

**Early Intervention for Children with Disabilities as an Enhancement of
Inclusive Education Development: an Evaluation of School and Community
inputs in Kamonyi District**

By

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**A research submitted to the University of Rwanda College of Education in Partial
Fulfillment of the Requirements for the Degree of Master of Education in Special Needs
Education**

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July, 2018

Certification

The undersigned certify that he has read and hereby recommends for acceptance by the University of Rwanda, College of Education, the dissertation entitled “Early intervention for children with disabilities as an enhancement of inclusive education development: an evaluation of school and community inputs in Kamonyi district” in fulfillment of the requirements for the degree of Master of Special need education from the School of Inclusive and Special Needs Education.

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I, **Lydie Uwumutabazi**, do hereby declare that this dissertation is my own original work. To the best of my knowledge it contains no materials previously published or written by another person, nor material which to a substantial extent has been accepted for the award of any other degree or diploma at the University of Rwanda College of Education or any other institution, except where due acknowledgement is made in the dissertation.

I also declare that the intellectual content of this dissertation is the product of my own work, except to the extent that assistance from others in the dissertation's design and conceptions or in style, presentation and linguistic expression is acknowledged.

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Acknowledgements

This study would not have been possibly realized without the support, encouragement and help from many people and institutions. First and foremost, my participation in the course probably would not have been possible without the financial support from my husband Umuhire Jean Paul. Thank you for your patience, encouragement and love.

I wish to express my gratitude to all people who have contributed in the completion of this study. I dedicate my gratitude toward the following significant contributors: Special thanks should go to my Supervisor Karangwa Evariste who was abundantly helpful and offered invaluable support, guidance, encouragement and excellent advice. His energy and support gave me exceptional inspiration and enriched my growth as a student and as a researcher. I owe the success of this research project to your unwavering support. In the same breath, I convey my heartfelt thanks to the Principal of UR-College of Education, all Lecturers of the Department of Special Needs Education for their guidance and the sharing of knowledge and experiences with me and my fellow colleagues throughout the study period.

I wish to thank my parents Mr. and Mrs. Nsengiyumva Eleuthère and Mugorenejo Béatrice, to my parents in law Kanamugire Damien and Nduwamungu Immaculée and to my brothers and sisters. I thank you so much for your support.

Furthermore, my gratitude goes to the individuals that made my data collection possible. Many thanks go in particular to participants from kindergarten, and school teachers, head teachers and administrative personnel, parents and all the children who participated in group discussion for their pleasant and unlimited cooperation in this study.

I learned a lot from them. Thank you for your time. I am immensely grateful for your various contributions.

Lastly but certainly not least, to all friends and well-wishers, thank you for your support.

May God bless you all.

Dedication

This dissertation is dedicated first and foremost to Almighty God, to my beloved husband Umuhire Jean Paul. It is also dedicated to my lovely children Umuhire Uwase Oriana and Umuhire Jean Lauris Walker, my blessed children Nkurunziza Alexis, Umuhoza Epiphanie and her Husband.

To my parents and parents in law, to my brothers and sisters, to my brothers and sisters in law, this thesis is dedicated.

Abstract

Children with disabilities are given opportunities to fully participate in inclusive schools as their peers without disabilities and they are provided with the additional support services among which are early intervention services.

Therefore, this study analyzed the relationship between early intervention for children with disabilities and enhancement of inclusive education development basing on the community and school inputs. It was guided by three objectives in which the first one was to analyze the contribution of Kamonyi District community in early childhood education, the second one was about analyzing school requirements at pre-primary education levels for children with disabilities and the last objective was to find out the benefits of early intervention for children with disabilities in inclusive education.

The study used both qualitative and quantitative approaches and purposively involved 87 respondents comprising of children with disabilities, class representatives, school administrative staff, teachers and parents of children with disabilities from 3 inclusive schools located in Kamonyi District. The data was collected through questionnaires, interviews, focus group discussions and observations. The qualitative data were then analyzed through categorization of responses whereas quantitative data were analyzed and presented using tables and percentages.

Results of the study revealed that there was a strong relationship between early intervention for children with disabilities and enhancement of inclusive education development. Parents seek assistance for children with disabilities before they go to school. Parents and teachers are aware of the program of early childhood intervention and integrated efforts from different stakeholders are combined in Kamonyi District for the success of the program. Different services like education, psychological and occupational therapy, physiotherapy are provided to children with disabilities below and above primary school age and those services are received at school. The results also revealed that early childhood interventions improve the wellbeing of children with disabilities and their families.

In the study it is recommended to improve the early intervention services by providing budget to equip inclusive schools from nursery level, to also enhance parents, guardians and all caregivers' collaboration with schools on regular basis for the wellbeing of children with disabilities and also to bring children with disabilities to the professionals as soon as they realize that their children do not develop at the same pace like their peers of the same age and to train preschool teachers.

Table of Contents

Certification	II
Declaration and Copyright.....	III
Acknowledgements	IV
Dedication.....	V
Abstract.....	VI
Table of Contents.....	X
LIST OF TABLES.....	XI
List of figures	XII
List of abbreviations	1
CHAPTER ONE.....	1
GENERAL INTRODUCTION	1
1.1INTRODUCTION.....	2
1.2 Historical Background of Education in Rwanda	2
1.2.1 Pre-independence period (1887-1962).....	4
1.2.2 Post-Independence period (1962-1994).....	5
1.2.3 Post-Genocide period (1994 up to now)	6
1.2.4 Early Intervention and inclusion for children with disabilities in Rwanda	9
1.2.5 The background and contexts of schools in Kamonyi District.....	10
1.3.Statement of the Research Problem.....	11
1.4.Objectives.....	11
1.4.1 Overall objective.....	11
1.4.2 Specific objectives	12
1.5.Research questions	12
1.6.Significance of the Study	13
1.7.Scope of the study	13
1.8 Definition of key concepts and terms	13
1.8.1 Inclusive education	13
1.8.2 Early childhood.....	14
1.8.3 Early childhood education	14
1.8.4 Disability.....	14

1.8.5 Children with disabilities	15
1.9 The structure of the study	15
1.10 Conclusion	15
CHAPTER TWO	17
LITERATURE REVIEW	17
2.1 Introduction	17
2.2 Theoretical review	17
2.2.1 Early childhood intervention and its significance to human development.....	17
2.2.2 Early childhood intervention as an essential part of inclusive education	19
2.2.3 Early intervention development in Rwanda	19
2.2.4 Early childhood intervention development in Uganda.....	20
2.2.5 Early childhood intervention development in Tanzania.....	21
2.2.6 Early childhood education program in Kenya.....	22
2.3 Empirical review	23
2.3.1 Importance of early identification and early stimulation for children with disabilities	23
2.3.2 Value of community and parent involvement in early intervention for children with disabilities	24
2.3.3 Roles of school for effective early childhood inclusive education.....	25
2.3.3.1 Teacher and parent training.....	26
2.3.3.2 School environment	27
2.3.4 Benefits of early intervention for children with disabilities in inclusive education	28
2.4 Theoretical Framework	28
2.5 Conceptual framework	30
2.6 Conclusion.....	33
CHAPTER THREE	34
RESEARCH METHODOLOGY	34
3.1 Introduction	34
3.2 Research design.....	34
3.3 Study setting.....	34
3.4 Population	35
3.5 Sampling strategies and sample size	35
3.5.1 Sample size	35
3.5.2 Sampling strategies	36
3.6 Research instrument	36
3.6.1 Questionnaire for school staff, learners and parents	36
3.6.2 Semi-structured interview for teachers and parents.....	37

3.6.3 Focus group discussion for parents	37
3.6.4 Observation checklist	37
3.7 Validity	37
3.8 Reliability	38
3.9 Data analysis procedures	38
3.10 Position of the researcher	38
3.11 Ethical consideration	39
3.12 Conclusion.....	39
CHAPTER FOUR	40
4.1 Introduction	40
4.2 Demographic Information for Respondents	40
4.2.1 Gender and age of respondents	40
4.2.2 Level of studies and experience in teaching.....	43
4.2.2 Training in special needs education	44
4.2.3Type of disability of students interviewed	47
4.3 Value of Community and Parents Involvement in Early Intervention for	49
Children with Disabilities.....	49
4.3.1 Introduction.....	49
4.3.2 Parents and community understanding on early childhood intervention	49
4.3.2 Parents' assistance to children with disability in early intervention	51
4.3.3 Role of family in early childhood education	52
4.3.4. Partial conclusion.....	55
4.4. Role of Schools for Effective Early Childhood Inclusive Education.....	55
4.4.1. Availability of early childhood intervention services at schools.....	56
4.4.2 Identification and assessment for children with disabilities and place where these Services are performed	58
4.4.3. Available resources at school for effective early intervention for children with disabilities	59
4.4.4. Number of children with disabilities enrolled in pre-school education.....	61
4.4.5. Challenges encountered by parents in special education process for children with Disabilities	62
4.4.6. Partial conclusion.....	64
4.5 Benefits of Early Intervention for Children with Disabilities in Inclusive Education	64
4.5.1 Starting period of early intervention	64
4.5.2 Early childhood education as critical period impacting productivity and improving the wellbeing of children with disabilities	66
4.5.3. Early intervention services and its contribution to the effectiveness of inclusive education development	70

4.5.4. Comparison of the performance of children who received early intervention and those who did not	73
4.5.5. Partial conclusion	74
CHAPTER FIVE	75
CONCLUSION AND RECOMMENDATIONS	75
5.1 Conclusion.....	75
5.2 Recommendations	76
5.3 Suggestions for further research.....	77
References	78
APPENDICES	86
APPENDIX I: APPROVAL LETTER FOR DATA COLLECTION	87
APPENDEX II: QUESTIONNAIRES FOR SCHOOL STAFF	88
SECTION ONE.....	88
SECTION TWO.....	90
APPENDIX III: TEACHERS' INTERVIEW	96
APPENDIX IV: GUIDED QUESTIONNAIRES FOR LEARNERS / IBIBAZO BY' ABANYESHURI.....	97
SECTION ONE / IKICIRO CYA MBERE.....	98
SECTION TWO /IKICIRO CYA KABIRI.....	99
APPENDIX V: GUIDED QUESTIONNAIRES FOR PARENTS / IBIBAZO BY' ABABYEYI.....	101
SECTION ONE / IKICIRO CYA MBERE.....	102
SECTION TWO /IKICIRO CYA KABIRI.....	102
APPENDIX VI: INTERVIEW GUIDE FOR PARENTS / IKIGANIRO N' ABABYEYI	108
APPENDIX VII : GROUP DISCUSSION QUESTIONS FOR PARENTS	111
APPENDIX VIII: INDIVIDUAL SPECIAL EDUCATIONAL ASSESSMENT FORM	112
APPENDIX IX: MAP OF KAMONYI DISTRICT	114
APPENDIX X : ICYEMEZO CYO GUTANGA UBURENGANZIRA	115

LIST OF TABLES

Table 1: Impact of STRNs on Learning outcomes : KAMONYI District	10
Table 2: Distribution of respondents by gender.....	41
Table 3: Distribution of respondents by age	42
Table 4: Distribution of respondents by educational level	43
Table 5: Level of studies and experience in teaching	44
Table 6: Trained teachers and administrative personnel in special needs education	45
Table 7: Teachers 'specialization domain in special needs education	46
Table 8: Types of disabilities for interviewed students	48
Table 9: Where early childhood intervention services can take place	50
Table 10: Data on parents who seek assistance for children with disability before schooling	52
Table 11: Parents opinions on role of family in early childhood education	53
Table 12: Awareness of respondents on early childhood intervention program and its implementation at nursery school.....	56
Table 13: Services provided by early childhood intervention program at schools	57
Table 14: Place and professionals operating identification and assessment	58
Table 15: Available resources at inclusive schools	59
Table 16: Reason of low number of enrolled children with disabilities in pre-school	61
Table 17: Challenges encountered by parents in special education process	63
Table 18: Data on when respondents think early intervention should start	65
Table 19: Early childhood education as critical period improving the wellbeing of children with disabilities	67
Table 20: Help that children got contribute to their academic performance	71
Table 21: Contribution of early intervention to the effectiveness of inclusive education.....	72
Table 22: Comparison of the performance for children with disabilities who received early	73

List of figures

Figure 1 : Bii, 2013. Inclusive Education in Kenya Assessment Report Kenya/Somalia program. Handicap International.....	22
Figure 2: Early Intervention for CWDs to enhance Inclusive Education Development	32

List of abbreviations

12YBE: Twelve Years Basic Education

9YBE: Nine-Year Basic Education

ADHD: Attention Deficit Hyperactivity Disorder

CCBRT: Comprehensive Community Based Rehabilitation Tanzania

CEFAPEK : Centre de Formation Agricole et de Petit Elevage de KAMONYI

CWD: Child with Disability

ECCE: Early Childhood Care and Education

ECD: Early Childhood Development

ECI: Early Childhood Intervention

EFA: Education for All

EICV : Enquête Intégrale sur les Conditions de Vie

HVP: Home de la Vierge des Pauvres

ESSP : Education Sector Strategic Plan

IEP: Individualized Education Plan

IPAR: Institute and Policy Analysis and Research

JICA: Japanese International Cooperative Agency

MDGs: Millennium Development Goals

MINEDUC: Ministry of Education

STRN: Standards Tools Roles and Norms

TVET: Technical, Vocational, and Educational Training

UN: United Nations

UNESCO: United Nations Educational, Scientific and Cultural Organization

UNICEF: United Nations International children Emergency Funds

USAID: United State Agency International Development

WHO: World Health organization

CHAPTER ONE

GENERAL INTRODUCTION

1.1 INTRODUCTION

Historically, Rwandan education systems seem to have been constructed to be exclusionary for some children and not others, it is the United Nations Educational, Scientific and Cultural Organization (UNESCO) Salamanca Statement that obliged all governments to recognize the necessity and urgency of providing education for children with special needs including those with disabilities within the regular education system (UNESCO, 1994). In Rwanda, Christian missionaries were the first to educate children with disabilities and they built the first centre for children with disabilities, HVP Gatagara, in 1962 (Education Development Trust, 2016). In 1997, the government demonstrated its interest in the education of children with disabilities and other special educational needs (Education Development Trust, 2016).

However, for inclusive education to be successful, children with disabilities require intervention measures as much earlier as possible (Twagirimana, 2016) and the identification of disabilities as well as monitoring changes in growth and development over time. Even if each child is unique, the identification is done through comparisons between each child with peers being at school or at home (Slentz, 2010). The UN Report (2001) the Jomtien Declaration on Education for All in 2001 stated that learning must begin at birth because the early childhood care and education is an essential component of basic education. Early intervention helps in removing or reducing problems that have been brought about by disabilities because the earliest years of life are full of rapid changes and transitions.

Parents and early childhood educators are usually the first to notice when children are not developing and learning as expected. Parents and teachers are also in the best position to provide additional support and special care when it is needed as young children have no time to lose when they need special services because earlier initiation of services is associated with improved outcomes (Slentz, 2010). After identification of children with disabilities those children are provided with special services in which include referral services and other services received to

school to help them in the habilitation or rehabilitation. The results of early intervention may contribute a lot on the academic achievement of those children with disabilities in other levels of studies especially in inclusive schools.

It is in this regards that the study seek to analyze “*school and community inputs*” initiatives of three inclusive schools located in Kamonyi District, as an attempt to evaluate community inputs to early intervention for children with disabilities and its significance to inclusive education development. The data collected is presented in the next five major parts: the background of the study; the review of related literature; research methodology; the presentation and analysis of data, and discussions.

1.2 Historical Background of Education in Rwanda

1.2.1 Pre-independence period (1887-1962)

Rwanda was first colonized by Germany in the late 1800's, but the control of the nation was transferred to Belgium in 1919 (Keleher, 2006). The conference held in Berlin in 1884/85 agreed that Rwanda and Burundi should be incorporated into Germany's sphere of influence (Strizek, 2003; Keleher, 2006; Republic of Rwanda, 2016). In 1894 Count Gustav Adolf von Götzen was the first German who explored in Rwanda and entered into contact with the King Kigeri IV Rwabugiri (Kimonyo, 2016). German colonial rule built on the existing kingdom power structures. The White Fathers were the first missionaries to be established in Rwanda and founded the Catholic missions (Mildwood, Selstrom and Wohlgemuth, 1996; Republic of Rwanda, 2016). In terms of education, missionaries introduced formal schooling to Rwandans, and Catholic missionaries (Republic of Rwanda, 2003; Bridgeland, Wulsin and Naught, 2009) formed the first school in Rwanda in 1900. It was not easy for Rwandan administrators to choose which education system they wanted for their people since decisions were in the hands of the colonizers.

In addition, it is noted that during the colonial period the education reflected and intensified the “*Divide and rule strategies*” which consequently brought the ethnic divisions in Rwanda (Keleher, 2006).

According to Bridgeland, Wulsin and Naught (2009), before the colonial period Rwandese citizen (mainly farmers and cattle keepers) mostly learnt their skills informally by working with their relatives and other members of their tribe. Keleher (2006) showed that they used to live

harmoniously in the same community as a result of the Rwandan cultural education known as “ITORERO”, a channel through which the nation could convey national values to the citizenry regarding national identity, culture, social cohesion, and the defense of their nation (Republic of Rwanda, 2011a; Republic of Rwanda, 2013b). When the colonizers arrived in Rwanda, Itorero gradually disappeared because its core values did not align with the principles of colonization (Republic of Rwanda, 2011a).

During the colonial period, the education relied heavily on the missionaries. During the 1913s, the catholic church set up special schools to educate Tutsi as the future leaders of the country and state, and also as support staff for the colonial government and this treatment continued throughout the 1930s and 1940s (Bridgeland, Wulsin and Naught, 2009). One school located in Nyanza accepted to admit the Hutu, and the Tutsi were almost exclusively admitted to the *École Astrida* (Kenneth; Saltarelli, 2000)

According to Rwanda Education Policy (Republic of Rwanda 2003) education system during the colonial period was also characterized by gender imbalances and gender stereotypes, whereby Rwandese women and girls had very limited access to education; girls were considered unequal to boys, were treated differently and schools perpetuated this cultural attitudes that oppressed females (Republic of Rwanda, 2003).

According to Keleher’s research (2006), during the colonial period there were not only schools built by Catholic Church because between 1919 and 1943, Protestants including Belgian Presbyterians, Seventh Day Adventist, Anglicans, Baptists, Pentecostals, and Methodists also arrived in Rwanda and built schools. Introduction of different churches in Rwanda contributed remarkably to the increase in number of schools and students as well. Keleher(2006); Bridgeland, Wulsin and Naught(2009) affirm that Belgian administrators decided to indirectly control the Church schools through contracts and subsidies. They became *écoles officielles* (government schools or schools managed by missions under contract with the Belgian government), *écoles libres subsidiées* (Belgian mission schools with government subsidies) and *écoles libres non-subsidiées* (privately funded schools run by foreign missions) (Bridgeland, Wulsin and Naught 2009). At the time of independence in 1962 the country had forty secondary schools, including six seminaries and thirty-four *écoles libres subsidiees*, and almost all were

owned by the Catholic and Protestant churches (Kehele, 2006). However, the number of schools and students attending school kept increasing progressively.

