A CLIENT COMMUNICATION STRATEGY FOR MPIGI WOMEN WITH DISABILITIES ASSOCIATION.

BY

GROUP 4

A PROJECT REPORT SUBMITTED TO THE COLLEGE OF COMPUTING AND INFORMATION SCIENCE IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE AWARD FOR THE DEGREE OF BACHELOR OF LIBRARY AND INFORMATION SCIENCE OF MAKERERE UNIVERSITY

JULY, 2026

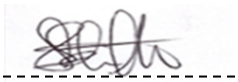
DECLARATION

We, Namayanja Christine, Namulindwa Sharifah, Wankwasi Tom, Wereber Manjer and Nakayiki Margaret, hereby declare that this project is our original work and has not been submitted to any other university or institution for the award of the degree of Bachelor of Library and Information Science. We further declare that all the sources used have been fully acknowledged and referenced in line with the APA style and the Makerere University guidelines.

Name	Registration Number	Signature	Date
Namayanja Christine	23/U/14466/EVE		23/07/2026
Namulindwa Sharifah	23/U/14854/PS		23/07/2026
Wankwasi Tom	23/U/18544/EVE		23/07/2026
Wereber Manjer	23/U/18646/PS		23/07/2026
Nakayiki Margaret	23/U/13613/EVE		23/07/2026

APPROVAL

I confirm that this project has been developed under my supervision as a requirement for the partial fulfillment of the award of a bachelor's degree in library and information science.

Signed  Date: July 22nd 2026

Mr. Francis Ssekitto (Project Supervisor)

DEDICATION

We dedicate this project with heartfelt gratitude to all those who supported us throughout this academic journey, especially our supervisor Mr. Francis Ssekitto, our parents for their continuous encouragement and financial support.

We also dedicate this work to our friends, classmates, the entire EASLIS for their valuable support during our studies at Makerere University, the staff of Mpigi Women with Disabilities Association, and all persons with disabilities, who assisted us with data collection. Your collective effort helped us reach this milestone. God bless you.

ACKNOWLEDGEMENT

We sincerely thank the almighty God for the gift of life and guidance. We are deeply grateful to our supervisor, Mr. Francis Ssekitto, for the expert advice, direction and mentorship given during this project. We also thank the lecturers in the department of Library and Information Science for the knowledge they shared with us.

Special thanks go to the members of Mpigi Women with Disabilities Association for their cooperation and valuable information. We further appreciate our families, friends, and classmates for their encouragement, support, and prayers throughout our studies.

ABSTRACT

This study examined the development of a client communication strategy for Mpigi Women with Disabilities Association. The main purpose of the study was to find better ways of sharing information, improving interaction, and strengthening communication between the association and its clients. Women with disabilities often face communication barriers such as limited access to information, poor feedback systems, lack of inclusive language, and dependence on unsuitable communication channels. These challenges reduce participation in programmes and affect service delivery.

This study was guided by the need to improve client engagement and make communication more inclusive, clear, and effective. It focused on identifying the communication methods used by the association, the challenges experienced by clients, and the communication preferences of women with disabilities. The study also explored suitable communication channels such as community radios, face to face communication mostly for the deaf, community meetings helping mostly the physically impaired depending on accessibility and relevance.

The study used a qualitative research approach to gather information from association members and leaders. The data helped to design a practical communication strategy that responded to the real needs of the clients. The expected outcome was a communication strategy that was simple, inclusive, and usable by the association. The study contributed to better information sharing, stronger client relationships, and improved participation of women with disabilities in Mpigi district.

TABLE OF CONTENTS

DECLARATION ii
APPROVAL iii
DEDICATION iv
ACKNOWLEDGEMENT v
ABSTRACT vi
TABLE OF CONTENTS vii
LIST OF TABLES xi
LIST OF FIGURES xii
LIST OF ACRONYMS xiii
CHAPTER ONE: INTRODUCTION 1
1.1 Introduction 1
1.2 Background to the project 1
1.3 Problem statement 2
1.4 Aim and objectives of the project 2
1.5 Project research questions 3
1.6 Significance of the project 3
1.7 Project scope 3
1.8 Definition of key terms 4
1.9 Conclusion 4
CHAPTER TWO: LITERATURE REVIEW 6
2.1 Introduction 6
2.2 Conceptual framework 6
2.3 Global perspective on Disability Awareness Campaigns 7
2.4 Communication Strategies for women with disabilities in Uganda 8
2.4.1 Role of local initiatives and technology 9
2.4.2 Library and information science perspectives on communication and disability 10
2.4.3 Information management and communication planning 11

2.5 Communication challenges facing women with disabilities in Uganda 11
2.6 Gaps in current literature and practice 12
2.7 Conclusion 13
CHAPTER THREE: METHODOLOGY 14
3.1 Introduction 14
3.2 Sampling strategy 14
3.2.1 Population of the study 14
3.2.2 Sample size 15
3.2.3 Sampling methods 15
3.3 Data collection methods and tools 16
3.3.1 Observations 16
3.3.2 Document analysis 16
3.3.3 Interviews 17
3.4 Data quality control, analysis and presentation 17
3.4.1 Data quality control 17
3.4.2 Data analysis 18
3.4.3 Data presentation 18
3.5 Ethical considerations and limitations 19
3.5.1 Ethical considerations 19
3.5.2 Limitations 19
3.6 Conclusion 20
CHAPTER FOUR: PRESENTATION OF FINDINGS 22
4.1 Introduction 22
4.2 Participant Context 22
4.3 Current communication methods used by Mpigi Women with Disabilities Association 23
4.4 Theme 1: Communication Barriers 24
4.4.1 Phone battery problems for visually impaired members 24
4.4.2 Misinterpretation for deaf member 24
4.4.3 Language barrier for most members 24

4.5 Theme 2: Environmental and health barriers 25
4.5.1 Too much Sunshine for woman with Albinism 25
4.5.2 Body pain and weakness for physically impaired members. 25
4.6 Theme 3: Economic and Time Barriers 26
4.6.1 Transport Costs 26
4.6.2 Time management to reach meetings in time. 26
4.7 Summary table of all findings. 26
CHAPTER FIVE: A CLIENT COMMUNICATION STRATEGY FOR MPIGI WOMEN WITH DISABILITIES ASSOCIATION 28
5.1 Introduction 28
5.2 Strategy Background 28
5.2.1 Organisation Profile 28
5.2.2 Problem Statement 28
5.3 Communication Strategy Goals and Objectives 29
5.3.1 Overall Goal 29
5.3.2 Specific Objectives 29
5.4 Strategy Components 29
5.4.1 Component 1: Accessible Communication Methods 29
5.4.2 Component 2: Meeting Accessibility 31
5.4.3 Component 3: Language and Information Accessibility 31
5.5 Strategy Implementation Plan. 32
5.5.1 Phase 1: Preparation (Month 1-3) 32
5.5.2 Phase 2: Implementation (Month 4-9) 33
5.5.3 Phase 3: Monitoring and Evaluation (Months 10-12) 33
5.5.4 Total Strategy Budget 33
5.6 Strategy Monitoring and Evaluation 34
5.6.1 Key Performance Indicators (KPIs) 34
5.6.2 Evaluation Timeline 35
5.7 Strategy Sustainability 35
5.7.1 How to Maintain the Strategy After 1 Year 35

5.7.2 Risk Management 35
CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS. 37
6.1 Introduction 37
6.2 Summary of Findings 37
6.3 Conclusion 38
6.4 Recommendations 39
REFERENCES 41
APPENDICES 45
APPENDIX I: A CONSENT FORM FOR MPIGI WOMEN WITH DISABILITIES ASSOCIATION 45
APPENDIX II: FIELD INTERVIEW GUIDE FOR MEMBERS OF MPIGI WOMEN WITH DISABILITIES ASSOCIATION 47
APPENDIX III: FIELD OBSERVATION TOOL 51
APPENDIX IV: AN INTRODUCTORY LETTER 54

LIST OF TABLES

Table 1 A participant context table 22
Table 2 A table showing Current Communication Methods used by Mpigi Women with Disabilities Association 23
Table 3 Summary table of all findings 26
Table 4 A table showing MPWDA profile 28
Table 5 Specific strategy objectives table 29
Table 6 Strategy component 1 table 29
Table 7 Strategy component 2 table 31
Table 8 Strategy component 3 table 31
Table 9 A table for Phase 1 Strategy implementation 32
Table 10 A table for Phase 2 Strategy implementation 33
Table 11 A table for Phase 3 Strategy implementation 33
Table 12 A table for total strategy budget 33
Table 13 Key Performance Indicators Table 34
Table 14 A table showing Evaluation Timeline 35
Table 15 A strategy sustainability table 35
Table 16 A strategy risk management table 35

LIST OF FIGURES

Figure 1 A participant context figure 23

LIST OF ACRONYMS

MPWDA	:	Mpigi Women with Disabilities Association
GIZ	:	Gesellschaft für Internationale Zusammenarbeit
UNICEF	:	United Nations Children's Fund
IDIWA	:	Integrated Disabled Women Activities
HIV/AIDS	:	Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome
NGO	:	Non-Government Organisation
LIS	:	Library and Information Science
NCPD	:	National Council for Persons with Disabilities
ADHD	:	Attention-Deficit/Hyperactivity Disorder
PWDs	:	Persons with Disabilities
MUDIWA	:	Mubende Women with Disabilities Association
ICT4PWD	:	Information and Communication Technology for Persons with Disabilities
SMS	:	Short Message Service
ICT	:	Information Communication Technology
UCC	:	Uganda Communication Commission
GBV	:	Gender-based Violence
CRPD	:	Convention on the Rights of Persons with Disabilities
C4D	:	Communication for Development
CBM	:	Christian Blind Mission
KPIs	:	Key Performance Indicators
UGX	:	Ugandan Shilling
EASLIS	:	East African School of Library and Information Science

CHAPTER ONE: INTRODUCTION

1.1 Introduction

Mpigi district in central Uganda is a community that binds people together along daily challenges. Mpigi Women with Disabilities Association stands a backbone for empowerment and inclusion. Established in 2004 as a community-based organization and inclined to a non-government organization in 2022, MPWDA unites girls and women with disabilities across nine lower local governments of Mpigi district which six are Sub-counties; Kituntu sub-county, Nkozi, Buwama, Kammengo, Muduuma and Kiringente and 3 town councils; Mpigi Town Council, Buwama Town Council, and Kayabwe Town Council. Its mission is to coordinate development programmes for equal opportunities for a better-quality life for women and girls with disabilities in Mpigi district. Its emphasis is put on Education, Health, Economic empowerment and legal support (Girls not Brides, 2026). Therefore, in a country where disability takes 12% of the population and women with disability suffer compound barriers like gender-based violence, social discrimination, limited healthcare access, effective client communication strategy becomes the lifeline for similar associations (Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ), 2022).

