensures that individuals with disabilities can participate in mainstream educational settings, promoting social integration and equal learning opportunities. Accessible infrastructure including ramps, wider doorways, and adaptive facilities facilitates mobility and independence ensuring that public and private spaces are usable for all. Assistive technology such as wheelchairs, hearing aids and communication devices enhances the functional capabilities of individuals enabling them to overcome physical and cognitive challenges. Supportive policies such as anti-discrimination laws and disability benefits provide legal protection and financial assistance creating an environment where people with disabilities are empowered to participate fully in society.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

The general research objective in this study sought to investigate the challenges affecting the provision of healthcare services to people with disabilities in Mukuju Sub-County, Tororo District. And the literature is reviewed according to the three objectives which include; to assess the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County, to evaluate the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County, to identify the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County and gaps identified in the existing literature.

2.1 The accessibility of healthcare facilities for people with disabilities

The accessibility of healthcare facilities for individuals with disabilities has been a significant area of concern in China particularly in recent years as the nation strives to improve inclusive health services. Wang and Liu (2022) opined that the importance of removing physical barriers in healthcare environments to ensure that individuals with disabilities can receive necessary medical care. Their study noted that many hospitals still lack essential features such as ramps, accessible restrooms and engage in braille which can inhibit access for those with mobility challenges. Furthermore, Zhang and Li (2023) contends that healthcare workers often lack training in understanding and accommodating the unique needs of patients with disabilities emphasizing the importance of integrating disability awareness into medical education and ongoing professional development.

In addition to physical accessibility, the efficacy of communication within healthcare settings is a crucial factor for individuals with disabilities. Chen and Xu (2023) noted how language barriers and the absence of specialized communication tools can lead to misunderstandings and a lack of appropriate care for patients with sensory impairments. They advocate for the implementation of programs for healthcare workers that focus on effective communication strategies tailored to individuals with disabilities. Additionally, Zhao and Sun (2024) explored telehealth services as an innovative solution to overcome geographical and physical barriers arguing that these platforms could provide more consistent access to healthcare for individuals who may struggle to visit facilities in person.

The impact of societal attitudes towards disabilities also plays a crucial role in accessibility. Yang and Gao (2022) described how stigmatization can discourage individuals with disabilities from seeking medical help resulting in delayed treatment and adverse health outcomes. Their research emphasizes the need for public awareness campaigns to foster a more inclusive society that recognizes the rights of people with disabilities. Concurrently, Wang and Feng (2023) opined the responsibility of government policies in promoting accessibility within healthcare systems stating that comprehensive legislation must be enacted to mandate accessibility standards for all healthcare facilities thereby ensuring equal access to health services for all.

Access to healthcare facilities for people with disabilities (PWD) in China has gained significant attention in recent years especially as the country grapples with both its demographic shifts and the obligations mandated by national legislation. According to Wei and Liu (2023) while in China has established frameworks aimed at improving accessibility in healthcare facilities, implementing remains inconsistent across regions. The authors implored that disparities in resource allocation influenced by socio-economic factors which hinder the development of universally accessible health services leaving many persons with disabilities without adequate care. Similarly, Zhang and Chen (2023) contends that the cultural attitudes towards disability for person with disability to seek necessary medical attention. They suggest that public awareness campaigns could be instrumental in reshaping perceptions that contribute to unequal access.

The Chinese government commitment to international standards as outlined by the United Nations Convention on the rights of persons with disabilities underscores the need for a comprehensive review of existing policies (Li & Wang 2023). These authors indicate that while certain cities have made strides in improving healthcare facility design to accommodate persons with disabilities, rural areas often lag significantly behind creating a two-tiered healthcare system within the country. This disparity highlights the need for targeted interventions in less developed areas to ensure that all individuals receive equitable healthcare services. Additionally, Powel et al (2018) postulated the importance of training healthcare professionals regarding accessibility and disability awareness. Their research shows that healthcare workers often lack the necessary training to effectively assist persons with disabilities further complicating their access to appropriate care.

The intersectionality of disability with other factors such as age, geography plays a crucial role in healthcare accessibility in China as mentioned by Oian & Zhao (2024). The authors contend that policies must not only address physical barriers but also consider psychological and societal dimensions that impact persons with disabilities' healthcare experiences. They advocate for holistic approach to policy making that incorporates feedback from persons with themselves to ensure their voices are heard in the planning process. Additionally, Liu and Feng (2022) noted the significance of leveraging technology to enhance healthcare access for persons with disabilities pointing out the telehealth and mobile health services as potential alternatives to traditional care pathways. These innovations could play vital role in bridging gaps in service delivery especially in remote or underserved communities in China.

Access to healthcare facilities is a fundamental human right yet people with disabilities in Egypt face significant barriers that inhibit them to receive adequate medical care. Recent studies have documented various obstacles including physical barriers, insufficient staff training and inadequate health policies. According to Abou El Fadl et al (2020), an assessment of healthcare facilities in Cairo revealed that more than 70% of hospitals lacked essential accessibility features such as ramps, accessible restrooms, and designated parking spaces. The physical inaccessibility not only diminishes the quality of healthcare received by individuals but also exacerbates feelings of marginalization and neglect (Bedewy et al 2023). Furthermore, the lack of accessible transportation options further complicates the situation as individuals often struggle to reach healthcare services leading to delays in treatment and worsened health outcomes (Khedr et al 2021).

Institutional and systemic barriers perpetuate the difficulties faced by people with disabilities in accessing healthcare. The World Health Organization (WHO 2021) noted that healthcare personnel often lack adequate training on the rights and specific needs of individuals with disabilities leading to unintentional discrimination and inadequate care. In Egypt, this lack of awareness primarily stems from deeply rooted societal stigmas and micro-conceptions surrounding disabilities (Hassan et al 2022). Consequently, healthcare providers may inadvertently dismiss the needs of patients with disabilities which can further discourage individuals from seeking necessary medical attention. Concurrently, the implementation of national policies and guidelines is inconsistent, failing to establish a standardized framework for accessibility (Elhadi et al 2023).

The accessibility of healthcare facilities for persons with disabilities in Uganda remains a salient public health issue impacting the quality of care and overall health outcomes for this vulnerable population. In a study by Kinyanda et al (2021), it was revealed that only 32% of the health facilities in Uganda were deemed accessible for individuals with various disabilities. This lack of accessibility was attributed to infrastructure deficiencies such as stairs, narrow doorways and inadequate signage which severely hindered the ability of people with disabilities to seek essential services. The researchers emphasized the need for the specific needs of individuals with disabilities as mandated by the international conventions like the United Nations convention on the rights of persons with disabilities (CRPD).

The social stigma surrounding disability in Uganda exacerbates the challenges faced by individuals seeking healthcare. According to a survey by Namuli et al (2022), many healthcare providers exhibit negative attitudes towards patients with disabilities often leading to inadequate treatment and care. The survey findings corroborated the idea that societal perceptions and discriminatory practices within the healthcare system act as significant barriers to service utilization. Namuli et al (2022) called for the implementation of training programs for healthcare personnel aimed at fostering disability-inclusive practices thereby enhancing the patient experience and ensuring equitable access to healthcare resources for all individuals regardless of their physical limitations.

Community based initiatives have shown promise in mitigating barriers to healthcare access for people with disabilities in Uganda. A study by Kabuga et al (2023) stressed successful pilot projects that employed local outreach workers to educate communities and facilitate navigation within healthcare systems. These initiatives not only increased awareness of available services but also empowered people with disabilities to advocate for their health rights actively. The findings from Kabunga et al (2023) suggested that grassroots interventions can complement governmental efforts by bridging the gap between healthcare providers and disabled individuals ultimately leading to more inclusive health policies. This literature underscores the imperative for stakeholders in Uganda to prioritize accessibility improvements and education of healthcare personnel to foster an inclusive environment that accommodates people with disabilities.