1.2.2 Post-Independence period (1962-1994)

With independence, administrative structures, including a Ministry responsible for education, were established and diverse laws securing the general regulation of education were introduced (Republic of Rwanda, 2003). The 1962 Constitution declared that primary education should be free and obligatory and the new government's goal established its own national university a year after independence (Keleher, 2006).

However, inequitable access to education persisted even during the post-independence period. Olaka (2015) affirms that between 1972 and 1973 the government of President Gregoire Kayibanda started implementing a policy of ethnic proportionality and it made many Tutsi students to be kicked out of school to give way to Hutu students. Tutsis continued being targets for discrimination to education (Bridgeland, Bridgeland, Wulsin and Naught, 2009; Olaka, 2015)

In 1977-78, the education system was reformed to reinforce Kinyarwanda (or Rwanda's native language) as the medium of instruction, as well as vocational training at basic levels of schooling (Keleher, 2006). Republic of Rwanda (2016) points out that primary education which had been 6 school years before was extended to 8 years, and even fewer students were able to access 3 years of post-primary education. Another reform took place in 1991, which shortened primary school to 6 years, replacing the final two years with a three-year junior secondary cycle (Keleher, 2006). Unfortunately those reforms had not changed the discrimination of some citizens, because schooling at post-primary education levels was rationalized based on ethnic and regional groupings and not fair competition, creating conflicts among citizens Obura (2003); Keleher (2006); Bridgeland, Wulsin and Naught (2009) .

Bridgeland, Wulsin and Naught (2009) points out that because of agreement between the Catholic Church and the Rwandan government in 1965, schools were classified as public, private, or subsidized and for the first time in the history of the country the parents who could afford it, were allowed the right to send their children to private schools if they preferred to do so. This was positive for the marginalized groups, for parents were able to send their children in schools of their choice.

1.2.3 Post-Genocide period (1994 up to now)

In her work on *Never again: Educational reconstruction in Rwanda*, Obura (2003) demonstrates that before 1994 a discrimination quota system was used for entry into schools, which was much based on ethnic and regional criteria, rather than on academic performance. The genocide against the Tutsi which took place in 1994 complicated the situation because it devastated all aspects of social structures of the country, and impacted heavily on the education sector (Bridgeland, Wulsin and Naught, 2009).

After the genocide against the Tutsi, the education sector went through an emergency, during which the main objective was to reshape and try to restart the education system, which had broken down (Republic of Rwanda, 2003). When the genocide against the Tutsi erupted in April 1994, schools closed almost immediately and educational infrastructure was severely damaged (Bridgeland, Wulsin and Naught, 2009). There was a big challenge in the rehabilitation of schools and provision of equipment for schools, hiring of teachers because many of them had fled the country and others had been massacred. Rwanda embarked on the country's reconstruction program, including the devastated education sector, with a focus on eradicating any form of discrimination and marginalization in its society since 1994 after genocide (Republic of Rwanda, 2003). Many nursery, primary, secondary schools and even high learning institutions subsequently emerged, where boys and girls with and without disabilities were welcomed without discrimination (Republic of Rwanda, 2003). Statistics has shown that in 2000, there were 257 nursery schools of which only 2 were government-owned. These pre-schools catered for only 18,399 children out of about 2 million pre-school aged children these schools were managed by 527 teachers (Republic of Rwanda, 2003).

Before recognizing right to education for girls, women responsibilities were household tasks and this discourage the participation of girls to education. Parents were not aware of the importance of sending girls to school due to negative attitudes they beard. Rwanda had not let continuing treating girls as it was in other periods, parity had been achieved in primary education in Rwanda since 2001 (Republic of Rwanda, 2008).Rwanda has continued to support education for all through changes not only to avoid inequalities but also to provide quality education to all people, guided by the Ministry of Education's (MINEDUC) policy mission:

“to transform the Rwandan citizen into skilled human capital for the socio-economic development of the country by ensuring equitable access to quality education focusing on

combating illiteracy, promotion of science and technology, critical thinking, and positive values”(Republic of Rwanda, 2010:p1).

Currently, the education system in Rwanda is composed of four main levels: Pre-primary, Primary, Secondary, and Higher Education, with a significant Technical and Vocational and Educational Training (TVET) training options at both secondary and higher education levels (Republic of Rwanda, 2013). To enhance access to education for all children particularly at basic level there, a fee-free Nine-Year Basic Education (9YBE) program was initiated in 2009. It aimed to raise the general level of literacy, numeracy and life skills in the citizens, which has the ultimate potential to reduce poverty and/or improve economic growth (Republic of Rwanda, 2010). This government initiative lead to, high rate of school attendance at basic and lower secondary school levels as shown by the statistics in ESSP 2008-2012:

Completion rate in Primary was 52.4% in 2006 and 125% in 2012

Completion rate in *Tronc commun* was 20.4% in 2006 and 46% in 2012

Completion rate in upper secondary was 11.4% in 2006 and 17% in 2012

Changes in the education system in Rwanda continued and in 2012 nine year basic education were extended to twelve year basic education where schools had to educate children up to twelve and get a certificate of secondary level (JICA, 2012). The ESSP has made quality twelve-year basic education available for all children and made education at all levels more accessible (Republic of Rwanda, 2010). Facilitating children access to education seem to have contributed significantly to eliminating inequalities in schools, ending ethnic biases and discriminations as shown by IPAR (2012) report in which ratio of boys to girls in primary school moved from 0.90 in 1990 to 1.02 in 2010 as for the ratio of boys to girls in secondary school was 0.96 in 1990 and became 1.27 in 2010.

1.2.4 Early Intervention and inclusion for children with disabilities in Rwanda

Every child has the right to education and children with disabilities should not be excluded from the general education based on their disabilities according to Article 20 of the national constitution (Republic of Rwanda, 2015). However, a number of children with disabilities are still hidden by their parents in their homes and are denied the right to fully participate in education like their peers without disabilities (UNICEF, 2016). To respond to the Convention of

the Rights of the Child of 1989 and to the Convention of the Rights of the Persons with Disabilities of 2008, to which the Government of Rwanda is signatory; enhancing the rights of children with disabilities by promoting inclusive education is considered as the key strategy of achieving Education for all (Innovation for Education, 2015).

By the introduction of Inclusive Education in schools, children with disabilities who were marginalized from pre-colonial, colonial, postcolonial periods and started to be recognized in post genocide period have been accorded rights to study together with students without disabilities. According to the Guardian (2011) awareness about the rights of children with special needs to participate in their communities has led to a "child-friendly" schools programme aimed to include all vulnerable children in mainstream schools. Republic of Rwanda report (2008) stated that "A school must have a child-friendly, barrier free environment which promotes inclusive access and equal rights of every child" (Republic of Rwanda, 2008). Discrimination based on disabilities had remarkably reduced, and the enrolment rate increased from 94.2% in 2008 to 96.5% in 2012 (Republic of Rwanda, 2013a).

In Rwanda, inclusion is applicable at all levels of education pre-primary education, primary education, secondary and higher education although there are still lack of some materials to adequately cater for children with special needs especially those with disabilities. In Rwanda, pre-primary education lasts for a period of three years for children between the ages of 3 and 6, in the framework of encouraging their socialization and stimulating their senses (Republic of Rwanda, 2012). Rwanda has put an effort in pre-primary education because in 2000 there were 257 nursery schools but two of which were privately owned (Republic of Rwanda, 2013) while in 2014, there were 2,431 pre-primary schools in Rwanda, including 416 public schools, 1,004 government-aided schools, and 1,011 private schools (Republic of Rwanda, 2015).

These preschools intended to accommodate all children and help earlier identification and intervention for those with any form of special needs (UNICEF, 2016), including those from more disadvantaged backgrounds who are unable to reach specialized services (Republic of Rwanda 2013a). Disability may be a major factor affecting children in their school enrolment (Thomas, 2005). Through the Ministry of Education, the Republic of Rwanda (2007) reported that more than 60% of children were in school and about 30% children with disabilities had never attended school due to (Thomas,2005) the lack of assessment and early intervention

provision for children under 6 years old. According to Lewis (2009) a large number of those children who did not attend school live in rural areas and this was because of long travel distances, discriminatory attitudes among students and staff, lack of support for teachers, inaccessible school infrastructure and lack of parents involvement (Lewis,2009).

Though access to education remained a challenge for many children with disabilities in Rwanda, the application of a set of standards, tools, roles and norms for quality inclusive education had positively impacted on children's enrolment rates and there was a remarkable change in performance and reduced number of drop-outs (Murenzi and McGeown ,2015). Evaluation revealed that all 24 pilot schools using the STRNs were able to provide inclusive education for children with disabilities. In total, the schools enrolled 1,296 children with disabilities much higher than the initial estimate of 360 (Murenzi and McGeown, 2015). It also revealed that the majority of teachers from those pilot schools affirmed that the STRNs were accurate and applicable in schools (Murenzi and McGeown, 2015) and affected the effectiveness of quality inclusive education in Rwanda.

Inclusive Education programs tackle all levels (individual, family, community, organization, and government) and specific indicators that include: presence, participation, choice, respect, knowledge and skills. It is necessary to consider all those levels and indicators in order to render the program much more effective (Stubbs, 1993).

1.2.5 The background and contexts of schools in Kamonyi District

Kamonyi District is one of the eight Districts that make up the Southern Province. It is located in the central region of the country and composed of 12 Sectors (the Sectors are Gacurabwenge, Karama, Kayenzi, Kayumbu, Mugina, Musambira, Ngamba, Nyamiyaga, Nyarubaka, Rugarika, Rukoma and Runda), 59 Cells and 317 Villages (Imidugudu) with a population of 342,792 inhabitants on a total surface area of 655.5 km² (Appendix IX ;Republic of Rwanda,2013).

Kamonyi district is ranked fifth in EICV3 with 85.5% of individuals aged six and above having at some time attended school Integrated Household Living Conditions Survey 3 (EICV3). The District has 59 nursery schools, 90 primary schools and 50 secondary schools. In primary education, there are total 932 classrooms for 77,896 Students and 1273 teachers, including 860 women against 413 men. The average student in a classroom is about 61 students per classroom .In secondary education; there are 3 public schools of excellence, 6 private schools, 19 schools of 12 years basic education, 23 schools of 9Years Basic Education and 4 Vocation Training Centers (Republic of Rwanda, 2013). This district was the first in the country to start twelve years basic education 12YBE (EICV3).

The net attendance rates (NARs) in primary school in Kamonyi district is 95.7%, while the NAR in secondary school by district, shows that Kamonyi district is ranked 13th in terms of NARs in secondary school, where Kicukiro, Gasabo and Nyarugenge of Kigali City are the best. The NAR in secondary school is 20.7% in Kamonyi district. 2.4% of the population aged six and above in Kamonyi district knows to use computer. Kamonyi has 4.2% of people with disabilities. This percentage is below the national average of 4.5% and above than the Kigali City (2.3%). Statistics revealed that the district with the most people with a major disability is Burera, with 8.2% (EICV3). The table below shows the impact of standards, tools, roles and norms on learning outcomes for children with disabilities in schools located in Kamonyi:

Table 1: Impact of STRNs on Learning outcomes : KAMONYI District

N°	School	VI	HI	PI	II	MI	Others	Total	Impact on learning outcomes							
									Promoted 2014	Repeated 2014	Dropped out 2014		Professionally oriented			
1	E.P Buguli	1	2	0	17	6	10	36	32	88.9	3	8.3	0	0%	1	2.8
2	E.P Protestant	4	2	23	3	20	2	56	49	87.5	6	10.7	0	0%	1	1.8
3	E.P Kagina/St Jean	2	8	11	22	0	17	63	41	65.1	21	33.3	0	0%	1	1.6
4	E.P Masogwe	6	3	13	15	4	8	49	46	93.9	2	4.1	0	0%	1	2
5	E.P NYagihamba	0	3	7	8	4	18	40	38	95	0	0	1	2,5%	1	2.5
6	E.P Rusoro	2	5	13	14	7	23	64	54	84.4	6	9.4	3	4,7%	1	1.6
7	G.S Bubazi	2	5	10	12	2	12	43	34	79.1	8	18.6	0	0,0%	1	2.3
8	G.S Gacurabwenge	2	4	15	8	4	16	49	45	91.8	0	0	3	6,1%	1	2
9	G.S Mpushi	17	8	11	13	1	16	66	46	69.7	8	12.1	8	12,1%	1	1.5
10	G.S Ruyumba	3	6	27	12	0	8	61	53	86.9	7	11.5	0	0,0%	1	1.6
11	G.S Sheli	3	2	15	5	5	9	39	27	69.2	9	23.1	2	5,1%	1	2.6
12	G.S Bunyonga	4	1	7	42	0	12	70	57	81.4	10	14.3	2	2,9%	1	1.4
Total	46	49	152	171	53	151	636	522	82.7	80	12.6	19	2,9%	12	1.9	

Source : Innovation for Education .2015.Paving the path to the success of Inclusive Education in Rwanda. Booklet 2

Kamonyi District has shown progress in catering children with disabilities in inclusive schools as demonstrated in the table above. A large number of students with disabilities were promoted compared to the low number of children with disabilities who dropped out. Across the country Kamonyi is placed amongst the best Districts to implement the Inclusive Generally, as shown by Republic of Rwanda (2016c) statistics report, trends in primary school for example demonstrated that Kamonyi occupied the second place among all country districts having low dropout rate of 4.5% in 2015 and it comes after Kigali City with the rate of 3.4 % (Republic of Rwanda ,2016c:p34-35).

1.3.Statement of the Research Problem

Rwanda's vision on early childhood is that all infants and young children will achieve fully their developmental potential: mentally, physically, socially and emotionally (Save the children, 2013).

According to UNICEF (2016a), it is difficult for children with disabilities to get to school as they have to walk to school and many schools are located far from their houses .Because of the long distance children under 6 years old particularly those with disabilities are denied the chance to undertake the pre-primary education (UNICEF, 2016a).This in turn is contributing to the large number of over-aged children with disabilities in schools (Save the children, 2013).

Children who received early intervention services may begin special education preschool services at early age and this can, in turn, lead to comprehensive evaluations to fully determine if a child has a significant delay or disability and as a result needs specialized help (Sanderson ,2010).Normally ,children who have access to early childhood services and pre-school education are more likely to start school at the correct age, less likely to drop out of school and achieve better learning outcomes than children who have not benefited from pre-school education (Save the children 2013).

Young children have no time to lose when they need special services, but parents and other care givers are not aware of the importance of early childhood intervention and education especially to those children with disabilities. Slentz (2010) highlighted that it is important to identify developmental delays and disabilities in early childhood to determine whether a child is eligible to receive services because the earlier the intervention is done, the better the complication of the problem is reduced. The lack of intervention at early age has negative impact in the transition from one level to another and it also affects the academic performance of children with disabilities who are enrolled in inclusive schools. It is the reason why, the researcher decided to carry out a research on early intervention for children with disabilities as an enhancement of inclusive education development by referring to schools of Kamonyi district.

1.4. Objectives

Under this section, the research stressed on the main objective accompanied with its specific objectives as ways to achieve it.

1.4.1 Overall objective

The purpose of this research was to analyze the relationship between early intervention for children with disabilities and enhancement of inclusive education development

1.4.2 Specific objectives

The present research aimed to achieve the following objectives:

1. To analyze the contribution of Kamonyi District community in early childhood education.
2. To analyze school requirements at pre-primary education levels for children with disabilities in Kamonyi District
3. To find out the benefits of early intervention for children with disabilities in inclusive education.

1.5. Research questions

The research is expected to answer the following basic questions:

1. What is the contribution of parents and community of Kamonyi District in early childhood education for children with disabilities?
2. What requirements do schools in Kamonyi District have to cater for children with disabilities at pre-primary education level?
3. What is required in early childhood intervention to enhance academic achievement of children with disabilities?

1.6. Significance of the Study

This study may provide comprehensive information about the relationship between early intervention and the enhancement of inclusive education development and the role of the community in the realization of both early intervention program and inclusive education development. This study may be for great importance to the Ministry of Education and other stakeholders about relevant support services needed after identification of children with disabilities which services will help those children to participate in advance level of school.

The study is also of direct importance to the parents. It helps them to have an understanding on their roles in the education of their children from pre-primary to higher education and also their great importance in providing information about their children which are very important in the assessment of them in order to intervene early and make inclusive education more effective.

This study also attempts to fill the gap present in the pre-primary education by specifically bringing out the role of the different stakeholders, most importantly the government in harmony with schools, teachers and parents, in the realization of inclusive education starting in kindergartens.

1.7. Scope of the study

The study was conducted in three inclusive schools located in Kamonyi District, Southern province of Rwanda. The selection was due to time and financial constraints of the researcher. The research focused on the early intervention for children with disabilities for enhancement of inclusive education development.

The research considered only information varies from 2012 to 2016 gathered from children with disabilities and their parents, class representatives from primary one to six, teachers from kindergartens up to primary six and the school administrative staff from the three selected inclusive schools were targeted.

1.8 Definition of key concepts and terms

1.8.1 Inclusive education

UNESCO (2005) defines inclusive education as a process intended to respond to students' diversity by increasing their participation and reducing exclusion within and from education. It is related to the attendance, participation and achievement of all students, especially those who, due to different reasons, are excluded or at risk of being marginalized. In inclusive education, children learn together in the same classroom, use materials appropriate to their various needs, and participate in the same lessons and recreation.

Therefore inclusive education is the system in which children with disabilities has to study together with students without disabilities after having receiving early intervention services to facilitate them fully participate in the classroom activities.

1.8.2 Early childhood

Early childhood is the period from prenatal development to eight years of age. It is a crucial phase of growth and development because experiences during early childhood can influence outcomes across the entire course of an individual's life .For all children, early childhood provides an important window of opportunity to prepare the foundation for life-long learning and participation, while preventing potential delays in development and disabilities. For children who experience disability, it is a vital time to ensure access to interventions which can help them reach their full potential (WHO, 2012).

Therefore early childhood is a critical period in which children with disabilities receive services and support to promote their best possible developmental outcomes.

1.8.3 Early childhood education

Early childhood education is an activity that takes place before the school age. In this case preschool is a part of early childhood education. The aim of early childhood education is a versatile development of child's personality. Besides education and teaching, early childhood education also includes a basic care. Early childhood education should help a child to be ready and mature for a smooth transfer to school (Harkonen, 2014).

