
Submitted to JICA

By

Moiza Moses
Tororo, Uganda
(2008 Participant in Intellectual Disability in Community Activity)
Report on the progress of implementation of the action plan on Intellectual Disability in Community Activity

Appreciation:

I wish to extend my sincere appreciation to the Government of Japan (JICA) for the golden opportunity to undertake a training in intellectual Disability in Community Activity that was held from the 20th May to 2nd August 2008 in Japan and community practice in Dhaka, Bangladesh. Appreciations are registered to the Japanese League on Development Disability (JLDD) that wonderfully spear-headed the entire training. I acknowledge the great role played by JICE in coordinating the training. Special thanks to all the trainers, the people of Japan and Dhaka for the good cooperation exhibited while with you. I acknowledge the good cooperation from the colleagues in the training from all the 11 Countries.

I extend my gratitude to JICA office in Uganda for all the technical guidance rendered to me at the preparatory stage, the Ministry of Gender of Gender Labour and Social Development for choosing me to represent Uganda and Tororo District Local Government for permitting me to participate in this International Training. I appreciate all the Political and Technical staff of Tororo District for their input in the implementation of the Action Plan and coming up with a development plan for PWDs with focus on PWIDs and providing the Centre for developing training Centre for PWDs. I particularly appreciate Plan International for funding all awareness raising programmes including radio talk shows and community based sensitizations and Tororo District Local government that funded the rest of the activities.

Special thanks go to the following persons: Junko Okura-San of JICA, Kusogi-san of JICE, Chiyo-san and Mina Kato- san of JLDD, M/s Resty Lugemwa of JICA Uganda, Mr. Baryayebwa Herbert Commissioner Disability and Elderly Ministry of Gender Labour and Social development and Mr. Felix Cuthbert Esoku the Chief Administrative Officer Tororo District. May you all live a happy life forever!
Introduction

The Government of Japan carries out capacity building Trainings for field workers both Government and private Sector Workers in various developing countries to enable them deliver better services to their respective communities and fields of expertise. This is conducted through Japanese International Cooperation Agency (JICA).

Among other Courses offered was Intellectual Disability in Community activity. In this particular Training, 11 countries participated including Uganda, Jordan, Jamaica, Fiji, Philippine, Coast Rica, Bangladesh, Cambodia, China, Nepal and Colombia each with one participant. The Training included class theory, field experiences, community practice and implementation of 6months action Plan in the home country.

This report covers the summary situation analysis on Disability in Uganda and Tororo District in Particular, the running CBR Programme, the 6 months activities under taken and Tororo District Commitment to the course of persons with Intellectual Disability.

Summary of the Situation analysis on Disability in Uganda (for details refer to the inception report)

Location of Uganda

While World Health Organization puts the number of persons with disability at 10%, Uganda Population Census put it at 4/25 persons are PWDs.
Disability in Uganda is wide spread. The current National data only reflects mental illness and mental retardation out of the various types of IDs. Persons with Asperger Syndrome, Autism, Down syndrome, epilepsy hydrocephalus or cerebral palsy are not specified as reflected below:

<table>
<thead>
<tr>
<th>No.</th>
<th>Impairment/Disability Type</th>
<th>% Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Loss and limited use of limbs</td>
<td>35.3</td>
</tr>
<tr>
<td>2.</td>
<td>Difficulty in hearing</td>
<td>15.1</td>
</tr>
<tr>
<td>3.</td>
<td>Difficulty in Seeing</td>
<td>6.7</td>
</tr>
<tr>
<td>4.</td>
<td>Difficulty in speech and conveying messages</td>
<td>3.9</td>
</tr>
<tr>
<td>5.</td>
<td>Mental retardation and Illness</td>
<td>3.6</td>
</tr>
<tr>
<td>6.</td>
<td>Others</td>
<td>9.6</td>
</tr>
</tbody>
</table>

In the case of Tororo District a stride had been taken to specify further the various disabilities by location and sex as below:
### Tororo District Management Information System (Data Base) for People with Disabilities up dated 2007