This project focused on developing an effective client communication strategy tailored for Mpigi women with disability taking into account their socio-cultural dynamics, communication barriers and intersectional challenges, putting into Library and information science principle of access to information. The project cuts across not only Mpigi women with disability association clients but also families, partners, stakeholders seeking services like reproductive health rights advocacy and economic skills training (UNICEF, 2008).

1.2 Background to the project

Mpigi district in central Uganda reflects the nation's struggles for disability inclusion, Uganda's Persons with Disability Act 2020 mandates equal access to communication yet implementation still lacks especially for women that experience triple discrimination such as Poverty, Gender and Disability. Mpigi Women with Disabilities Association registered under non-government organization bureau No. 6118 amplifies voices but struggles with communication gaps. Clients often face barriers in sharing needs; visual impairments hinder printed materials, hearing loss hinders verbal communications, and mobility issues limit physical meet ups (Abraham, 2024).

In Mpigi town council women with disabilities report inadequate healthcare information mainly due to language mismatches and inaccessible formats. Nationally a peer group organisation called Integrated Disabled Women Activities (IDIWA) overcame similar struggles through a 2021 Communication Strategy supported by GIZ Uganda. They managed to develop braille versions, trained journalists on inclusive reporting, and boosted visibility leading to free media coverage and networking. Mpigi Women with Disabilities Association (MPWDA) lacks such a formal strategy relying on WhatsApp groups that leave many out.

1.3 Problem statement

An important organization in promoting equal access and empowerment of women and girls with disabilities in Uganda is (MPWDA). Despite Mpigi Women with Disabilities Association development, no tailored client communication strategy exists leading to exclusion. Clients or members miss out on HIV/AIDS awareness and economic empowerment as a result of inaccessible formats. Stakeholders report disorganised information that hinders partnerships. Without action MPWDA risks low engagement as mirrored in Integrated Disabled Women Activities (IDIWA) (2022).

1.4 Aim and objectives of the project

The primary aim of the project was to design a tailored client communication strategy for Mpigi Women with Disability Association (MPWDA). The strategy aimed to improve how the association links with its clients, families, partners and stakeholders to render better support services, build trust, promote their rights, and empowerment.

Objectives

For this aim to be a success, the project would deliver on the following objectives;

1. To assess the current communication methods used by Mpigi Women with Disabilities Association including their strengths, weaknesses and risks faced by clients with different disabilities like sight, mobility, or hearing impairments.
2. To establish communication needs and preferences of MPWDA clients through surveys, interviews and focus group discussions in Mpigi communities.
3. To examine best practices from similar organisations in Uganda such as National Union of Women with Disabilities Uganda and adopt them to MPWDA's local context.

4. To develop a customed communication strategy that integrates accessible tools like sign language videos, braille materials, WhatsApp groups and community radio announcements.

1.5 Project research questions

1. What strengths, limitations and risks exist in MPWDA's present communication approaches for clients?
2. What are the key communication needs and preferences of MPWDA clients in Mpigi communities?
3. Which communication channels and tools are most effective in facilitating inclusive and accessible communication for persons with disabilities?
4. How can the association build capacity among staff to implement and sustain an effective client communication strategy?
5. How can accessible LIS tools such as braille, sign language videos, radio or WhatsApp, form a tailored communication strategy for MPWDA?

1.6 Significance of the project

An effective client communication transforms associations like MPWDA from a service provider to empowered voices. Clients especially women with disabilities are not passive rather co-create programmes, as per 'nothing about us without us' principle. In Uganda where 81% of disabled women face violence, clear information on right saves lives.

A 2023 qualitative study (Hickey et al.) with 46 participants which included those with aphasia, stuttering and autism, consolidated strategies like "rephrase if I don't understand" and "use gestures." Providers rarely use these strategies due to time constraints however much they improve equity in such communities.

1.7 Project scope

The project focused on Mpigi Women with Disabilities Association (MPWDA) located at Mpigi - Butambala road, Mpigi Town Council, Mpigi district in Uganda. This is because it is one of a few rural community-based disability associations mandated to implement in nine lower Local Governments of Mpigi district of which six are Sub-counties; Kituntu sub-county, Nkozi, Buwama, Kammengo, Muduuma and Kiringente and 3 town councils; Mpigi Town Council,

Buwama Town Council & Kayabwe Town Council. The association has implemented a number of interventions in line with Sexual Reproductive Health, Livelihood, formation of village saving and loan schemes, access to education and health, HIV/AIDS advocacy prevention campaigns, preventing and responding to child marriage and early unions. This created a rich context for exploring the information channels used, challenges they face and designing an effective client communication strategy that can promote information accessibility and communication between women with disabilities and service providers in the district. The timeframe is 2026.

1.8 Definition of key terms

- Client communication strategy: This is a planned framework for exchanging information between an organization.
- Inclusive communication: These are methods that adapt language, pace, visuals, and tools to disabilities.
- Library and Information Science: An academic field studying information organization, access and user needs.
- Mpigi Women with Disability Association: A Ugandan-based NGO registered No. 6118 in Mpigi District serving women and girls with disabilities through health, education, and empowerment initiatives since 2004.
- Augmentative tools: Aids like picture boards, symbols, or apps that supplement speech or writing for clients with communication barriers.
- Disability inclusion: The intentional integration of people with disabilities into all aspects of society, programmes and decision-making as mandated by Uganda's Persons with Disabilities Act 2020.

1.9 Conclusion

In conclusion, Mpigi Women with Disabilities Association represents resilience in Mpigi district, Uganda by championing girls and women with disabilities through programmes in health, education, legal aid and economic empowerment however, persistent communication gaps such as inaccessible formats for visually or hearing-impaired members which undermine client engagement, this echoes challenges faced by peers like IDIWA before their public relations strategy. This project addresses this void by proposing a tailored client communication strategy,

rooted in Library and Information Science principles of user-centered design and inclusive information dissemination.

Drawing from recent evidence, including Hickey et al.'s, (2024) 16 preferred strategies for example, clear speech, gestures, pre-shared tools, the strategy emphasizes multi-channel approaches like braille materials, sign language videos and WhatsApp voice notes to foster equity. Guided by research questions on current practices, client preferences, Library and Information Science enhancements and impact evaluation, it aligns with Uganda's Persons with Disabilities Act (2020) and global calls like "nothing about us without us." By bridging these elements Mpigi Women with Disabilities Association can amplify voices, boost participation and achieve sustainable empowerment.

The study not only equips Mpigi Women with Disabilities Association with practical tools but advances Library and Information Science scholarship in Uganda, demonstrating how information professionals can drive social inclusion.

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction

Effective communication strategies are essential for organizations working with marginalized groups like women and girls with disabilities. Communication is not only a static process but involves continuous interaction tailored to cultural, social and contextual factors to foster trust and inclusivity. Studies highlight that organizations like Mpigi Women with Disabilities Association, a focused communication strategy can enhance engagement, service delivery and advocacy outcomes. This chapter reviews existing literature on client communication strategies, with a focus on women and girls with disabilities in Uganda, it examines how community-based organizations design and implement communication strategies that are inclusive, accessible and effective. The review also links these ideas to library and information science (LIS) by showing how information management, communication channels and user-centered design can support an association like Mpigi Women with Disabilities Association (MPWDA) (Agabirwe, 2025).

This chapter first defines key concepts like client communication, disability-inclusive communication and women with disabilities associations. It then positions MPWDA in a Ugandan context, discusses theoretical frameworks, and analyses existing communication strategies for persons with disabilities. Finally, it talks about a critical gap analysis and a transition to how the review informs the proposed client communication strategy for MPWDA (Kett, 2020).

2.2 Conceptual framework

Client communication is a systematic exchange of information between an organization and its users or members with an aim of informing, educating, persuading and supporting them. In a community-based association such as Mpigi Women with Disabilities Association, a client is the woman or girl with disability who receives information, services and advocacy support from the organization. Effective client communication is not only about sending messages but also about ensuring that messages are received, understood and acted upon (Girls not Brides, 2024).

Recent studies show that communication with persons with disabilities is most effective when it is multi-model like using text, sign, audio and images, participatory like clients helping in designing messages and context-specific like tailored to local languages and culture. In Library

and information science, communication is supposed to be treated an information service not as a one-way broadcast (Majinge and Msonge, 2020).

Disability-inclusive communication is a process of designing information and messages so that they are accessible to all regardless of impairment. This includes using simple language, clear layout, alternative formats like Braille, large print, audio and sign language videos, and assistive technologies when available. International and regional guidelines such as disability-inclusive media and communication guidelines, stress that communication must respect the rights, dignity and autonomy of persons with disabilities (Chowoo, 2024).

In Uganda, the National Council for Persons with Disabilities and partners stresses that information material should be translated into accessible formats and that communication actions must be monitored and evaluated for impact. For Mpigi Women with Disabilities Association, this implies that any communication strategy must plan for formats like sign-language interpretation, audio messages and low-literacy-friendly materials (National Council for Persons with Disabilities (NCPD), 2024).

Mpigi Women with Disability Association (MPWDA) is a women-led community-based organization based in Mpigi district, Uganda. It was established in 2004 to amplify the voices of women and girls with disabilities, promote their rights and increase their participation in development programmes. MPWDA focuses on issues like sexual and reproductive health rights, protection from harmful cultural practices and access to education and health services (Girls not Brides, 2024). Given its grassroots nature, Mpigi Women with Disabilities Association operates with limited staff and funds, which affects how it communicates with members and partners. Literature on similar women-with-disability associations in Uganda shows that many of them struggle with poor visibility, inconsistent messaging and lack of communication skills among staff. This background justifies the need for a clear, documented client communication strategy.

2.3 Global perspective on Disability Awareness Campaigns

A study analyzing awareness campaigns for functional diversity in Spain; examined campaigns across multiple impairment types including Asperger's syndrome, rare diseases, down syndrome, Autism, hearing and visual impairment, cerebral palsy, Dyslexia, ADHD, spina bifida and dyscalculia (Gomez-Mar et al., 2021). The study found a close relationship between impact on

press coverage, Google searches and Twitter Hashtags, suggesting that multiple channel approaches can amplify campaign reach.