It also refers to the period between birth and 8 years of life. The widely used term 'early childhood care and education' (ECCE) refers to a range of processes and mechanisms that sustain and support development during the early years of life: it encompasses education, physical, social and emotional care, intellectual stimulation, health care and nutrition. It also includes the support a family and community need to promote children's healthy development (UNESCO, 2012).

In this study, early childhood education is services received by a child before starting primary schools from parents and preschool teachers and other specialists preparing a child with disabilities to be independent in and out of the school life.

1.8.4 Disability

It is defined as a physical or mental condition, which makes it difficult or impossible for a person, concerned to adequately fulfill his or her role in society (National Disability Survey of Zimbabwe, 1982).

Republic of Rwanda (2013) defines disability as the partial or complete loss of the use of a certain body part or organ. This leads to a reduction or loss of function of that body part or organ. This reduced or lost function is what is called a disability.

Therefore, disability is any restriction or lack of ability to perform an activity in the manner or within the range considered normal for a human being it is the inability to function normally, physically and /or mentally.

In this study, disability is the condition that prevents a person to fully participate in a society due to lack of early intervention services at early age.

1.8.5 Children with disabilities

The Convention of the Rights of people with disabilities adopted in the year 2006, defines a disability as:

“Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others.”

Those children who failed to access to education due to their disabilities are given opportunities to participate to education in the same schools, same classrooms with their peers and they are provided with the additional support where needed to facilitate them in their studies.

In this study, children with disabilities are those children who have to receive early services to stimulate their senses so that they can adapt to effectively participate in the society

1.9 The structure of the study

The study was organized into five chapters. In chapter one, the researcher provided a brief historical background of education in Rwanda, the problem statement, objectives of the study as well as research questions. Some terms that are keys to this study were explained to facilitate the understanding of this study. Chapter two consisted of theoretical and literature reviews as well as conceptual and theoretical frameworks. Chapter three presented the research methodology including the selection of the population, the sample, research approach, source and methods of data collection as well as data analysis. Chapter four presented and discussed the findings while Chapter five explored the conclusion and recommendations and explained some strength and limitations encountered while conducting this study. The permission from the College of education to go to the field for collecting data and the list of all appendices used were attached at the end of this study.

1.10 Conclusion

Many factors like lack of parents involvement in early childhood education for children with disabilities ,lack of early intervention for children with disabilities, lack of specialized preschool teacher to help in the identification and intervention for those children, lack of preschool materials needed to stimulate senses to those children and lack of awareness about the importance of early childhood education ,lack of awareness about the role of referral to those children at early age to professionals all of these can hamper the effectiveness of Inclusive Education and it is better to find out solutions and this should be done in early age of children

before he/she reaches primary school age. Parents and school have to work hand in hand to provide additional support and special care needed to help those children in their development and transitions. Those strategies are highlighted by different researchers in the following chapter in which point of views of them are taken into consideration.

CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This study aimed at finding out the relationship between early childhood intervention for children with disabilities to enhance the inclusive education development by the help of school and community involvement in the education. This chapter contains therefore the description early childhood intervention as an essential part of inclusive education development in Rwanda in comparison to other east African countries, school provision to cater for children with disabilities under 6 years old in preprimary school, contribution of community to the realization of inclusive education starting in nursery schools. This chapter also contains a review of empirical studies that relate to the present one, and end with a theoretical and conceptual framework that provided information about this study.

2.2 Theoretical review

2.2.1 Early childhood intervention and its significance to human development

Early childhood is the period from prenatal development to eight years of age (WHO,2012). Programs for early childhood intervention (ECI), special education and inclusive education should be essential (Barón, Janson & Mufel,2009) and all work complementarily because one helps another to work successfully. Early childhood development (ECD) is a critical period that continues to impact human health and productivity throughout the lifetime. Failing to provide support services can result in negative population health, education and economic consequences that might otherwise be avoided (Binagwaho,Harward&Scott, 2016).This concur with what UNICEF (2016) highlighted in its report that the first few years of a child's life are critical for development, and that deprivation of nutrition, stimulation, and protection during this time can result in serious long-term damage.

Most countries focus early childhood services for children from birth to age three narrowly on primary health care, and only begin to invest in preschool education at age three or four (Barón, Janson & Mufel, 2009), in which they learn through play and exploration in groups and are given more opportunities to interact with other children and a variety of adults in the preparation for the school life (Republic of Rwanda, 2011). They forget that the first five years of a child's life

are the foundation that shapes the child's future health, happiness, growth, development, learning and achievement at school (Republic of Rwanda, 2016). Therefore, intervention should start from birth.

Most countries have not established comprehensive early childhood systems for example for parent education, early stimulation, and integrated services to meet an array of child development needs, from high-risk and mild conditions to severe developmental delays or disabilities (Barón et al., 2009). According to UNESCO (2009) pre-school education which is able to accommodate young children with disabilities is not widely available in most countries, although it helps to develop social skills and gives them experience of being part of a group and prepares them for school (UNESCO, 2009). Therefore children with disabilities are extremely limited to be enrolled in pre-school education because of different issues such as lack of appropriate materials, lack of trained teachers, lack of parents' involvement, negative attitudes and also inaccessible environment.

Efforts from different sectors to improve early childhood services and education are needed and these sectors need to work in collaboration with government (UNESCO, 2009 & Republic of Rwanda, 2011). Parents and caregivers also need to be empowered with the knowledge and skills to support the development of the children under their care. (Republic of Rwanda, 2011)

Republic of Rwanda (2011) states that interventions in the early years have the potential to remove negative trends and to provide young children with more opportunities and better outcomes in terms of access to education, quality of learning, physical growth and health, and, eventually, productivity. This early investment is critical as delays in the early years are difficult and costly to reverse later in life (Republic of Rwanda, 2011). Learning outcomes for children with disabilities are often at risk when teachers lack appropriate training, and access to any form of support in the classroom. (UNESCO, 2009) In addition If children with disabilities and their families are not provided with timely and appropriate early intervention, support and protection, their difficulties can become more severe often leading to lifetime consequences, increased poverty and profound exclusion (WHO, 2012).

For effective ECD program implementation: education, sanitation, nutrition, health, and child protection are needed and all these services have to be interconnected (Republic of Rwanda,

2016). Generally, ECD interventions have an important role to play in improving the wellbeing of children with disabilities and their families (USAID, 2014).

2.2.2 Early childhood intervention as an essential part of inclusive education

Before children become eligible for preschools and schools, early assessment and intervention should be made available to identify and support young children at risk. Children ages 3 through 5 are usually scheduled for an evaluation at the school by a multidisciplinary team of professionals in which include therapists, psychologists, and educators who participate in a detailed assessment (Slentz, 2010). After identification of children with disabilities or those with special needs pre-primary schools can provide health services undertaken by school health workers or mobile health teams or make arrangements for referring children to nearby health clinics (Republic of Rwanda, 2011). These programs can stimulate diverse abilities, overcome disadvantages and inequalities, respond to developmental needs of young children with disabilities (USAID, 2014). Pre-schools alone cannot take care and meet needs of young children with disabilities, integrated efforts are needed (UNESCO, 2009; Republic of Rwanda, 2011). In addition, all services for children being home-based, Community-based, or Centre-based ECD services should be provided taking into consideration children with disabilities and special needs (Republic of Rwanda, 2016). Efforts from caregivers combined with access to and use of quality ECD services increase a child's chances of flourishing and attaining an optimal level of development.

Early childhood intervention can be done at school in pre-primary school, at home or in centers to enhance the inclusion of children with disabilities and those with special needs at all levels of education (primary, secondary and higher education) and this inclusion must start at early age of the child not just when a child is in primary school. And this should be taken as a call to action to give young children the best possible start in life. This action is guided policies in many countries. This study focused mainly on the early intervention development in the East African countries.

2.2.3 Early intervention development in Rwanda

In Rwanda, ECD policy aims to promote the holistic development of all children in Rwanda through the provision of integrated health, nutritional, early stimulation and learning, and protection services to families, communities and children between 0-6 years (Republic of

Rwanda, 2011). As stipulated by UNICEF (2016), parents play a great role in development of their children when they sing to them, talk to them, read to them, give them love and affection, and keep them safe and free from violence. Therefore, early childhood development (ECD) interventions can have a dramatic and permanent impact in shaping a child's future.

Government of Rwanda has recognized early childhood interventions as an essential component of the country's development plan. This builds on the common expression "Igitu Kigororwa Kikiri Gito," that a tree's growth can be shaped when it is still a seedling (UNICEF, 2016). For the successful implementation of ECD, it is essential for parents and caregivers, Government, communities, civil society and the private sector to be assigned key roles and responsibilities (Republic of Rwanda, 2011).

"Family and community-based early intervention services should be linked up with early learning programs and pre-schools, which meet the needs of children with disabilities and facilitate their smooth transition to school" (Barón, Janson & Mufel, 2009:p7). Parents are an integral part of early learning programs, they are the first and most important teachers but they need guidance on how to support children's physical, emotional, social and cognitive development (Republic of Rwanda, 2016b). The quality of care and early stimulation they provide in the home are the foundations for later school and life achievements as their support services begin before a child is born (Republic of Rwanda, 2016b).

2.2.4 Early childhood intervention development in Uganda

According to Republic of Uganda (2013) early childhood is the period when it is very easy to mold the character of children by inculcating social norms, values and habits as well as regulation and control of emotions. Ejuu (2012) stipulates that early childhood development program is one of the ways of poverty eradication and reduction of inequality among people and that the program also put children on equal footing prior to starting primary schooling regardless of the different conditions in life such as disability. The Government of Uganda recognizes also the importance of Early Childhood Development (ECD), as one of the most important levers for accelerating the attainment of Education for All (EFA) Goals and the Millennium Development Goals (MDGs) (Republic of Uganda, 2013).

Ejuu (2012) reported that the ECD Ugandan policy recorded the following achievements:

“Recognition of pre-primary as the first level of education in Uganda, increased funding to ECD from government, stimulated the need to a comprehensive ECD policy, improved coordination, increased awareness on the importance of ECD, more funding from private practitioners, uniformity in ECD provision, and catering for children with special needs”(Ejuu,2012:p7).

The Education Sector Policy recognizes pre-primary as the first level of education in Uganda under four programs; day care centers, home based centers, community centre and Nursery Schools. But most CWDs have no access to preventive measures or basic care and only about 10% of Ugandan CWDs require rehabilitative health services actually access them. Because of that, in 1.22 million CWDs, only 5% are able to access education within an inclusive setting in the regular schools while about only 10% access education through special schools (Republic of Uganda, 2013).

Early childhood development which is also referred to as pre-primary education in Uganda has arms in other related sectors like health, welfare, and protection (Ejuu,2012)and parents are the first line of response in early childhood intervention(Republic of Uganda , 2013). Hence they need to be supported and empowered to ensure that they effectively fulfill their roles).It has been realized in Uganda that generally there is no government ECD centre or pre-school to provide inclusive education to all children (Ejuu,2015).

2.2.5 Early childhood intervention development in Tanzania

In Tanzania with regard to early childhood care and education the government has included Early Childhood Development in the National strategy for growth and reduction of poverty and has committed itself to the development of an integrated early childhood development policy in order to address the needs of all young children (United Republic of Tanzania, 2008).

The policy covered basic education which includes pre-primary, primary, secondary and teacher education. One of the key areas of Early Childhood Development and Education (ECDE) programming is to support sustainability education as a pillar for access to quality child care for Tanzanian children especially marginalized ones (Mbone, 2016). Intervention in the first few years of life play a vital role in shaping social, emotional, learning, and health outcomes and in building human capital, thereby promoting economic productivity later in life (Mbone,2016).But Disability and rehabilitation services have not been a priority in Tanzania.

Through Comprehensive Community Based Rehabilitation Tanzania (CCBRT) that is an example of a nongovernmental organization that provides a continuum of health care services to children with disabilities particularly those with neurological, visual and auditory impairments (Cameron, Nixon, Parnes & Pidsadny, 2005). Those services helped children with disabilities to acquire skills that would allow them to contribute to their families and communities such as washing dishes and sweeping dirt floors and also helped them to attend school (Cameron, Nixon, Parnes & Pidsadny, 2005).

2.2.6 Early childhood education program in Kenya

Early childhood education in Kenya serves the critical purpose of preparing young children for primary education as it is a very significant part of human development that yields some basic perceptions on human life (Ngulukua, 2012). According to his study findings, parents are aware of its importance in their children development and enroll their children in preschool programs. For the success of early childhood education program; preschools provide families with child care services and work in partnership with the community members and parents to decide type of programs they want for young children (Nganga, 2016).

As shown by the diagram below, due to lack of adequate furniture or lack of enough furniture children with disabilities are still facing difficulties in education or they receive poor education.

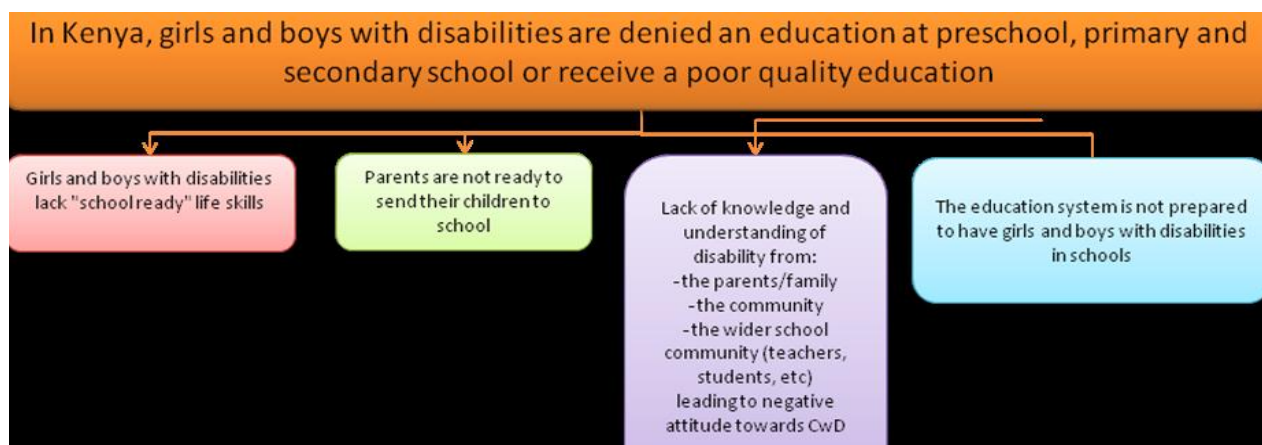


Figure 1 : Bii, 2013. Inclusive Education in Kenya Assessment Report Kenya/Somalia program. Handicap International

The successful implementation of the Kenya Special Needs Education Policy Framework was expected to improve the quality and access to education provided to children with special needs from early childhood education to higher education (Republic of Kenya, 2009). To ensure the

successful implementation of the program incorporated in education system to cater for children with disabilities all needed materials and equipments or any other support services should be available.

In Kenya ECD processes are integral to early identification, assessment and intervention of children with special needs and disabilities (Republic of Kenya, 2009) and this investigation done at early years help children with disabilities and special needs to maximize their potential depending on the availability of materials and support services provided and the quality education received during early years (Murunga, 2015).

2.3 Empirical review

2.3.1 Importance of early identification and early stimulation for children with disabilities

Early experiences and stimulation are critical for optimal brain development because the brain develops by an "experience-dependent" process, where experience activates certain pathways in the brain and not others (Derrington, Shapiro & Smith, 2003). Experiences early in life are especially crucial in organizing the brain's basic structures, as they create the neural foundation for all subsequent development and behavior (Derrington, Shapiro & Smith, 2003). If children with disabilities are not provided with timely and appropriate early intervention, support and protection, their difficulties become more severe often leading to lifetime consequences, increased poverty and profound exclusion (WHO, 2012).

Children receive early childhood services from birth to age three and sometimes beyond. The period in which the brain grows fast and is most responsive to the outside world (UNICEF, 2012). These services include physical, occupational, psychological and speech therapy, family support, counseling and education (Derrington, Shapiro & Smith, 2003) and they play a pivotal role in providing crucial learning experiences and also have a long-term, positive effect on children's well-being and academic success (Scholastic research & result, 2012). Unfortunately the critical period of pregnancy to age three has been given relatively less attention (Barón, Janson & Mufel, 2009).

To date, most countries have not established comprehensive early childhood systems for early stimulation of child development need. (Barón, Janson & Mufel, 2009). Lack of stimulation and experience lead to cell death whereby pathways that are not used are atrophied. (Derrington,

Shapiro & Smith, 2003).Therefore, infant stimulation practices are used to cover the full range of infant and child development activities (Barón, Janson & Mufel 2009).

Ensuring access to appropriate supports, such as early childhood identification and intervention can also fulfill the rights of children with disabilities, promoting rich and fulfilling childhoods and preparing them for full and meaningful participation in adulthood (Barón, Janson & Mufel ,2009).For the quality of these services, combined efforts from different stakeholders are most important .Both parents and caregivers have to conduct early childhood stimulation and development activities, beginning at birth, to optimize infants and children’s perceptual, physical, mental, language, and social and affective development. (Barón, Janson & Mufel ,2009).They also have to be supportive, and encouraging while offering appropriate stimulation .Individualized assessment (both formal and informal) is also conducted to identify child’s needs (Scholastic research &result,2012).

Therefore, early intervention is critical and holds tremendous potential for success. It requires high awareness among health professionals, parents, teachers as well as other professionals working with children (Barón, Janson &Mufel ,2009).

2.3.2 Value of community and parent involvement in early intervention for children with disabilities

Parents of children with disabilities have a vital role to play in the education of their children. They communicate with teachers and participate in school functions and activities to support their children's educational progress (Kendall, 2012). Parents’ involvement also characterizes parents’ values and attitudes regarding education and the aspirations they hold for their children (Ferrel, 2012). For example, if parents are aware of a teacher's instructional goals, they may provide resources and support for those learning aims at home (Miedel&Reynolds,1999); detected positive associations between parent involvement in preschool and kindergarten and reading achievement in kindergarten and in other grades. Izzo, Kasprow, Fendrich and Weissberg (1999) also found significant positive associations between average parent involvement in early elementary school and socio emotional development and achievement in later elementary school.

Parents’ involvement enhances children's behavior at home and in the classroom. They work together with teachers to enhance social functioning and address problem behaviors of

children(Kendall, 2012). This means that involving parents in school setting lower conduct problems (Fantuzzo, McWayne &Perry, 2004). In addition, parents are cognitively and intellectually involved in their children's education when they introduce intellectually stimulating materials to a child, such as books, toys and other materials (Grolnick & Slowiaczek, 1994) and children's exposure to these materials reduce the gap between home and school and these facilitate children's practicing of skills needed for school (Kendall,2012).