<table>
<thead>
<tr>
<th>Sub-County</th>
<th>Visual</th>
<th>H</th>
<th>S</th>
<th>M</th>
<th>L</th>
<th>Fits</th>
<th>SB</th>
<th>LSF</th>
<th>Others</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Eastern Division TMC</td>
<td>21</td>
<td>14</td>
<td>22</td>
<td>54</td>
<td>18</td>
<td>13</td>
<td>12</td>
<td>2</td>
<td>5</td>
<td>89</td>
<td>72</td>
<td>161</td>
</tr>
<tr>
<td>Western Division of TMC</td>
<td>16</td>
<td>9</td>
<td>8</td>
<td>41</td>
<td>4</td>
<td>8</td>
<td>6</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>52</td>
<td>94</td>
</tr>
<tr>
<td>Iyolwa</td>
<td>96</td>
<td>82</td>
<td>60</td>
<td>207</td>
<td>26</td>
<td>44</td>
<td>52</td>
<td>23</td>
<td>46</td>
<td>315</td>
<td>321</td>
<td>636</td>
</tr>
<tr>
<td>Kierwa</td>
<td>58</td>
<td>44</td>
<td>29</td>
<td>200</td>
<td>1</td>
<td>7</td>
<td>32</td>
<td>44</td>
<td>3</td>
<td>234</td>
<td>184</td>
<td>418</td>
</tr>
<tr>
<td>Kisoko</td>
<td>16</td>
<td>6</td>
<td>12</td>
<td>54</td>
<td>6</td>
<td>20</td>
<td>8</td>
<td>0</td>
<td>8</td>
<td>75</td>
<td>55</td>
<td>130</td>
</tr>
<tr>
<td>Kwapa</td>
<td>22</td>
<td>40</td>
<td>35</td>
<td>165</td>
<td>5</td>
<td>58</td>
<td>18</td>
<td>4</td>
<td>5</td>
<td>238</td>
<td>114</td>
<td>352</td>
</tr>
<tr>
<td>Mella</td>
<td>27</td>
<td>14</td>
<td>16</td>
<td>125</td>
<td>8</td>
<td>16</td>
<td>9</td>
<td>14</td>
<td>10</td>
<td>140</td>
<td>99</td>
<td>239</td>
</tr>
<tr>
<td>Merikit</td>
<td>137</td>
<td>96</td>
<td>43</td>
<td>162</td>
<td>19</td>
<td>31</td>
<td>9</td>
<td>17</td>
<td>52</td>
<td>322</td>
<td>244</td>
<td>566</td>
</tr>
<tr>
<td>Molo</td>
<td>159</td>
<td>77</td>
<td>60</td>
<td>154</td>
<td>10</td>
<td>17</td>
<td>10</td>
<td>15</td>
<td>46</td>
<td>351</td>
<td>197</td>
<td>548</td>
</tr>
<tr>
<td>Mukulu</td>
<td>72</td>
<td>92</td>
<td>48</td>
<td>218</td>
<td>6</td>
<td>61</td>
<td>32</td>
<td>26</td>
<td>12</td>
<td>305</td>
<td>262</td>
<td>567</td>
</tr>
<tr>
<td>Mulanda</td>
<td>47</td>
<td>26</td>
<td>17</td>
<td>62</td>
<td>4</td>
<td>13</td>
<td>6</td>
<td>6</td>
<td>16</td>
<td>92</td>
<td>107</td>
<td>199</td>
</tr>
<tr>
<td>Nabuyoga</td>
<td>84</td>
<td>59</td>
<td>56</td>
<td>252</td>
<td>3</td>
<td>35</td>
<td>31</td>
<td>17</td>
<td>14</td>
<td>330</td>
<td>221</td>
<td>551</td>
</tr>
<tr>
<td>Nagongera</td>
<td>114</td>
<td>107</td>
<td>65</td>
<td>279</td>
<td>48</td>
<td>36</td>
<td>52</td>
<td>17</td>
<td>13</td>
<td>393</td>
<td>315</td>
<td>753</td>
</tr>
<tr>
<td>Osukuru</td>
<td>56</td>
<td>43</td>
<td>39</td>
<td>160</td>
<td>24</td>
<td>59</td>
<td>26</td>
<td>9</td>
<td>11</td>
<td>192</td>
<td>235</td>
<td>427</td>
</tr>
<tr>
<td>Paya</td>
<td>73</td>
<td>54</td>
<td>36</td>
<td>234</td>
<td>21</td>
<td>37</td>
<td>30</td>
<td>26</td>
<td>24</td>
<td>229</td>
<td>308</td>
<td>537</td>
</tr>
<tr>
<td>Petta</td>
<td>38</td>
<td>26</td>
<td>33</td>
<td>73</td>
<td>5</td>
<td>16</td>
<td>14</td>
<td>0</td>
<td>14</td>
<td>134</td>
<td>85</td>
<td>219</td>
</tr>
<tr>
<td>Rubioni</td>
<td>97</td>
<td>114</td>
<td>49</td>
<td>288</td>
<td>7</td>
<td>65</td>
<td>26</td>
<td>24</td>
<td>35</td>
<td>429</td>
<td>276</td>
<td>705</td>
</tr>
<tr>
<td>Malaba</td>
<td>12</td>
<td>10</td>
<td>15</td>
<td>11</td>
<td>9</td>
<td>6</td>
<td>9</td>
<td>8</td>
<td>3</td>
<td>41</td>
<td>42</td>
<td>83</td>
</tr>
<tr>
<td><strong>Total difficulty</strong></td>
<td>1,145</td>
<td>913</td>
<td>643</td>
<td>2,739</td>
<td>224</td>
<td>542</td>
<td>382</td>
<td>248</td>
<td>345</td>
<td>4,006</td>
<td>3,179</td>
<td>7,185</td>
</tr>
</tbody>
</table>