2.2 The capacity of healthcare workers in providing disability-inclusive services

The capacity of healthcare workers in the United Kingdom (UK) to deliver disability-inclusive services has emerged as an essential focus of research in recent years. A study by Glover and Brown (2020) opined that effective disability inclusive healthcare requires robust training frameworks that enhance the competencies of staff members to acknowledge the diverse needs of disabled individuals. Their findings indicated that training programs should not only include clinical skills but also emphasize communication skills and socio-cultural understanding necessary for effective patient interaction. Similarly, a comprehensive review by Hughes and Parks (2021) noted that many healthcare practitioners lack adequate knowledge about disabilities leading to barriers in service provision. The authors argue that a significant investment in ongoing professional development for healthcare workers is crucial in addressing these gaps and fostering a more inclusive healthcare environment.

The role of policy in enabling healthcare workers to provide disability-inclusive services cannot be overstated. Johnson and Taylor (2019) stressed the importance of national health policies that explicitly incorporate disability awareness and responsiveness into healthcare practices. They noted that alignment of policy with healthcare delivery can significantly enhance the framework within which healthcare workers operate thereby enhancing their ability to cater for disabled individuals effectively. Furthermore, a study by Smith and Campbell (2022) denoted that health services that adopt a holistic, inclusive approach enrich the quality of patient care and ensure that healthcare workers feel empowered to act as advocates for disability rights within their institutions. This synergy between policy and practice can lead to improved health outcomes for disabled individuals consequently illustrating the vital connection between systemic support and frontline service provision.

Addressing the psychosocial aspects of disability is critical for improving the capacity of healthcare workers. Silva and Thompson (2020) conducted a qualitative study that explored healthcare workers' perception of disability within the context of their practice. Their findings revealed that many healthcare professionals feel ill-equipped to handle the emotional and psychological complexities associated with disability. The study advocates for enhanced training focused on the psychosocial components of disability care indicating that this could help healthcare workers build better rapport with disabled patients. Similarly, a program evaluation by Foster and Gray (2021) evaluated community based interventions aimed at upskilling healthcare workers in delivering disability inclusive health services. They found that

fostering collaborative practices among healthcare workers, community organizations and disabled individuals significantly improved the mutual understanding and responsiveness to the specific needs of disabled patients. Collectively, these studies underline the urgent need for a multifaceted approach that addresses training, policy and psychosocial dimensions to enhance the capacity of healthcare workers in providing disability inclusive services in the United Kingdom.

According to Liu and Zhang (2022), the capacity of healthcare workers in China to provide disability-inclusive services is critical for improving healthcare outcomes for persons with disabilities. The authors contend that despite advancements in policies aimed at supporting the disabled significant gaps remain in effective service delivery due to inadequate training among healthcare professionals. They opined that enhancing education and training programs can better equip healthcare workers with necessary skills to address the unique needs of individuals with disabilities. Furthermore, Wang and Li (2023) stressed that the integration of disability awareness into medical curricula is essential for fostering a healthcare that is prepared to deliver inclusive services especially in rural areas where resources may be limited.

In examining the current landscape of disability inclusive healthcare in China, Chen and Liu (2023) affirmed that systemic barriers that hinder effective service delivery including cultural stigma and lack of awareness among healthcare providers. They contend that these barriers contribute to a cycle of exclusion where individuals with disabilities receive suboptimal care or are reluctant to seek medical services. Moreover Feng and Tang (2022) explored the importance of policy reform advocating for a multifaceted approach that includes not only better education for healthcare workers but also community engagement to change perceptions related to disability. This approach can foster a more supportive environment for both healthcare providers and individuals with disabilities.

Gao & Zhao (2024) intimated the agency of implementing disability-inclusive practices in healthcare settings, identifying specific training needs for healthcare workers to ensure they can competently serve patients with diverse disabilities. Their research highlights successful case studies within China where targeted training has led to improved patient satisfaction and health outcomes. While Wang & Chen (2023) asserted collaboration between governmental and non-governmental organizations is vital in promoting a culture of inclusivity within the healthcare system. They emphasized that establishing evaluation mechanisms to assess the effectiveness of training programs is necessary to ensure that the efforts to build

capacity among healthcare workers translate into meaningful improvements in service delivery for individuals with disabilities.

Ndamira and Kitiabi (2022) intimated that the capacity of healthcare workers in Uganda to deliver disability-inclusive services is pivotal for enhancing health equity among individuals with disabilities. Their research emphasized the pressing need for comprehensive training programs that equip healthcare professionals with the necessary skills to understand and address the unique health needs of disabled individuals. Despite government initiatives aiming to improve healthcare access, gaps in knowledge and attitudes towards disability among healthcare workers hinder effective service delivery. Furthermore, Obua and Kizito (2023) asserts that integrating disability rights and sensitivity training into medical education can significantly enhance healthcare workers' ability to offer inclusive services particularly in rural regions where resources are sparse.

Exploring systemic challenges, Akena and Ssebunya (2023) postulated preventive barriers such as societal stigma and insufficient resources which impede the capacity of healthcare workers in Uganda to provide a adequate care for people with disabilities. They noted that these challenges lead to pervasive culture of exclusion where many disabled individuals are either underserved or avoid seeking healthcare altogether due to negative experiences. In this context, Nabasumba and Muyinda (2022) advocated for a multi-sectorial approach that includes collaboration with local organizations to foster awareness and education regarding disabilities issues. Such partnerships are critical in building a supportive network that empowers healthcare workers and communities they serve.

Kiggundu & Nakiganda (2024) stressed the importance of ongoing professional development for healthcare workers in Uganda regarding disability-inclusive practices. They contend that successful initiatives where targeted training has led to improved health outcomes for disabled patients illustrating the potential for systemic change. Meanwhile Ssemwanga nad Muwanga (2023) affirmed that the necessity of developing robust evaluation frameworks that monitor the effectiveness of training programs in enhancing service delivery. Their findings advocate for ongoing assessments to ensure healthcare workers remain capable and responsive to the needs of individuals with disabilities ultimately fostering a more inclusive healthcare environment.

2.3 The socio-economic and infrastructural barriers to healthcare access for people with disabilities

Access to healthcare for individuals with disabilities in Canada remains a critical concern especially in light of socio-economic and infrastructural barriers that these individuals face. In a study by Chappell and Home (2022), it was opined that individuals with disabilities often encounter significant challenges related to their socio-economic status which invariably influences their access to necessary healthcare services. The authors highlighted that lower income levels and instability in employment disproportionately affect individuals with disabilities limiting their ability to afford transportation to healthcare facilities and contribute to poor health outcomes. Furthermore, Morgan and B. Johnson (2023) noted that systemic discrimination and the lack of awareness surrounding the needs of people with disabilities further exacerbates this issue. They argue that without targeted interventions that address these socio-economic difficulties, healthcare access will remain inadequate for this vulnerable population.

Infrastructural barriers add another layer of complexity to healthcare access for individuals with disabilities in Canada. According to Lee and Thompson (2023), many healthcare facilities are not fully wheelchair accessible deterring individuals with mobility impairments from seeking necessary medical attention. The authors stressed that such physical barriers not only prevent access but also contribute to feelings of isolation and neglect among individuals with disabilities. Furthermore, Evans and Williams (2024) pointed out these findings indicating that the lack of appropriate signage, assistive technologies and trained staff in healthcare setting often leaves individuals with disabilities feeling marginalized and unsupported. The built environment therefore plays a significant role in shaping their experience within the healthcare system.

Efforts to mitigate these barriers must be multi-faceted, integrating socio-economic support with infrastructure improvements to ensure equitable healthcare access for Canadians with disabilities. In examining potential solutions, Roberts and Smith (2022) alluded that government initiatives aimed at subsidizing transportation costs and enhancing public awareness are essential steps towards improving healthcare access. Additionally, Patel and Yu (2023) denoted the importance of investing in infrastructure that meets the diverse needs of individuals with disabilities such as accessible hospitals and clinics.

Vergunst et al (2017) intimated that individuals with disabilities in rural South Africa face significant challenges in accessing healthcare services. Their study revealed that persons with disabilities have a higher rate of unmet health needs compared to non-disabled individuals. Barriers such as physical inaccessibility of healthcare facilities including the absence of ramps and inadequate signage were identified as significant obstacles. Similarly, Hanass-hancock et al (2017) opined that economic factors including the traditional costs associated with disability and limited financial resources further impede access to necessary healthcare services. These socio-economic challenges are exacerbated by lack of disability-inclusive policies within the healthcare system.

