

BWAISE COMMUNITY BASED REHABILITATION PROJECT

ADF QUARTERLY REPORT

GRANT NO. 1089 UGA

REPORTING PERIOD: JULY – SEPTEMBER 1999

REPORTED BY:

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1.0. *INTRODUCTION:*

The eighth reporting period July - Sept. marked the end of the second year of the Bwaise CBR extension project. This was also the beginning of expiration of contracts for COMBRA staff in Bwaise.

There has been several pleadings by BDEA members for the extension of the COMBRA participation in the CBR project. Ending the Field Officer's contract was an eye opener to the reality of COMBRA's exit. BDEA executive is therefore in a state of rude shock wondering if they will cope without COMBRA.

This period and up to the end of the year, therefore, has made a turning point in the activities and management of the CBR activities.

In the community heavy rains and floods have affected the area. One of our clients lost a house in the floods and some of our clients have suffered diarrhoea. On the whole, both the volunteers and BDEA members are taking a serious stand in managing the various project activities. Their attitude and vigour to sustain the project is an encouragement to COMBRA.



BDEA member clearing a drainage

The following are the project activities:-

2.0 PROJECTS ACTIVITIES

2.1 Community sensitisation

With the beginning of the phase-out period, a lot is being done to strengthen the BDEA executives' confidence and involvement in all project's activities. Members are taking active decisions in the implementation of the programme. Transparency and accountability are emphasised by all members.

BDEA members are continuously sensitising their neighbours about the services available within the Bwaise CBR programme. Despite the fact that BDEA is scared of working independently of COMBRA, they are staggering to their feet with determination.

2.2 Assessments of clients and appropriate intervention

Assessment has become a continuous activity as people keep shifting from other places. PWDs are directed to BDEA centre for the necessary services. The project has found it necessary not to put a stop registration of new clients as those who settle in the area replace those who have shifted and the deceased.

The volunteers are keen with their work and are participating confidently in most areas. The complicated cases continue to be referred to COMBRA staff, who do the relevant assessment with the volunteer and together decide on the necessary intervention which include, exercises, provision of appliances and referral to hospitals and schools whenever necessary. The volunteers are spear heading the home programmes and they are quite active. They are able to assess the clients' progress and advise accordingly.

This quarter, we were privileged to have two social work students from Makerere University on fieldwork training. The students were very enthusiastic to learn and be involved in the community work. With the advantage of the local language, worked with the staff and volunteers in all project activities. They caught up very fast with our assessment of clients' procedures and enjoyed learning about children with disabilities through their participation in the day - care activities. They worked with the credit specialist and learnt a lot about the credit and saving scheme. They were able to attend BDEA meetings. The students greatly supported the project in record keeping and

organising clients' files according to parishes. They worked under the supervision of the project Co-ordinator and had a number of meetings to assess their progress.

2.4 Out reach Clinic:

Although previously only one volunteer was keeping drugs for simple ailments, as of now all of them have coped with doses of drugs and they are able to give drugs like panadol, aspirin, magnesium trisilicate, chloroquine, cough mixtures to BDEA clients and other community members in their areas. This was through the continuous on job training regarding common diseases and their relevant treatments in the community. Books are being given to each of them to record the patients' names, their complaints and the medicines given. Receipt books have been provided to each volunteer to record drugs given.

The outreach clinic is becoming popular and members have found it necessary to keep the facility open for longer hours, so as to avail continuous services to the community. This has necessitated the volunteers to work longer hours than before. They have even offered to keep the clinic open on Saturdays. For this reason, a duty roster has been made to ensure that there is someone to offer services throughout the day to enable them maintain some free time to do their own work.

Two of volunteers have acquired basic skills to administer drugs for simple ailments like coughs, fevers and diarrhoea. They have the potential for learning more if trained. There is a noticeable increase in the income from the out reach clinic.

Tables 1: Flow of income for the out reach clinic.