- **LSF** - Loss of skin feeling,  
- **H** - Hearing difficulty,  
- **S** - Speaking,  
- **M** - Movement difficulty,  
- **L** - Learning difficulty,  
- **SB** - Strange behaviours,  
- **MD** - Multiple disabilities.
Analysis of the above findings indicates that all persons indicated in the column for strange behaviours are PWIDs (382 persons) since one of the main characteristics of PWIDs in strange behaviour. It does not specify the various types of IDs. However, it specifies the number of persons with epilepsy (542 persons). This gives an estimate of about 924 persons with various ID challenges.

It is estimated that over 80% of the poorest poor are PWDs. Considering many factors, PWIDs are at the bottom line of poverty. Amongst other challenges and needs PWIDs face:

- Severe discrimination and isolation from their homes, communities and service providers.
- Communication challenges with the rest of the population
- Accessibility to information due to their low learning and copying ability
- None representation in almost all policy structures.
- Limited services to meet their day to day life. Majority of PWIDs need lie-time support in terms of medication, care and education. Personnel like specialized medical workers and teachers are among the rare resources in Uganda and Tororo District.
- Less employment opportunity both self and formal employment. Majority are not educated while a few who are educated find unfavourable competition to get and sustain any given job.

The strides under the CBR Programme in meeting the PWIDs needs:

**Data on PWIDs:** Before the CBR Programme in Tororo, data on especially epilepsy was only available in Health units for only those who were able to visit the health Centres. Due to distances to the health Centres, majority of persons with epilepsy were not able to seek medications at the health Centres and hence remained unknown. Compiled with negative attitudes, many persons with epilepsy could not come out neither could their families disclose their existence in their respective families. Under the programme, a total 542 PWE were brought to the limelight that needed medical, social and economic rehabilitation. In addition 382 persons with severe intellectual disabilities were identified.

**Treatment:** From 2002 until 2005, Tororo District was procuring the drugs for persons with epilepsy directly and passing on to the respective referral health Centres under the CBR Programme. Under the programme, the Social Rehabilitation staffs together with the psychiatric specialists were conducting the out reaches where the drugs would be administered directly to Persons with epilepsy in communities. This reduced scores in the severity of epilepsy. This saw 392 PWE treated and reduce in fitting. The situation for many of those PWE who were accessing the treatment and are no long is worse.