As children progress through educational systems, parents are the contributing partners with the professionals who influence children's future (Knoblauch, 2017). Although their importance in their children day to day activities many parents express that they feel excluded from important discussions about and decisions made related to their children's education (Ferrel,2012).

Parents are included in the assessment of their children. During assessment families are instrumental in identifying strategies and approaches that are responsive to their children weaknesses. (Ruthland, 2013).Parents play pivotal role by providing information about their children's weaknesses needed by the team and they advocate for their children through the continuum of early childhood education, including the assessment process (Ruthland, 2013).

Austin (2000) emphasized on the fact that families of students with disabilities are often involved early on in their child's school career, but become less involved over time either because of poor communication with teachers or because the school takes the lead in planning for their child's schooling (Austin ,2000). Many transition programs in schools allocate only a limited role to the parents.

Parents often encountered a lack of coordination among service agencies, a lack of information regarding services available, differing application procedures for each service agency, a lack of systematic organization of transition services, discontinuity of services based on changing geographical areas and varying planning cycles and fiscal years of service agencies. For any parent, these can be overwhelming obstacles (Austin, 2000).

2.3.3 Roles of school for effective early childhood inclusive education

Children with disabilities require early childhood development (ECD) services to help them achieve their potential. Efforts from the school need to continue to ensure that children's needs are catered for. Schools play a pivotal role in making inclusion work.

2.3.3.1 Teacher and parent training

Training is required for teachers to support children with disabilities but researchers revealed that the level of support available is minimal because most of the time the support teacher spends most of his/her time 'repairing' a situation rather than on development activity (Meredith,2011). In their research teachers reported that they did not have the skills to manage the behavioral problems of children with special needs (Akalin , Demir , Sucuoğlu , Bakkaloğlu , & İşcen 2014) , and the number of trained teachers was not equivalent to the number of children with disabilities available in the inclusive schools (Akalin et al., 2014).Therefore, Teacher training, experience, attitudes, and knowledge are key indicators of the quality of inclusion, and teachers need to be knowledgeable about and experienced in inclusion practices as they work with children with special needs and attempt to meet the diverse needs of all of the children in their classes (Crane-Mitchell & Hedge,2007).

Training in early childhood in service contexts is comprised of activities specific to early childhood programs and through training; teachers received skill instruction or skill-building content (Sheridan,et al., 2009). But for the effectiveness early childhood inclusive education training cannot work alone. Because with the large class size, those children with disabilities are not assisted as required (Akalin et al., 2014).

Teachers also gain knowledge of how to cater for those children with disabilities through coaching in which early childhood professionals share their knowledge and skills each other (Sheridan, et al., 2009). The individualized assessment of children with disabilities is done by trained teachers to identify strengths and needs of students, individualize and modify instruction, evaluate performance outcomes and collaborate effectively with other teachers, supervisors, parents, and related service professionals to prepare students with disabilities to meet all academic and life goals (Ronayne ,2017).But some teachers reported that they did receive limited support from the school, families, and school counselor (Akalin et al., 2014).This is one of the most factors that hinder the implementation of inclusive education.

Research results by Stephenson; Jennifer; O'Neill ;Sue ; Carter and Mark (2012)demonstrated that teachers did not receive appropriate practical training in the area of special educational needs. Instruction they received was purely and teachers would like more practical training. Callan and Louise (2013) indicated that teachers lacked the knowledge and skills to work with children with special needs and they especially had difficulty in preparing IEPs. In fact, among

barriers to the effectiveness of inclusive education also include teacher workload and lack of training (Kantz, 2004).

More specifically, early childhood teachers need to have training in teaching individualized goals within activities, individualized instruction, and progress monitoring (Akalin, et al., 2014). Teachers also reported an increased level of confidence when additional training is acquired, thus leading to positive outcomes for children in their classrooms (Meredith, 2011). Therefore, training is very important for teachers to enhance inclusive education practice from kindergarten to the higher education. The school has the responsibilities to ensure all teachers receive training on special needs education.

In addition, for the effectiveness of inclusive education teachers and parents and practitioners work together in early years' setting, the results have a positive impact on children's development and learning (Murtaza, 2011). It is for that reason parents also need to be sensitized and also trained on how to cater for their children at home to reinforce support services from educators (Lundqvist, 2016). Parents are the children's first and most enduring educators. It is true that parents who give more time to their children, their home learning takes place well and children learn in a better way (Murtaza, 2011).

2.3.3.2 School environment

Environment should be conducive to all children with and without disabilities in classroom settings. School environment should allow vulnerable children to achieve their potential (Lundqvist, 2016) and provide to them opportunities for learning, play, participation, peer interaction, recreation, development of friendship and prepare them for their further education and active participation in society (UNESCO, 2011; Lundqvist, 2016). Inclusive classroom settings may allow children with special needs greater opportunities to initiate play with their typically developing peers than traditional, self-contained special education classroom settings (Schellhaas, 2006).

Children with disabilities are often denied early years of primary schooling, and when enrolled due to a lack of inclusive approaches and rigid systems they often fail, need to repeat and/or are encouraged to dropout during this critical developmental period (UNESCO, 2011). In his research teachers said that child friendly environment increased the students' motivation

(Murtaza, 2011) . Accommodating and modifying your classroom environment can help children be successful learners and be an active participant in classroom activities.

2.3.4 Benefits of early intervention for children with disabilities in inclusive education

Early childhood development allows children with disabilities to access programs that facilitate and bolster development and provide a strong foundation for entering school with the social, emotional, and pre-academic skills needed for learning (Mann, 2011). For effective ECD program implementation, ECD services require multi-stakeholder and multi-sectoral collaboration (Republic of Rwanda, 2016b).

Failing to attend early childhood education program, this in turn contributed to the large number of over-aged children in schools, which places a large burden on school finances. (Republic of Rwanda, 2013).By the introduction of quality pre-school education, children would be ready to start school on time and would be equipped with the proper preparation and skills to transition through school (Mann, 2011&Republic of Rwanda 2013), less likely to drop out of school and achieve better learning outcomes than children who have not benefited from pre-school education Republic of Rwanda, 2013).

Early childhood education program helps parents of children with disabilities to know their contribution in the education of their children because their roles during a child's earliest years is the single biggest influence on their development (Republic of Rwanda, 2011).This is why good quality home learning contributes more to children's intellectual and social development (Republic of Rwanda ,2011).Well-organized inclusive ECD programs for young children with disabilities can provide parents with more time to engage in productive work and enable children with disabilities to attend school (UNESCO,2009b). Parents and caregivers are specifically called upon and empowered to take lead on child development support through parenting education sessions (Republic of Rwanda ,2003).Therefore, providing access to a wide range of learning opportunities, activities, settings, and environments is a defining feature of high quality early childhood inclusion.

2.4 Theoretical Framework

This study has adopted the social learning theory of Bandura. Social learning says that behavior is based on a combination of observable stimuli, and internal psychological processes. People are

often reinforced for modeling the behavior of others (Rand Mc Nally & Company, 1969).As child development is a dynamic process through which children progress from dependency on caregivers in all areas of functioning during infancy, towards growing independence in the later childhood (primary school age), adolescence and adulthood periods (WHO,2012).

Mc Leod (2011) suggests four requirements for someone to learn a behavior: attention (is the extent to which we are exposed/notice the behavior. For a behavior to be imitated it has to grab our attention, retention, reproduction and motivation. **Retention** (is how well the behavior is remembered), **reproduction** (is the ability to perform the behavior that the model has just demonstrated. The ability to reproduce a behavior) and **motivation** is the will to perform the behavior to engage in the behavior (Mc Leod ,2011) .All these requirements are very important in early intervention for children with disabilities because the early years offer a special opportunity to foster developmental gains in children as 80% of the brain's capacity develops before the age of three (UNESCO, 2009).

Children observe the people around them behaving in various ways. Individuals that are observed are called models (Cherry, 2016). In the social learning system, new pattern of behavior can be acquired through direct experience or by observing the behavior of others and more rudimentary form of learning, rooted in direct experience is largely governed by the rewarding and punishing consequences that follow any given action (Cherry, 2016). Interactions with peers reduce young children's social isolation and provide opportunities to acquire social, language and academic skills through observation of others' behaviors (Banerjee, Lawrence &Smith, 2016). David (1971) Bandura's social learning theory is based on the idea that observational learning involves the fact that humans often cannot learn for themselves (Cherry,2016).To help children with disabilities show their potential they have to interact with others so that they can observe a behavior and imitate it.

In society, children are surrounded by many influential models, such as parents within the family, characters on children's TV, friends within their peer group and teachers at school. (Saul Leod, 2011).These models provide examples of behavior to observe and imitate. Bandura's social learning theory proposed that learning can also occur simply by observing the actions of others (Cherry, 2016).Children with disabilities should be given opportunities to attend early childhood education to acquire knowledge that prepare them for primary education (Nguluka, 2012)

Therefore, social learning theory was used to explain the influence of others to model the behavior of children with disabilities in early childhood education and the importance of intervene at early age to enhance their participation in inclusive education later in their studies.

2.5 Conceptual framework

Early childhood education has been introduced on the education program to enhance Inclusive Education for children with disabilities. Early intervention for those children has shown its great importance to reduce or to remove complications brought by disabilities in their learning and development.

For the program to be successful assessment should be done at early stage with the purpose of identifying accurately a student's patterns of strength and needs. It is very important to take a carefully history from the child if possible, from parents, teachers, peers and from other care givers. Early assessment is made not only to identify young children at risk but also to take decision by seeking appropriate diagnostic and therapeutic services to support those children. For this assessment to be effective families should be closely involved in the process. Therefore assessment should be coupled with intervention to increase their chances to participate and flourish in inclusive schools.

Regular assessment is very important to ensure that the child is making progress and it is done based on the individual education plan designed after identification of child's strengths and needs. This important legal document helps to spell out the services the school provides to the child and it also determines how to measure progress. This is why an effective IEP needs time, efforts and patience.

Normally, intervention for children with disabilities should start early but it is never too late to start. As soon as the child has been identified eligible for early intervention program or needs special services, the referral process can take place. For this intervention to be effective, efforts from different stakeholders are essential to support those children and meet their needs. Parents and the community have to work hand in hand with educators and other service providers to help those children in their social, emotional and academic development. Support from the government, civil societies and other organization is also very important to help the school to accommodate those children with disabilities.

There are many factors that can help children with disabilities become more fully engaged in school and classroom activities. Those factors include school programs, curriculums, teaching approaches, teacher training, parents/community involvement, school environment, rehabilitation and habilitation and other support services. The figure presented below shows the interconnection between early intervention for children with disabilities and inclusive education development.

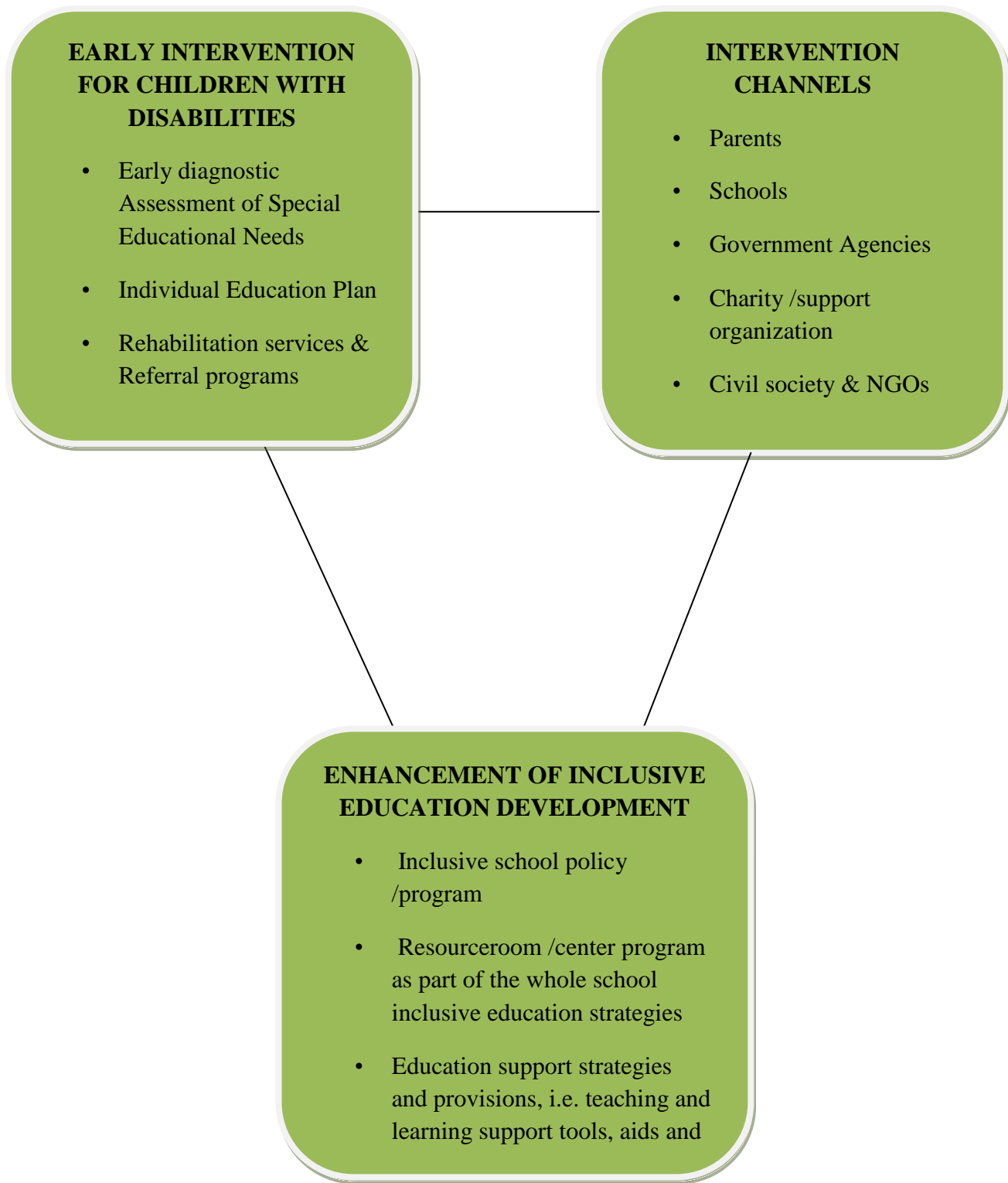


Figure 2: Early Intervention for CWDs to enhance Inclusive Education Development

For early intervention to be effective parents need to be involved in the education of their children with disabilities and teachers need to be trained on how to accommodate those children and meet their individual needs. They have to work in collaboration with the school administration and other stakeholders to make the school environment more accessible. As for the school together with the government and other organizations have to provide the adequate materials and knowledge to cater for those children so as to enhance the development of Inclusive Education. In this system children with disabilities together with those without disabilities learn from one another. All of these factors lower the number of over-aged children with disabilities in inclusive school and lower the number of children who drop out of school.

2.6 Conclusion

This chapter gave point of views from different researchers on the importance of early intervention for children with disabilities and its contribution to the effectiveness of inclusive education development. Researchers demonstrated that early intervention practices reduced dropout rate of children with disabilities and helped them to be much more independent. As for the theories adopted in the chapter put emphasis on the role played by early intervention to help children with disabilities achieve their full potential particularly in early childhood inclusive education and in other levels of their education. Information got from the chapter was used to analyze data collected from the field.

CHAPTER THREE

RESEARCH METHODOLOGY

3.1 Introduction

The chapter establishes the design of the research and the methodology to be used during the research. The study determined the number of respondents to be considered in this research. Lastly, the chapter looked at the procedures to be used while collecting data and was concluded by analyzing information gathered to the field.

3.2 Research design

The researcher used both qualitative and quantitative approaches as study designs with view of having reliable and accurate results from this research. The research design means all the issues involved in planning and executing a research project (Punch, 2009). It therefore included approaches, strategies, tools and procedures to be used for collecting and analyzing data. It determined the framework, methods and the population of the study

The qualitative approach employed in this study was used as means to detail information obtained through the use of quantitative approach. Responses of participants were described and in some cases, their views were presented in their own words. As for quantitative approach, the data collection tools were designed in the way that they enable the researcher to collect close-ended responses. Therefore, in the analysis, conclusion was drawn on the basis of the quantity of information or number of participants who mentioned a given response. In presenting the results of the study, frequencies and percentages were used. These data were illustrated through tables.

3.3 Study setting

Three fields' locations were selected as research sites in Kamonyi District of Southern province of Rwanda: Centre Scolaire Jean Depaepe, GS Gihara and GS Rosa Mystica referred to as school A, B and C respectively. These Inclusive schools are located in Kamonyi District and were selected expecting that these would provide more relevant information regarding to the importance of early intervention services to children with disabilities to enhance inclusive education development in the region and how it worked. Not only that those schools had the particularity to involve parents in the education of their children.

3.4 Population

The target population was composed of all parents of children with disabilities, children with disabilities and also children without disabilities selected in the three chosen schools of Kamonyi District. In addition, all school administrators and teachers were considered. The three schools are referred as school A, B and C as the way to preserve their anonymity.

3.5 Sampling strategies and sample size

3.5.1 Sample size

This study was a case study limited to three inclusive schools of Kamonyi District. Sampling was necessary because the study was not able to take the entire population. In addition the researcher was also limited in time, accessibility of area and financial resources. The sample consisted of 26 children with disabilities taken from kindergarten to primary 6, 9 class representatives from primary 4 to 6 to represent students without disabilities, 30 teachers trained in special needs education, 9 school administrators and 13 parents of learners with disabilities who were presented were chosen among other respondents. The total number of the sample selected from the three schools was 87 respondents.

The school administrators were chosen because of their vital roles in guiding their communities. Parents were considered to provide the information about the background of their children with disabilities and the outcomes of the support services they received from the school. Teachers were part of the research during data collection to give their point of views about the importance of early intervention to children with disabilities and its contribution to the academic and social performance in inclusive schools. Children with disabilities were among the research participants because they were at the centre of receiving early intervention services in order for them to fully participate in inclusive schools later long. As for children without disabilities their participation helped in evaluating their attitudes towards children with disabilities.

3.5.2 Sampling strategies

The research used purposive sampling. According to Black (2010) purposive sampling is about making a sample based on judgment. It requires the researcher to actively select the most productive sample to answer the research questions. The selection of participants for this study focused on those who were potentially able to explain clearly and relevantly the contribution of early intervention services to the Inclusive Education development. The participants were selected as follows:

- a) Trained teachers in special needs education
- b) Children with disabilities from nursery and primary schools
- c) Administrative staff
- d) Parents of children with disabilities
- e) Class representatives of primary 4, 5 and 6

3.6 Research instrument

The instruments of data collection of this study consisted of structured questionnaires and in depth interviews and focus group interview for students with disabilities, their parents, their teachers and the school administrative staff and also students without disabilities represented by class representatives.