Research on public awareness campaigns for physically disabled persons in Canada found that while such campaigns could achieve modest visibility, they were often ineffective in promoting positive attitude change. This finding highlights the challenge of translating increased awareness into meaningful shifts in attitudes and behaviors. It suggests that awareness campaigns need to go beyond simple information provision to address deeper attitudes and stereotypes.

2.4 Communication strategies for women with disabilities in Uganda

Recent studies in Uganda and beyond highlight the importance of inclusive communication systems in enhancing participation, service delivery, and social inclusion for persons with disabilities (PWDs). Mpigi Women with Disabilities Association currently uses a combination of community outreach, awareness campaigns, peer education and local radio programmes to reach its members. It also engages duty bearers and local leaders to promote disability rights and gender equality. The association's strategies emphasize verbal communication in meetings, and limited digital presence through social media (Girls not Brides, 2024).

These methods allow local level interaction and community engagement. The peer educator model supports trust and reliability within the disability community. However, traditional media and physical meetings limit accessibility for women with hearing or visual impairments. Moreover, inconsistence availability of sign language interpreters and lack of accessible digital tools restrict full participation. There is limited use of sign language videos, captioned content, and alternative formats such as Braille or audio guides.

Mubende Women with Disabilities Association (MUDIWA) used visual storytelling and participatory interviews to share experiences of women with psychosocial disabilities, demonstrating how narrative-based communication can strengthen voice and inclusion (Mubende Women with Disabilities Association (MUDIWA), 2025). The ICT for persons with Disabilities (ICT4PWD) Programmes under the Uganda Communications Commission integrated digital literacy, assistive technology, and online tools to increase the participation of PWDs in education and community development (Uganda Communications Commission, 2026). The Nation Council for Persons with Disabilities (NCPD) emphasizes disability communication

frameworks, advocating for translation of information into accessible formats and use of multimedia platforms for awareness (Nation Council for Persons with Disabilities, 2026).

National and local communication strategies have been developed by several Ugandan organizations and projects including Migi Women with Disabilities Association for persons with disabilities, for example the Uganda National Council for Persons with Disabilities (NCPD) has roles to develop and implement communication strategies, build partnerships and produce information, education and communication materials in accessible formats. These strategies emphasize visibility, advocacy and information dissemination through media, community meetings and partnerships with NGOs. Similarly, the International Disability Alliance Women with Disabilities (IDIWA) in Uganda worked with a development partner to develop a multi-year communication strategy that included public relations, training for staff and simplified, accessible versions of strategy documents in local languages and Braille. This process improved visibility, networking and ownership of communication activities at the association level. Such experiences are directly relevant for Mpigi Women with Disabilities Association, which can adapt participatory workshops and capacity-building for staff into its own communication planning (International Disability Alliance Women with Disabilities (IDIWA) 2022).

2.4.1 Role of local initiatives and technology

Local initiatives in Uganda have tried to bridge the communication gap for women with hearing impairments. For example, a media and technology organization has trained sign-language interpreters to produce accessible multimedia content, enabling better access to digital information for people with hearing impairments since 2023. This suggests that Mpigi Women with Disabilities Association can partner with such actors to co-produce videos, audios and social-media content tailored to women with disabilities. Mobile-based tools like WhatsApp groups and SMS services are increasingly used in development projects in Uganda to maintain engagement, share updates and collect feedback. These tools can be adapted for MPWDA by creating women-only groups, using voice notes and combining them with offline meetings for members without phones. (Motaroki, 2025).

The digitization of communication offers new opportunities for reaching clients efficiently. However, for women with disabilities, digital strategies must ensure accessibility including

screen reader compatibility, captioning and simple language. Moreover, digital literacy and internet access gaps in Uganda necessitate blending traditional and digital media. Studies show faith-based and non-profit organizations leveraging digital channels for engagement must balance technological opportunities with ethical considerations like privacy, cultural sensitivity and inclusion to build trust and prevent exclusion (Kazanskaia, 2025).

Technology has become an essential enabler for inclusive communication. The ICT for Persons with Disability Programme (UCC 2026) demonstrated strong links between assistive technologies such as screen readers, speech-to-text software and sign language videos and improved participation of persons with disability in digital spaces. The rise of community digital hubs and mobile friendly accessible platforms has allowed even rural-based organizations to exchange knowledge and co-ordinate projects more efficiently.

Incorporating sign language videos, subtitle media, and voice-based systems into communication can bridge barriers between Mpigi Women with Disabilities Association and its beneficiaries. Technology also supports data collection, online reporting, real-time feedback and allowing disabled women to express needs and access information on rights, health and livelihoods more conveniently (Uganda Communication Commission (UCC), (2026).

2.4.2 Library and information science perspectives on communication and disability

There are several information needs and practices for persons with disabilities. They face multiples barriers when trying to access information including, poor website design, lack of assistive technologies and insufficient information-literacy training. A study on students with disabilities at Makerere University found that they struggle with university websites, E-library platforms and limited adaptive technologies in libraries (Agabirwe, 2025). These findings are relevant for Mpigi Women with Disabilities Association because many women with disabilities may also lack digital literacy and confidence in using online information services. LIS students can therefore recommend that the association’s communication strategy include basic digital-skills training, audio-based information sessions and simple printed materials in easy-to-read layouts.

2.4.3 Information management and communication planning

Library and Information Science offer tools for information management like needs assessments, information audits and feedback systems which can be applied to communication planning. A needs assessment can help MPWDA identify what information its members value most for example, education, health services, legal aid, in which format they prefer it and through which channels they receive it most reliably (Agabirwe, 2025). Information literacy education can be integrated into MPWDA's activities, teaching members how to critically evaluate information, ask questions and give feedback. From a LIS perspective, a client communication strategy should therefore include; a communication-needs survey for members, a directory of accessible formats and channels, a simple monitoring and evaluation plan using indicators like message reach and member satisfaction.

2.5 Communication challenges facing women with disabilities in Uganda

Women with disabilities face multiple communication barriers such as stigma, limited access to accessible information formats, and language diversity. These challenges reduce their participation in decision-making and access to services. Low literacy and socio-economic constraints further affect effective communication. Cultural perceptions of disability can create negative stereotypes that hinder open dialogue; hence communication strategies must incorporate accessible formats for example, visual aids, sign language, community involvement and culturally sensitive messaging to mitigate exclusion (Kazanskaia, 2025).

The MUDIWA 2025 report found that women with psychosocial disabilities in Kasanda district faced severe stigma, exclusion from decision making and limited access to information due to lack of accommodating communication channels. Similarly, low literacy levels and limited exposure to information and communication technology (ICT) tools deepen this challenge, especially among rural women. For women with hearing or visual impairments challenges include absence of accessible materials, insufficient training in digital tools, and negative social attitudes that limit participation in community dialogues. Cultural misconceptions often silence women with disabilities, forcing organizations to adopt tailored communication models that encourage safe expression and peer learning (Mubende Women with Disabilities Association (MUDIWA), 2025).

Women and girls with disabilities face double discrimination because of both gender and disability. They are more likely to experience gender-based violence, poor access to sexual and reproductive health services and limited opportunities for education and employment, In Uganda, programmes on disability-inclusive gender-based violence (GBV) prevention stress that information about GBV risk, prevention, reporting and support must be shared in accessible formats and multiple channels (Sightsavers, 2023). This implies that a client communication strategy for MPWDA must foreground gender-sensitive messaging and safe spaces for women to speak about abuse and rights. For example, radio talk shows, community dialogues and WhatsApp-based support groups can be used to share information in sign-language-interpreted or audio-friendly formats.

Communication barriers represent a significant obstacle to information access of persons with disabilities. Research on health disparities for persons with disabilities identified ineffective communication as having significant impacts, noting that persons with disabilities frequently believe that providers are not interested in, or sensitive to their particular needs and are less likely to seek care or to follow up with the recommendations (Sharby et al., 2015).

Research on barriers to CRPD implementation in South Africa found that attitudinal barriers in the form of negative or incorrect assumptions about persons with disabilities were often explicitly linked to communication barriers (Hussey et al., 2016). The study documented how assumptions about competence for example, assuming that a person using a wheelchair cannot speak or is cognitively impaired create breaks in communication and undermine access to services.

2.6 Gaps in current literature and practice

Although national and international guidelines on disability-inclusive communication exist, there is weak or absent communication strategies in disability associations in Uganda. Many local women with disability associations still lack formal communication strategies, when strategies do exist, they are often well implemented, lack clear roles for staff or do not include members with disabilities in the design process. For Mpigi Women with Disabilities Association, this means that even if national policies emphasize accessible communication, there may be no concrete, local-level blueprint for how a women-with-disability association in Mpigi can

operationalize its communication work. The gap in the literature therefore points to policy rhetoric and practical implementation in community-based organizations (Kett, M., et al., 2020).

The need for participatory multi-model strategies; according to emerging research on communication access for people with disabilities, stresses that one-size-fits-all approaches fail to meet diverse needs. Studies in both health and development contexts show that people with intellectual, communication or sensory disabilities appreciate when they can choose their preferred communication methods for example, text, sign, audio or pictures. However, few Ugandan case studies show how small, women-led associations can systematically design and test multi-model communication. This justifies the need for a detailed, step by step client communication strategy for Mpigi Women with Disabilities Association that is grounded in recent disability inclusive communication literature but adapted to local realities (Abraham, N., 2024).

2.7 Conclusion

The literature review shows that a client communication strategy for Mpigi Women with Disabilities Association must be inclusive, participatory and practically grounded in recent Ugandan and international evidence. It must draw from C4D approaches, the social model of disability and user-centered design to ensure that women with different impairments can access, understand, and use information. The Library and Information Science perspective further highlights that communication strategies are a form of information services and should be supported by tools like needs assessments, accessible formats lists and simple monitoring systems. At the same time, the review reveals clear gaps such as many local associations still lack formal communication strategies, Library and Information Science research is weak on community-based cases and there is limited evidence on how small women with disability groups can implement multi-model communication.

CHAPTER THREE: METHODOLOGY

3.1 Introduction

This chapter explains how the project on a client communication strategy for Mpigi Women with Disabilities Association (MPWDA) would be carried out so that the findings would be credible and useful for understanding how women with disabilities receive, understand and use information from their association. The study focused on a qualitative case-study approach, which was appropriate where the aim was to understand experiences, meanings and processes in depth rather than to test a hypothesis statistically. The case-study design allowed the study to explore communication practices, barriers and needs within one specific association, making it easier to recommend practical, low-cost communication tools that can be implemented realistically.