Month (1999)	Amount collected
January	2,700=
February	9,850=
March	6,950=
April	26,900=
May	18,100=
June	19,000=
July	51,450=
August	39,750=
September	75,750=
Total	250,450=

With the continuous collaboration with the Kawempe Division Health Committee, the division has promised to give support to the project regarding drugs and a medical personnel. The Project Co-ordinator is following up the issue.

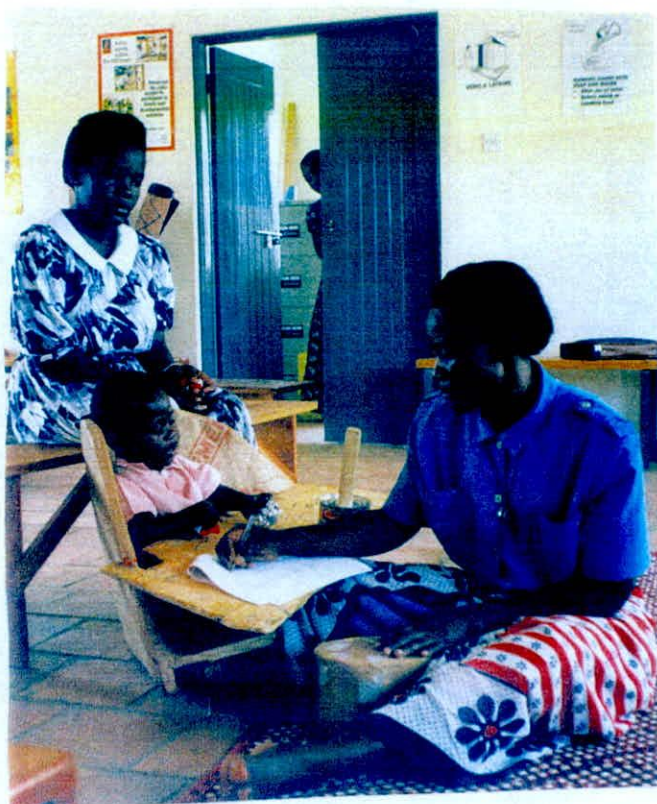
Clients continue to attend clinics at Mulago Hospital, for example the diabetic clinic. COMBRA staff have held discussions with the in-charge of the medical - out patient department in Mulago. The in-charge was of the view that because of the congestion at the clinic, sending a nurse to monitor diabetic clients at the centre will be better and will be an opportunity even for other members of the community. The project Co-ordinator is following this as well.

2.5 Phase out of the Field officer

This reporting period has been a difficult moment as the Field officer completed her contract. Despite the fact that it was a known fact by BDEA members, they have found her departure very threatening. But the Physiotherapist/Co-ordinator is assuring members that they will be able to cope. The Kawempe Division health authority has offered services of medical personnel to fill the gap. For the time being, COMBRA will keep her on a part time basis until the Kawempe Division staff have settled in BDEA systems.

2.6 The day-care

This is an activity which has created increased awareness in the community. Parents of children with disabilities (CWD), BDEA members and other community members have continued to refer parents of children with disability to the the day-care centre which runs every Wednesday. It is an exciting time for the CWDs and a relief to the parents. Some officials from Ministry of Health disability & rehabilitation section suggested that children with disabilities who live in Kawempe division could be referred to the day-care for physiotherapy services instead of travelling all the way to Mulago Hospital. BDEA is considering the idea.



Gorreti the volunteer working with children and parent

2.7 Referral services:

This reporting quarter, clients have been referred for various services. One leading senior orthopaedic surgeon offered to wave off consultation fee for clients in Bwaise. During this reporting quarter one wheelchair user lady was seen by the consultant and has also offered her free surgery.

Table 2: Distribution of clients according to project activities.