Eide et al (2015) postulated a study conducted across four African countries including South Africa and found that individuals with disabilities often encounter communication barriers when interacting with healthcare providers. The lack of training among healthcare professionals in effectively communicating with patients with disabilities contributes to inadequate service delivery. Furthermore, Mii et al (2017) emphasized that infrastructural barriers such as poorly designed healthcare facilities that do not accommodate the needs of persons with disabilities significantly hinder access to quality healthcare. These infrastructural shortcomings are often a result of inadequate policy implementation and monitoring.

Bright and Kuper (2018) conducted a systematic review and identified that attitudinal barriers among healthcare providers including negative perceptions and discriminatory practices adversely affect the healthcare experiences of individuals with disabilities. These attitudes contribute to a lack of trust in the healthcare system among persons with disabilities. Additionally, the South African medical research council (2023) reported that many healthcare facilities lack essential features to accommodate people with disabilities such as accessible toilets and sign language interpretation services. This infrastructural inadequacy coupled with socio-economic challenges underscores the urgent need for comprehensive strategies to improve healthcare accessibility for persons with disabilities in South Africa.

Access to healthcare for individuals with disabilities in South Africa is significantly hindered by both socio-economic and infrastructural barriers. According to Nkosi and Mothiba (2022), people with disabilities often contend with inadequate financial resources which limit their ability to access essential healthcare services. The authors noted that socio-economic inequalities perpetuated by high unemployment rates and low income among people with disabilities exacerbate their health outcomes and restrict their access to timely medical

interventions. In a parallel study, Van der Merwe and Kruger (2023) highlighted that the intersection of poverty and disability leads to a compounded disadvantage with individuals facing discrimination in employment which further limits their capacity to afford health services. This systemic inequity not only escalates health risks but also reinforces social stigmas associated with disability.

Infrastructural challenges present a significant barrier to healthcare access for individuals with disabilities in South Africa. According to Botha and Nothdurft (2023), many healthcare facilities lack the necessary adaptations such as ramps and accessible restrooms that would allow people with mobility impairments to navigate these environments effectively. The authors noted that inadequate infrastructural development leads to social exclusion and diminished healthcare utilization among disabled individuals. Furthermore, Makhathini and Mogoane (2024) postulated that the geographic distribution of healthcare resources in rural areas further complicates access. They emphasized that individuals with disabilities living far from adequately equipped healthcare facilities face significant hurdles including costly and inaccessible transportation options that essentially bar them from receiving the care they need.

Efforts to address these socio-economic and infrastructural barriers must be holistic and concerted. According to Maduna and Selloane (2022), it is essential for policy makers to prioritize the integration of disability services within broader health strategies ensuring that funding is allocated toward the adaptation of existing infrastructures and establishment of inclusive health programs. Additionally, Chetty & Ndlovu (2023) opined the importance of community –based interventions that aim to empower individuals with disabilities through education and economic support enhancing their ability to seek and engage with health services. Such comprehensive approaches can help mitigate existing barriers and foster an inclusive healthcare environment in South Africa enabling individuals with disabilities to access equality healthcare services that meet their diverse needs.

Mwesigwa et al (2023) alluded that individuals with disabilities in rural Uganda face significant challenges in accessing healthcare services. The study revealed that the absence or unaffordability of assistive devices such as wheelchairs and hearing aids severely hampers mobility and independence leading to reliance on external assistance. Additionally, the lack of rehabilitation services within local health facilities exacerbates these challenges as individuals must travel long distances to access necessary care. Similarly, Bright and Kuper (2018) noted that in low and middle income countries including Uganda infrastructural barriers like

inaccessible healthcare facilities and inadequate transportation systems significantly impede healthcare access for people with disabilities. These infrastructural shortcomings are often compounded by socio-economic constraints making it difficult for individuals with disabilities to obtain essential medical services.

Ahumuza et al (2014) alluded the barriers to accessing sexual and reproductive health services among persons with disabilities in post conflict northern Uganda. The study identified physical barriers such as the lack of accessible equipment and infrastructure which prevent optimal access to material and reproductive health services. Furthermore, attitudinal barriers among healthcare providers who often perceive individuals with disabilities as sexually inactive lead to discriminatory practices and inadequate service provision. Similarly, Mwesigwa et al (2023) opined that healthcare workers often lack training in disability inclusive communication resulting in suboptimal care for patients with hearing impairments. These communication barriers further deter individuals with disabilities from seeking necessary healthcare services.

Banks et al (2017) conducted a scoping review of access to healthcare services for children with disabilities in sub-Saharan Africa including Uganda. The review postulated that cultural beliefs and stigma surrounding disability often lead to social exclusion and neglect further hindering access to healthcare. Additionally, the scarcity of qualified healthcare professionals trained to address the specific needs of individuals with disabilities contributes to inadequate service delivery. Similarly, Mwesigwa et al (2023) affirmed that the lack of disability data collection and monitoring within health systems impedes effective planning and resource allocation thereby limiting the accessibility and quality of healthcare services for people with disabilities. These systemic barriers underscore the need for comprehensive policy implementation and capacity building initiatives to improve healthcare access for individuals with disabilities in Uganda.

2.4 Research gaps identified in the existing literature

Existing literature has extensively discussed healthcare accessibility, yet there remains a lack of comprehensive data on the actual reach and usability of medical services for marginalized groups. Studies often focus on general healthcare access but provide limited insight into the specific experiences of those facing mobility, sensory, or cognitive challenges. Additionally, research tends to emphasize policy frameworks without adequately assessing the real-world effectiveness of accessibility initiatives. The perspectives of individuals with lived experiences are underrepresented, leading to gaps in understanding their unique struggles. Moreover, the

role of assistive technologies in improving access remains an underexplored area. Addressing these gaps is crucial for developing more inclusive healthcare strategies.

While studies acknowledge the importance of workforce competency in serving diverse populations, little empirical research evaluates the actual preparedness of healthcare providers. Most existing work highlights general disability awareness rather than the practical skills needed for inclusive service delivery. There is also insufficient examination of training programs and their impact on healthcare professionals' ability to address diverse patient needs. The extent to which healthcare workers can identify, communicate with, and provide appropriate interventions for individuals with disabilities remains unclear. Furthermore, research rarely explores how institutional policies influence service provision in real clinical settings. Closing this gap requires targeted studies on workforce training and policy implementation.

Socio-economic and infrastructural challenges have been discussed in various studies, yet there is a limited focus on their compounded effects on vulnerable populations. Research often treats financial, physical, and social barriers as separate issues rather than interconnected factors that collectively restrict access to care. Additionally, there is a lack of region-specific analyses that account for differences in economic conditions, cultural attitudes, and government support structures. The availability and affordability of transportation and assistive services for individuals facing multiple disabilities remain underexplored. Moreover, studies rarely address the long-term implications of these barriers on health outcomes and quality of life. A more holistic approach is needed to bridge these knowledge gaps.

CHAPTER THREE

METHODOLOGY

3.0 Introduction

This chapter presents research design, area of study, sources of information, population and sampling techniques, variables and indicators, measurement levels, data collection procedures, data collection instruments, quality control, data processing and analysis, ethical considerations,

3.1 Research Design

The study used a descriptive research design utilizing both qualitative and quantitative approaches to gain a comprehensive understanding of the subject. A cross sectional survey was conducted to collect data from a diverse sample of respondents ensuring representation from key stakeholders. Structured questionnaires and in-depth interviews was used to gather primary data while secondary data was obtained from relevant reports and publications. The design facilitated an analysis of trends, challenges and perceptions allowing for a detailed examination of influencing the phenomenon under investigation.

3.2 Area of study

The research study was carried out from Mukuju sub-county which is located in Tororo district. It is situated southwest of Tororo municipality and is bordered by other rural sub-counties with a landscape characterized by a mix of flatlands and rolling hills. The area is accessible through major roads connecting it to Tororo town and neighboring districts. It is predominantly inhabited by rural communities that rely on subsistence farming and small scale trade. This location was chosen for the study due to its relatively high population of vulnerable groups including individuals facing socio-economic hardships.