3.6.1 Questionnaire for school staff, learners and parents

According to Orodho (2008) a questionnaire has the ability to collect a large amount of information in a reasonably quick space of times and it also ensures confidentiality. Closed-ended questions enabled the study to be more focused and realistic in its findings. Then open-ended questions allowed the respondents to give their views and opinions about the importance of early intervention to learners with disabilities, the necessary support services needed and the contribution of the program in other levels of learners' studies.

The questionnaire for teachers provided information about the roles of early intervention and the services needed to include learners with disabilities in every day school activities .It also showed clearly the role of parents in the students' learning and achievement. The guided questionnaire for learners elicited the importance of early intervention to the performance of students with

disabilities at all levels from nursery to primary schools. The guided questionnaire reserved for parents helped to get information about their children background, their progress after receiving early intervention and the benefits and limitations of the program.

3.6.2 Semi-structured interview for teachers and parents

According to Boyce and Neale (2006), “in-depth interviewing is a qualitative research technique that involves conducting intensive individual interviews with a small number of respondents to explore their perspectives on a particular idea, program, or situation”. During this study, semi structured interview was developed and used. Semi structured interview was flexible, allowing new questions and new information to be incorporated as a result of what the interviewee had to say and it helped to gain time for both the interviewer and the interviewee (Lindlof & Taylor, 2002). This technique was based on the use of an interview guide consisted of both closed and open ended questions addressed to parents, teachers.

3.6.3 Focus group discussion for parents

To complement the data from individual interviews, focus group discussions were also conducted in both Kinyarwanda and English with respect to the respondents’ choice. While conducting interviews a pen and paper together with a digital recorder were used. Focus group discussion was mainly used for parents because most of them were unable to read and write. The researcher used aural questions in focus groups.

3.6.4 Observation checklist

Checklists can be defined as lists of things to be checked. In this study checklist were used to collect data through the observation of the services available at the three selected schools and materials used during the rehabilitation and/or habilitation services to facilitate early intervention services process. Those information got from the observation supplemented the data collected through questionnaires, interviews and focus group interview.

3.7 Validity

The validity of a measurement tool is considered to be the degree to which the tool measures what it claims to measure (Ogince, Hall, Robinson & Blackmore, 2007). To ensure validity of instruments the researcher ascertained that the items of questions were related to the study objectives and suitable. The instruments were modified and redesigned accordingly to determine the relevance of the content of questionnaires and objectives and to ensure the clarity of

information in the questionnaires. The piloting was done so that the researcher could be able to face the validity and to improve the questions to be asked to the chosen participants.

3.8 Reliability

With regards to reliability, the study tested whether the results were replicable. During the discussion of results, the study will try to match findings with reality and to show inter-correlation that may exist between findings and existent situation. To ensure reliability of instruments, the piloting was carried out in *Centre Scolaire Jean Depaepe* located in Kamonyi District and the chosen school is the most piloting inclusive education school some years back until now.

3.9 Data analysis procedures

After editing and coding the data collected from the field, the researcher started the deep analysis using tables, percentages and other statistical packages focusing mainly on the contribution of early intervention services for children with disabilities to the inclusive education development. Data were coded to facilitate the researcher to compile, label, organize and sort out what were valid and reliable to the research. The coding was used to bring out the essence and the meaning of the data responded provided. During coding process, short words and numerical quantities were used. As for tables, these helped to quantify informants' responses in order to make them easier and clear with facts.

3.10 Position of the researcher

During the research, a researcher needed to consider the interpersonal and psychological dynamics in order to contextualize her own subjectivity in data interpretation and presentation. The researcher was committed to show her place in the setting being investigated. The researcher monitored carefully her position in the research process, and the relationship with the informants to avoid getting biased information from informant's responses and let them answered questions by their own. The researcher had the trust and confidence of the informants. Even though the behavior may be different between the researcher and one informant alone within the informant's group, the researcher did not accept one behavior and/or reject another but she noted the differences. The researcher clarified what were figured in a questionnaire, giving explanations where necessary and tried to be neutral to gain more information.

3.11 Ethical consideration

The participants were assured of confidentiality in reporting the case study in order to maintain the integrity of the concerned schools. Informed consent was then sought and given by the School administration, teachers and students with disabilities, parents and students without disabilities. Participants were guaranteed to withdraw from the study at any time. The permission from the school of Special Needs Education at University of Rwanda-College of Education was granted allowing the study to be carried out in Kamonyi District. The respondents were informed before the collection of the data through the use of permission letter contained important information about this particular research, and the importance of their participation in the study. The data collected from the respondents were kept confidential.

3.12 Conclusion

The chapter tried to present methodology followed by the researcher so as to gather information from where the research was conducted. The process of collecting data was done carefully and systematically using different methods in order to get relevant information useful in further presentation, analysis and interpretation of findings.

CHAPTER FOUR

Presentation, Analysis, Interpretation and Discussion of Findings

4.1 Introduction

This chapter consisted of the presentation, analysis and interpretation of the data collected from the field using questionnaires, semi structured interviews, and focus group interview as well as check list to gather necessarily information.

4.2 Demographic Information for Respondents

The following part comprises the information collected regarding demographic data of respondents. The sample for this study was consisted of 30 trained teachers from different level of school like kindergarten two and three as well as primary and 9 administrative personnel; 26 students with different disabilities and 9 class representatives to represent students without disabilities and 13 parents of students with disabilities. The following tables provide sex, age, education and other demographic data of respondents.

4.2.1 Gender and age of respondents

The respondents were asked to indicate whether they were male or female, to indicate their age as well as their level of education for teachers and parents and level of their school for students. The table 2, 3 and 4 summarize data collected.

Table 2: Distribution of respondents by gender

Participants	Female		Male	
	Nr	%	Nr	%
Parents	3	23%	10	67%
Students	24	69%	11	31%
Teachers& administrative staff	29	74%	10	26%
TOTAL	56	64%	31	36%

Source: Primary data, 2017

The above table shows that among respondents 56(64%) are female and 31 (36%) are male, parents, students, teachers and administrative staff.

Table 3: Distribution of respondents by age

Age	Students		Teachers & administrative staff		Parents	
	Nr	%	Nr	%	Nr	%
6 -10 years	10	29%	0	0%	0	0%
10-15 years	14	40%	0	0%	0	0%
15-25 years	11	31%	0	0%	0	0%
25-35 years	0	0%	10	26%	2	15%
35-45 years	0	0%	14	36%	8	62%
45-55 years	0	0%	9	23%	3	23%
Above 55 years	0	0%	6	15%	0	0%
TOTAL	35	100%	39	100%	13	100%

Source: Primary data, 2017

The table 3 shows that among students, 10 (29%) had between 6 and 10 years, 14 (40%) had between 10 and 15 years and 11 (31%) had between 15 and 25 years. Among teachers, the data collected shows that 10 (26%) of teachers interviewed had between 25 and 35 years, 14 (36%) had between 35 and 45 years old. For this group of teachers 9 (23%) had between 45 and 55 years whereas the last group of teachers and administrative staff composed of 6 (15%) had above 55 years old. For the parents, none of them had over 55 years old and the range of age for parents was 25 and 55 years old in which 8 (62%) interviewed had between 35 and 45 years old, 3 (23%) had between 45 and 55 years old and 2 (15%) had between 25 and 35 years old.

Table 4: Distribution of respondents by educational level

Level of education	Students		Parents		Teachers & administrative personnel	
	Nr	%	Nr	%	Nr	%
Primary	35	100%	8	62%	0	0
Secondary	0	0%	3	23%	27	69%
University	0	0%	2	15%	12	31%
TOTAL	35	100%	13	100%	39	100%

Source: Primary data,2017

The data in the table above shows that all 35 students (100%) who participated in research were in primary school. For kindergarten school, the researcher collected the data using observation because children in this level are not able to complete the questionnaire. For parents, the majority of parents had primary level education, this means that 8 (62%) of primary level against 3 (23%) of secondary level, only 2 (15%) had university level. Among teachers and administrative personnel, 27 (69%) had secondary level whereas 12 (31%) had university level.

4.2.2 Level of studies and experience in teaching

Level of studies and experience in teaching provided information about qualified teachers available at three visited schools .Table 5 gives an overview of data collected.

Table 5: Level of studies and experience in teaching

		Level of studies								Total Percent	
		P1 (A2)		Diploma		Bachelor's degree		Masters			
Experience in teaching		Nr	%	Nr	%	Nr	%	Nr	%	Nr	%
Less than one year		0	0%	1	2%	2	6%	0	0%	3	8%
1-5 years		0	0%	3	8%	6	15%	0	0%	9	23%
6-10 years		8	20%	0	0%	0	0%	0	0%	8	20%
11-15 years		12	31%	0	0%	0	0%	0	0%	12	31%
16 years and above		7	18%	0	0%	0	0%	0	0%	7	18%
TOTAL		27	69%	4	10%	8	21%	0	0%	39	100%

Source: Primary data, 2017

As shown by the table below, among teachers interviewed only 1 (2%) had diploma with an experience of less than one year, 3 (8%) of them had diploma in education with the experience between 1 and 5 years. Among teachers having bachelor's degree 2(6%) had an experience of less than one year whereas 6 (15%) had an experience between 1 and 5 years. The data collected revealed that teachers with the high level of studies were not experienced in teaching.

4.2.2 Training in special needs education

During the research, teachers and administrators were asked to specify whether they have been trained in special needs education. The tables, 6 and 7 provided the following information.

Table 6: Trained teachers and administrative personnel in special needs education

Training participation		
	Teachers and administrative personnel	
Training participation	Nr	%
Those who received the training	27	69%
Those who did not receive the training	12	31%
TOTAL	39	100%

Source: Primary data,2017

Among teachers and administrative personnel interviewed 12 (31%) were not trained in special needs education whereas 27 (69%) received the training. The findings indicate that providing training in special needs enhances the development of inclusive education development. As stipulated in UNESCO (2009) report, learning outcomes for children with disabilities are often at risk when teachers lack appropriate trainings, and access to any form of support in the classroom. In order to get much information about the type of training received the teachers were asked again to specify the type of training they received.

Table 7: Teachers ‘specialization domain in special needs education

Specialization	Teachers specialization domain			
	Trained		Not trained in specified domain	
	Frequency(n=2)	%	Frequency(n=27)	%
Hearing impairments	16	59%	11	41%
Visual impairments	16	59%	11	41%
Intellectual disability	10	37%	17	63%
Physical impairments	9	33%	18	67%
Autism	6	22%	21	78%
Learning disability	7	26%	20	74%
Down’s syndrome	5	19%	22	81%

Source: Primary data, 2017

The data collected showed that among twenty seven teachers trained, 16 (59%) teachers have received hearing and visual impairments trainings whereas 11(41%) have not; 10 (37%) teachers have received training in intellectual disability whereas 17(63%) have not received any training in this area; 9(33%) have received training in physical impairments and in learning disabilities 7 (26%) received the training. Finally Down’s syndrome and autism have been found also to be domains in which teachers have not been trained. Respectively, 5 (19%) and 6 (22%) for trained teachers and 22 (81%); 21 (78%) for untrained teachers.

This concur with the results of the research of Akalin , et al (2014) in which teachers reported that they did not have the skills to manage the behavioral problems of special needs children and that the number of trained teachers was not equivalent to the number of children with disabilities available in inclusive school. The research revealed that the lack of sufficient number of trained teachers in different domain had negative impact on the outcomes of learning of children with

disabilities. Referring to the research done by Meredith (2011) and the information gathered from the field, there was an increased level of confidence when additional training was acquired by teachers, thus leading to positive outcomes for children in their classroom. Therefore trainings are very important for teachers to enhance inclusive education for children with special needs.

4.2.3 Type of disability of students interviewed

Another demographic factor considered during this research was the type of disability of students. These findings helped in classification of types of disabilities and services needed. The following table gives an overview of data collected.

Table 8: Types of disabilities for interviewed students

Types of disability	Frequency (n=26)	Percentage
1.Hearing Impairments		
a) Deaf	7	27%
b) Low hearing	0	0%
c) Multiple-impairment	0	0%
2. Visually impaired		
a) Blind	0	0%
b) Low vision	3	11.5%
3. Intellectual disability	6	23%
4. Others		
a) Autistic	0	0%
b) Learning disability	3	11.5%
c) Physical impairments	7	27%
d) Gifted	0	0%
e) Talented	0	0%
TOTAL	26	100%

Source: Primary data, 2017

The type of disability during data collection had been also considered in order to know what kind of disability interviewed students have. The deaf and physical impairments are two highly representative disability found in this research. They occupy 27% of respondents each, which means 7 respondents for each type of disability. Follows, intellectual disability with 6 (23%) students; low vision and learning disability were low represented with 3 (11.5%) students each.

Other types of disability have not been found at schools visited. Type of disability is very important for effectiveness of inclusive education when early intervention is concerned. The availability of materials, resource rooms, training to teachers is planned accordingly.

4.3 Value of Community and Parents Involvement in Early Intervention for Children with Disabilities

4.3.1 Introduction

During the research, one of the specific objectives to be achieved was to analyze the contribution of Kamonyi District parents and community in early childhood education. Thus, the researcher tried to gather information related to the contribution of parents and community in early childhood education and their support to both students and the schools.

4.3.2 Parents and community understanding on early childhood intervention

In order to respond to the research question, different methods and techniques were used. Parents, teachers as well as students answered to different questions through interviews and questionnaires. Parents, teachers and students were asked if they were aware of early childhood intervention and where the intervention services can take place. The table below gives an overview of their responses.

Table 9: Where early childhood intervention services can take place

Responses	Respondents					
	Parents (n=13)		Teachers (n=39)		Students (n=35)	
	Nr	%	Nr	%	Nr	%
At school in pre-primary school	8	62%	25	64%	22	64%
At home	3	23%	12	31%	7	20%
In centers	2	15%	2	5%	3	8%
Don't know	0	0%	0	0%	3	8%

Source: Primary data, 2017

As shown by table nine, 8 (62%) parents affirmed that they are aware of the early childhood intervention program and that the early intervention services should be received by children with disabilities at school in pre-primary school, 3 (23%) respondents stated that it should be done at home whereas 2 (15%) said that it should be done in centers. Among teachers, 25 (64%) said that the intervention should be done at school in pre-primary school, 12 (31%) respondents said that the intervention should be done at home and only two teacher (5%) said the intervention should be done in centers. Students also, answered this question as follows: 22 (64%) said that the intervention should be done at school in pre-primary school; 7 (20%) at home; 3 (8%) in centers and finally 3 (8%) students explained that they don't know or don't have any idea of where early intervention for children with disability can be done.

The findings relate to the research done by Slent (2010) and show that before children become eligible for preschools and schools, early assessment and intervention should be made available to identify and support young children at risk. Thus Children ages 3 through 5 are usually scheduled for an evaluation at the school by a multidisciplinary team of professionals in which include therapists, psychologists, and educators who participate in a detailed assessment. The

findings are again supported by the reports of UNESCO (2009); Republic of Rwanda (2011) and by the one of the Republic of Rwanda (2016) stating that pre -schools alone cannot take care and meet needs of young children with disabilities but that the quality of care and early stimulation parents provide in the home are the foundations for late school life achievements. According to the findings from the research and from other researchers mentioned in the literature review, integrated efforts are needed and services should be done at home, school and centers.

4.3.2 Parents' assistance to children with disability in early intervention

Children who participated in this research were asked if their family seek any help regarding their disability before they went to school. The following table summarizes data collected regarding this question.

Table 10: Data on parents who seek assistance for children with disability before schooling

Parents seek help regarding children disability before they go to school	Frequency (n=26)	Percentage
Yes	22	85%
No	4	15%
TOTAL	26	100%

Source: Primary data, 2017

The majority of students (85%) reported that their parents seek assistance before they go to school against 15% who refuted the idea. The findings concurred with the study done by Ferrel (2012) which stipulated that parent's involvement characterizes parent's values and attitudes regarding education and aspirations they hold for their children with disabilities. Among those who got assistance before going to school there are some who confirmed that they received wheel chairs, crutches, hearing aids, physiotherapy services and all of these support services were provided to them after an assessment done by a team of professionals.

The findings revealed that parents of children with disabilities are trained to remediate physical impairments and promote the mobility to the young children with physical disabilities. These physical exercises are done once per week using materials available at the inclusive schools visited during the research. This is supported by the report of UNICEF (2016) stating that for the successful implementation of early childhood intervention, it is essential for parents and caregivers, government, communities, civil society and the private sector to be assigned key roles and responsibilities to avail certain services to be given to children with disabilities.

4.3.3 Role of family in early childhood education

The researcher also tried to know the role of family in early childhood education by requesting parents to give their opinions to different situation. The parents were asked to give their opinions on how family plays an important role in early intervention for children with disabilities; to give their opinion on how parents understand importance of early intervention for inclusive education effectiveness and how they are motivated and support to intervene early once they found out that their children have disabilities. One parent said that early childhood intervention service is very

important for it helped her child with physical disability to walk and attend the school and that the child was now in primary four and perform well like her peers without disabilities. Another one said that the early intervention services helped his son with low hearing impairment to communicate with others and hear what others are saying and reply with the help of his hearing aid got from the clinic. The following table summarizes their point of views.

Table 11: Parents opinions on role of family in early childhood education

Opinion	Strongly agreed		Agreed		Disagreed		Strongly disagreed	
	Fq	%	Fq	%	Fq	%	Fq	%
Family plays an important role in early intervention for children with disabilities	11	85%	2	15%	0	0%	0	0%
Parents understand importance of early intervention for inclusive education effectiveness	13	100%	0	0%	0	0%	0	0%
Parents are motivated and support to intervene early once they found out that their children have disabilities	9	69%	3	23%	1	8%	0	0%
Early childhood education program helps parents to know their contribution in the education of their children	13	100%	0	0%	0	0%	0	0%
Parents care about the learning of their children with special needs	11	85%	2	15%	0	0%	0	0%

Source: Primary data, 2017

The table above shows that 11 (85%) parents among 13 interviewed replied that they strongly agreed that family plays an important role in early intervention for children with disabilities; 2 (15%) parents agreed whereas none disagreed or strongly disagreed. The findings are supported by the report of the Republic Rwanda (2016) which says that parents are an integral part of early learning program. They are the first and most important teachers but they need guidance on how to support children's physical, emotional, social and cognitive development. The same findings also are supported by the report of Republic of Uganda (2013) which expresses that parents are the first line of response in early childhood intervention.

When, they were asked if parents understand the importance of early intervention for inclusive education effectiveness, all parents 13 (100%) strongly agreed that they are aware of the importance of early intervention to enhance the inclusive education development. The findings are supported by the study done by Ngaruka (2012) which says that many parents were aware of early childhood education importance in their children development and enroll them in preschool programs.