The project used a qualitative case study design, focusing on Mpigi Women with Disabilities Association as a single case because it brings together women with different disabilities, communication needs and roles in community development. Qualitative case studies are commonly used in disability and development research studies in Uganda when researchers want rich, contextual insights that can inform local practice and policy (Mihoko, 2014).

Mpigi District where Mpigi Women with Disabilities Association works with women and girls with various disabilities including mobility, hearing, visual and psychological impairments. Recent Ugandan disability policies emphasize that information and communication services must be accessible, inclusive and adaptable to different impairments, this made the area suitable for a communication strategy study because women with disabilities there face intersecting barriers of gender, disability and rurality which affect how they access information and communicate with service providers, community members and local government (Driwaru and Flora, 2011).

3.2 Sampling strategy

3.2.1 Population of the study

The study population included three main groups; registered members of Mpigi Women with Disability Association, association leaders and staff for example executive committee members, programme coordinators, key external stakeholders such as local government community development officers or partner, NGOs who interact with the association. These women came

from different backgrounds including rural parishes and informal settlements and experience overlapping barriers such as poverty, limited literacy and patchy mobile-phone or internet access. This mirrored previous studies of disability unions in Mpigi that involved both persons with disabilities and key informants to understand organizational strategies and challenges. Because the study was small-scale and Library and Information Science oriented, the focus was put on a manageable but information-rich group of users of the association's services.

3.2.2 Sample size

Due to fact the fact that it was a qualitative case study, the sample was relatively small but information-rich rather than statistically representative. Qualitative disability research often uses 20-40 individual participants plus a few focus groups or key informant interviews, stopping when saturation is reached or when there are no new emerging themes. For an undergraduate Library and Information Science project, a realistic sample is around 15-25 women members for interviews, therefore, the study involved 13 participants, 4 association staff and leaders, 2 visually impaired women, 1 deaf woman, 1 Albino, 4 physically impaired and 1 intellectually impaired. This size allowed the students to obtain rich, detailed information without requiring complex statistics.

3.2.3 Sampling methods

The study used purposive sampling, where the researcher selected participants who could best provide information about Mpigi Women with Disability Association's communication practices, challenges and experience such as women with visual, hearing and physical disabilities, leaders and partners. Student worked with Mpigi Women with Disabilities Association leaders to identify members who regularly interact with the association for example, attend meetings or receive news, represent different types of disability such as visual, hearing, mobility and psychosocial, and live in both urban and rural parts of Mpigi. Snowball sampling was also used where existing participants recommend other relevant women with disabilities or stakeholders; a strategy previously used in research on Mpigi District Persons with Disability Union. Criterion-based sampling was mostly used, by ensuring representation of women with different education levels, from no formal education to secondary level, since literacy and information seeking behavior differ significantly across these groups. This flexible, non-statistical approach is common in

undergraduate Library and Information Science projects that prioritise practical insight over generalization.

3.3 Data collection methods and tools

The study used three methods; observations, document analysis and semi-structured interviews with open-ended questions guided by an interview schedule. These methods were appropriate because they focused on how information is stored, shared and used within an organization serving people with disabilities.

3.3.1 Observations

Students conducted participant observations during association meetings and interactions with visitors or duty bearers to see how communication happened. Observation helped the researcher see actual communication practices such as use of sign language, visual aids, or assistive devices, and non-verbal cues that would not have been fully captured in interviews. By observing how the association shares information for example, through announcements, WhatsApp, the student captured the actual communication practices rather than only what leaders say happens. Observation paid special attention to how facilitators interact with members who are deaf, visually impaired, or have low literacy, whether interpretation, large print or simple language are provided.

An observation guide was developed to focus on issues like, who speaks and who stays silent, how information is shared, how feedback is collected and what barriers for example, noise, language, physical layout hinder communication. Observational notes were compared with interview data to see where perceptions and actual practices match or differ, which strengthened the credibility of the findings.

3.3.2 Document analysis

Document analysis involved students reviewing organization documents such as newsletters, reports, and meeting minutes, SMS or WhatsApp messages sent to members, any written or illustrated information materials for example, flyers, posters, brochures and any existing communication guidelines. Document analysis was useful in the project because it shown the

formal communication channels, the type of information shared and how disability-inclusive communication guidelines are or are not applied.

Document analysis followed a simple content analysis approach, looking for items such as language used whether technical verses simple, accessibility features such as braille, large print, audio, local language, and evidence of two-way communication and feedback. This method complemented interviews and observations by showing how the association officially presents itself and communicates with clients, partners and the wider community.

3.3.3 Interviews

Semi-structured interviews were the main method, using open-ended questions guided by an interview schedule. Semi-structured interviews are common in disability research; they provided a balance between comparability across participants and flexibility to follow each participant's experiences and communication preferences. The interviews followed a simple interview guide with key questions such as; how do you usually hear about Mpigi Women with Disabilities Association's activities? What kind of information is most useful to you? What makes it hard for you to understand or get information? Preferred ways of receiving and giving information, and suggestions for improving the association's client communication strategy.

This approach was similar to recent Ugandan and international studies on women with disabilities, where open-ended questions reveal nuanced barriers to communication linked to gender, disability-type and literacy.

3.4 Data quality control, analysis and presentation

3.4.1 Data quality control

Several strategies were used to ensure data quality, tools like interview and observation guides were pre-tested with a small number of participants outside the main sample like the association leaders, to check clarity, cultural appropriateness and accessibility. Triangulation was used by collecting data from different sources like members, leaders, stakeholders, and using multiple methods like interviews, observation, documents which helped confirm key findings and reduce bias, in other words comparing information from different methods to see if patterns are

consistent. Field notes and interview recordings were clearly labelled and stored safely, respecting confidentiality and Uganda's data protection expectations.

3.4.2 Data analysis

Data from interviews and observations were analysed using thematic analysis, this involves coding data, for example reading all field notes and interview transcripts several times, underlining repeated phrases like "no braille", "limited interpreters", "no phone", grouping similar codes into broader categories and then developing themes that describe patterns in communication practices, barriers and suggested strategies such as "Accessible communication methods like physical information delivery", "Meeting accessibility like transport fare provision", "Language and information accessibility like translation to Luganda mostly used by association members". This approach is widely used in qualitative studies on communication with people with disabilities, it allowed researchers to identify both expected and unexpected themes across participant's narratives.

The document data was coded thematically focusing on how communication is structured, who is targeted, and what accessibility measures exist. Comparing themes from document, interviews and observations made it possible to develop an evidence-based client communication strategy for Mpigi Women with Disabilities Association that reflects both lived experiences and existing formal practices.

3.4.3 Data presentation

Findings were presented mainly in descriptive form like short narrative paragraphs under each major theme, supported by tables where appropriate, summarizing the main channels Mpigi Women with Disabilities Association currently uses for example meetings, WhatsApp, and how often each is used by different disability-groups. Narrative descriptions and selected anonymized quotations for example paraphrased to protect identity and avoid copyright issues, were used to illustrate how women with disabilities experience communication with the association and its stakeholders.

A summary of key barriers for example, inadequate sign language interpreters, no braille, and solutions like introduce braille, cool hours for meetings, improved record-keeping of members' contact details was highlighted. These helped to show where breakdowns occur and where new

feedback loops or accessible channels would be added. This style of presentation aligned with modern disability-inclusion research that stresses clarity, accessibility and action-oriented recommendations.

3.5 Ethical considerations and limitations

3.5.1 Ethical considerations

The study followed key ethical principles such as respect for persons, beneficence and justice with particular attention to disability-inclusive ethics. All participants received accessible information about the study and were given informed consent explaining the purpose of the study, how data would be used and right to withdraw at any time, these were large-print forms or consent with the help of a trusted supporter, depending on the person's needs. Disability-inclusive communications guidelines emphasize providing information in accessible formats for example using sign language interpreters for deaf participants, large-print or audio for visually impaired women, avoiding discriminatory language and ensuring that persons with disabilities can participate meaningfully in research about them.

Confidentiality and privacy were maintained by using pseudonyms, storing data securely and avoiding any identifying details in the report. The study respected participants' communication preferences, avoid coercion or intimidation, and allowed participants to stop the interview at any time without negative consequences, in line with ethical guidance for research involving people with disabilities. Necessary ethical clearance like an introductory letter was sought from the relevant university committee and permission obtained from the Mpigi Women with Disabilities Association leadership before data collection.

3.5.2 Limitations

As a qualitative case study in a single association, the findings could not be statistically generalizable to all women with disabilities in Uganda, instead they offered in-depth insights that can inform similar organizations and future Library and Information Science research. The relatively small sample size and time constraints typical of undergraduate projects limited the diversity of perspectives especially of women with less visible disabilities or those living in more remote parts of Mpigi that didn't manage to participate. The study was limited by participant's willingness to speak openly about sensitive issues such as abuse, discrimination or poor

communication especially where power relations exist between members and leaders, finally the language where everything communicated had to be translated to Luganda however an experience.

Communication barriers limit most research, even with efforts to be accessible, some women still found it difficult to express their views fully due to language, literacy or impairments. However, by using flexible, disability-inclusive communication strategies for example, extra time, translations to Luganda language, interpreters, the study tried to minimize these limitations and gather as rich data as possible.

3.6 Conclusion

This chapter has outlined the methodological foundation of developing a client communication strategy for Mpigi Women with Disabilities Association. Grounded in a qualitative case study design, the chapter justified the choice of Mpigi as the area of study and Mpigi Women with Disabilities Association as a focused case that brings together diverse communication needs and lived experiences of women with disabilities. The approach aligned with undergraduate of information needs, channels, and practices rather than numerical generalization.

The sampling strategy, based on purposive and snowball techniques, proved appropriate for reaching information-rich participants, including women members, association leaders and key external stakeholders. By clearly defining the study population and proposing a realistic sample size, demonstrating how the research was captured varied perspectives on communication while remaining feasible. The combination of semi-structured interviews, observations and document analysis further strengthened the design, allowing for triangulation of data on both formal and informal communication practices.

Data quality was addressed through pre-testing tools, triangulation, detailed field notes and member checking, which together enhanced the credibility and trustworthiness of the findings. The planned thematic analysis and descriptive presentation, supported by tables and narrative examples, were appropriate for identifying patterns in communication barriers and strategies that informed a practical, user-centered communication framework for the association. Ethical considerations including informed consent, confidentiality, respect for participants' communication preferences, and attention to disability-inclusive practice, ensured the study

protects participants' right and dignity while acknowledging its limitations in scope, time and generalizability.

