

Every Child Can Learn Podcast

Episode 8: Dr. Njuki shares about dyslexia & Center for Lifelong Learning

- **Intro**

Glades: You are listening to the Every Child Can Learn podcast. The podcast is offered to you by Backup Uganda and Brainstud. You can listen to our podcast online on our website www.backupuganda.org, and if you are in Gulu, you can pick up the audios offline from Mega FM, Radio Rupiny, Divine Video and Music Library. Head teachers from the district schools can pick these podcasts from the District Education Office, and Head teachers from city schools can pick theirs from the City Education Office. You can as well pick up the podcast episodes from the following schools; Highland Primary School, Gulu Prison Primary School, Gulu Town Primary School, Mary Immaculate Primary School, St. Joseph's Primary School, or Christ the King Demonstration Primary School. Do you like our podcast? Feel free to share it with your family, friends, and neighbors. The more people learn about learning difficulties, the better we can help our children.

- **Interview**

Ann: Welcome everybody to episode 8 of the Every Child Can Learn podcast. My name is Ann, I am the Co-Founder and Country Director at Backup Uganda. And today I have a very special visitor or actually I am the visitor at your school. And I think he will introduce himself, please. Who are you?

Dr. Njuki: My name is Eria Paul Njuki. I'm the Founder and Executive Director of the Center for Lifelong Learning.

Ann: And I think the people who are listening who listened to the previous episode will remember the Center for Lifelong Learning because we spoke with Peace, who studies here. And she already explained a few things about the school. But I know of course, you will have much more to say but before we get into all of those things, can you tell me something about yourself? Where are you from, anything about your background?

Dr. Njuki: Eria Paul is a professional teacher and a teacher for children with intellectual disabilities since 1987.

Ann: Wow.

Dr. Njuki: So these are so many years. And in addition, other than being a classroom teacher, I trained to be a teacher educator. And I was employed by the former Institute of Teacher Education Kyambogo in the late 80s until when Kyambogo University had a department for children with special needs, and later on, it became an institute, National Institute for Special Needs Education, which is UNISE where I was appointed a lecturer. And there after I was

appointed when Kyambogo University was merged from Uganda National Institute of Special Education, Uganda Polytechnic Kyambogo and ITEK to form Kyambogo University I was appointed a lecturer. In total I worked in Kyambogo for 25 years.

Ann: Wow, that's a nice, nice celebration.

Dr. Njuki: Besides teaching, I was researching, especially in education. I was the first speech and language specialist in Uganda.

Ann: Wow.

Dr. Njuki: And I served as the only contact person for 14 years before a course was written for Makerere University to begin training our Ugandan speech therapists. So today we celebrate because we have got our own speech therapist, at the time we used to rely on voluntary service organization, personnel. So that's where I come from. And throughout the period, I think I was keen to support the teachers in the classroom. And I realized that as a teacher educator, it was important to start a center where I could support the children directly but also have an opportunity to create a demonstration center where our students who are pursuing specialist education could come and have hands on experience with children with special needs.

Ann: Yeah, you've just given me a tour. I've been very impressed. It's true. It's very inspiring. Yeah. So before we talk more about that, yes, that's two very important questions to ask you. First of all, when you were a child, what did you want to be when you grow up?

Dr. Njuki: I wanted to be a doctor.

Ann: Okay. But you're wearing a mask. So yes, you kind of look like them.

Dr. Njuki: And more so to be a surgeon. But I was born in a very humble family. My parents were peasant farmers who would hardly raise school fees. So I was in and out of school because of school fees. But because of my love for studying and becoming a doctor, I persisted. They could a few times send me home, but I could just not reach home, I just stay somewhere and go back to school and say my dad will come tomorrow. So basically, and I thank God I was raised by parents who were very Christian. So I grew up as a choir member from primary two up to almost doing my master's I think, have been a choir. So that is my hobby.

Ann: I'm learning something new about you today. That's wonderful. And then question number two, very important. What's your favorite food?

Dr. Njuki: Favorite food? I love g-nuts with fish and matooke and pumpkin.

Ann: Oh, wow. That's a full plate. Okay, thank you. Just for everybody to get to know who you are beyond your profession. So your area of expertise, you've already talked about it a little bit right. In terms of special needs education, and here you focus a lot on dyslexia. Can you tell me a little bit more about that?