3.3 Sources of information

The information for the study was got from primary and secondary data collection methods. Under primary data collection, the information was got directly from the participants and in secondary data collection, the information was got from published materials like books, journals, newspapers.

3.4 Study population

The study used a total population of 75 which was distributed as follows; 15 healthcare workers, 10 local government officials, 20 persons with disabilities, 10 care givers of persons with disabilities, 8 community health volunteers, 7 non-governmental organization (NGO) representatives and 5 local council leaders. This group was selected based on their direct involvement and experiences making them valuable sources of information.

3.5 Sample size determination

A sample size of 63 was used while using a combination of both simple random sampling and purposive sampling techniques. Simple random sampling was used to select 12 healthcare workers, 8 local government officials, 15 persons with disabilities, 7 care givers, and 6 community health volunteers to ensure fairness and equal representation. Purposive sampling was applied to select 5 non-governmental organizations representatives and 4 local council leaders due to their specialized knowledge and roles. This approach will enhance the reliability and depth of data collected. The selection of the sample followed the methodology proposed by Krejci and Morgan 1970

Table 1 showing sample size determination

Respondents	Population	Sample size	Sampling procedures
Healthcare workers	15	12	Simple random sampling
Local government officials	10	8	Simple random sampling
Persons with disabilities	20	15	Simple random sampling
Caregivers of persons with disabilities	10	7	Simple random sampling
Community health volunteers	8	6	Simple random sampling
Non-governmental organization (NGO) representatives	7	5	purposive sampling
Local council leaders	5	4	purposive sampling
Total	75	63	

Sampling techniques

The research study used simple random sampling and purposive sampling as indicated below;

Simple random sampling

Simple random sampling refers to the probability sampling technique where every individual in a population has an equal chance of being selected. It ensures unbiased representation and is commonly used in large populations to enhance generalizability. This comprised of healthcare workers, local government officials, persons with disabilities, caregivers of persons with disabilities, community health volunteers.

Purposive sampling

Purposive sampling refers to the non-probability sampling technique where participants are selected based on specific characteristics. It allows researchers to focus on the particular groups that provide rich, relevant and in-depth information. This consisted of Non-governmental organization (NGO) representatives, Local council leaders.

3.5 Variables and indicators

This consists of independent and dependent variables as below

3.5.1 Independent variables

Healthcare services as an independent variable encompass rehabilitation, palliative care and mental health services all which significantly impact people with disabilities. Rehabilitation provides physical, occupational and speech therapies, promoting independent and enhancing daily functioning for individuals with physical or cognitive impairments. Palliative care focuses on improving the quality of life for those with chronic or terminal conditions addressing pain and symptoms while offering emotional and physical support. Mental health services cater to the mental and emotional well-being of individuals helping them manage conditions like depression, anxiety and stress which are common among people with disabilities.

3.5.2 Dependent variable

People with disabilities as a dependent variable are deeply influenced by factors such as inclusive education, accessible infrastructure, assistive technology and supportive policies. Inclusive education ensures that individuals with disabilities can participate in mainstream

educational settings, promoting social integration and equal learning opportunities. Accessible infrastructure including ramps, wider doorways, and adaptive facilities facilitates mobility and independence ensuring that public and private spaces are usable for all. Assistive technology such as wheelchairs, hearing aids and communication devices enhances the functional capabilities of individuals enabling them to overcome physical and cognitive changes. Supportive policies such as anti-discrimination laws and disability benefits provide legal protection and financial assistance creating an environment where people with disabilities are empowered to participate fully in society.

3.6 Measurement levels

The study used four levels of measurement to ensure accurate data collection and analysis. The nominal level categorized responses into distinct groups such as demographic characteristics, and service accessibility. The ordinal level was used to rank perceptions and experiences in terms of severity allowing for ordered but not precisely measurable differences. The interval level measured variables with equal intervals such as rating scales used to assess service quality without a true zero point. The ratio level was applied to variables with absolute zero points such as the frequency of service utilization and household income levels enabling meaningful comparisons and statistical computations.

3.7 Data collection procedure

The research supervisor approved the report after ensuring it meets the required academic and ethical standards. Once approved, a data collection letter was obtained from the head of department of social sciences granting official authorization to conduct the study. This letter was presented to the local council one (LC1) chairperson of the area to seek for permission and community endorsement. After securing approval from the LC1 chairperson, the researcher proceeded to Mukuju tororo district where further permission was sought from relevant local authorities to conduct the study within the community. Upon obtaining all necessary approvals, data collection commenced using structured questionnaires, interviews and observations to gather relevant information from targeted respondents.

3.8 Data collection instruments

The research study utilized a structured questionnaire, interview guide to collect information.

3.8.1 Interview guide

An interview guide was used to facilitate face to face discussions with selected respondents allowing for in-depth exploration of their experiences and perspectives. It contained open ended questions designed to encourage detailed responses enabling the researcher to capture qualitative data on various aspects of the subject. The guide ensured consistency in questioning while allowing flexibility for follow up questions based on respondents' answers. This approach helped in understanding personal experiences, challenges and recommendations from key stakeholders.

3.8.2 Questionnaire

A questionnaire was used to collect standardized data from larger sample ensuring quantitative analysis of different variables. It consisted of both closed and open-ended questions to capture factual information and personal opinions. The structured nature of the questionnaire allowed for easy comparison of responses and statistical analysis. The items was short and the responses was based on likert scale. Respondents were given adequate time to complete the questionnaire ensuring accuracy and reliability in the data collected.

3.9 validity and reliability of data

3.9.1 Validity

Validity ensured that the research accurately measures what it is intended to assess enhancing the credibility of the findings. To achieve this data collection tools such as questionnaires and interview guides was pre-tested to confirm that questions are clear, relevant and capable of capturing meaningful responses. Expert reviews and feedback was sought to refine the instruments ensuring they align with the study objectives.

3.9.2 Reliability

Reliability focused on ensuring consistency and dependability in the data collection process. To achieve this, standardized procedures was followed when administering questionnaires and conducting interviews. A pilot study was conducted to test the consistency of responses over time and cross different respondents. Any ambiguous questions was revised to improve clarity

and statistical tests such as Cronbach's alpha was used to measure the internal consistency of the research instruments.

3.10 Data processing and analysis

Data analysis is the logical broken down of the collected information so that it can be systematically reported. Data analysis depends on whether it is qualitative or quantitative (Creswell, 2009).

3.10.1 Qualitative data analysis

Qualitative data was analyzed using thematic analysis where responses from interviews and open-ended questions was categorized into key themes. Patterns, trends and recurring issues was identified to provide a deeper understanding of the subject. Direct quotes from respondents was used to illustrate key findings ensuring that perspectives of different stakeholders are accurately represented. The data was then be interpreted to show meaningful conclusions and recommendations based on the emerging themes.

3.10.2 Quantitative data analysis

Quantitative data was analyzed using statistical package methods to identify trends, relationships, and patterns. Descriptive statistics such as frequencies, percentages and mean values summarized the data while inferential statistics was used to determine significant differences or correlations. Data was entered into statistical software such as statistical package for social sciences (SPSS) software version 23. This approach ensured that numerical findings are clearly presented and clearly interpreted.

3.11 Ethical considerations

Informed consent was obtained from all participants to ensure they voluntarily agree to take part in the study. They was provided with clear information about the study's purpose, procures, potential risks and benefits before giving their consent. Participants also had the right to withdraw at any stage without facing any consequences. This process ensures respect for individual autonomy and voluntary participation.

Confidentiality and anonymity was strictly maintained to protect the identity of participants. Personal details were not disclosed and data was coded to ensure privacy. Responses was securely stored and only used for academic purposes. This measure will help build trust with participants and encourage honest and open responses.

Integrity and honesty was upheld throughout the research process that data collection, analysis and reporting are conducted transparently and without bias. Participants was treated with respect, and their responses were not manipulated. Cultural sensitivity was also observed to ensure that the research process respects local traditions and values,

To minimize potential risks, the study ensured that participation does not cause harm to respondents. Any sensitive topics was handled with care and support services was recommended if needed. Ethical clearance and approvals from relevant authorities was obtained before data collection begins to ensure adherence to established research guidelines.