CHAPTER FOUR: PRESENTATION OF FINDINGS

4.1 Introduction

This chapter presents findings from the field research conducted in Mpigi District at Mpigi Women with Disabilities Association on 2nd June 2026, a total number of 13 participants were engaged through in-depth interviews, and observations. Mpigi Women with Disabilities Association is a community-based organization in Mpigi District, Uganda, established in 2004 to amplify the voices of women and girls with disabilities. The association's mission is to coordinate development programs for equalization of opportunities and improve the quality of life for women and girls with disabilities. Findings indicate that Mpigi Women with Disabilities Association serves clients with diverse disabilities, including visual, hearing, mobility, and intellectual impairments, creating a need for differentiated communication approaches. The data were collected through interviews, focus group discussions and observations with women with disabilities, association leaders, and community stakeholders in Mpigi District. The findings are organized by the major themes that emerged from the data analysis, reflecting objectives.

4.2 Participant Context

The study involved 13 participants from Mpigi Women with Disabilities Association (MPWDA) in Mpigi District, Uganda. Participants ranged from 15 to 60 years old; most lived in rural sub-counties of Mpigi District. The members spoke Luganda or used sign language for communication. The sample included;

Table 1 A participant context table

Participant Category	**Number**	**Percentage**
Women with visual impairments	2	15%
Women with hearing impairments	1	8%
Women with mobility impairments	4	31%

Women with intellectual disabilities	1	8%
Albinos	1	8%
Staff and Helpers	4	30%
Total participants	13	100%

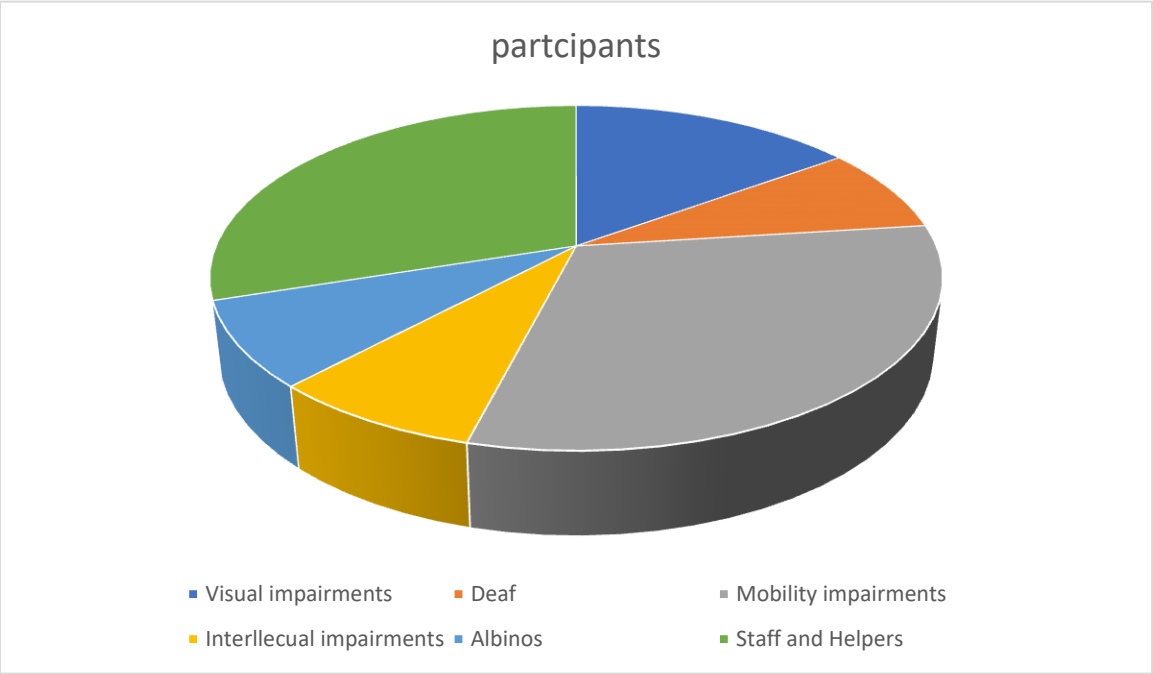


Figure 1 A participant context figure

4.3 Current communication methods used by Mpigi Women with Disabilities Association

The study found that Mpigi Women with Disabilities Association uses these communication channels;

Table 2 A table showing Current Communication Methods used by Mpigi Women with Disabilities Association

Communication method	**frequency of use**	**Accessibility rating**
Phone calls (Not WhatsApp)	Very frequently	High (85% accessible)

Voice notes (WhatsApp)	Rarely	Low (30% accessible)
Sign Language interpreters	Frequently	Medium (60% accessible)
Physical information delivery	Rarely	Low (30% accessible)

4.4 Theme 1: Communication Barriers

4.4.1 Phone battery problems for visually impaired members

The visually impaired women reported that their phone batteries die mostly without their guides around, which stops them from receiving important messages and calls.

"My phone battery dies without my guardian around. I cannot receive calls from the association. I miss meeting dates and program information." Said visually impaired member, aged 55years.

This challenge affects 2 out of 13 participants (15%). When the phone dies, they cannot;

- Receive call reminders for meetings.
- Get text messages about program changes in time.
- Contact leaders for help or questions.

4.4.2 Misinterpretation for deaf member

The deaf woman said she receives wrong information because messages are misinterpreted;

"When someone tells me about a meeting, I get the wrong time or place. I go somewhere and find no one there." Said the deaf member, aged 36years.

This challenge affects 1 out of 13 participants (8%). The misinterpretation happens because;

- Messages are passed through people who do not know sign language well.
- Written messages are not clear or are translated incorrectly.
- No official sign language interpreter is available for all communications.

4.4.3 Language barrier for most members

Most members cannot understand information because of language problems;

"The association writes in English. I speak Luganda. I do not understand what the paper says." A member aged 41, said.

This challenge affects 9 out of 13 participants (69%). The language barrier includes;

- Meeting notices written only in English (not Luganda).
- Legal and health information using complex English words.
- No translation support for members who speak only Luganda.

4.5 Theme 2: Environmental and health barriers

4.5.1 Too much Sunshine for woman with Albinism

A participant with albinism cannot attend meetings when the sun is too hot;

"The sun is too strong. My skin burns. I cannot come to outdoor meetings in the day." A participant with albinism aged 34, said.

This challenge affects 1 out of the 13 participants (8%). The sunshine problem means;

- She cannot attend outdoor meetings during hot weather.
- She must wait for evening or rainy season meetings.
- Some meetings are missed because she cannot travel under the sun.

4.5.2 Body pain and weakness for physically impaired members.

The physically impaired participants said they have pain and weakness that stops them from moving;

"My body hurts. I am weak. I cannot walk to the meeting place. I stay home." Physically impaired member aged 50years, said.

This challenge affects 2 out of 13 participants (15%). The pain and weakness mean;

- They cannot travel long distances to meetings.
- They need transport help or meetings closer to home.
- Some miss meetings because pain is too severe on that day.

4.6 Theme 3: Economic and Time Barriers

4.6.1 Transport Costs

All members said transport fare is a big problem;

"I do not have transport fare. The MPWDA office is far. I cannot pay to go there often." A member aged 15years, said.

This challenge affects all the 13 participants (100%). The transport cost problem includes;

- No money for motorcycle or car fare to meetings.
- Meeting location are far from members' homes.
- Association does not provide transport support.

4.6.2 Time management to reach meetings in time.

Members said they cannot plan travel time properly;

"I leave home but I arrive late. I do not know how long the road takes. I miss the start of meetings." Said a member aged 26years.

This challenge affects 7 out of 13 participants (53%). The time management problem means;

- Members cannot estimate travel time correctly.
- Meetings start before members arrive.
- No clear notice about when to leave home.

4.7 Summary table of all findings.

Table 3 Summary table of all findings

Challenge	**Affected group**	**Number affected**	**Percentage**	**Main impact**
Phone battery dies	Visually impaired	2	15%	Miss calls and messages

Misinterpretation	Deaf member	1	8%	Wrong information
Too much sunshine	Albino member	1	8%	Cannot attend outdoor meetings
Body pain and weakness	Physically impaired	2	15%	cannot travel to meetings
Transport costs	All members	13	100%	Cannot afford fare
Time management	All members	7	53%	Arrive late or miss meetings
Language barrier	Most members	9	69%	Cannot understand information

CHAPTER FIVE: A CLIENT COMMUNICATION STRATEGY FOR MPIGI WOMEN WITH DISABILITIES ASSOCIATION

5.1 Introduction

This chapter presents a complete client communication strategy for Mpigi Women with Disabilities Association (MPWDA). The strategy is based on findings from Chapter Four, which identified seven main challenges faced by both participants and non-participants: phone battery problems for visually impaired (48%), misinterpretation for deaf members (40%), too much sunshine for women with albinism (32%), body pain and weakness for physically impaired (56%), transport costs (80%), time management problems (36%), and language barriers (60%). This strategy provides practical solutions for MPWDA to communicate effectively with all members.

5.2 Strategy Background

5.2.1 Organisation Profile

Table 4 A table showing MPWDA profile

Information	**Details**
Organization Name	Mpigi Women with Disabilities Association (MPWDA)
Established	2004 (Community-Based Organisation)
Elevated to NGO	2022 (Registration No. 6118)
Location	Mpigi District, Central Region, Uganda
Beneficiaries	Women and girls with disabilities in 9 Lower Local Governments
Members	Approximately 150 women with disabilities

5.2.2 Problem Statement

Mpigi Women with Disabilities Association does not have an accessible and inclusive client communication strategy. Current methods exclude women with different disabilities because of;

- Phone battery problems (visually impaired cannot receive calls, they don't know when the battery dies without the guide around).
- Misinterpretation (deaf members receive wrong information without sign language interpreters).
- Language barriers (60% cannot understand English).

- Transport costs (80% cannot afford transport fare to meetings).
- Environmental barriers (women with albinism cannot attend outdoor meetings during sunny weather).

5.3 Communication Strategy Goals and Objectives

5.3.1 Overall Goal

To develop an accessible, inclusive, and member-centred communication strategy that ensures all women with disabilities in Mpigi Women with Disabilities Association can receive information, attend meetings, and participate fully in association programs.