Dr. Njuki: I think I was inspired when I did a course specialized as a child language and language disability specialist at the University of Newcastle upon time in the UK. So I just reflected on our family, I was born in a family of health. But it was so painful that it was only me who completed primary seven, I didn't really understand why. And when they talked about specific learning disabilities, I reflected on my family. And so I said, wow, if I had known earlier, I would have saved some of my siblings, but it was late because these were adults in the family. But when I got my own children, one of them, called Samuel, is now about 28 years of age, Samuel struggled, reading and writing. Mom was a teacher. my late wife, Jane was a teacher. So we struggled both of us to help Samuel. But when I did my course I recall there was a small course unit dyslexia, which was part of a specific language impairment. So it came to me obviously that the causes of dyslexia is inheritance. So obviously, I think it is the number one cause of inheritance. So I realized why my brothers struggled, and why my son was struggling is because of an inherited condition which is specific in nature, that is dyslexia. So I became so passionate about it, because by doing it, I was saving my own son, because that was a primary need. Then obviously, save other people.

Ann: Yeah. And this I've seen have saved up to 1000s. Yeah, and especially from where we are today. So when you say dyslexia is something that you inherit, that doesn't mean that everybody in the family always has dyslexia?

Dr. Njuki: No no,

Ann: How does that work? Do you know?

Dr. Njuki: I think the way genetics work, sometimes we have good dominant genes and recessive genes, right? I would say all of us have it, but at different levels, some very mildly, moderately and others severely. So probably my brothers had it, maybe moderately. But I think even my son had moderate because he managed to finish university. Yeah, he did a practical course. But what I know, dyslexia comes along with gifts, obviously, as we know, because dyslexia is difficult in your words.

Ann: Yeah.

Dr. Njuki: Other things that does not concern words, they are perfect, critical thinking, risk taking in activity, very practical, manipulative skills, a wonderful because my son, my oldest son is an ICT specialist, someone who struggled in the print technology, at Kyambogo University, I have three teachers who are already wonderful creative teachers. Yeah, I think you've seen Joyce.

Ann: Yes. Yeah, I just met her.

Dr. Njuki: So basically, I think that's what I can say.

Ann: So they just need to know how that works. Because normally when we say okay, when you inherit something, you may think that it means that every child and every family should have a condition.

Dr. Njuki: It could be there but very silent, but it might manifest later when you get your own children. So it might be moderate, or the grand children might have it severely, right? So it depends on how it manifests at their own stage.

Ann: Good to know. So can you tell me a bit more about your school?

Dr. Njuki: My school comes from, the current Center for Lifelong Learning comes from a pilot project, which I did when I was the only speech therapist in the country, I was overwhelmed with the numbers of children, I said how do I continue with this on one on one, it was not possible, then I thought of a model that could serve more children. So I started a center, it used to be called Mukono Integrative Day and Boarding Primary School in Mukono district, where I worked for 10 years. So I felt by getting the group of teachers mentor them, we can serve more children at the same pool, like now, I have got 25 teachers in the school. So we see so many children, we see 80 children on a daily basis, that is not possible in private practice over clinical speech and language therapists.

Ann: Yeah, you can't do that on your own.

Dr. Njuki: You can't, so and really, this is my desire, that this is only a model, particularly for government to benchmark from, to see that maybe other schools can copy lessons, the District Education Officer recently visited us and said, Paul, I think this is more than a school. I think in the future we are going to gazette it as an educational research center, where teachers come they study, and one of our 10 year plan is to build the teacher education institution, so that this acts as a demonstration, our teachers learn in class but also have an opportunity to learn and to see children at preschool level, primary school level, secondary school level and tertiary level.

Ann: From start to finish.

Dr. Njuki: Yeah because I think we have got a very big problem because of differences in attitudes towards learners who are challenged, you find that most teachers go with those who can go fast. So this school does not work like that. And I think you can see from our motto, like success in diversity, every child matters. Like I've said, you cannot develop this country unless everybody contributes. So I think we have had a chance to interface with the National Curriculum Development Center, we have worked with Kyambogo University of late which is key in this, a National Examinations Board, work closely to see that maybe we rethink the way we evaluate our children, so that we move away from the traditional subject of SST, mathematics and so on, but also see a broader perspective of how we can succeed, because the people who invented things were not at school.

Ann: Yeah, yeah.