The third question regarding the parent's motivation to intervene early once they found out that their children have disabilities. Around 9 (69%) parents strongly agreed; 3(23%) agreed and 1 (8%) disagreed. Parents said that they are motivated to bring their children with physical disabilities to receive early intervention services because of the outcomes of the services and also because those services are provided for free.

The researcher also tried to know if early childhood education helps parents to know their contribution in the education of their children, all parents questioned strongly agreed 100% on this situation. The findings are similar to Ngaruka, 2012 and Nganga 2016, studies which found out that all the members in the society have a big role to play in the early childhood education starting from the parent back at home to the teachers at school, all need to work hand in hand together in bringing up these young children in a good moral and organized manner.

Among parents, some explained that before early intervention they did not understand their role or what should be their contribution in the education of their children with disabilities. They expressed that with the help of CEFAPEK (Centre de Formation Agricole et de Petit Elevage de Kamonyi) they formed the cooperative called "Abakoranabushake b'Uburezi Budaheza" which sensitize parents having children with disabilities to intervene early to reduce or to remove the

complication brought by a disability. Parents strongly agreed that for the moment they understand very well their contribution and it is no longer the responsibilities of charitable organizations, schools or local authorities to force them to enroll their children with disabilities in inclusive schools.

Still, to evaluate the value of community and parents involvement in early intervention for children with disabilities, parents have been asked how they care about the learning of their children with special needs.

As shown by table 11, 11(85%) parents among 13 strongly agreed that parents care about the learning of their children with special needs and 2 (15%) agreed on this. A mother of a child with multi impairments said that:

“My husband and I agreed to no longer work far from our house in order to help our daughter to revise her courses and also teach her some house works like sweeping, cooking, cleaning dishes and taking care of her little sisters and brothers. We realized that despite the disability our daughter has, she is bright. And consent ourselves to help our daughter to improve well socially, emotionally and academically”.

4.3.4. Partial conclusion

This part shows that Kamonyi District parents and community are involved in early childhood education of children with disabilities for the success of inclusive education; parents provide assistance to their children with disabilities before they go to school thus families play an important role in early intervention for children with disabilities. Findings revealed that parents, teachers are aware of the program of early childhood intervention and the community emphasized that integrated efforts are needed for the success of the program.

4.4. Role of Schools for Effective Early Childhood Inclusive Education

In this research, the second specific objective was to analyze school requirements at pre-primary education levels for children with disabilities in Kamonyi District. For this, different questions have been answered by teacher and head teachers, parents as well as by students. Among questions asked, the researcher tried first of all to know if the respondents know what early childhood education is and if this program was being implemented in nursery at their school. All respondents said that they are aware of the program. The following table summarizes the data collected to respond to for the question.

Table 12: Awareness of respondents on early childhood intervention program and its implementation at nursery school

Respondents		Do you know what early Childhood intervention is?		Is this program being implemented at your nursery school?	
		Nr	%	Nr	%
Parents	Yes	13	100%	13	100%
	No	0	0%	0	0%
Teachers	Yes	39	100%	39	100%
	No	0	0%	0	0%
Students	Yes	35	100%	35	100%
	No	0	0%	0	0%

Source: Primary data, 2017

All respondents knew what early childhood intervention program is and responded that the program is being implemented at their nursery schools. Findings of research relates to the one from the study done by Barón, et al.(2009) saying that early childhood intervention requires high awareness among health professionals, parents and teachers as well as other professionals working with children.

4.4.1. Availability of early childhood intervention services at schools

After finding out that the program is well known by all respondents, the researcher tried to know what services are provided by this program at school. The following table gives an overview of data regarding the services provided at school; especially the question was reserved to teachers only.

Table 13: Services provided by early childhood intervention program at schools

	Services provided at school	Frequency	Percentage
1	Physiotherapy	30	77%
2	Occupational	32	82%
3	Psychological	32	82%
4	Speech therapy	30	77%
5	Family support	30	77%
6	Counseling	28	72%
7	Education	35	90%

Source: Primary data, 2017

At school, different services are provided by early childhood intervention at different level. 35 teachers over 39 with the percentage of 90% agreed that the most provided service at school was education. The intervention services available at schools were psychological and occupational therapy provided to the children with disabilities even before their school age cited by 32 (82%) teachers; physical service or rehabilitation, speech therapy and family support were cited by 30 (77%) teachers and other personnel interviewed. The last service provided by the school was counseling cited by 28 (72%) over 39 teachers and administrative personnel. The respondents said that the availability of some services depend on the availability of trained teachers and parents able to provide such type of services or other related materials found at school.

Among services provided at school include also physiotherapy services. As shown by the figure below some young children with physical disabilities are treated at school by trained parents grouped in different cooperatives using materials available at school. Parents said that there are some services like physiotherapy services their children receive at school once per week and those services are provided to their children before and after the school age.

4.4.2 Identification and assessment for children with disabilities and place where these Services are performed

The researcher tried also to know if the respondents understand where early childhood intervention should be done and if they understand which professionals are able to conduct an evaluation or assessment of student in special need at the school. The table below gives the data collected about the place of early intervention to take place and professionals conducting identification or assessment.

Table 14: Place and professionals operating identification and assessment

	Possible answer	Frequency	Percentage
Place where early intervention can be done	At school in pre-primary school	35	90%
	At Home	3	8%
	In centers	1	2%
Professional able to conduct an evaluation or assessment of students	Therapists	0	0%
	Psychologist	2	5%
	Educators	5	13%
	All above	32	82%

Source: Primary data, 2017

Reference made to the table above, 35 (90%) teachers replied that early intervention can be done at school in pre-primary school, 3 (8%) at home and only 1 (2%) answered that it can be done in centers. When respondents were asked about the professionals able to conduct an evaluation or assessment of students in special need at the school, 32 (82%) teachers and other administrative personnel said that educators, physiologist and therapists are all professional able to conduct an assessment or identification of students at school; 5 (13%) said only educators are able and other 2 (5%) said psychologists are the ones able to perform the identification or assessment.

The findings of the Slentz, (2010) study concur with what teachers expressed when they were asked who conducted the assessment at schools .They said that the assessment was conducted by a multidisciplinary team of professionals composed of therapists, psychologists, educators and parents. During the assessment an individual special educational assessment form is used (See AppendixVIII).

4.4.3. Available resources at school for effective early intervention for children with disabilities

During this survey, the researcher used questionnaires, interviews and observation to find out the resources available at school for effective early intervention for children with disability. Different questions were addressed to teachers and school administrative staff to ask to know if schools had specialized preschool teachers to help in the identification and intervention and also to know if teachers were trained. They were also asked if the school had materials needed to stimulate senses of children with disabilities. Data collected on these questions are summarized in the following table and other observations are presented as photos.

Table 15: Available resources at inclusive schools

	Yes		No	
	Nr	%	Nr	%
Do your school have specialized preschool teacher to help in the identification and intervention	13	33%	26	67%
Have teachers been trained in early intervention or other courses related	17	44%	22	56%
Does the preschool have materials needed to stimulate senses for children with disabilities	17	44%	22	56%

Source: Primary data,2017

The table 15 shows that 26 (67%) the school has not enough specialized preschool teacher to help in the identification and intervention against 13 (33%) who responded yes. These findings concurred with the study done by Stephenson, et al. (2012). Their research results demonstrated that teachers in some inclusive school did not receive appropriate practical trainings in the area of special educational needs that the instruction they received was purely theoretical and teachers would like more practical trainings.

During the interview, the results showed that the number of specialized teachers is still low according to the number of students who needs these services. Because of that teachers provided poor services to students with disabilities .As stipulated by Callan & Louise (2013) teachers lacked the knowledge and skills to work with special needs children and they especially had difficulty in preparing IEPs. In addition to that Kantz (2004) stipulated that among barriers to the effectiveness of inclusive education also include teacher workload and lack of trainings. When the same respondents were asked if the teachers have been trained in early intervention or other courses related, 17 (44%) said that teachers have been trained whereas 22 (56%) reported that some teachers were not trained and expressed that this has a big impact on the success of inclusion. The findings concurred with findings of Crane-Mitchell & Hedge (2007) where in their research, they found out that teachers training, experience, attitudes, and knowledge are keys indicators of the quality of inclusion, and teachers need to be knowledgeable about and experienced in inclusion practices as they work with children with special needs and attempt to meet the diverse needs of the all of the children in their classes. Therefore insufficient number of trained teachers leads to poor quality of education in inclusive schools.

The researcher also tried to know if the preschool had materials needed to stimulate senses for children with disabilities. Among respondents, 22 (56%) expressed that the school have not enough materials needed against 17 (44%) who said yes. In his research Ubersicht (2003) expressed that due to lack of adequate furniture or lack of enough furniture the number of enrolled pupils with disabilities is limited; again in other research. The findings are also similar to findings in UNESCO (2009) report that children with disabilities are extremely limited to be enrolled in pre-school education because lack of appropriate materials. In order to check if this should not be a limited factor for children to be enrolled in schools visited, the researcher visited resource rooms.

During the observation, it has been realized that some resource rooms of the three selected schools are equipped with appropriate materials to accommodate children with different disabilities where as others are poorly equipped .As mentioned by some teachers from school A, B and C lack of materials to accommodate children with disabilities leads to the failure of inclusive system at some schools and this increases the number of CWDs who drop out of school still being at low level.

4.4.4. Number of children with disabilities enrolled in pre-school education

After observing that there was some lack of resources that should be the source of non-effective early intervention, the researcher tried to know if there should not be one of reasons that pushed some parents to do not enroll their children in this program. The following table gives an overview of what parents and teachers and administrative staff think about.

Table 16: Reason of low number of enrolled children with disabilities in pre-school Education

Reason of low number of CWDS enrolled in pre-school	Parents		Teachers	
	Frequency(n=13)	Percentage	Frequency(n=39)	Percentage
1 Lack of appropriate materials	4	31%	17	44%
2 Lack of trained teachers	8	62%	25	64%
3 Lack of parents involvement	8	62%	21	54%
4 Negative attitudes of peers	0	0%	5	13%
5 Inaccessible environment	6	46%	14	36%

Source: Primary data,2017

Among the reasons evoked by the respondents, the lack of trained teachers and lack of parents' involvement come first. Lack of appropriate materials follows. Then the inaccessible environment is classified as the third reason for parents when it is the last reason for non-enrolment for the teachers. It has been cited by 6 (46%) parents and 14 (36%) teachers

respectively. Another reason evoked is negative attitude of peers where it has been evoked only by 5 (13%) teachers in case it has not been evoked by parents. One teacher said that the reason why parents prefer to send their children with disabilities in centers not in inclusive pre-school is the lack of appropriate materials to accommodate those children. This concurred with what Murunga (2015) said that children with special needs in order to maximize their potential and contributing according to their talents will depend on the availability of materials and support provided.

4.4.5. Challenges encountered by parents in special education process for children with Disabilities

Always in the same philosophy of evaluating the role of school for effective early childhood inclusive education, the researcher tried to know what are challenges encountered by parents in special education process for children with disabilities. The respondents were always teachers and parents. The following table summarizes what these two groups of respondents think about it.

Table 17: Challenges encountered by parents in special education process

Challenges encountered by parents in special education process	Parents		Teachers	
	Frequency n=13	Percentage	Frequency n=39	Percentage
1 Lack of coordination among services available	5	38%	14	36%
2 Lack of knowledge regarding services available	10	77%	32	82%
3 Differing application procedures for each service	7	54%	27	69%
4 Lack of systematic organization of transition services	3	23%	11	28%
5 Discontinuity of receiving services because of geographical areas	4	31%	7	18%

Source: Primary data,2017

Challenges encountered by parents in special education process are the lack of knowledge regarding services available and this is the most cited by parents as well as by teachers, it has been respectively cited by 10 (77%) and 32 (82%) parents and teachers. Differing application procedures for each service has been evoked by 7 (54%) parents and 27 (69%) teachers; lack of coordination among services available has been cited by 5(38%) and 14 (36%) teachers. Lack of systematic organization of transition service and discontinuity of receiving services because of geographical areas are the last cited by 3 (23%) parents and 11 (28%) teachers; 4 (31%) parents and 7(18%) teachers respectively.

These findings concurred with the study done by Austin in 2000, in which study he expressed that parents often encountered a lack of coordination among services agencies, a lack of information regarding services available in inclusive schools. In the same study, Austin emphasized on the fact that families of student with disabilities are often involved early on their

child school career but become less involved overtime either because of poor communication with teachers or because the school takes the lead in planning for their child's schooling. One of the respondents said that parents are not fully involved in the education of their children and schools do not communicate with parents on regular basis they only communicate when there is an issue of clearing all school dues.

4.4.6. Partial conclusion

The second specific objective concerned analyzing school requirements for children with disabilities at pre-primary education levels in Kamonyi District has been achieved. The trained teachers are available even if they are not sufficient; the resource rooms are equipped and being used at different level. The challenges encountered are possible to overcome once efforts are combined.

4.5 Benefits of Early Intervention for Children with Disabilities in Inclusive Education

In this research the third specific objective was to analyze the benefits of early intervention for children with disabilities in inclusive education. During the data collection collected, the researcher found out that all respondents were aware of early childhood intervention. Despite this question regarding if respondents know what early childhood intervention was, other related questions which should help the researcher to analyze the benefits of early intervention are presented in the following paragraphs.

4.5.1 Starting period of early intervention

As all respondents knew what early childhood intervention is, the researcher tried to know at what time or period they think early intervention should start. The following table summarizes the data collected.

Table 18: Data on when respondents think early intervention should start

When should early intervention start?	Parents		Teachers and administrative staff	
	Frequency(n=13)	Percentage	Frequency(n=39)	Percentage
1 From birth	8	62%	27	69%
2 6 month - 1 year	1	7%	3	8%
3 1 year - 2 years	0	0%	0	0%
4 2 years - 3 years	0	0%	0	0%
5 3 years - 4 years	0	0%	0	0%
6 4 years - 5 years	0	0%	0	0%
7 Kindergarten and above	4	31%	9	23%

Source: Primary data,2017

As shown by the table above, 8 (62%) parents as well as 27 (69%) teachers and administrative staff said that early intervention should start from birth; 1(7%) among parents and 3(8%) among teachers reported that it should start when a child had between 6 month and 1 year. Another range of years that researcher got is Kindergarten and above. Among respondents, 4(31%) of parents and 9 (23%) of teachers thought that early intervention should start in that period. A teacher from one school visited said that early intervention should start from birth or as soon as parents or other caregivers realized that a child has a disability.

The findings were similar to the study of Derrington, Shapiro & Smith (2003) that stipulated that children should receive early childhood services from birth to age three and sometimes beyond. In their study, they explained the reason why the intervention should start as much earlier as possible because experiences early in life are especially crucial in organizing the brain's basic structures, as they create the neural foundation for all subsequent development and behavior. The same similar findings are in the report of Republic of Rwanda (2016) which reported that the

first five years of a child's life are the foundation that shapes the child's future health, happiness, growth, development learning and achievement at school. Therefore intervention should start at birth.

4.5.2 Early childhood education as critical period impacting productivity and improving the wellbeing of children with disabilities

In order to gather all information that should help the researcher to analyze the benefits of early intervention for children with disabilities in inclusive education, the respondents (30 teachers and 9 administrative personnel and 13 parents) had to say something about what they think about early childhood education as a critical period that continues to impact human health. The respondents had also to say what they think on the necessity of this program in education of children with disability and explain how early childhood intervention improve the wellbeing of children. The following table gives an overview of data collected.

Table 19: Early childhood education as critical period improving the wellbeing of children with disabilities

	Strongly agreed		Agreed		Disagreed		Strongly disagreed	
	Fq	%	Fq	%	Fq	%	Fq	%
Early childhood Intervention is a critical period that continues to impact human health and productivity throughout the lifetime	43	83%	9	17%	0	0%	0	0%
Early childhood interventions improve the wellbeing of children with disabilities and their families	48	92%	4	8%	0	0%	0	0%
Early childhood intervention is important and necessary according to what children with disabilities get	52	100%	0	0%	0	0%	0	0%

Source: Primary data, 2017

As shown by above table, 43(83%) respondents among parents and teachers strongly agreed that early childhood intervention is a critical period that continues to impact human health and productivity throughout the lifetime. The findings have been supported by Binagwaho, Scott & Harward (2016) study that early childhood development, is a critical period and that failing to provide support services can result in negative population health, education and economic consequences. Murtaza (2011) said that parents who give more time to their children, their home learning takes place well and children learn in a better way. Teachers expressed that intervene early would have a positive impact to both children and to the effectiveness of inclusive education .During this period teachers, parents and practitioners should work together in early years’ setting. UNICEF (2016)report reinforces this idea saying that deprivation of nutrition, stimulation and protection before the age 3 can result in serious long term damage.

When they were asked if early childhood interventions improve the wellbeing of children with disabilities and their families, 48 (92%) strongly agreed and 4(8%) agreed on this assertion. The specified table shows again clearly that all the respondents 52 (100%) said that early intervention is important and necessary according to what children with disabilities get into this program. The findings corroborates with the study of USAID (2014) report demonstrating that early childhood intervention have an important role to play in improving the wellbeing of children with disabilities and their families. The findings corroborates again with WHO (2012) report saying that which that if children with disabilities are not provided with timely and appropriate early intervention, support and protection, their difficulties become more severe often leading to lifetime consequences.

During the interview, the same questions were asked to children with disabilities and here follow their assertions about what they think. The statement of a girl of 13 years old studying in primary two at school A:

“before early intervention program, I stayed home alone waiting my young brothers coming back to school and it was not possible for me to move and going to school because of my physical disabilities, I couldn’t go to the toilet or doing anything by myself. After my parents took me to rehabilitation center and starting receiving physiotherapy service. It is now possible for me to do things independently, wash myself; I can go to school and play with my fellow peers at school.”

This finding was supported by a study done by Cameron, Nixon, Parnes and Pidsadny (2005) in which they found out that service received by children with disabilities help them learning skills that would allow them to contribute to their families and communities such as washing dishes and sweeping dirt floors. The findings again agreed with UNESCO (2009) report which explained that pre-school education which is able to accommodate young children with disabilities help to develop social skills and give them experience of being part of a group and prepares them for school. An example of a girl of 16 years old studying in P6 at school C:

“I started to receive intervention services when I was 5 years old, I studied P1 two or three years, I have been told that I have mental disability. Before I was aggressive and used to beat my classmate but now I play with them. I really enjoy being in class”.

In his study Mbone (2016) found out that intervention in the first few years of life play a vital role in shaping social, emotional, learning and health outcomes and in building human capital, thereby promoting economic productivity later in life. The statement of a student with hearing impairment studying in P6 at school B:

“Before, only my parents and few people at home understood what I meant. It was very difficult for me to communicate with others after my parents took me in centers to learn sign language even if I can’t talk but I can lip read what others are saying and respond to them using sign language .Some of my classmates use perfectly the sign language when they are explaining to me what teachers are saying. When you write something I can read .I perform well at school. For the moment I feel better and I am no longer ashamed of my disability”.