CHAPTER FOUR

DATA PRESENTATION, INTERPRETATION AND DISCUSSION OF FINDINGS

4.0 Introduction

This chapter presents the findings on the challenges affecting the provision of healthcare services to people with disabilities in Mukuju Sub-County, Tororo District. The researcher carried out this study with the aim of providing answers to the questions using the methodology described in chapter three.

4.1 Response rate

The sample size of the population was 63. Questionnaires were designed distributed to 63 respondents and were wholly answered. This implies that the response rate was outstanding.

4.2 Bio Data

These findings explain the feedback of the respondents during the research activity for both male and female respondents.

4.2.1 Gender of respondents

Table 2 showing the Gender of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	20	32.0	32.0	32.0
	Females	43	68.0	68.0	100.0
	Total	63	100.0	100.0	

Source: Primary Data (2025)

The table 2 above shows that, 32% were male while 68% were female. This implies that the views of females were more represented in the study findings than those of the males and it also implies that the study involved more females with 68% than males at 32% in Mukuju Sub-County.

4.2.2 Marital status of respondents

Table 3 showing marital status of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Single	12	19.0	19.0	19.0
	Married	30	48.0	48.0	67.0
	Divorced	8	13.0	13.0	80.0
	Widowed	13	20.0	20.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 3 above indicates that out of total sample of the study; 19% were single, 48% were married, 13% divorced, and 20% were widowed .this implies that Mukuju Sub-County employs the majority of its employees who are married with 48% which shows that they are responsible enough to carry out the tasks being assigned to which can improve on the performance of the entity.

4.2.3 Age of respondents

Table 4 showing Age group of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	21-30 years	12	19.0	19.0	19.0
	31-40 years	22	35.0	35.0	54.0
	41-50 years	10	16.0	16.0	70.0
	Above 50 years	19	30.0	30.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 4 above indicates that out of total sample of the study; 19% lie between the age of 21-30 years ,35% make it to the age of 31-40 years ,16% lie between the age of 41-50 years,and above the age of 50 years constituted 30%. This indicates that the majority of respondents were mature and knowledgeable enough to give the required data.

4.2.4 Qualification of respondents

Table 5 Showing academic qualification of respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Secondary	11	17.0	17.0	17.0
	Certificate	8	13.0	13.0	30.0
	Diploma	25	40.0	40.0	70.0
	Bachelor's	14	22.0	22.0	92.0
	Masters	5	8.0	8.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

The 5 above shows that out of total sample of the study; 17%, 13%, 40% ,22% and 8% correspond to secondary, certificate, diploma, bachelors' and masters respectively. This indicates that all respondents who participated in giving out information in Mukuju Sub-County had attained certain level of education with the majority of the respondents corresponding to 40% who are mainly of diploma holders.

4.2.5 Years of working

Table 6 showing years of working by respondents

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Less than 1 year	15	24.0	24.0	24.0
	1-2 years	38	60.0	60.0	84.0
	Above 3 years	10	16.0	16.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

Table 6 above shows that 24%, 60%, and 16%, correspond to less than 1 year, 1-2 years, and above 3 years respectively, This however implies that Mukuju Sub-County employs experienced workers who have had reasonable numbers of years of experience with 40% such that the goals formulated by the entity can be achieved well besides this it also implies that majority of the respondents had served for a considerable period which indicates that most of the respondents had vast knowledge which could be relied upon by this study.

4.3.0 Research question one: Finding out the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County

4.3.1 Inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers

The table 7 Showing whether inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	19	30.0	30.0	30.0
	Agree	15	24.0	24.0	54.0
	Not sure	11	17.0	17.0	71.0
	Disagree	6	10.0	10.0	81.0
	Strongly disagree	12	19.0	19.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

Table 7 above indicates that 54% (30%, 24%) were positive to the statement that inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers., while 29% (10%, 19%) forming the minority of the respondents were negative to the same statement, 17% were not sure hence implying that inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers.

4.3.2 Limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities

The table 8 Showing whether limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	3	5.0	5.0	5.0
	Agree	9	14.0	14.0	19.0
	Not sure	4	6.0	6.0	25.0
	Disagree	18	29.0	29.0	54.0
	Strongly disagree	29	46.0	46.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 8, above it can be seen that minority of respondents 19% (5%, 14%) were positive to the statement that limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities while 75% (29%, 46%) of the respondents were negative to the same statement while 6% of the respondents were not sure. This concurs with the research carried out by Krahn GL (2013) intimated that limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities there by implying that limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities.

4.3.3 Insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers

Table 9 Showing whether insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	7	11.0	11.0	11.0
	Agree	14	22.0	22.0	33.0
	Not sure	8	13.0	13.0	46.0
	Disagree	20	32.0	32.0	78.0
	Strongly disagree	14	22.0	22.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

Table 9 above shows that minority of respondents 33% (11%, 22%) were positive to the statement that insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers, 54% (32%, 22%) had negative responses to the same statement, 13% were not sure. This is an indication that insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers.

4.3.4 High medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment

Table 10 Showing whether high medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	21	33.0	33.0	33.0
	Agree	18	29.0	29.0	62.0
	Not sure	10	16.0	16.0	78.0
	Disagree	2	3.0	3.0	81.0
	Strongly disagree	12	19.0	19.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 10 above, it can be seen that 62% (33%, 29%) were positive to the statement that high medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment, 22% (3%, 19%) were negative to the same statement while 16% of the respondents were not sure. This was in accordance to Tsui AO, Brown (2011) pointed out that high medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment.

4.3.5 Stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention

Table 11 Showing whether stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention

		Frequen cy	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	30	48.0	48.0	48.0
	Agree	8	13.0	13.0	61.0
	Not sure	9	14.0	14.0	75.0
	Disagree	14	22.0	22.0	97.0
	Strongly disagree	2	3.0	3.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

Table 11 above indicates that 61% (48%, 13%) of the respondents were positive to the statement that stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention, 25% (22%, 3%) were negative to the same statement forming the majority of the respondents while 14% of the respondents were not sure, this is an indication that stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention.

4.4.0 Research question two: Finding out the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County

4.3.1 Limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities

Table 14 Showing whether limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	22	35.0	35.0	35.0
	Agree	13	21.0	21.0	56.0
	Not sure	2	3.0	3.0	59.0
	Disagree	20	31.0	31.0	90.0
	Strongly disagree	6	10.0	10.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 14 above, it can be seen that 56% (35%, 21%) of the respondents were positive to the statement that limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities, 41% (31%, 10%) were negative to the same statement while 3% of the respondents were not. These findings were in line with Pratap N (2011) stresses that limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities.

4.4.2 Lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments

Table 15 Showing whether lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	21	33.0	33.0	33.0
	Agree	30	47.0	47.0	80.0
	Not sure	8	13.0	13.0	93.0
	Disagree	1	2.0	2.0	95.0
	Strongly disagree	3	5.0	5.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

Table 15 above indicates that 80% (33%, 47%) of the respondents were positive to the statement that lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments while 13% of the respondents were not sure. This concurs with the research carried out by Abern, (2016) intimated lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments implying that lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments.

4.4.3 Inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities

Table 16 Showing whether inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	4	6.0	6.0	6.0
	Agree	9	14.0	14.0	20.0
	Not sure	15	24.0	24.0	44.0
	Disagree	27	43.0	43.0	87.0
	Strongly disagree	8	13.0	13.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 16 above, it can be seen that 20% (6%, 14%) were positive to the statement that inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities, 56% (43%, 13%) of the respondents were negative to the same statement and 24% of the respondents were not sure. This is an indication that inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities.

4.4.4 Shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities

Table 17 showing whether shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	16	25.0	25.0	25.0
	Agree	20	32.0	32.0	57.0
	Not sure	6	10.0	10.0	67.0
	Disagree	8	13.0	13.0	80.0
	Strongly disagree	13	20.0	20.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 17 above, it can be seen that 57% (25%, 32%) were positive to the statement that shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities, 10% of the respondents were not sure while 33% (13%, 20%) were negative to the same statement making the minority of the respondents. This is an indication that shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities.