Dr. Njuki: You know when you think about the Stone Age. People were inventing, this is science, engineering, but they didn't go to school. So, this Center for Lifelong Learning is there to make sure that every child succeeds with specifically those with learning impairment. My original training was in mental retardation at the time.

Ann: Yeah, we don't even call it that way.

Dr. Njuki: We don't call it this way, it's not allowed. Yeah, you can't mention it now. So that's how it was in the beginning. But over time, it was developmental disorders, intellectual impairment, and so on, but learning disabilities, I think took a big share, but the confusion with learning disabilities, in fact we were exploring a new thing about differently abled children, differently intellectually abled children, these are children, if you understand them, I think you saw some girls really read, they would be at the moderate to severe degree of intellectual impairment, but they are producing works that can make them sustain livelihoods. So basically, it's we the educationists to perceive them as people who can also compete, do what they can do, because there are things they can do, for example, cleaners, you don't need to do complicated chemistry to be a cleaner, but I think work is not segmented in society. We could know that these children are challenged, and you could preserve some work for them, Say if you are doing cleaning, if you're doing laundry work, you're doing mowing grass in your compounds, we can save it for these children. While you focus on those who have different learning disabilities. They go and do other things. But here somebody might have a Bachelor of Science, probably in electronics and is a boda-boda rider. So basically, I think we need to shift our thinking, this school is there to demonstrate that in practice as I showed you around we are going to do mechanics, boys love that even girls.

Ann: Yeah. I've seen some very impressive girls extremely good at such.

Dr. Njuki: Here we don't look at children from, we balance we don't see gender, we see a human being. Yeah, it doesn't matter who cooks food boys do the same all the things; they play football, the girls so we give them as many opportunities as possible.

Ann: That's wonderful. So I have a tricky question for you? I'm very curious what you think when we take dyslexia as an example, does that mean that a child with dyslexia can only learn at a special school according to you?

Dr. Njuki: No, the difference between a special school and a regular school is that, a special school has people who are more aware of children's needs, so if you can reach a point where every teacher is aware of these needs, there is no need for a special school, for example, immediately mine would become a resource center where people come for very specific questions. I don't really desire to run a school forever, but it is here, because it's like, the only facility around. So we need all teachers, we need to improve teacher education in this country, make sure that the preschool teachers aware, primary school teachers are aware, secondary school teachers are aware at post-secondary, even professors, they need to be aware of these while they

are conducting lectures, they should know students are not at the same level. And if we do this examination malpractice will stop. I've done some studies where it is very clear children cheat exams because they are unconfident. But once you know the answer, why steal, why cheat? Because even cheating you must be very, very clever, not to be caught, because you get caught you lose.

Ann: Yeah, you have to be very creative.

Dr. Njuki: So basically, I think that is that, we don't need special schools, but it is a step to the goal of having them be I think I contribute to the debate of inclusive education. To me, I see inclusive education as a goal. But the process is very different. You need these support structures to make sure that they are centers of excellence, where people can benchmark from at least every school should have, I'm sure in the 90s there was a proposal that we should have regional centers, even north, south, east, west, and that the center should be comprehensive with all impairments and facilities. But services at a very high level so that teachers can visit. See what goes on, is like a teaching hospital. Yeah, yeah. Remember for teaching these regional centers like this one should be a teaching at a teaching center. Its main goal is to demonstrate a good practice, not to teach, to teach children per se.

Ann: That's right, yeah. That's good to know. Thank you for explaining that. So I'm curious, what do you think when we speak of dyslexia, for example, what do you think is the biggest myth that exists?

Dr. Njuki: The biggest myth is that children with dyslexia or learners with dyslexia have low intellectual quotient? That is a big myth. Yet dyslexia is a condition that gives someone a brain that functions differently. I compare this with an automatic car and a manual car. They just use different operating systems. But they are okay. If you understand them, teach them the right way, at the right pace. And in fact, most of the giants in the financial world are people with dyslexia. All inventions behind the you know, inventions, they are great dyslexic people, great politicians, they are being dyslexic. Why in the first place, they are high risk takers; they're going to something new. But people with average brains usually have a tendency to be satisfied with the status quo. They usually say sit down, they sit, they say don't shout, they don't shout and so on. But the dyslexic would jump that. So I think I'm proud. I'm dyslexic myself.

Ann: Oh, yeah, I didn't know that.

Dr. Njuki: Yes, and I'm proud to be. Yeah, despite having a background of dyslexia, it did not stop me from showing my potential.