**Capacity Building:** Under the CBR Programme, Association of persons with mental disabilities spearheaded with the epilepsy was formed in 2003 to advocate for behavioural and attitude change towards Persons with mental disabilities. Members were trained, leadership structures were put in place and to date the Association is carrying out
its activities with only the technical guidance of the office for Disability. The training areas included, group formation and its management, management of epilepsy, attitude change strategies, participation in development programmes, interpersonal skills in group dynamics and life skills.

Besides, various training workshops for medical personnel in general management of mental disabilities and basic skills in administering drugs for PWIDs were given.

**Income generating Activities:** The District under the CBR Programme has given out 580 local goats to PWDs of which 92 went to PWIDs. Majority of PWIDs are represented by their parents of whom majority have been very faithful in the management of the goats for PWIDs and some have changed them into cows. They are able to take milk and meet some basic needs from the sale of the milk.

**Education:** There is generally high teacher to child ratio nationally (1:60). Teachers for Special needs have no special consideration under the current government policy. In addition not many teachers are to teach children with intellectual Disabilities. Under the CBR programme 9 model schools were set up to spearhead the inclusion of CWDs in schools. By end of 2007 at least 537 CWDs were enrolled in the 9 model schools of which 105 are CWIDs.

**Community Awareness on Disability:** As mentioned before, there were terrible negative attitudes towards all persons with disabilities in the country due to cultural beliefs and practices among others. PWIDs suffered the worst of the negative attitudes. Just to mention, there were more drugs in almost all the Health Centres than PWE demanding for it. The assumption was that PWE were not there. But after the awareness it was the reverse. Medical staffs to date have the shock to meet the increasing number of PWE seeking medication.

Methodology used to raise awareness included radio talk shows, community meetings, home based care programmes, use of models (success stories), visiting schools and sensitizations of medical personnel. The awareness team included PWDs, lead NGOs, district technical and political leaders.
TORORO DISTRICT LOCAL GOVERNMENT

IMPLEMENTED ACTION PLAN FOR PERSONS WITH INTELLECTUAL DISABILITY AS PROSED DURING THE TRAINING IN JAPAN

LONG TERM GOAL: To achieve Inclusion of PWIDs in the main streams of Community Development using the CBR Approach that builds on local available resources

<table>
<thead>
<tr>
<th>No</th>
<th>Planned Objective/Short term Objective</th>
<th>Activity/Strategy used</th>
<th>Input/Resources used</th>
<th>Output/Result achieved</th>
<th>Res. person</th>
<th>Budget at plan</th>
<th>Actual Fund used</th>
<th>Source of funds</th>
<th>Reason for Variation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>To build local resource personnel to mainstream the Intellectual Disability issues in community Development</td>
<td>Conducted 1 day Training on mainstreaming of ID in Community activities</td>
<td>Money, Flip-charts, markers, meals, individual Writing materials, CDOs</td>
<td>-17 CDOs trained -17 health Assistants - 17 Special Needs Education Coordinators. -All Sub county CBR plans/budgets include PWIDs as a key target -Increased funding to lower administrative units to meet the needs of PWIDs</td>
<td>SCDO E&amp;D, DCDO, CAO</td>
<td>940,000</td>
<td>1,875,000</td>
<td>District</td>
<td>1,875,000</td>
</tr>
</tbody>
</table>