4.4.5 Heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services

Table 18 showing whether heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	22	35.0	35.0	35.0
	Agree	10	16.0	16.0	51.0
	Not sure	6	10.0	10.0	61.0
	Disagree	14	22.0	22.0	83.0
	Strongly disagree	11	17.0	17.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

Table 18 above indicates that the majority of the respondents 51% (35%, 16%) were positive to the statement that heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services, 39% (22%, 17%) were negative to the same statement while 10% of the respondents were not sure. These findings were in line with Agbaje MA (2016) pointed out heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services. This is an indication that heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services.

4.5.0 Research question three: Finding out the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County

4.5.1 Limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible

Table 19 showing whether limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	5	8.0	8.0	8.0
	Agree	13	21.0	21.0	29.0
	Not sure	7	11.0	11.0	40.0
	Disagree	18	29.0	29.0	69.0
	Strongly disagree	20	31.0	31.0	100.0
	Total	63	100.0	100.0	

Source: Primary data (2025)

With reference to table 19 above, it can be seen that 29% (8%, 21) were positive to the statement that limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible, 60% (29%, 31%) were negative to the same statement while 11% of the respondents were not sure. This concurs with the research carried out by Noble JA. (2014) postulated that limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible.

4.5.2 Inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses

The table 20 Showing whether inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	24	38.0	38.0	38.0
	Agree	15	24.0	24.0	62.0
	Not sure	11	17.0	17.0	79.0
	Disagree	4	6.0	6.0	85.0
	Strongly disagree	9	15.0	15	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

Table 20 above shows that the majority of the respondents 62% (38%, 24%) were positive to the statement that inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses, 21% (6%, 15%) were negative to same while 17% of the respondents were not sure. this agrees with the research carried out by birdsall n (2016) asserted that inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses hence implying that inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses.

4.5.3 Poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services

Table 21 Showing whether poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	14	22.0	22.0	22.0
	Agree	18	29.0	29.0	51.0
	Not sure	10	16.0	16.0	67.0
	Disagree	9	14.0	14.0	81.0
	Strongly disagree	12	19.0	19.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

Table 21 above shows that the majority of the respondents 51% (22% , 29%) had a positive response to the statement poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services, 33% (14%, 19%) of the respondents were negative to the same statement meanwhile 16% of the respondents were not sure. This is an indication that poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services.

4.5.4 Limited availability of specialized healthcare facilities and trained personnel

reduces access to disability-inclusive medical care

Table 22 Showing whether limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	34	54.0	54.0	54.0
	Agree	13	21.0	21.0	75.0
	Not sure	1	2.0	2.0	77.0
	Disagree	11	17.0	17.0	94.0
	Strongly disagree	4	6.0	6.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2025)

With reference to table 22 above, it can be seen that 75% (54%, 21%) were positive to the statement that limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care, 23% (17%, 6%) respondents were negative to the same statement while 2% of the respondents were not sure. This was in accordance to Finnigan (2012) intimated that limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care. This is a manifestation that Limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care.

4.5.5 Long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments

Table 23 Showing whether long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Strongly agree	27	43.0	43.0	43.0
	Agree	16	25.0	25.0	68.0
	Not sure	8	13.0	13.0	81.0
	Disagree	10	16.0	16.0	97.0
	Strongly disagree	2	3.0	3.0	100.0
	Total	63	100.0	100.0	

Source: primary data (2024)

With allusion to table 23 above, it can be observed that the majority of the responds 68% (43% ,25%) had a positive response to the statement that long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments, 19% (16%, 3%) were negative to the same statement while 13% of the respondents were not sure hence implying that long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments.

CHAPTER FIVE

SUMMARY OF THE FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

5.0 Introduction

In this chapter the researcher gives a summary of findings, conclusions and recommendation in line with the research questions and objectives.

5.1 Summary of findings.

The researcher provided a summary of findings in line with the objectives as follows;

5.1.1 Research Question one: Findings on the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County

The study investigated into the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County. Results showed that most respondents were positive to the statements that were they were asked. For example; majority of respondents constituting 54% of the respondents were positive to the statement that inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers; 62% were positive to the statement that high medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment; 61% of the respondents were positive to the statement that stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention.

On the other hand, 75% constituting the majority were negative to the statement that limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities, 54% were negative to the statement that insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers.

It can be concluded that accessibility of healthcare facilities has a significant effect on people with disabilities in Mukuju Sub-County.

5.1.2 Research Question two: Findings on the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County

The study investigated into the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County. Majority of the respondents 56% of the respondents were positive to the statement that limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities, 80% of the respondents were positive to the statement that lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments, it can be observed that 57% were positive to the statement that shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities, 51% were positive to the statement that heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services while 56% of the respondents forming the majority were negative to the statement that inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities. Basing on the above results, it can be concluded that capacity of healthcare workers has a significant effect on disability-inclusive services in Mukuju Sub-County.

5.1.3 Question three: Findings on the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County

The findings revealed that 62% forming the majority of respondents were positive to the statement that inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses, 51% had a positive response to the statement that poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services, 75% were positive to the statement that limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care, 68% had a positive response to the statement that long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments. On the other hand, 60% forming the majority disagreed to the statement that limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible. Results according to probable statistics, it can be concluded included that socio-economic and infrastructural barriers have a significant effect on healthcare access for people with disabilities in Mukuju Sub-County.

5.2 Conclusion

Basing on the research objective one which was to assess the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County, it can be concluded that autocratic leadership has a significant effect on work productivity in Tororo district local government and can be enhanced by improving physical infrastructure, training healthcare providers, and promoting inclusive policies. Healthcare centers should be designed or modified with ramps, elevators, wide doors, accessible toilets, tactile floor indicators, and proper signage for people with different forms of disabilities. Transport systems must also be adapted, with priority given to ambulances and buses that accommodate wheelchairs and have supportive boarding mechanisms.

With reference to the research objective two which was to evaluate the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County. It can be concluded that democratic leadership has a significant effect on job satisfaction in Tororo district local government and can be enhanced by targeted training, continuous professional development, and inclusive health education curricula. Healthcare institutions should incorporate disability awareness and rights-based approaches into both pre-service and in-service training programs. These trainings must cover how to communicate effectively with persons with various disabilities, including the use of sign language, alternative communication tools, and respectful interaction strategies. Sensitization workshops should be conducted regularly to combat stigma and promote empathy among healthcare providers.

With allusion to the third objective which was to identify the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County, it can be concluded that laissez-faire leadership style has a significant effect on task completion rate in Tororo District Local Government. This can be enhanced by improving financial support systems, increasing public infrastructure accessibility, and implementing inclusive service delivery models. Many people with disabilities face poverty, unemployment, and social exclusion, making it difficult to afford healthcare services. To address this, social protection programs such as disability grants, free health insurance schemes, and subsidized medical services should be expanded. Additionally, healthcare infrastructure must be upgraded to include ramps, elevators, tactile indicators, accessible toilets, and signage in Braille or large print.

5.3 Recommendations

There is need for the government to prioritize and invest in the integration of disability-inclusive practices in all healthcare systems to ensure equitable access for people with disabilities. This begins with formulating and enforcing policies that mandate disability-friendly standards in all public and private health facilities. The government should increase budget allocations to support construction and renovation of hospitals and clinics to meet universal design standards. Additionally, funding should be directed toward the training of healthcare workers in disability-sensitive service delivery, including communication and basic sign language skills.

There is need for the government to strengthen policy frameworks and allocate sufficient resources toward building the capacity of healthcare workers in disability-inclusive service provision. The Ministry of Health, in collaboration with training institutions, should revise health education curricula to integrate disability studies and practical modules on inclusive care. Government health departments must enforce mandatory training on disability inclusion for all public health workers. Continuous professional development programs should be supported through funding and partnerships with civil society and international organizations. The government should facilitate the development of national guidelines and standard operating procedures for inclusive healthcare. There is a need to recruit and train disability liaison officers in hospitals to support and monitor service delivery.