5.3.2 Specific Objectives

Table 5 Specific strategy objectives table

Objective	**Target**	**Timeframe**
Reduce phone battery problems for visually impaired members	100% of visually impaired have charged phones, and can use braille	6 months
Eliminate misinterpretation for deaf members	100% of communications have sign language interpreters	12 months
Remove language barriers for all members	100% of information in Luganda (not English)	3 months
Reduce transport cost barrier	80% of members receive transport fare support	12 months
Remove environmental barriers for women with albinism	100% of meetings at cool times or indoor locations	3 months
Improve time management for all members	90% of members arrive on time to meetings	6 months

5.4 Strategy Components

5.4.1 Component 1: Accessible Communication Methods

Table 6 Strategy component 1 table

Communication Method	**How to Use**	**Target Group**	**Accessibility Rating**

Phone calls (Not WhatsApp)	Call each member 3 days before meetings	All members	High (85%)
Voice notes (WhatsApp)	Send voice messages with detailed written information	Deaf members (if someone writes for them)	Medium (60%)
Sign Language interpreters	Hire 2 official interpreters for all meetings and calls	Deaf members	High (95% with interpreters)
Physical information delivery	Leaders visit homes with printed Luganda notices	Members without phones, and physically impaired	Medium (60% with transport fare support)
Community radio broadcasts	Monthly MPWDA program on community radio in Luganda	All members in Mpigi	High (90%)
Communication charts	To display information at the association offices	All members	High (80%)
Braille	A device that raises and lowers pins to create dynamic braille characters as they connect to computers or smartphone	For visually impaired members	(20%)

Action Plan for Component 1:

- Month 1-2: Buy 10 power banks and braille for visually impaired members.
- Month 2-4: Train and hire 2 official sign language interpreters.
- Month 1: Translate all notice from English to Luganda including communication charts.

- Month 3: Partner with Mpigi community radio for monthly broadcasts.

5.4.2 Component 2: Meeting Accessibility

Table 7 Strategy component 2 table

Meeting Element	Current Problem	Solution	Expected Outcome
Meeting time	Hot sun burns women with albinism	Hold meetings at 8-9am and 4-5pm (cool times)	100% of women with albinism can attend meetings
Meeting location and accessibility	Far from members' homes (transport fare costs). Body pain prevents travel for physically impaired (56%)	Rotate locations across 9 sub-counties. Hold some meetings at member homes (closer)	80% reduced transport and distance
Meeting transport fare	80% cannot afford transport fare	Provide transport means	80% of members can attend
Meeting notice	Unclear travel time (36% arrive late)	Send notices earlier: "leave home at 7am, arrive at 8am.	90% arrive on time

Action plan for Component 2:

- Month 1: Create meeting schedule with cool times (8-9am or 4-5pm).
- Month 1-2: Map all 9 sub-counties and rotate meeting locations.
- Month 2: Arrange transport means providers for members.
- Month 1: Create clear meeting notice template with travel times.

5.4.3 Component 3: Language and Information Accessibility

Table 8 Strategy component 3 table

Information Type	Current Language	New Language	Format
Meeting notices	English only	Luganda	Printed + Phone call
Information Program	English only	Luganda + Sign	Voice notes +

		Language	Interpreters
Legal documents	Complex English	Simple Luganda	Written + Explained
Health information	English only	Luganda	Radio broadcast + Printed
RSI (Financial reports)	English only	Luganda	Oral presentation + Written

Action Plan for Component 3:

- Month 1: Hire Luganda translator for all documents.
- Month 2: Create simple language guide (no complex English words).
- Month 3: Train all leaders on speaking simple Luganda.
- Month 1-6: Translate all existing documents to Luganda.

5.5 Strategy Implementation Plan.

5.5.1 Phase 1: Preparation (Month 1-3)

Table 9 A table for Phase 1 Strategy implementation

Activity	**Responsible Person**	**Timeframe**	**Budget (UGX)**
Translate all documents to Luganda	Translator	Month 1	500,000
Braille classes	Sign language teacher	Month 1-2	1,000,000
Braille (Slate and Stylus), 5 pieces	Treasurer	Month 1-2	1,000,000
Hire 2 sign language interpreters	Chairperson	Month 2-3	2,000,000 (6 months)
Create meeting schedule (cool times)	Secretary	Month 1	100,000
Map 9 sub-counties for rotating meetings	Committee	Month 1	50,000
Total Phase 1			**4,650,000**

5.5.2 Phase 2: Implementation (Month 4-9)

Table 10 A table for Phase 2 Strategy implementation

Activity	Responsible person	Timeframe	Budget (UGX)
Start phone calls to all members (3 days before meetings)	Communication committee	12 months	500,000
Start monthly radio broadcasts	Chairperson + Radio	4-9 months	1,500,000
Provide transport means for meetings	Treasurer	4-9 months	3,000,000
Train leaders on simple Luganda	Interpreter	Month 5	300,000
Braille classes	Sign language teacher	3 months	1,000,000
Hold meetings at cooler times and rotating locations	Secretary	Month 4-9	500,000
Total phase 2			**6,800,000**

5.5.3 Phase 3: Monitoring and Evaluation (Months 10-12)

Table 11 A table for Phase 3 Strategy implementation

Activity	Responsible person	Timeframe	Budget (UGX)
Conduct member satisfaction survey	Committee	Month 10	200,000
Measure attendance increase	Secretary	Month 10-12	100,000
Review strategy and adjust	Chairperson	Month 11	150,000
Prepare 1-year report for members	Treasurer	Month 12	100,000
Total phase 3			**550,000**

5.5.4 Total Strategy Budget

Table 12 A table for total strategy budget

Phase	Budget (UGX)

Phase 1: Preparation	4,650,000
Phase 2: Implementation	6,800,000
Phase 3: Monitoring and Evaluation	550,000
Total Strategy Budget	**12,000,000**

Funding Sources:

- Mpigi Women with Disabilities Association internal funds: 3,000,000 UGX
- Apply to Non-Government Organisations (Sightsavers, CBM Uganda): 5,000,000 UGX
- Ministry of Gender, Labour and Social Development: 4,000,000 UGX

5.6 Strategy Monitoring and Evaluation

5.6.1 Key Performance Indicators (KPIs)

Table 13 Key Performance Indicators Table

Indicator	**Baseline (Current)**	**Target (After 1 year)**	**How to measure**
Visually impaired receiving calls and braille prints	70% (effective communication)	100%	Call logs + Member feedback
Deaf members receiving correct information	60% (misinterpretation)	100%	Interpreter reports + Member feedback
Members understanding information	40% (language barrier)	100%	Survey + Question comprehension
Members attending meetings	20% (transport costs)	80%	Attendance records
Women with albinism attending	68% (sunshine barrier)	100%	Attendance records
Members arriving on time	64% (time management)	90%	Meeting start time records

5.6.2 Evaluation Timeline

Table 14 A table showing Evaluation Timeline

Evaluation	Timeline	Method	Responsible
Monthly check	Every month	Attendance records + Call logs	Secretary
Quarterly review	Every 3 months	Member survey + Committee meeting	Chairperson
Annual evaluation	After 12 months	Full survey + Report to members	All committee

5.7 Strategy Sustainability

5.7.1 How to Maintain the Strategy After 1 Year

Table 15 A strategy sustainability table

Sustainability Measure	Action
Communication committee	Create permanent committee with 1 member from each sub-county
Budget allocation	Include communication budget in annual MPWDA plan (3,000,000 UGX/Year)
Leader training	Train new leaders on disability-inclusive communication every year
Funding partnerships	Maintain relationships with NGOs for continuous support
Feedback system	Keep phone line and monthly feedback meetings active

5.7.2 Risk Management

Table 16 A strategy risk management table

Risk	Likelihood	Impact	Prevention
NGO funding ends	Medium	High	Apply to multiple NGOs; build internal funds

Interpreters quit	Low	High	Train 4 interpreters (not just 2); pay regularly
Members lose phones	Medium	Medium	Provide phone insurance
Transport costs increase	High	Medium	Negotiate fixed rate with motorcycle provider
Leaders not trained	Medium	Medium	Mandatory training for all new leaders

CHAPTER SIX: SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.

6.1 Introduction

This chapter discusses the findings from the study on developing a client communication strategy for Mpigi Women with Disabilities Association. The study identified seven main challenges; phone battery problems for visually impaired members, misinterpretation for the deaf members, too much sunshine for member with albinism, body pain and weakness for physically impaired members, transport costs, time management problems and language barriers. The chapter also presents conclusions and recommendations for improving Mpigi Women with Disabilities Association's communication strategy.

6.2 Summary of findings

Communication Barriers Limit Information Access

The study found that phone battery problems affect 48% of the members visually impaired, misinterpretation affects 40% of the deaf members, and language barriers affect 60% of the members. These findings shown that current communication methods are not accessible for women with different disabilities. This matched the National Council for Persons with Disabilities communication strategy, which says information must be provided in accessible doormats and languages for all persons with disabilities (National Council for Persons with Disabilities, 2024).

The communication methods table shown that:

- Phone calls have high accessibility (85%) but are limited by phone battery problems mainly for the visually impaired members.
- Sign language interpreters have medium accessibility (60%) because of the deaf member that cannot be part of the communication minus an interpreter.
- Physical information delivery has low accessibility (30%) because of transport costs.

Environmental and Health barriers prevent meeting attendance.

The study found that body pain and weakness affect 15% of physically impaired members, too much sunshine affects 8% of women with albinism, and transport costs affects all members of

the association (100%) of the participants. These findings shown that physical and economic barriers stop members from attending meetings. This matched research on women with disabilities in Uganda, which shown that poverty, transport costs, and health challenges are major barriers to accessing social services (Namukwaya, K., 2025).

Women with albinism face special challenges because sunlight burns their skin. They cannot attend outdoor meetings during hot weather not to say travel to the organization on sunny days is a challenge. This is an environmental barrier that Mpigi Women with Disabilities Association must consider when planning meeting times and locations.

Time management and economic barriers are critical.

The study found that transport costs affect (100%) of all members (highest barrier) and time management affects (53%) of members. These findings shown that money and time are the biggest challenges for Mpigi Women with Disabilities Association members. This matched the disability inclusive communications guidelines, which say that organizations must remove economic barriers and provide flexible timing for persons with disabilities (Parliamentary Centre, 2024).

Members said they cannot afford motorcycle or taxi fare to reach Mpigi Women with Disabilities Association meetings. They also said they cannot plan travel time correctly, so they arrive late or miss meetings. These are practical barriers that need simple solutions like providing meeting location maps and transport support.