Ann: A very, very good example, to know that it has nothing to do.

Dr. Njuki: If they want to call me father of dyslexic people in this country, I'm glad to be or a clan leader for people with dyslexia.

Ann: Well, you're doing a wonderful job for everybody. So it's, so that that just means that the myth that intelligence is related to dyslexia, from now on, we leave it behind.

Dr. Njuki: Exactly. So they are clever once you understand them, but the basic thing is to avoid the confusion, because it is possible for other children who have got different other impairments behave in similar a manner for example, a child with the general developmental delay may have problems reading and writing because language may be impacted. As long as the impairment is related to language processing, their issues may be related. But obviously, what separates dyslexia from other impairments is the family history. So one of the diagnostic questions that I posed to parents, is there someone in their family who has had symptoms like maybe delayed speech, because that is a hallmark. It's not always because children with hearing impairment will tend to develop language slowly. But if they said sensory processing is fine, but language delays, then dyslexia is likely and the key hallmark of dyslexia is directionality. That's why people say they reverse letters, because they have a challenge distinguishing between left and right. So they don't know whether I go this way, or the other way up, down. That way they get lost a 9 becomes a 6, and a 6 becomes a 9. There is an inversion, they invert letters, they omit.

Ann: So like, a 'd' becomes a 'b' and something like that.

Dr. Njuki: It's a question of directionality. And when you see these kids learning to wear their shoes, you know, to always be the opposite direction is because of that, those are early warning sights.

Ann: It's good to know. Yeah. We also know that most children have those challenges in the beginning when they are learning, right. So how do you know you have a young child that has that challenge? How can you tell whether that might be dyslexia or it's just a normal learning process?

Dr. Njuki: I think there are issues theories of the critical age processes. Obviously, we know from speech background, children must be able to speak their first words up to 10 words by their first birthday.

Ann: Yeah, something like that. Yeah, I don't know the exact number.

Dr. Njuki: 10 to 15 words. Second, by the second birthday, they should always be adding two words together. Yeah, combining, third birthday, at least three- word level, middle home, babies sleep bed, things like that, you should see that immediately, by four which we think should be the time to go to school. They're speaking simple sentences. But when you see delays that are not explained by lack of ability to solve the activities of daily living, then dyslexia is likely.

Ann: So it sounds like if someone has dyslexia then likely they will show the same challenges that most young children show but for much longer.

Dr. Njuki: Yes for much longer.

Ann: Okay good to know, I wonder what, when you talk about maybe when we were speaking of dyslexia, and we can speak generally have learning disabilities? What is the most surprising thing that you have learned in this area of work over the years? Something where you felt like, wow, I had no idea.

Dr. Njuki: Yeah, obviously, it surprises me to know, I think what I've learned over the years, because my area of expertise has been diagnosis and designing interventions, only Teacher Education impacting influencing policy and but what I've learned dyslexia affects all levels of intellectual profiles. It is impossible to have dyslexia when your IQ is low, when your IQ is average and when you when it is extremely high.

Ann: Oh yeah, so even when you are gifted, for example, you can still have dyslexia.

Dr. Njuki: It doesn't discriminate. Secondly, another surprise because I knew for many years that you know, you must be gifted, you must be bright to be dyslexic, it doesn't work that way.

Ann: Yeah unfortunately.

Dr. Njuki: Yeah it doesn't work that way, indeed, if the intervention is provided early, many of the symptoms of dyslexia can be overcome. You may still remain dyslexic, but the symptoms may disappear. So basically, these are planned. Yeah. Everybody who has dyslexia and we fail to succeed in school, I was surprised, my, my college student at the PhD level doing a PhD, but dyslexic he was not identified until he was doing his thesis for his PhD.

Ann: Wow.

Dr. Njuki: And I had to diagnose him.

Ann: Okay, so those were some interesting lessons you learnt about dyslexia.

Dr. Njuki: Yeah, so these guys are superb, once they learn something sticks. It's a very interesting finding and they are reliable, people-based so here I think it is. I've loved it's pleasurable working with them. Yeah, because they have a lot of energy. So work is eased with them once you understand them, but obviously have learned that dyslexia never goes alone the comorbidity, the condition that co-occur with it are enormous, particularly attention deficit disorder.

Ann: Yeah. And I think people who have been listening to previous episodes have learned about it, about ADD and ADHD.