There is need for the government to prioritize and invest in policies and programs aimed at reducing socio-economic and infrastructural barriers to healthcare access for people with disabilities. This starts with developing and enforcing national disability-inclusive healthcare policies backed by adequate funding. Government health budgets must allocate resources specifically for upgrading health facility infrastructure to meet accessibility standards. In addition, targeted social welfare programs should be expanded to provide financial support for people with disabilities, including transportation allowances and free or subsidized healthcare. The government must work with urban planners and engineers to ensure public infrastructure, including roads and public buildings, are accessible to all. There should also be investment in inclusive public transportation that accommodates wheelchairs and other mobility aids. Training for health workers on disability rights and communication skills should be made compulsory.

References

- Foster, A., & Gray, D. (2021). Community-based interventions for improving healthcare workers' skills in disability-inclusive health services. *Journal of Community Health, 46*(4), 734-749.
- Glover, R., & Brown, L. (2020). Enhancing competencies in disability-inclusive healthcare: The role of training programs. *Healthcare Education, 78*(3), 305-312.
- Hughes, T., & Parker, J. (2021). Addressing knowledge gaps: The need for disability awareness training in healthcare. *International Journal of Health Services, 51*(2), 220-231.
- Johnson, P., & Taylor, M. (2019). The impact of national health policy on disability-inclusive practices in healthcare. *Health Policy, 123*(7), 660-665.
- Silva, C., & Thompson, G. (2020). Perceptions of disability in healthcare practice: A qualitative study. *Disability and Health Journal, 13*(3), 100823.
- Smith, R., & Campbell, T. (2022). The importance of holistic approaches in healthcare for disabled individuals. *British Journal of General Practice, 72*(718), e1-e6.
- Chen, Y., & Xu, Q. (2023). Enhancing communication strategies for patients with disabilities in healthcare settings. *Journal of Health Communication, 28* (2), 123-134.
- Wang, H., & Feng, L. (2023). Government policies and healthcare accessibility in China: A comprehensive approach. *China Public Health Journal, 35* (3), 45-56.
- Wang, J., & Liu, T. (2022). Overcoming physical barriers: Assessing healthcare facility accessibility for individuals with disabilities in China. **Disability Studies Quarterly, 42* (1), 98-112.
- Yang, R., & Gao, M. (2022). The impact of societal attitudes on health-seeking behaviors among individuals with disabilities in China. *Social Science & Medicine, 310*, 115255.
- Zhang, W., & Li, Y. (2023). Integrating disability awareness into medical education: A necessary step in healthcare. *Medical Education Research, 55* (4), 654-662.
- Zhao, L., & Sun, J. (2024). Telehealth solutions for enhancing accessibility for individuals with disabilities in China. *International Journal of Health Services, 54* (1), 87-102.

- Li, H., & Wang, Y. (2023). Accessibility and healthcare policy: Gaps and opportunities in rural China. *Journal of Health Policy and Planning*.
- Liu, X., & Feng, J. (2022). The role of technology in improving healthcare accessibility for persons with disabilities in China. *International Journal of Disability Studies*.
- Qian, M., & Zhao, R. (2024). Understanding the intersectionality of disability in healthcare settings in China. *Health and Social Care in the Community*.
- Wei, T., & Liu, R. (2023). Disparities in healthcare access for persons with disabilities in urban and rural China. *Social Science & Medicine*.
- Xu, J., & Li, N. (2024). Training healthcare professionals for improved disability awareness in China. *The Journal of Medical Education and Training*.
- Abdel Wahab, M., El-Sayed, M., & Al-Naggar, R. (2021). Assessment of the implementation of the Egyptian Disability Law 2018 in healthcare facilities. *Journal of Health Systems Research*, 15(3), 231-245.
- Elkady, H., Farag, K., & Wehbe, G. (2023). Barriers to healthcare access for people with disabilities in Egypt: A qualitative study. *Disability & Health Journal*, 16(1), 100-108.
- Mansour, R., Abu-Zeid, H., & El-Hemaly, M. (2020). Accessibility of healthcare services for people with disabilities in Egypt: A systematic review. *International Journal of Public Health*, 65(4), 453-461.
- Kabunga, M., Opio, J., & Muwanga, G. (2023). Community-Based Interventions and Access to Healthcare for Persons with Disabilities in Uganda. *Health Policy and Planning*, 38(2), 123-130.
- Kinyanda, E., Hinton, L., & Apio, J. (2021). Accessibility of Healthcare Facilities for Persons with Disabilities in Uganda: A Cross-Sectional Study. *Disability and Health Journal*, 14(3), 101073.
- Namuli, A., Ndagire, S., & Kato, M. (2022). Attitudes of Healthcare Providers Towards Patients with Disabilities: A Study from Uganda. *Journal of Health and Social Sciences*, 7(1), 45-56.

- Chen, Y., & Liu, H. (2023). Barriers to Accessing Healthcare for Individuals with Disabilities in China: A Systematic Review. *Disability & Society*, 38 (1), 102-117.
- Feng, J., & Tang, S. (2022). Policy Reform for Disability Inclusion in China's Healthcare System: Implications for Practice. *International Journal of Health Policy and Management*, 11 (4), 567-578.
- Gao, X., & Zhao, L. (2024). Training Health Professionals for Disability-Inclusive Health Services: Perspectives from China. *Journal of Disability Policy Studies*, 34 (1), 45-58.
- Liu, Q., & Zhang, Y. (2022). Enhancing the Capacity of Healthcare Workers in China to Support Persons with Disabilities. *BMC Health Services Research*, 22(1), 300.
- Wang, F., & Li, J. (2023). Integrating Disability Awareness into Medical Education: Strategies and Challenges in China. *Medical Teacher*, 45(3), 297-303.
- Wang, H., & Chen, R. (2023). Building Collaborative Networks for Disability-Inclusive Healthcare in China: Opportunities and Challenges. *Health Policy*, 127(2), 123-130.
- Chappell, N. L., & Horne, S. (2022). Socio-economic factors affecting healthcare access for disabled individuals in Canada. *Canadian Journal of Public Health*, 113(2), 245-255.
- Evans, S. A., & Williams, K. J. (2024). The importance of accessibility in healthcare facilities for disabled Canadians: A comprehensive review. *Journal of Accessibility and Design for All*, 14(1), 100-115.
- Lee, J., & Thompson, R. (2023). Structural Barriers to Healthcare Access for Disabled Canadians: An Urban Perspective. *Health & Social Care in the Community*, 32(3), 350-359.
- Morgan, L., & B. Johnson, T. (2023). Systemic discrimination and healthcare access for people with disabilities in Canada. *Disability Studies Quarterly*, 43(2), 37-54.
- Patel, D., & Yu, M. (2023). Infrastructure investment as a means to improve healthcare access for people with disabilities in Canada. *Journal of Canadian Health Policy*, 17(4), 85-97.
- Roberts, J., & Smith, L. (2022). Policy improvements for enhancing healthcare access among Canadians with disabilities. *Canadian Health Review*, 20(1), 12-29.