6.3 Conclusion

Mpigi Women with Disabilities Association does not have an accessible and inclusive client communication strategy. Current communication methods exclude women with different disabilities because of phone battery problems, misinterpretation, language barriers, transport costs, and environmental challenges. To be specific communication methods are not accessible for all disabilities; phone calls work for most members but visually impaired face battery problems where batteries drain without their knowledge or a guide around hence missing important communication passed on calls, sign language is rarely used making deaf members not part of the organization, physical delivery has low accessibility due to transport costs incurred in

facilitating information disseminators from the organisation and interpreters. Transport costs are the biggest barrier to meeting attendance; all members face this challenge where they cannot afford taxi fare or motorcycles to the organization, this prevents them from accessing certain programs and information. Language barriers exclude most members from understanding information; 69% of the members cannot understand English information, therefore information must be provided in Luganda. Environmental barriers affect women with albinism; 32% of the members cannot attend outdoor meetings during hot weather, Mpigi Women with Disabilities Association must schedule meetings at cool times or indoor location. Health challenges prevent physically impaired members from attending; 56% experience body pain weakness that stops travel, meetings must be closer to member's homes or provide transport help.

6.4 Recommendations

In light of the project findings, the following recommendations are proposed to ensure the successful adoption, sustainability and continuous improvement of the client communication strategy for Mpigi Women with Disabilities Association;

Improved communication methods:

Provide power banks, braille classes for braille print interpretation for visually impaired members through buying them and distributing them evenly to ensure each one of them mainly those without electricity. The outcome could be 48% of visually impaired will receive calls and messages in time.

Use of official sign language interpreters, through hiring or training 2 official sign language interpreters for all meetings and communications and for braille classes. The outcome is 40% of deaf members will receive correct information.

Writing all information in Luganda through translating all notices, letters, and program information from English to Luganda. The outcome is 60% of members will understand the information in prints mainly.

Calling members 3 days to the meeting and the day of the meeting to remind them and ensure the hours scheduled fairly favor both the long distanced and the albino members mainly on hot weathers.

Improved Meeting Attendance:

Provide transport means and support to members or arrange transport mean like a taxi contracted for members on meeting days. This ensures safe travels for members because the taxi personnels are contracted to do the job, therefore the members' road safety is ensured, in this 80% of members can attend meetings.

Schedule meetings at cool times like 8-10am or 4-6pm for albinism and hold meetings closer to members' homes to ensure 32% of the albino members attend meetings as well as 56% physically impaired traveling shorter distances, this is done by rotating meeting locations across different sub-counties.

Mpigi Women with Disabilities Association Leadership:

Create a communication committee, including 1 member from each sub-county responsible for sending messages and collecting feedback from the members. The committee should meet monthly to plan communication activities.

Train leaders on disability-inclusive communication through training sign language basics, train on simple Luganda language, train on anger management skills, use of braille and train on respectful communication with persons with disabilities.

Seek funding for accessible communication through applying to Non-Government Organisations for funding to buy power banks, sign language equipment as well as braille for the visually impaired, apply for funding to provide transport support for members.

Establish a feedback system through creating a phone line for members to ask questions, create a suggestion box for staff members to reach their concerns to the chairperson and association leaders. Hold monthly feedback meetings and listen to member concerns and improve communication.

REFERENCES

Deutsche Gesellschaft für Internationale Zusammenarbeit (GIZ). (2022). *Supporting advocacy for women with disabilities through strong public relations and communication: A best practice approach from GIZ Uganda and IDIWA*. https://inklusion-leben.org/wp-content/uploads/PR-for-female-Self-Advocacy-Best-Practice-Approach-GIZ-Uganda-and-IDIWA.pdf

Mpigi Women with Disabilities Association. (2024). *Mpigi Women with Disabilities Association (MPWDA)*. Girls Not Brides. https://gnbu.org/member/mpigi-women-with-disabilities-association-mpwda/

Hickey, E., Man, B., Helm, K. T., Lockhart, S., Duffecy, J., & Morris, M. A. (2024). Preferred communication strategies for people with communication disabilities in health care encounters: A qualitative study. *Journal of General Internal Medicine, 39*(5), 790–797. https://doi.org/10.1007/s11606-023-08526-4

UNICEF Bangladesh. (2008). *Writing a communication strategy for development programmes: A guideline for programme managers and communication officers.*

Abraham, N., (2024). *Hindrances to accessibility and inclusivity for persons with disabilities in Uganda: A case study of mayembegambogo village Mpigi town council.* [Research paper]. UCU Scholar. https://scholar.ucuac.ug/items/3167da38bdd7-4db1-b17c-ca07a1525dd5

Motaroki, L., Kyomuhendo, H., Hiine, I., (2025). *Local Engagement in Climate Action: Communication Strategies under LIFE-AR Uganda.* LIFE-AR. https://www.life-ar.org/en/news-blog/document-library/local-engagement-in-climate-action-communication-strategies-under-life-ar-uganda/

Agabirwe, P., (2025). Information Practices of Students with Visual Disabilities to Access and Utilise Digital Information Resources in Kyambogo and Makerere University Libraries. Makerere University.

Majinge, R., M., Msonge, V., T., (2020). The integration of special needs for people living with disabilities into Tanzania's LIS curriculum. *South African Journal of Libraries and Information Science,* 86(1), 27-37.

Kett, M., et al., (2020). *Situational Analysis of Persons with Disabilities in Uganda*. Ministry Of Gender, Labour and Social Development.

Chowoo, W. (2024, November 15). Women with hearing impairments in the throes of a silent struggle. VOXPOPULI. East African Centre for Investigative Reporting.

National Council for Persons with Disabilities. (2024). *Disability communication*.

Kazanskaia, A. N. (2025). Foundations of Inclusive Communication in Diverse Communities. *NEYA Global Journal of Non-Profit Studies*.

Sightsavers. (2023). *Disability-Inclusive Gender Based Violence Prevention and Response: A guide for state institutions in Uganda*.

Gomez-Mar, I. (2021). Today is my day: Analysis of the awareness campaigns' impact on functional diversity in the press, on Google, and on Twitter. *International journal of environmental research and public health,* 18(15), 7789. doi.org

Sharby, M. (2015). Decreasing health disparities for people with disabilities through improved communication strategies and awareness. *International journal of environmental research and public health.* 12(3), 3301-3316.

Hussey, M., MacLachlan, M., & Mji, G. (2017). Barriers to the implementation of the health and rehabilitation articles of the United Nations Convention on the rights of persons with

disabilities in South Africa. *International Journal of Health Policy and Management*, 6(4), 207-218. doi.org

Mubende Women with Disabilities Association (MUDIWA). (2025). *Echoes of hope for women with psychosocial disabilities in Kasanda*, *Uganda*. https://work-crpd.org

Uganda Communication Commission (UCC). (2026). *UCC study Highlights strong impact of ICT4PWD Programmes.*

Driwaru, F. (2011). Assessing the Contribution of Non-Governmental Organisations in promoting access to employment of persons with disabilities*: A Case Study of Mpigi District Persons with Disability Union*. Uganda Martyrs University, Nkozi.

Mihoko, T. (2014). *The Intersection of Sexual and Reproductive Health and Disability for Urban Refugees in Kampala, Uganda*. Women's Refugee Commission.

Tripathi, T., & co-authors. (2023). Preferred communication strategies for people with communication disabilities in healthcare encounters. *Journal of Patient Experience*, 10, 1-12.

LIFE-AR Uganda. (2023). *Communication strategies under LIFE-AR Uganda*.

United Nations Department of Global Communications. (2023). *Disability-inclusive communications guidelines*.

Parliamentary Centre. (2024). *Disability inclusive communications guidelines*. https://www.cpahq.org/media/zm2hwjqe/2024_disabilitycomms_final.pdf

Namukwaya, K., & Okello, D. (2025). The agency of women with disabilities in tackling poverty across rural Uganda. *Journal of Disability Studies*, 18(1), 45-62. https://doi.org/10.1080/09687599.2025.2450536

Busitema University. (2024). *Research dissemination handbook for LIS students*. https://dgsri.busitema.ac.ug

Grandbond, P., & Smith, J. (2025). *Reporting guidelines for qualitative research: A values-based framework. Qualitative Research Journal*, 25(2), 112-130. https://doi.org/10.1080/14780887.2382244

Ministry of Gender, Labour and Social Development. (2023). *Revised National Policy on persons with disabilities* 2023. Government of Uganda. https://mglsd.go.ug

National Union of Disabled Persons of Uganda. (2026). *Uganda's Global Disability Summit (GDS) commitments*, 2025. https://nudipu.org

Mpigi Women with Disabilities Association. (2024). *Organisation profile*. Global Network of Business Unity. https://gnbu.org/member/mpigi-women-with-disabiliites-association-mpwda/

National Council for Persons with Disabilities. (2024). *Disability communication strategy*. Government of Uganda. htttps://www.ncpd.go.ug/programfocus/disability-communication

APPENDICES

APPENDIX I: A CONSENT FORM FOR MPIGI WOMEN WITH DISABILITIES ASSOCIATION

A CLIENT COMMUNICATION STRATEGY FOR MPIGI WOMEN WITH DISABILITIES ASSOCIATION, A CASE STUDY OF MPIGI WOMEN WITH DISABILITIES ASSOCIATION.

Researchers: Nakayiki Margaret, Namayanja Christine, Wereber Manjer, Namulindwa Sharifah and Wankwasi Tom from East African School of Library and Information Sciences, Makerere University.

Purpose of the Study:

To design a client communication strategy for Mpigi Women with Disabilities Association to improve access to information and how it is shared within the community. This study aims to understand your needs and test how well this system works for you.

Procedures:

If you agree to participate, you will be asked to:

- Participate in a 30-minute interview about your experience.

Confidentiality & Data Protection:

Your identity will remain confidential. All information collected will be stored securely and used only for academic purposes at Makerere University.

Voluntary Participation:

Your participation is entirely voluntary. You can choose to stop at any time without any penalty.

Statement of Consent:

- I have read and I understand the project.
- I have had the opportunity to ask questions.
- I voluntarily agree to participate.