4.5.3. Early intervention services and its contribution to the effectiveness of inclusive education development

When families prefer to perform the assessment of their children having disabilities, the real reason behind this is to improve the academic performance of children with disabilities once they are enrolled in inclusive school. In order, to check if early intervention services contribute to the effectiveness of inclusive education development some questions were asked to respondents.

Especially, children were asked if the help they got from families and others has contributed to their academic performance. The following table gives their point of views.

Table 20: Help that children got contribute to their academic performance

The help that children got from family contribute to their academic performance	Frequency	Percentage
Yes	25	96 %
No	0	0%
Don't know	1	4%
TOTAL	26	100%

Source: Primary data, 2017

Among children having disabilities interviewed, 25(96%) students said that the help that they got from families contribute to their academic performance against 1 (4%) who didn't know what to answer about this question. These findings concurred with the study of Mann (2011)stipulating that early childhood development allows children with disabilities to access programs that facilitate and bolster development and provide a strong foundation for entering school with the social, emotional and pre-academic skills needed for learning. In the same study, Mann found out that a well-organized inclusive school enables students with disabilities to attend school which influence their academic performance.

Parents and teachers also, were asked about their thinking on the contribution of early childhood intervention to the effectiveness of inclusive education development and especially their understanding of their rights and responsibilities in working together for its improvement. The table below gives their comments on this.

Table 21: Contribution of early intervention to the effectiveness of inclusive education

	Strongly agreed		Agreed		Disagreed		Strongly disagreed	
	Fq	%	Fq	%	Fq	%	Fq	%
Early intervention contributes to the effectiveness of inclusive education.	28	54%	19	36%	5	10%	0	0%
The help that children with disabilities got from family contribute to their academic performance	35	67%	17	33%	0	0%	0	0%
Well organized inclusive program enables children with disabilities to be enrolled in inclusive school	34	65%	16	31%	2	4%	0	0%
Parents and special education schools understand their parental rights and responsibilities	41	79%	11	21%	0	0%	0	0%

Source: Primary data,2017

The data collected shows that 28 (54%) respondents (teacher &parents) strongly agreed that early intervention contributes to the effectiveness of inclusive education, 19(36%) agreed and 5(10%) disagreed. Among the same group of respondents, 35(67%) strongly agreed that the help that children with disabilities got from family contribute to their academic performance against 17 (33%) respondents who agreed on this assertion. When, respondents were asked to say something about how a well-organized inclusive program should enable children with disabilities to be enrolled in inclusive school, 34(65%) respondents strongly agreed, 16(31%) agreed,2(4%) disagreed and none strongly disagreed. Respondents have been also asked if parents and special

education schools understand their parental rights and responsibilities. Among respondents 41(79%) strongly agreed with this statement whereas 11 (21%) disagreed.

4.5.4. Comparison of the performance of children who received early intervention and those who did not

In order to evaluate how children with disabilities benefits of early intervention, the researcher wanted to know from teachers as well as from parents what do they find out when they compare performance in inclusive school of learners with disabilities who received early intervention and those who did not. The data collected are presented hereafter in the table 22.

Table 22: Comparison of the performance for children with disabilities who received early intervention and those who did not

		Teachers		Parents	
		Nr	%	Nr	%
Children with disabilities who received early intervention perform well compared to those who did not receive any intervention	Yes	39	100%	13	100%
	No	0	0%	0	0%

Source: Primary data,2017

The table 22 shows that all 52 respondents (100%), 39 teachers and other administrative personnel as well as 13(100%) parents said that children with disabilities who received intervention perform well compared to those who did not receive any intervention. These findings are supported by Republic of Rwanda (2016)report stipulated that efforts from caregivers combined with access to and use of quality ECD services increase a child’s chances of flourishing and attaining an optimal level of development. The same findings concurred again with the study of Mann (2011) and the results of Republic of Rwanda (2013) report which demonstrated that the introduction of quality pre-school education, children are ready to start school on time and are equipped with the proper preparation and skills to transition through school and are less likely to drop out of school and achieve better learning outcomes than children who have not benefited from pre-school education. This also is emphasized by Scholastic research (2012) results in which respondents said that the period of early intervention play a pivotal role in academic success of children with disabilities. Respondents said that

children with disabilities who received early intervention perform well socially, emotionally and academically than those who did not receive any early intervention services. They continued saying that when they receive the intervention services at early age this helped them to go to school at the appropriate school age.

4.5.5. Partial conclusion

The importance of early childhood intervention to the academic achievement of children with disabilities in this section has been verified. The researcher demonstrated that early childhood interventions improve the wellbeing of children with disabilities and their families. This program of early intervention contributes also to the effectiveness of inclusive education and to the performance of children with disabilities in inclusive schools because children who received early intervention perform well compared to those who did not.

CHAPTER FIVE

CONCLUSION AND RECOMMENDATIONS

5.1 Conclusion

On the basis of the discussion of the findings on each of the objectives of this study which seeks to analyze the roles of school and community involvement in early intervention education for children with disabilities to enhance the effectiveness of inclusive education development, the following conclusions were made.

Parents are aware of the importance of services to be provided to children with disabilities and they seek assistance before they sent their children to school. In Kamonyi District the cooperative of parents of children having disabilities collaborate with school and authorities in many activities promoting inclusion of children with disabilities in inclusive schools. This involvement of community shows also the values that community and parents have in early intervention for children with disabilities in Kamonyi District.

The analysis of school requirements at pre-primary education levels for children with disabilities revealed that different services have been found to be provided by early childhood intervention at different level. The provided services at school are for example education, psychological and occupational therapy, physiotherapy services, the assessment of students with special needs by multidisciplinary team of professional is provided at school. The schools had specialized preschool teacher to help in the identification and intervention even if the number is still low according to the number of students who need these services. The findings revealed that the number of trained teachers is still low and the provided training is in some areas. This showed that many things left to be done as long as training is key indicator of the quality of inclusion and for the effectiveness of early intervention. The availability of resources at school for effective early intervention for children with disabilities has been also verified. Schools have not enough materials needed to stimulate senses for children with disabilities and in some school the use of the available materials need to be improved. Thus the second specific objective has been achieved. Kamonyi District has schools that fulfill schools requirements for proper inclusion of children with disabilities.

The importance of early childhood intervention to the academic achievement of children with disabilities has been shown in different manner. As stipulated by Murtaza, it is true that parents who give more time to their children, their home learning takes place well and children learn in a better way. As said by one of the child with disability, before the early intervention, she stayed at home but while she was receiving intervention services, she started moving independently and did many things by herself and she confirmed that the situation has remarkably improved. This show and confirm that services that children with disability receive through early intervention help them in learning skills that would allow them to contribute to their families and communities.

A student with hearing impairment proven that the situation has improved after being taken to the center to learn sign language. One of respondents explained that before it was difficult for him to communicate but after receiving services he has no problem in his studies. The results demonstrated that children with disabilities who received intervention perform well compared to those who have not received any intervention; this also shows how early childhood intervention is so important to the academic achievement of children with disabilities in inclusive schools.

As general conclusion there is a relationship between early intervention for children with disabilities and enhancement of inclusive education development.

5.2 Recommendations

On the basis of the above findings and conclusions, the following recommendations were made

To the Government of Rwanda

To reinforce the early intervention services by providing budget to equip inclusive schools from nursery level.

To fund early childhood education and that this education be compulsory and free in all the public inclusive schools.

To provide the necessary materials and trainings to teachers to support learners with disabilities starting from the preschool level

To School

Teachers and head teachers in inclusive schools should use the resources available in their respective schools to enhance the inclusion of children with disabilities from the preschool level

To Parents and community

To enhance parents, guardians and all caregivers' collaboration with schools on regular basis for the wellbeing of children with disabilities and also to bring their children to the professionals as soon as they realize that their children do not develop at the same pace like their peers of the same age.

5.3 Suggestions for further research

The researcher suggested the following areas for further research:

Importance of early intervention to the performance of children with disabilities in inclusive schools

Teacher training in preschool to improve the effectiveness of inclusive education

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APPENDICES

APPENDIX I: APPROVAL LETTER FOR DATA COLLECTION



COLLEGE OF EDUCATION
School of Education of SISNE

TO WHOM IT MAY CONCERN

Dear Sir/Madam,

Re: UWU.MUTABAZI Lydie (216353610)

The School of Inclusive and Special Needs Education offers a Masters Degree in Special Needs Education. As part of the academic requirements students must write their dissertation on a topic of their choice after conducting a research study.

In order to facilitate them complete their studies we seek for your cooperation in allowing the above named student, conduct his research on the topic:"
Early Intervention for Children with disabilities as an enhancement of Inclusive Education Development: An Evaluation of School and Community Responses in Kamongi District
to collect data in your Institution /Organization. This will enable the student to write his dissertation.

In case you may require any other information regarding this exercise you are welcome to contact the School of Inclusive and Special Needs Education.

Thank you for your cooperation
Sincerely yours
Done at UR-CE on *19/05/2017*

Signed.....
Dr. Evariste KARANGWA
Dean, School of Inclusive and Special Needs Education
Email: karangwa28@gmail.com
Tel: 0785489767/ 0739140377



APPENDIX II: QUESTIONNAIRES FOR SCHOOL STAFF

Instructions

A study on “**Early intervention for children with disabilities as an enhancement of inclusive education development: An evaluation of school and community responses in Kamonyi District**” is conducted. You are assured that your responses will be treated with strict confidence and the information you give, will be used for this research only. There is no right or wrong answers. Do not write your name and you are requested to respond to all questions in each section.

Thank you.

SECTION ONE.

Please complete each of these basic questions which characterize and describe who you are in your work with early intervention and inclusive education of pupils with disabilities; mark (X) in the appropriate answer in the following statements.

Name of school.....

Age:Sex: M / F

Highest level of professional qualification

P1 (A2)

Diploma

Bachelor’s degree

Masters

Have you ever been trained in Special Education? Yes or No

Which area?

- Hearing impairments
- Visual impairments
- Mental retardation
- Physical disorders
- Autism
- Learning disability
- Down's syndrome
- None
- All

How many years have you been teaching?

- Less than one year
- 1-5 years
- 6-10 years
- 11-15 years
- 16-bove

SECTION TWO

In section 2, please indicate your opinions concerning Early Intervention. Please give your honest opinion about each of the items. In other words, please read the item and tick the choice that best summarizes your current opinion on that situation described by the item.

Early childhood education is a critical period that continues to impact human health and productivity throughout the lifetime.

Strongly agree

Agree

Disagree

Strongly disagree

Early childhood education (ECD) interventions improve the wellbeing of children with disabilities and their families.

Strongly agree

Agree

Disagree

Strongly disagree

Services rendered through early childhood education include:

(Tick the corresponding responses)

Physical

Occupational

Psychological

Speech therapy

Family support

Counseling

Education

Others (Explain).....

Where do you think early childhood intervention can be done? Choose the correct response.

At school in pre-primary school

At home

In centers

A team of professionals able to conduct an evaluation or assessment of student in special need at the school include:

Therapists,

Psychologists

Educators

All above professionals

Parents must be included in the assessment team of their children as long as they provide crucial information about their children's weaknesses needed by the team.

Strongly agree

Agree

Disagree

Strongly disagree

Once children with disabilities are not provided with timely and appropriate early intervention, their difficulties become more severe often leading to lifetime consequences, increased poverty and profound exclusion.

Strongly agree

Agree

Disagree

Strongly disagree

Early childhood stimulation and development activities are responsibilities of :

Parents

Health professionals

Care givers

Teachers

All the above mentioned people

When do you think early intervention should start?

From birth

6 months –1 year

1 year- 2 years

2 years-3 years

3 years -4 years

4 years and above

Kindergarten

Trainings required for teachers to support and manage any situation encountered during teaching children with disabilities are scheduled and done appropriately.

Strongly agree

Agree

Disagree

Strongly disagree

Do your school have specialized preschool teacher to help in the identification and intervention?

Yes

No

Have they been trained?

Yes

No

Pre -schools alone cannot take care and meet needs of young children with disabilities.

Strongly agree

Agree

Disagree

Strongly disagree

Among these services ,what are those provided by your school:

Physical;

Occupational

Psychological

Speech therapy

Family support

Counseling

Does the preschool have materials needed to stimulate senses to children with disabilities?

A. Yes

B. No

If yes, do they influence the academic performance of the learners? Explain how.

.....
.....
What do you think are challenges encountered by teachers in special education process for children with disabilities?

Lack of coordination among services available

Lack of knowledge regarding services available

Differing application procedures for each service

Lack of systematic organization of transition services

Discontinuity of receiving services because of geographical areas

The main reason of the non enrolment in pre-school education of children with disabilities is

A. Lack of appropriate materials

B. Lack of trained teachers

C. Lack of parents involvement

D. Negative attitudes of peers

E. School distance

F. Inaccessible environment

Where do you think the support for early intervention education should come for success?

From School

From parents

From community

From Government

From school counselors

All these above source of support

Early intervention services contribute to the effectiveness of inclusive education development of children with disabilities by maximizing their potential.

Strongly agree

Agree

Disagree

Strongly disagree

Well-organized inclusive ECD programmes for young children with disabilities enable children with disabilities to be enrolled in inclusive school.

Strongly agree

Agree

Disagree

Strongly disagree

If you compare learners with disabilities who received early intervention and those who have not; who do you think are performing well in inclusive school?

.....
.....

What suggestion would you make to improve academic performance of learners with disabilities in early childhood education?

.....
.....

THANKS YOU FOR PARTICIPATING

APPENDIX III: TEACHERS' INTERVIEW

1. First tell me about your experience in teaching children with disabilities.

Do you think there is any importance of referring a child with disability at early age to professionals? Yes or no? Please, explain the reason of your response.

Do you think are they any responsibilities of parents in special education process for children with disabilities? Explain.

2. Now tell me about your school.

Tell me how your school accommodate children with disabilities

Does the number of trained teacher in the inclusive school enough?

If yes, explain how this improves the leaning outcomes of children with disabilities?

If no? What do you think should be done to improve the situation?

Do you think teachers are able to manage the behavioral problems of children with special needs? Yes or No? Explain.

3. Tell me what you as teacher/administrator think should be the role of school for effective early childhood inclusive education?

4. Tell me more ideas that you feel would be helpful to all parties involved in early intervention or inclusive education to be taken into consideration for its success.

THANK YOU FOR YOUR PARTICIPATION

APPENDIX IV: GUIDED QUESTIONNAIRES FOR LEARNERS / IBIBAZO BY'ABANYESHURI

Instructions /Amabwiriza

I am conducting a study on **“Early intervention for children with disabilities as an enhancement of inclusive education development : An evaluation of school and community responses in Kamonyi District”**. You are assured that your responses will be treated with strict confidence and the information you give will be used for this research only. There is no right or wrong answers. Do not write your name and you are requested to respond to all questions in each section.

Thank you.

Ndimu gukora ubushakashatsi k' “umumaro n'inyungo zo kwita hakiri kare ku bana bagaragaje ubumuga mu gihe bahawe ubufasha bubanziriza imyaka yo gutangira ishuri mu rwego rwo kubafasha kwiga neza mu karere ka KAMONYI mu Rwanda.” Tubijeje kwita no kugirira ikizere amakuru mutanga kandi tunabizeza ko ari ayo kwifashishwa muri ubu bushakashatsi gusa. Igisubizo cyose n'ingirakamaro, musabwe kutandika amazina yanyu kandi mugasubiza ibibazo byose bya buri kiciro.

Murakoze.

SECTION ONE / IKICIRO CYA MBERE

Tick your answers where necessary / *Hitamo igisubizo cy'ukuri*

State the level of your school a) primary b) secondary

Garagaza ikiciro wigamo a) Amashuli abanza b)Amashuliyisumbuye

State the level of your class / *Garagaza umwaka w'ishuri wigamo*

State your gender / *Garagaza niba uri Gabo cyangwa Gore*

Female / *Gore*

Male / *Gab*

Type of disability / *Ubumuga ufite*

Hearing impairment / Utumva

a) Deaf / *utumva neza neza*

b) Bad hearing / *uwunva gake cyane*

c) Multi-impaired / *Ufite ubumuga bukomatanyije nubwavuzwe*

Visually impaired/ Ubuhumyi

a) Blind / *Utabona burundu*

b) low vision / *Ubona gake*

Mental retardation / Ufite imitekerereze iri hasi ugereranyije n'abagenzi be

Others

a) Autistic / *Ufite autism*

b) Learning disability / *Ufite ikibazo mu kwigishwa*

c) Physical Disability / *Ufite ubumuga bw'ingingo*

d) Gifted ? Ufite ubwenge budasanzwe

e) Talented?/Ufite impano idasanzwe

SECTION TWO /IKICIRO CYA KABIRI

Did your family seek any help regarding your disability before you went to school?. /
Umuryango wawe waba warigeze ugushakira ubufasha bujyanye n'ubumuga bwawe mbere y'uko ujya mu ishuri?

If yes, what did they do? / *Niba ari yego umuryango wawe wakoze iki?*

.....
.....
.....

How that help has played a role in minimizing the effects of your disability before you joined school? / *Mbere y'uko ujya mu ishuli ubwo bufasha bwaba bwarakumariye iki?*

What kind of help? / *Ni ubuhe bufasha wahawe?*

.....
.....
.....

.....If it has been done by professionals, what did they do? / *Inzobere zakoze iki ku bumuga bwawe?*

.....
.....
.....

Do you think the help you got from family and others has contributed to your academic performance? Yes / No

Utekereza ko ubufasha wahawe n'umuryango wawe n'abandi bantu haricyo byongeye ku myigire n'imitsindire yawe? Yego / Oya

What other help would you need to improve your academic performance?./ *Ni ubuhe bufasha bundi wifuza bwagufasha kuzamura imitsindire yawe?.....*

.....
.....
Do you know what is Early Intervention Development? *Waba uzi gahunda yo gufasha abana bafite ubumuga hakiri kare?*

.....If yes,
do you think that program is necessary according to what you gain?

Uratekereza ko iyi gahunda ari ngombwa ugendeye ku byo wungutse mu bwenge?