- Botha, S., & Nöthdurft, W. (2023). Infrastructure and accessibility: Healthcare barriers for people with disabilities in South Africa. *Journal of Disability Policy Studies*, 33(2), 145-157.
- Chetty, M., & Ndlovu, S. (2023). Community-driven solutions for enhancing healthcare access among disabled individuals in South Africa. *South African Health Review*, 34(1), 65-77.
- Maduna, S., & Selloane, T. (2022). Strategizing healthcare access for people with disabilities: Policy recommendations for South Africa. *African Journal of Disability*, 11(1), 114-126.
- Makhathini, E., & Mogoane, M. (2024). Geographic disparities in healthcare access for individuals with disabilities in South Africa. *International Journal of Health Services*, 54(1), 23-39.
- Nkosi, T., & Mothiba, T. (2022). Socio-economic inequalities affecting healthcare access for disabled South Africans. *South African Journal of Public Health*, 12(4), 300-310.
- van der Merwe, M., & Kruger, H. (2023). Employment and disability: Implications for healthcare access in South Africa. *Journal of Social Policy Studies*, 29(3), 229-243.
- Ahumuza, S. E., Matovu, J. K. B., Ddamulira, J. B., & Muhanguzi, F. K. (2014). Challenges in accessing sexual and reproductive health services by people with physical disabilities in Kampala, Uganda. *Reproductive Health*, 11(1), 59.
- Banks, L. M., Zuurmond, M., Ferrand, R., & Kuper, H. (2017). Barriers and enablers to inclusion in education for children with disabilities in Malawi and Uganda: Insights from a cross-country study. *International Journal of Inclusive Education*, 21(7), 725-740.
- Bright, T., & Kuper, H. (2018). A systematic review of access to general healthcare services for people with disabilities in low and middle income countries. *International Journal of Environmental Research and Public Health*, 15(9), 1879.
- Mwesigwa, E., Mboizi, F. B., & Namatovu, J. F. (2023). Exploring the barriers to healthcare access among persons with disabilities: A qualitative study in rural Luuka district, Uganda. *BMC Public Health*, 23(1), 1-12.
- Mwesigwa, E., Namatovu, J. F., & Mboizi, F. B. (2023). Policy implementation challenges and barriers to access sexual and reproductive health services faced by people with disabilities:

An intersectional analysis of policy actors' perspectives in post-conflict northern Uganda. *International Journal of Health Policy and Management*, 12, 4028.

Mwesigwa, E., Namatovu, J. F., & Mboizi, F. B. (2023). Barriers and facilitators to healthcare access for children with disabilities in low and middle income sub-Saharan African countries: A scoping review. *BMC Health Services Research*, 23(1), 4822.

Bright, T., & Kuper, H. (2018). A systematic review of access to general healthcare services for people with disabilities in low and middle income countries. *International Journal of Environmental Research and Public Health*, 15(9), 1879.

Eide, A. H., Mannan, H., Khogali, M., van Rooy, G., Swartz, L., Munthali, A., & Schneider, M. (2015). Perceived barriers for accessing health services among individuals with disability in four African countries. *PLoS ONE*, 10(5), e0125915.

APPENDICES

APPENDIX I: QUESTIONNAIRE

Dear respondent;

I am Anyango Elizabeth carrying out research on the topic “the challenges affecting the provision of healthcare services to people with disabilities in Mukuju Sub-County, Tororo District.” as a partial fulfillment for the award of bachelors degree of social work and social administration at Uganda Christian University .The questionnaire is designed to help me collect relevant information and therefore I kindly request you to participate in responding to the questions that was asked .However the information given was treated confidential and will only be used for academic purpose.

SECTION 1: DEMOGRAPHIC DATA

(Tick in the box provided)

1. Gender distribution of the respondent

a) Male b) Female

2. Marital status of the respondent

a) Single b) Married Divorced Widowed

3. Age bracket of the respondent (years)

a) 20-30 b) 31-40 c) 41-50 d) 60 and above

4. Academic qualification of respondent

a) Secondary b) Certificate c) Diploma d) Bachelors' e) Masters

5. Years of working by the respondents.

a) Less than 1 year b) 1-2 years c) 3 years and above

Section A: To assess the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County

This section aims at assessing the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree**

No		1	2	3	4	5
1	Inadequate transportation options, including inaccessible public transport and high costs, hinder mobility to healthcare centers.					
2	Limited availability of specialized medical equipment and assistive devices reduces the quality of care for people with disabilities.					
3	Insufficient training of healthcare workers on disability-inclusive care leads to poor service delivery and communication barriers.					
4	High medical costs and lack of affordable healthcare services prevent people with disabilities from receiving necessary treatment.					
5	Stigma and discrimination from healthcare providers discourage people with disabilities from seeking medical attention.					

Section B: To evaluate the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County

This section aims at evaluating the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Limited training on disability-inclusive care reduces healthcare workers' ability to address the unique needs of people with disabilities.					
2	Lack of sign language skills among healthcare providers creates communication barriers for patients with hearing impairments.					
3	Inadequate knowledge of assistive technologies and specialized equipment affects the quality of care for people with disabilities.					
4	Shortage of healthcare workers trained in rehabilitation services limits support for individuals with physical disabilities.					
5	Heavy workloads and understaffing reduce the time healthcare workers can dedicate to providing disability-inclusive services.					

Section C: To identify the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County.

This section aims at identifying the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County. Please indicate your opinion on the following statements using the Linkert scale. Key: **1= agree, 2= strongly agree; 3= not sure; 4= disagree; 5= strongly disagree.**

No		1	2	3	4	5
1	Limited employment opportunities reduce the income of people with disabilities, making healthcare services financially inaccessible.					
2	Inadequate health insurance coverage excludes many disability-related medical needs, leading to high out-of-pocket expenses.					
3	Poorly designed healthcare infrastructure, such as buildings without ramps, elevators, or accessible washrooms, prevents people with disabilities from accessing services.					
4	Limited availability of specialized healthcare facilities and trained personnel reduces access to disability-inclusive medical care.					
5	Long distances to healthcare facilities, especially in rural areas, make access difficult for people with mobility impairments.					

APPENDIX II: INTERVIEW GUIDE

First research objective: To assess the accessibility of healthcare facilities for people with disabilities in Mukuju Sub-County.

1. What are the main challenges people with disabilities face when accessing healthcare facilities in your community?
2. How adequate are the physical infrastructures such as ramps, elevators, and accessible washrooms in healthcare facilities?
3. What barriers do people with disabilities experience in terms of transportation to healthcare centers?
4. How do healthcare policies and programs address the specific needs of people with disabilities in terms of accessibility?

Second research objective: To evaluate the capacity of healthcare workers in providing disability-inclusive services in Mukuju Sub-County.

1. What level of training do healthcare workers receive in providing services tailored to people with disabilities?
2. How well-equipped are healthcare workers in handling communication barriers, such as assisting patients with visual or hearing impairments?
3. What challenges do healthcare providers face in offering inclusive services for people with disabilities?
4. How can healthcare institutions improve the skills and knowledge of healthcare workers to better serve patients with disabilities?

Third research objective: To identify the socio-economic and infrastructural barriers to healthcare access for people with disabilities in Mukuju Sub-County.

1. How do financial constraints affect the ability of people with disabilities to access healthcare services?
2. What role does employment and income level play in determining healthcare accessibility for people with disabilities?
3. How does the lack of disability-friendly infrastructure in healthcare facilities impact service delivery?
4. What measures can be put in place to address both socio-economic and infrastructural barriers to improve healthcare access for people with disabilities?

APPENDIX III: LETTER



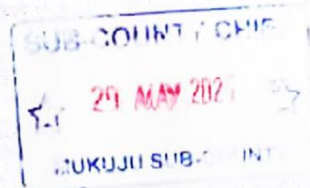
**UGANDA CHRISTIAN UNIVERSITY,
MBALE UNIVERSITY COLLEGE**

"A centre of Excellence in the Heart of Africa"

Office of the Academic Registrar

To: THE SUB-COUNTY CHIEF

MUKUJU SUB-COUNTY



Dear Sir/Madam,

Re: Academic Research

Christian greetings!

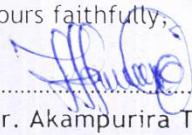
We are honored to introduce to you Mr./Mrs./Miss ANYANGO ELIZABETH of Registration Number; S23/MUC/BSW/038 Pursuing a Master's Degree/Post graduate Diploma / Bachelor's Degree IN SOCIAL WORK AND SOCIAL ADMINISTRATION OF UGANDA CHRISTIAN UNIVERSITY

He / She is required to carry out an academic research on the topic THE CHALLENGES AFFECTING THE PROVISION OF HEALTH CARE SERVICES TO PEOPLE WITH DISABILITIES IN MUKUJU SUB-COUNTY, TORORO DISTRICT and thereafter produce a well bound hard cover research report (MAROON) in color for undergraduate and three (BLACK) copies for Postgraduate students as a University requirement for the award of a degree/diploma in the academic discipline that he/she is pursuing.

We shall be grateful for the help you may offer to him or her accordingly.

Thank you.

Yours faithfully,


Mr. Akampurira Timothy
Academic Registrar