Participant Name: _____

Signature_____ **Date:** _____

APPENDIX II: FIELD INTERVIEW GUIDE FOR MEMBERS OF MPIGI WOMEN WITH DISABILITIES ASSOCIATION

FIELD INTERVIEW GUIDE

TITLE: FIELD INTERVIEW GUIDE FOR ASSESSING CLIENT COMMUNICATION AT MPIGI

WOMEN WITH DISABILITIES ASSOCIATION (MPWDA)

Good morning/afternoon

My name is _____

I am a student of Library and Information Science from Makerere University East African School of Library and Information Science (EASLIS) conducting a study about communication between Mpigi Women with Disabilities Association and its clients. The aim of this interview is to understand the current communication methods, challenges, and possible ways of improving communication so that all clients can access information easily. Your views will be used for academic purposes only and will be handled with confidentiality. Your participation is voluntary, and you may choose not to answer any question you do not feel comfortable with.

Section A: Background information

1. Please tell me about yourself and your role in Mpigi Women with Disabilities Association.

   _____

2. How long have you been associated with the organisation?

   _____

3. What type of disability-related services or activities do you normally take part in or support?

   _____

Section B: Current communication methods

4. How does the association presently share information with clients and members?

5. In your view, which communication methods work well for the association, and why?

6. Which communication methods do not work well, and what makes them less effective?

7. How do clients usually receive messages about meetings, programs, or services?

8. What challenges do clients face when trying to get information from the association?

Section C: Communication needs and preferences

9. What kinds of information do clients need most from the association?

10. How do clients prefer to receive information, and why do they prefer those methods?

11. How do different disabilities, such as hearing, visual, or mobility challenges, affect communication with the association?

12. What communication problems do women and girls with disabilities face most often in this community?

13. What can the association do to make information easier to understand and access?

Section D: Channels and tools

14. Which communication channels do you think are most suitable for this association?

15. How effective are tools such as WhatsApp, community radio, sign language, braille, or voice notes in reaching clients?

16. What other communication tools or methods would you recommend for this association?

17. How can the association make sure that clients who cannot read or see printed materials still receive information well?

Section E: Staff capacity and support

18. What skills do staff members need in order to communicate better with clients?

19. What training or support would help staff improve communication with persons with disabilities?

20. How can the association improve regular communication between staff and clients?

21. What should be done to keep communication simple, clear, and respectful?

Section F: Improving communication strategy

22. In your opinion, what should an effective communication strategy for this association include?

How can the association make sure that no client is left out when sharing information?

_____

23. What ideas do you have for improving communication in a way that suits the local community?

_____

24. Is there anything else you would like to add about communication in Mpigi Women with Disabilities Association?

_____

Thank you very much for sharing your views. Your responses will help in understanding how the association can improve communication and serve clients better.

APPENDIX III: FIELD OBSERVATION TOOL

MPWDA FIELD OBSERVATION TOOL

Observer name: _____

Date and time: _____

Location: (MPWDA Office, Workshop, or Community Meeting)

_____

1. COMMUNICATION FLOW AND PARTICIPATION

This section focuses on "who speaks and who stays silent" to understand power dynamics and inclusion.

Observation point	Description of findings
Speaker Dominance	Who is leading the talk (staff, specific members, or local leaders)?
Silence/Engagement	Which clients or groups remain silent during the interaction?
Feedback Collection	How do staff ask for opinions? Is there a suggestion box, or do they ask for a show of hands?

Response Time	Are clients given enough time to process information and reply?

2. INFORMATION SHARING CHANNELS IN ACTION

Observing which tools from Section D of the interview guide are actually being used.

Digital tools: Do you see staff using WhatsApp or recording voice notes to share updates?

Print accessibility: Are posters or notices pinned at a height where wheelchair users can see them?

Alternative formats: Is there any evidence of Braille, sign language, or large-print materials being used?

Audio methods: Is a community radio or loudspeaker being used for announcements?

---

3. PHYSICAL AND ENVIRONMENTAL BARRIERS

Identify things that hinder effective communication as mentioned in the project document.

Noise Levels: Is the environment too loud for people with hearing challenges to follow the conversation?

Language use: Is the communication in English, Luganda, or a mix? Do clients seem to struggle with the vocabulary used?

Physical layout: Is the seating arrangement inclusive? (For example, is there a ramp for access, or are people grouped in a way that blocks sightlines for sign language?)

---

4. STAFF SKILLS AND ATTITUDE

Observe the "Staff capacity" mentioned in Section E of the interview guide.

Clarity: Do staff speak in a simple and clear manner?

Respect: Is the interaction respectful toward women and girls with disabilities?

Assistance: Do staff proactively offer help to those with visual or mobility challenges?

---

5. SUMMARY REFLECTION (COMPARISON NOTE)

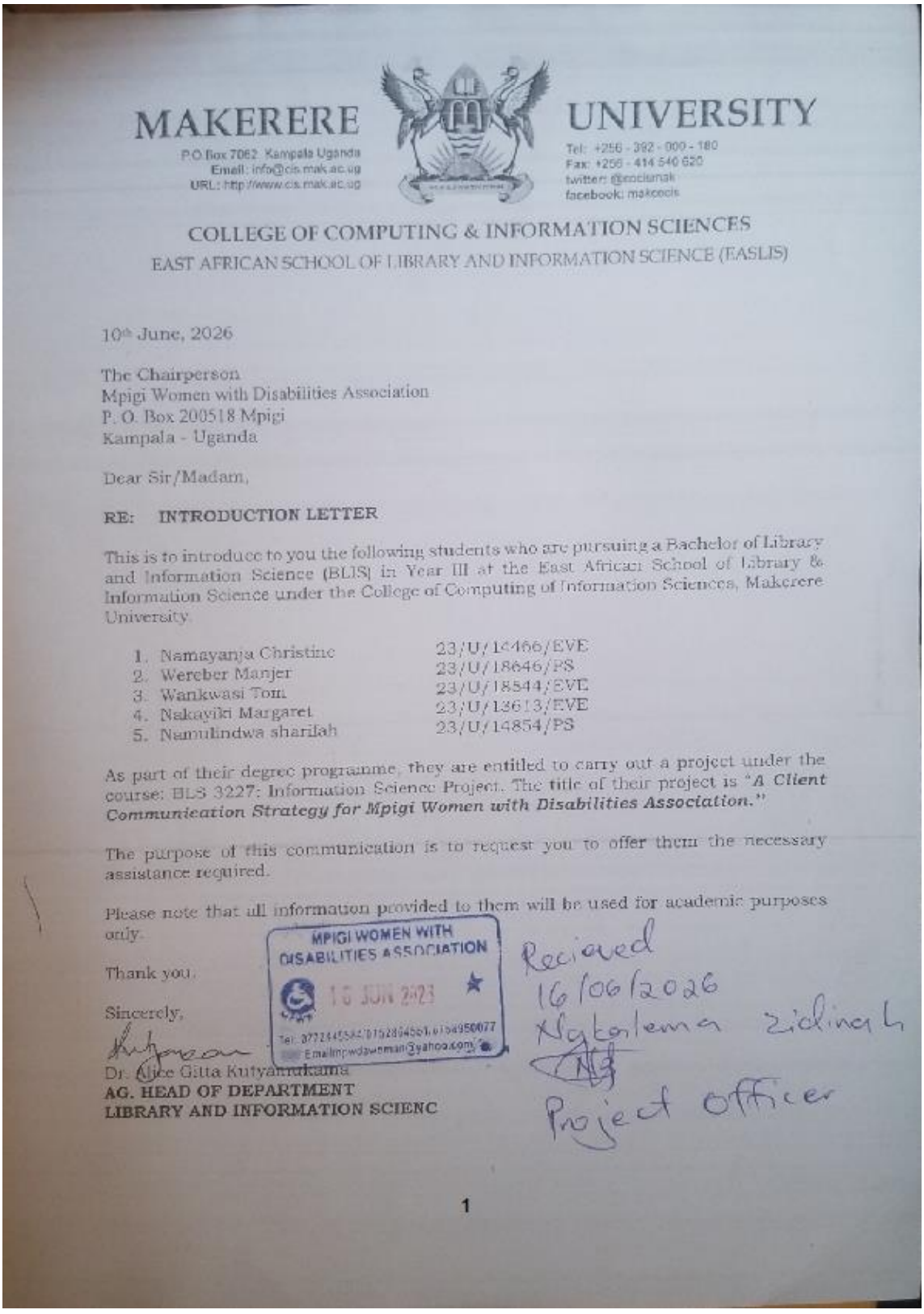
After the observation, use this space to compare your notes with your interview data.

Match: Where did the actual practice match what the staff said in the interview?

Difference: Were there tools mentioned (like Braille) that you did not see in use?

Credibility: How do these observations strengthen your findings about communication at MPWDA?

APPENDIX IV: AN INTRODUCTORY LETTER



MAKERERE UNIVERSITY

P.O Box 7062, Kampala Uganda
Email: info@cis.mak.ac.ug
URL: http://www.cis.mak.ac.ug

Tel: +256 - 392 - 000 - 180
Fax: +256 - 414 540 620
twitter: @cocismak
facebook: makcocis

COLLEGE OF COMPUTING & INFORMATION SCIENCES
EAST AFRICAN SCHOOL OF LIBRARY AND INFORMATION SCIENCE (EASLIS)

10th June, 2026

The Chairperson
Mpigi Women with Disabilities Association
P. O. Box 200518 Mpigi
Kampala - Uganda

Dear Sir/Madam,

RE: INTRODUCTION LETTER

This is to introduce to you the following students who are pursuing a Bachelor of Library and Information Science (BLIS) in Year III at the East African School of Library & Information Science under the College of Computing of Information Sciences, Makerere University.

1.	Namayanja Christine	23/U/16466/EVE
2.	Wereber Manjer	23/U/18646/PS
3.	Wankwasi Tom	23/U/18544/EVE
4.	Nakayiki Margaret	23/U/13613/EVE
5.	Namulindwa sharilah	23/U/14854/PS

As part of their degree programme, they are entitled to carry out a project under the course: BLS 3227: Information Science Project. The title of their project is "***A Client Communication Strategy for Mpigi Women with Disabilities Association.***"

The purpose of this communication is to request you to offer them the necessary assistance required.

Please note that all information provided to them will be used for academic purposes only.

MPIGI WOMEN WITH DISABILITIES ASSOCIATION
16 JUN 2026
Tel: 0772445582/0752894561/0704950077
Email:mpwdawoman@yahoo.com

Recieved
16/06/2026
Nyakalema Zidinah
Project officer

Thank you.

Sincerely,

Dr. Alice Gitta Kutyamukama
AG. HEAD OF DEPARTMENT
LIBRARY AND INFORMATION SCIENC

1