The District CBR Steering committee recommended more Shs. 935,000/= to include 17 health Assistants and 17 Special Needs Education Coordinators.
| 2 | To raise awareness on the PWIDs in the District | Collect Quantitative data on PWIDs in the District | Funds, Personnel, Writing materials, Fuel, Vehicle/Motorcycles | Funds, Personnel, Writing materials, Fuel, Vehicle/Motorcycles | SCDO-E/D CDOs and CBR Volunteers | 4,115,000 | 0 | 0 | 0 | Committee recommended the use of the available data. Allocated Shs. **8,000,000** to update the data in the coming year 2010 |
|  |  | -Data on PWIDs in the District in place |  |  |  |  |  |  |  |  |
|  |  | Purchased 72 bicycles for all the CBR Volunteers to be given out in June for data update and home visits | CAO, SCDO-E/D | 10,800,000 | 10,800,000 | 10,800,000 | 0 | Added item to facilitate the data update and home visits |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Carry out 2 Day training for CBR Workers/CBR Volunteers to carry out identification of PWIDs | As above | 72 CBR Volunteers trained | No. of PWIDs benefiting from the CBR at Community Level | As above | 2,700,000 | 0 | 0 | 0 | CBR Steering Committee recommended purchase of local bicycles to all the 72 Workers to easy their transport challenges in carrying out the work. Total cost is Shs. **10,800,000/=** Bicycles are to be given out in June 2009. Training scheduled for June 2009 |
|  |  |  |  |  |  |  |  |  |  |  |
| Conduct sensitization meeting with the Sub county leaders on the Population situation of PWDs in their areas and their needs | As above | -17 sub county chairpersons -17 sub county chiefs -11 members of Councils for Disability >-forward to the District Agreed Actions on the PWIDs situation in the sub counties | CAO, DCDO, Senior Assistant Secretaries | 940,000 | 1,451,000 | 1,451,000 | 0 | CBR Committee recommended inclusion of 17 sub county chiefs and Members of sub county Councils for Disability |
| Conduct meetings with District Steering Committee to discuss the quantitative results and report from sub county meeting | As above | Come up with agreed actions on the inclusion of PWIDs in the on going CBR activities | CAO/SCDO-E/D | 1,350,000 | 650,000 | 650,000 | 0 | Only one meeting was held to adopt the action plan I drew from Japan. |
| Conduct sensitization meeting with Lead NGO leaders in the District, Political leaders and heads of District (Prefecture) departments on PWIDs needs and issues | As above | -5 lead NGOs -34 District Councillors -12 Heads of department -5 NGOs Mapped out and serving PWIDs -Local support raised for PWIDs from NGOs to conduct community sensitization on ID | CAO SCDO E/D Managers/ Coordinators/Directors | 880,000 | 1,980,000 | 1,980,000 | - | CBR Committee recommended the inclusion of sensitization of all the 34 district political Council members and 12 heads of departments in stead of 34 NGOs |

Conduct Radio Funds, Radio Conducted 13
<p>| Talk shows on the ID in community development | Station, presenters, Recording CDs | -3 Radio programmes -3 Records of Radio Talk Shows | Plan Tororo, TOCINET SCDO-E/D | 700,000 | 5,870,000 | 0 | 5,870,000 (Sponsored by Plan International Tororo) | radio talk shows instead of the 3 planned - Conducted by 9 presenters. A parent, CBR Volunteer, 2 PWDs Councillors, 1 NGO representative, 2 Community Development officers, Chairperson PWDs Union, In-charge family and Children, Medical Officer, Commissioner Disability Affairs Ministry of Gender Labour and Social Development. Over 20 community based sensitization were sponsored by Plan |</p>
<table>
<thead>
<tr>
<th>#</th>
<th>Activity</th>
<th>Cost/Capacity</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>To Develop 1-2 viable projects to address priority needs of PWIDs under the CBR Programme</td>
<td>SCDO-E/D, CDOs, CBR Volunteers and Community</td>
</tr>
<tr>
<td></td>
<td>Conducted 2 day Participatory Learning Action/Participatory Rural Appraisal for PWIDs in 1 sub counties</td>
<td>Funds, Personnel, Writing materials, Fuel, Vehicle/Motorcycles -60 Participants (with at least 10 PWDs 10 Parents and 40 other community persons) -Report on the Needs of PWIDs</td>
</tr>
<tr>
<td></td>
<td>Joint Monitoring by the National CBR Coordinator, District leaders and DPO Leaders</td>
<td>National CBR Coordinator, CAO, DPO leaders, District Chair person and members of CBR Committee -Efficient and Effective implementation of the Action plan(Correct target, organization and time…)</td>
</tr>
<tr>
<td></td>
<td>Present Report to the District CBR Committee for recommendation to Council</td>
<td>Funds, Meals, stationery, venue Draft Project plan goes to Council Committee</td>
</tr>
<tr>
<td></td>
<td>Presentation of Recommended Project plan to Sectoral Committee of Gender and Social Services</td>
<td>As above Draft Project plan was recommended to full District Council for approval</td>
</tr>
</tbody>
</table>