9. Is this programme being implemented in nursery at your school? *Iyi gahunda irubahirizwa mu mashuri y'inshuke*

10. What challenges do children with disabilities face in nursery school? *Ni ibihe bibazo abana babana n'ubumuga bahura nabwo mu mashuri y'inshuke ?.....*

11. What do you think should be done to remove those challenges? *Ni iki cyakorwa kugira ngo ibyo bibazo bishire?.....*

Thanks/Murakoze

APPENDIX V: GUIDED QUESTIONNAIRES FOR PARENTS / IBIBAZO BY'ABABYEYI

Instructions /Amabwiriza

I am conducting a study on **“Early intervention for children with disabilities as an enhancement of inclusive education development: An evaluation of school and community responses in Kamonyi District”**. You are assured that your responses will be treated with strict confidence and the information you give will be used for this research only. There is no right or wrong answers. Do not write your name and you are requested to respond to all questions in each section.

Thank you.

Ndimu gukora ubushakashatsi k' “umumaro n'inyungu zo kwita hakiri kare ku bana bagaragaje ubumuga mu gihe bahawe ubufasha bubanziriza imyaka yo gutangira ishuri mu rwego rwo kubafasha kwiga neza mu karere ka KAMONYI mu Rwanda.”Tubijeje kwita no kugirira ikizere amakuru mutanga kandi tunabizeza ko ari ayo kwifashishwa muri ubu bushakashatsi gusa. Igisubizo cyose n'ingirakamaro, musabwe kutandika amazina yanyu kandi mugasubiza ibibazo byose bya buri kiciro.

Murakoze.

SECTION ONE / IKICIRO CYA MBERE

Directives : Tick your answers where necessary / **Amabwiriza :** Hitamo igisubizo cy'ukuri

1. My relation to child with disability is / *Isano ufite n'umwana*

2. Age/*Imyaka*:

3. State your gender / *Garagaza niba uri Gabo cyangwa Gore*

Female Male

Gore *Gabo*

4. Level of studies: *Amashuli wize*

Primary/ *amashuli mato*

Secondary/ *amashuli yisumbuye*

University / *Kaminuza*

SECTION TWO /IKICIRO CYA KABIRI

Directions: Please circle the choice that best represents your opinion concerning family support to indicate the extent to which you agree with the statement.

Shyira ikimenyetso X ahagaragaza aho wemera ko ibyavuzwe ariko nawe ubyunva.

Where do you think early childhood intervention can be done? Choose the correct response / *Ni hehe utekereza ko umwana ufite ubumuga yagombye kubonera ubufasha bwa mbere ngo abashe kuba yazakurikirana amasome ye neza. Hitamo igisubizo cya nyacyo.*

At school in pre-primary school/ *Mu mashuli y'incuke*

At home / *Mu rugo iwabo*

In centers / *Mu bigo byabugenewe*

The family plays an important role in early intervention for children with disabilities/
Umuryango niwo ufite uruhare rukomeye mu gutanga ubufasha ku mwana ufite ubumuga

Strongly agree /*Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

Generally parents of pupils with disabilities understand importance of early intervention
for inclusive education effectiveness

Mu bisanzwe ababyeyi b'abana bafite ubumuga nibo bunva cyane umumaro w'ubufasha buhabwa abo bana mbere y'uko batangira amasomo yabo.

Strongly agree /*Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

Parents typically are motivated and support to intervene early once they found out that
their children have disabilities.

Ababyeyi bafite umuhate /umurava wo kugira igikorwa kare igihe basanze abana babo bafite ubumuga

Strongly agree /*Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

The main reason of the non enrolment in pre-school education of children with disabilities is

Impanvu ya mbere ituma abana bafite ubumuga batitabira amasomo yabo ni

A. Lack of appropriate materials / *Ibura ry'ibikoresho bya ngombwa*

B. Lack of trained teachers / *Umubare muke w'abarimu bahuguriwe kwigisha abana bafite ubumuga*

C. Lack of parents involvement/ *Ababyeyi badashyiraho umwete mu gufasha abo bana*

D. Negative attitudes of peers / *Imyitwarire mibi y'abandi bana bigana*

E. Inaccessible environment / *Ahantu hagoye kugerwa cyangwa kwigira kuri abo bana bafite ubumuga*

Early childhood education program helps parents of children with disabilities to know their contribution in the education of their children

Gahunda yo kwita kuri abo bana bafite ubumuga mbere yo kujya mu mashuri ifasha ababyeyi kumenya uruhare rwabo mu myigire y'abana babo

Strongly agree / *Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

Parents care about the learning of their children with special needs.

Ababyeyi bitaye cyane ku myigire y'abana babo bakeneye ubufasha budasanzwe

Strongly agree /*Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

Teachers learn more about their pupils with special needs when parents participate in school activities.

Abigisha bamenya cyane uko bafasha abanyeshuli babo bakenewe ubufasha budasanzwe igihe ababyeyi bagize uruhare rukomeye mu bikorerwa kw'ishuli

Strongly agree /*Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

Parents and special education schools have understood their parental rights and responsibilities in working together for improvement of inclusive education once the intervention has been done early.

Ababyeyi, ibigo byita ku myigishirize idasanzwe y'abana bafite ubumuga bunva cyane uruhare rwabo mu gufatanya guteza imbere imyigishirizwe y'abo bana igihe ubufasha butanzwe kare.

Strongly agree /*Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

Parents are concerned about learning how to help their children with special needs in case early intervention is concerned / *Ababyeyi barebwa kandi bagasbwa kunva cyane n'uburyo bagomba gufasha abana bakeneye kwitabwaho bidasanze mu gihe ubufasha bukenewe mbere yo kujya mu mashuri.*

Strongly agree / *Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

For the improvement of early intervention; parents and other caregivers need to be empowered with knowledge and skills in special needs education.

Mu rwego rwo guteza imbere ubufasha buhabwa mbere abana bafite ubumuga; ababyeyi, abarezi bakeneye kongererwa ubumenyi, ubuhanga mu myigishirize idasanze y'abana babana n'ubumuga.

Strongly agree / *Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwombyemera*

Strongly disagree / *Simbyemera na gato*

The help that children with disabilities got from family and others contribute to their academic performance

Ubufasha abana bafite ubumuga babona mu miryango yabo no ku bandi babishoboye butuma babasha kwitwara neza mu myigire yabo.

Strongly agree / *Ndabyemera cyane*

Agree / *Ndabyemera*

Disagree / *Ntabwo mbyemera*

Strongly disagree / *Simbyemera na gato*

What do you think are challenges encountered by parents in special education process for children with disabilities?

Ni izihe ngorane muri izi utekereza ababyeyi bafite abana babana n'ubumuga bahura nazo mu myigire yabo

Lack of coordination among services available /

Ukutagira uguhuriza hamwe ubufasha bushoboka kuri abo bana

Lack of knowledge regarding services available/

Ukutagira ubumenyi cyangwa amakuru ku bishobora gukorwa abo bana

Differing application procedures for each service/

Uburyo buri service zibagenewe zishobora gukorwa cyangwa gutangwa

Lack of systematic organization of transition services

Ukutagira gahunda mu gukurikiranya ibikorwa bibagenewe muri buri cyiciro

Discontinuity of receiving services because of geographical areas

Ugucikiriza service zimwe na zimwe utasanga hose umwana ashobora guhabwa bitewe n'ibice by'igihugu bitandukanye

APPENDIX VI: INTERVIEW GUIDE FOR PARENTS / IKIGANIRO N'ABABYEYI

1. First tell me about you and your family? *Wambwira muri make ibijyanye n'umuryango wawe*

Your relation with the child*Upfana iki n'umwana.....*

Your level of education? *Ni ikihe kiciro cy'amashuri ufite?*

How old are you? *Waba ufite imyaka ingaha?*

What are your daily activities? *Ukora iki mu buzima bwa buri munsu?*

2. Now, tell me more about your child.*Mbwira ibijyanye n'umwana*

Was your child born with disabilities? *Umwana wawe yaba yaravukanye ubumuga?*

What services and support did you provide to him/her after his/her birth? *Ni ubuhe bufasha yaba yarahawe akivuka?*

Where did your child go to school? *Ni he umwana yaba yarajyanywe mu ishuri?*

How is the academic performance of your child? *Atsinda ate mu ishuri?*

Has your child go through early intervention? Y / "N*Umwana wawe yaba yarakorewe itegurwa ry'ubufasha bwa mbere mu bijyanye n'abafite ubumuga?*

3. In the last question, you mentioned that your child goes through Early intervention/ or not,

can you tell me more about this programme. *Ku kibazo cya nyuma wambwiye ko umwana wawe yakorewe ubufasha bwa mbere. Wambwira muri make ku bijyanye n'iyi gahunda.*

Do you think it is important for parents to be involved in this programme ? Y / N

If yes, why? Uratekereza ari ngombwa ko ababyeyi bashishikarizwa iyi gahunda? Yego/oya. Nib ari yego,kubera iki?

How involved have you been?*Waba waragize ubwitabire ku kihe kigero?*

Will you continue to be involved as your child moves into primary and up

through Secondary school ?*Uzakomeza se witabire iyi gahunda uko umwana wawe azagenda azamuka mu ntambwe?*

Do you have older children who have not been through early intervention? Y or N. If yes, what differences do you notice?*Haba se hari abandi bana bakuru bagiye muri iyi Gahunda? Niba bahari se hari itandukaniro waba warabonyemo?*

Has your attitude to education changed since getting involved?*Ku bijyanye n'im yunvire yawe mu burezi ,haba hari icyahindutse aho utangiye kwitabira iyi gahunda yo gufasha abana hakiri kare?*

Do you have any ideas as to how parents could be more involved in their child's

schooling ?*Nta gitekerezo waba ufite kijyanye no kugira ababyeyi inama ngo bitabire iyi gahunda?*

4. Tell me what things did you find to be helpful to you during the early childhood intervention?*Mbwira muri make ikintu wabonye gifasha/cyagufashije muri iyi gahunda yo gufasha abanamu ubumuga bwabo hakiri kare*

Have you learnt any new parenting skills by being involved in this program?*Hari ubundi bumenyi bwa kibyeyi waba warungukiye muri iyi gahunda?*

Do you believe this programme is a better way to begin school education, than directly attending primary school?*Uratekereza iyi gahunda ari nziza mu gufasha abana mbere y'uko batangira amashuri yabo kurusha uko mbere bahitaga bajya mu ishuli.*

What would you propose to be done to enhance the academic performance of the child? Ni iki wifuza cyakorwa ngo umwana wawe arushaho gutsinda neza mu ishuri?

What types of things did professionals help you with during the early intervention assessment?*Ni ubuhe bwoko bw'ubufasha (Ukuntu) abahanga muri iyi gahunda baba baragufashijemo*

How do you feel now as your child went through early intervention and now is in inclusive education?*Urunva umerewe ute nyuma y'aho umwana wawe aherewe ubufasha muri iyi gahunda ubu akaba ari mu ishuli akurikiye amasome ye nk'abandi bana batagira ubumuga.*

5. What are some ideas that you feel would be helpful to other parents going through the program? *Ni ikihe gitekerezo wageza ku bandi babyeyi mu rwego rwo kubashishikariza kwitanbira iyi gahunda.*

Thank you very much for your contribution to this research

MURAKOZE!

APPENDIX VII : GROUP DISCUSSION QUESTIONS FOR PARENTS

1. Do you think it is important for parents to be involved in this programme ? Y / N

If yes, why? Uratekerezwa ari ngombwa ko ababyeyi bashishikarizwa iyi gahunda? Yego/oya.

Nib ari yego,kubera iki?

2. By giving examples in which activities are you involved? how?*Tanga ingero z'ibikorwa mukora ku ishuri mufasha abana banyu .Mubikora mute?*

3. Do you think that early intervention is necessary to your children with

disabilities?Muratekerezwa gufasha abana babana n'ubumuga kare bifite ajkamaro?Expain /Sobanura

4. Do you think this intervention helpful to your children in other levels of education?

Muratekerezwa ubu bufasha buzafasha abana banyu mu myigire mu myaka iri mbere

5. Has your attitude to education changed since getting involved?*Ku bijyanye n'imyumvire yawe mu burezi ,haba hari icyahindutse aho utangiyeye kwitabira iyi gahunda yo gufasha abana hakiri kare?Explain/sobanura*

6. Give differences that may occur in children who received intervention earlier and those who

did not ?Tanga itandukanyirizo ribonrka hagati y'abana bahawe ubufasha kare n'ababuhawe

batinze

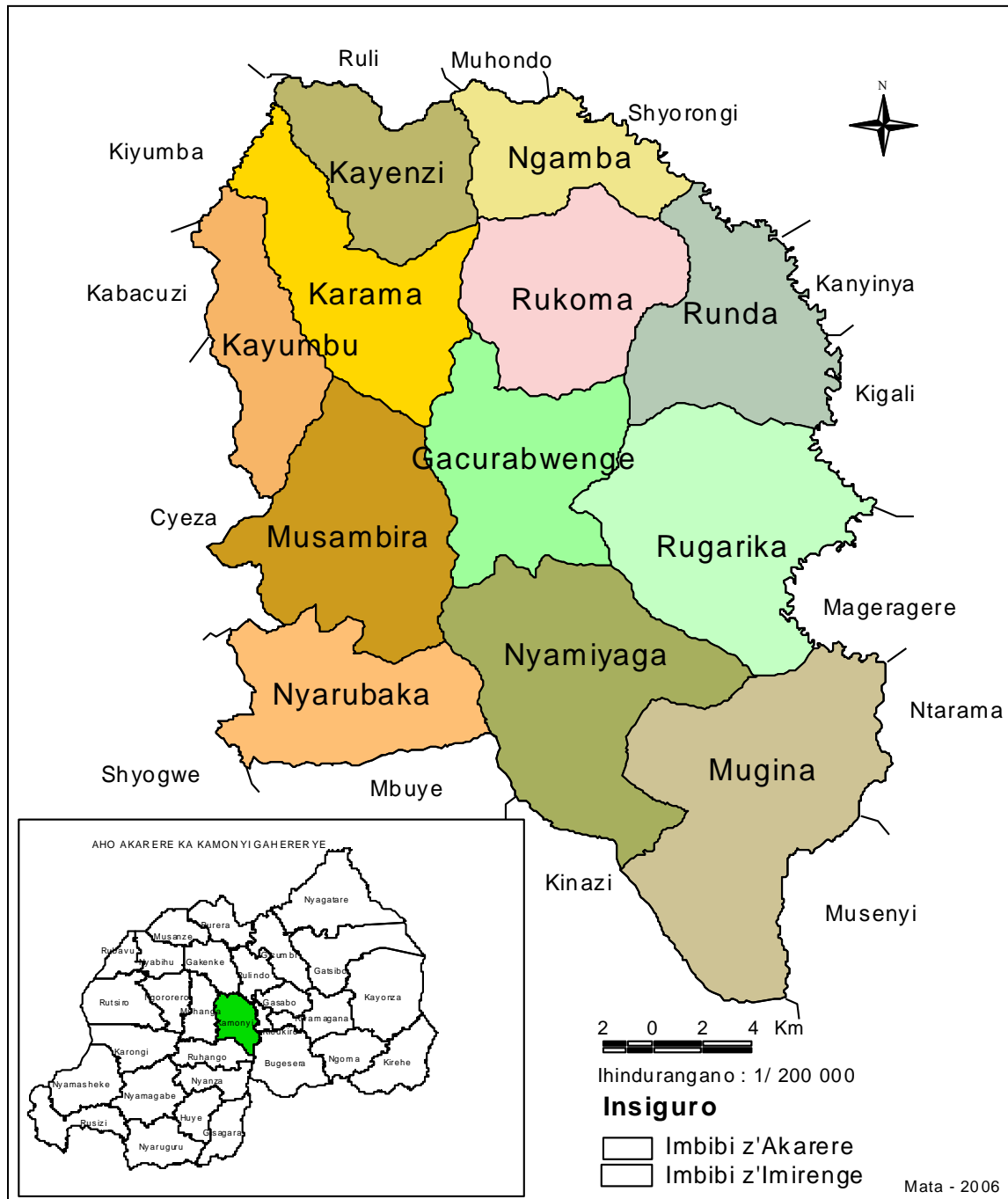
7. With the help of examples what are benefits of early intervention for children with disabilities?*Tanga ibyiza byo guhabwa ubaufasha kare ku bana babana n'ubumuga wifashishije ingero zifatika*

Thanks /Murakoze

III. ASSESSMENT PLAN

Areas assessed	Activities	Comments
Fine and motor movements	<ul style="list-style-type: none"> Manual dexterity (Manipulation of things) Digital dexterity (Holding objects for a period of time) Body movement (freely or with difficulties) 	OK OK Freely
Language development	<ul style="list-style-type: none"> Listening Speaking Free speech ability Sentence length One word sentence 3-5 word sentences Narration (short stories) Use of new structures Coordination and semantic relevance (cohesion and coherence) Ability to use 1st language idioms and pragmatic expressions 	NO NO NO NO NO NO NO NO NO NO
Self-help skills (Activities of daily living)	<ul style="list-style-type: none"> Washing him/herself Toilet use Cleanliness Putting on clothes Feeding (eating and drinking) Making his/her bed 	OK OK OK OK OK OK
Study skills	<ul style="list-style-type: none"> Counting/ Numeracy Reading Writing Repetition of others' words Drawing 	OK NO OK OK OK
Interaction	<ul style="list-style-type: none"> Playing/ Singing with peers Working in groups Eye contact Responding to others 	OK OK OK OK
Attention	<ul style="list-style-type: none"> Concentration Restless (Hyperactive) Stay still (Hyperactivity) Follows moving objects 	OK OK NO OK
Cognitive abilities	<ul style="list-style-type: none"> Perception Recognizes and differentiates objects and people Ability to imitate e.g. teacher Memory (short and long term). 	OK OK OK NO memory
Sensorial ability	Hearing: <ul style="list-style-type: none"> Reacts to nearby voices Response to teacher's instructions Visual: <ul style="list-style-type: none"> Unilateral Visual axis (keeping his/her eyes in one direction) Parallel visual axis (Keeping eyes in the same position) Ability to change eyes in all directions Eye-hand coordination 	NO NO NO NO OK OK
Any other	Strange attitudes <ul style="list-style-type: none"> Excessive or poor appetite Pervasiveness Control of bladder Others 	NO is normal OK NO.

APPENDIX IX: MAP OF KAMONYI DISTRICT



APPENDIX X : ICYEMEZO CYO GUTANGA UBURENGANZIRA

Ikigo cy'ishuri cya JEAN Depaepe

Umurenge wa Musambira

Akarere ka Kamonyi

Icyemezo gitanga uburenganzira

Twebwe Ubuyobozi bw'ishuri rya Jean Depaepe, duhaye uburenganzira UWAMARIYA Eugénie n' UWIMBABAZI Lydie gukorera ubushakashatsi kuri gahunda y'uburezi budaheza (Inclusive education) ku kigo cyacu ndetse no gufata amafoto yose bifuzwa

Bikorewe kuri Jean Depaepe ku wa 16/06/2017

Umuyobozi w'ishuri Jean Depaepe

MUJAWAMARIYA DROC

Pb Kayiriza
Rapport