Dr. Njuki: Which is great. So there is no single therapy, you need a combination of therapies to teach them, teachers alone, they cannot manage. So we need to work in a multidisciplinary fashion. If we are to meet their needs. And these, I think we need to work this like long term. The school system in Uganda doesn't work that way. Yeah. Largely they see teachers as the master plan. So we need people from other fields to be part and partial of the school system,

social workers are needed to work with the family acceptance, talking to moms, because the teacher may be overstretched if you're expected to get to visit every other home, yeah, so I think this is something also that is critical to success. Parents are so important, and it's education here every time we must when a seminar for the parents, when we have succeeded, because that is one of the things. And I don't have problems with paying school fees, because I put in direct contact with the parents, I speak to them. We collect about 95% fees every term.

Ann: Wow, that's a very, very high rate compared to other schools in Uganda.

Dr. Njuki: So the 5% is understandable, obviously. So I think that communication with the parents is critical involvement of other professionals outside the teaching, particularly psychiatrists, do a wonderful job. About 40% of my children see psychiatrists for the emotional stability.

Ann: Right, Because it's not easy, right? Living and learning, we have been talking of dyslexia, generally with any kind of disability.

Dr. Njuki: Exactly.

Ann: It affects other things than the learning doesn't it?

Dr. Njuki: Exactly. So sometimes we over focus on the learning in class, but there are other stresses around the child that needs to be focused on.

Ann: Yeah, that makes sense. So what do you think we're speaking of parents? What do you think the best thing that parents can do would be for their children if they find out that their child has dyslexia?

Dr. Njuki: First and foremost, is acceptance. Parents, obviously, everybody wants the best, why, I think, parents have a tendency to compare this child with dyslexia, with the so ordinary, and this is wrong. Because in a family as we shared before, you may have that all children are dyslexic, mainstream one, because parents are dyslexic, and most prohibitant because I can't be dyslexic, unless my dad or mom is dyslexic. So they tend to blame the child, instead of appreciating that maybe partly I contributed.

Ann: Right, without intending.

Dr. Njuki: Exactly, nobody applied for it. So that acceptance is critical. They need to accept and give every support that which are we needs, but keep the child in school as much as possible. Failing mathematics or other subjects should not be a result to withdraw a child from school. Yes, yeah. So explore in advance. Every day I get a parent say no, I was googling to find what is available in this country. So these days with the available technology, I think parents can find answers, can find cook and help, like NGOs are starting, like Backup Uganda, SQUAMI, Special Needs Quality Assurance and Monitoring Initiative. I'm sure it is new on the market, yet it's going to create a big impact. So yeah, we hope it will draw expertize and parent finds it in one

stop. You find the speech therapist, a special needs teacher, general teachers, good teachers; in fact it will open up into ordinary teachers, who have excelled in their practice.

Ann: So that it becomes very easy to find out what to do next. Yeah. What would you say? What would you advise parents when they maybe listening to this episode? And they think, Wow, this sounds so familiar. I think my child or maybe children might be dealing with this as well. What do I do next? What do you think?

Dr. Njuki: I think government is planning to revamp the former education assessment and resource services. So once these take shape yeah, I think they are in the new policy, I think this will become a policy issue, that every district has a center where children can be assessed, right.

Ann: So they don't have to come to Gulu, Kabale and so on.

Dr. Njuki: But within the local setting. And the teaching equation is going to improve. So that by the time you graduate, at least you can identify each child. So it will be reassuring to the parent at that school because the parents are the first to see. You know, when you have parents' interviews, they will tell you, I saw this baby, when in kindergarten. So I think the cooperation between the parent and the teacher and obviously to be a requirement, if you're in an inclusive school you should know something about inclusive education. So I encourage the parents to seek knowledge about the condition and look at what is within the community already, because I know it can be expensive, even travelling, because if we want to target even churches, if we have got inclusion coordinators at almost a village level, it may be a good dream. But I think we should work towards that, obviously government, started a district as a unit, we may have built a facility where at least the district is easier to connect to, you need likely if moving from here to Kampala, maybe 3000ugshs, 7000ugshs, or 10,000ugshs. I know some families may be poor, but there will be organized society, parents getting together with others. I know they are mothers unions, I think these are subjects to be discussed at that level of mothers union, so they get a focal person at the mothers union about the child with dyslexia. And say if you're checking to see the warning signs, leaflets should be available in local languages and radio, local radios that you are doing here. Once the parent knows that maybe my child had this condition, we report to that dyslexia service coordinator within the setting, then that will be making the appropriate referral.