**Funds, Personnel, Writing materials, Fuel, Vehicle/Motorcycles**

- 60 Participants (with at least 10 PWDs 10 Parents and 40 other community persons)
- Report on the Needs of PWIDs

**SCDO-E/D, CDOs, CBR Volunteers and Community**

- 1,200,000
- 1,350,000
- 790,000

**560,000 (Co-funded by Plan International Tororo)**

Involved the participation of all leaders of Disabled Peoples’ Organization in the District

**Joint Monitoring by the National CBR Coordinator, District leaders and DPO Leaders**

- 1,810,000
- 0
- 0
- 0

Will be applicable during the implementation of the identified project developed during the planning process

**Present Report to the District CBR Committee for recommendation to Council**

- 675,000
- 675,000
- 675,000
- 0

Achieved as planned

**Presentation of Recommended Project plan to Sectoral Committee of Gender and Social Services**

- 340,000
- 340,000
- 340,000
- 0

Achieved as planned
Present Report for Action by the District Council

As above

Proposed Project Plan was adopted by District Council for implementation

Secretary, Gender Finance

0 0 0


Was funded by the District Council considering all the other departments

Produce Final Project document for implementation in FY 2009/2010

Funds and Stationery

Final 3 year Development District Action Plan on Disability 2009/2010-2011-2012 was approved

SCDO and DCDO

150,000

Final Plan incorporated in the main District Plan for Financial Year 2019/2010-2012

Report to JICA

Funds and stationery

SCDO – E/D

50,000 0 0 0

Report Submitted

TOTAL

26,650,000

(US$ 14,806)

24,991,000

(US$ 13,884)

18,561,000

(US$ 10,312)

6,430,000

(US$ 3,573)

Total budget was adjusted from 18,435,000 (US$11,172.7 at US1=Ug.1,650)

US Dollar to Uganda Shillings:

1US$ = Ug. Shs.1, 800/=  

Shaded areas were not implemented but underway.

Achievements:
The Achievements are tabulated as above. I wish to note among other:

- Securing Shs. 24,991,000/= (US$ 13,884) to implement ID issues beyond my planned budget. This was as a result of positive image created during the sensitisation. Both Local Government and None-Government Organizations contributed to the Action Plan.
- My retention and promotion to Senior Community Development Officer in Charge Disability and Elderly from acting position.
- High participation of all stakeholders including PWDs, parents, None Government Organizations, political and Civic Leaders.
• Approving the 3 year Development Plan of Action on Disability by the District Council. Funds to implement will be lobbied from government and development partners. (see attached extract from the main District Plan).
• Central government (Ministry of Gender Labour and Social Development for Giving me an opportunity to present papers at National Training workshop for Community Development Officers. I am given the chance to be on the team drafting the Guidelines for implementation of National Policy on Disability (2006). I have categorically targeted issues of PWIDs. (When approved by Cabinet, I will send you a copy). The Ministry is making use of my skills acquired over their.

Challenges in the implementation of the Action Plan:
I highly appreciate the fact that almost all the drawn Action Plan was implemented and more issues were recommended by the District CBR Steering committee which were adopted by the District and were implemented. However, there were some challenges met including:
• Crushing of the office computer which up to date is not rectified. All information was lost.
• My personal email was lost to someone. This left me with no contact hence communication became very challenging. All information stores as mails were lost. The address was misused to solicit for money from people.
• Funds were not secured in time to implement some activities.
• Limitation in implementing all the activities. The shaded parts of the action plan were not implemented. There are incorporated in the recurrent plan for Financial Year 2009/2010.
• Transport to travel across the district (Prefecture) during community based sensitizations and home visits.
• High expected related to medical and income from many families. Most PWIDs needed medical attention yet referral hospital are too far. They need to be transported to the Medical centres for better management.

Presented by:

Moiza Moses
Participant Intellectual Disability in Community Activity, JICA, 2008