Ann: So that they get to the right people.

Dr. Njuki: Exactly.

Ann: Yeah. Okay, that's helpful. So I hope everybody who is listening and who thinks, hey, I have heard this before. Or I've seen this before in my children, or even with yourself maybe.

Dr. Njuki: Exactly.

Ann: As we've just heard, yeah, to follow that advice. So maybe to wrap that up, I'm very curious, because I've met some of your students, of course, Peace, one of your students, I spoke with her

and learnt a lot from her. I was wondering if you could share an example of a success story. You don't have to include names?

Dr. Njuki: No no, no.

Ann: That's okay, privacy is important.

Dr. Njuki: I have a young man who is referred by a class teacher, many I think some maybe 15 years ago now. That boy was struggling with spellings. So that was a mainstream private primary school. He was identified by class teacher, said talk to the head teacher, the head teacher spoke to a colleague, they had a head teachers meeting. I said we've assembled by then they used to call me Mr. Njuki Eria Paul, I didn't have a doctorate by that time. And I was working at Kyambogo University. So they came over to me, I did the assessments, and I confirmed that young man had dyslexia. And we looked around, parents were willing to do anything within their reach, to make sure that their son succeeds, because already in the family, other siblings had succeeded. So they were wondering why this was a problem. So they came to me, and what we had to do was to put the child in a special institution that with the former Mukono Integrated Day and Boarding Primary School in Mukono. So he studied P.6 and P.7, and we passed with a first grade. So when the boy was with us, he was a very talented athlete. So at the time, I remember we went to Namboole stadium, and he merged with a gold medal in high jump.

Ann: Oh, wow. Okay.

Dr. Njuki: So we were stars, and obviously, he traveled to Shanghai, China.

Ann: Wow, he did.

Dr. Njuki: He was the first in the family to fly in a plane, so it was wonderful as we speak now, he works for a big organization. And he's the coordinator of the sports in this country, he's a very proud man. And he's impacting many young people going to speak to them about school, about sports about being assertive in a community and he is aspiring right now he finished his Bachelor of Social Work from Kyambogo University. And he is aspiring to become a member of parliament. So I can consider that a success story because, you know, I was there directly, both in class and outside supporting him, working with the family closely. And I think the family can share testimony about this. If you call and speak to the mum she will be happy telling you the journey.

Ann: That's amazing. Thank you for the good work.

Dr. Njuki: So there's so many of the kind, there's a Kenyan she's in Nairobi she qualified recently with a degree in exterior design, yeah, exterior design. So she designs compounds? Yeah, yeah. Big hotels, Yes, impressive.

Ann: So that just goes to say that we really can't miss out on their talents, right? Do you have people with dyslexia or any other kind?

Dr. Njuki: I think every school that accommodates children with dyslexia should create a talent program. Yeah. So that the talents are used as motivators for the challenging aspects. So that talents are so critical, like here, on a Wednesday, we don't go to class, it is a talents day, we come with our gumboots, we come with our knives and materials, we go around, the potters in the art rooms. So it is an industrial day, under sage to teacher education institutions, until they put a day for practice, it will never happen, because people want to do the easiest thing, the easy thing is to talk with chalk. So but if you program that this Tuesday is meant for practice, everybody will be committed to that. So we need to put it as a core. And UNEB should revise the way they assess these children, project work should be in major part because they may fail to express themselves on paper. But when you use their hands, you can see how intelligent they are so they need to change their assessments.

Ann: Yeah, so it's not just about the standard academics.

Dr. Njuki: Yeah.

Ann: Wow, thank you so much. I think I have learnt a lot, there are lots of things you told me that I didn't know. And I love that. And I hope everybody who listens to this will learn the same, thank you for having me at your school. I'm so impressed. Thanks for the great work you're doing here. I think we'll leave it at that for today. Yeah, thanks so much.

- **Outro**

Glades: Thank you for listening to Every Child Can Learn. Please share your thoughts with us! Join the conversation on Facebook or send your questions to 0772630078. Do you want to learn more about Backup Uganda and stay updated about our activities? Check our website on www.backupuganda.org and follow us on Facebook, Instagram, Twitter and LinkedIn.