ACTIVITY	NUMBER OF CLIENTS
Identification of new clients	17
Assessment of clients	49
Home programmes	357
Out reach clinic	220
Day care	34
Referral	25
Assistive devices	15
Total number of clients	717

Income Generated from the Facility

Table 3 a: Previous quarters

November 1998	50,000=
March 1999	30,000=
April 1999	10,000=
June 1999	60,000=
Total	150,000=

Table 3 b: Reporting quarter

July 1999	200,000=
August 1999	120,000=
Total	320,000=

As reflected in the table, the month of September did not raise income because of heavy rains that have resulted in floods. Some of the paths were impassable leading to potential clients opting for drier areas.

2.9 Credit and Saving Scheme.

2.9.1 Loan Recovery

The executive committee, is seriously following up loanees. Committees of three people have been formed to follow-up loanees who have delayed to pay back. It was planned in such a way that an executive member does not go to his/her own parish. This has helped members to be more serious and the executive to know more about members from the different Parishes.

Strengthening the follow-up process of loans by the executive has encouraged them to be critical when selecting loan recipients as they know better people's businesses and how they have been paying back.

Table 4: Indicates loans disbursed during Christmas period

Quarter	Balance brought forward	Payment in shillings	Balance
Last quarter total loan + interest	1,000,000=	150,000=	850,000=
This quarter	850,000=	267,000=	583,000=

Table 4: Indicates loans disbursed during Christmas period

Quarter	Balance brought forward	Payment in shillings	Balance
Last quarter total loan + interest	1,000,000=	150,000=	850,000=
This quarter	850,000=	267,000=	583,000=

Table 5: Indicates loan disbursed to clients in May and June 1999.

Quarter	Bal. B/f	Payment	Balance
Last quarter total loan + Interest	3,135,000=	417,000=	2,718,000=
This quarter	2,718,000=	1,168,000=	1,550,000=

2.9.2 Savings

Members are getting aware of the relevance of saving and no longer see it as a burden but rather an issue that will strengthen their capital base. It is now mandatory that one has to save 10% with BDEA before qualifying for loans.

Table 6: Indicates total savings.

Saving B/f	196,800=
Savings in the quarter	152,300=
Saving at hand	349,100=

2.9.3 Disbursement of loans.

In the previous quarter we noted closure of some local banks which also affected BDEA account. Fortunately the bank was closed with a balance of 200,000= a week after disbursing 2,850,000= to BDEA members! Opening a new account has been a task of this reporting quarter.

As opening of a new account was being processed, BDEA executive embarked on scrutinising loan applications and selecting loanees. By the time the process got completed it was too late to disburse new loans in this quarter but this will be effected in the next quarter.

A list of loan beneficiaries to receive loans on 8th October 1999 is attached. *Appendix 1.*

work COMBRA is doing in Bwaise. They looked at our database and advised us to make it more simple and friendly. This was followed by training for two days for all the staff in Bwaise. Topics covered included management responsibilities, the log book, record of management meetings, resource management: physical and equipment inventory. Finance and accounts: receipt books and debtors book. As a result receipt books for the Outreach Clinic were developed and are being used. A debtor's book is to be developed in due course. *A sample of the receipt is attached (see appendix 2)*

3.2 Strategic planning

During this quarter COMBRA organised a number of In-house workshops to develop a five-year plan. COMBRA staff in Bwaise participated and were able to review the plan for Bwaise project for the remaining period. The strategic planning was facilitated by officials from (Development Network of Indigenous Voluntary Associations (DENIVA) who in the long run were sensitised about disability issues. A five-year COMBRA strategic plan attached. *(Appendix 3)*

4.0 Communication

As the community was getting more aware of the BDEA facility it was greatly observed that there was a need to have telephone services in the facility. This would ease communication as different people try to book the facility. Application forms have been forwarded and are awaiting consideration. It should be noted that due to demand of telephone lines in the area, this has not been acquired yet. We hope to be connected during next quarter since priority is given to organisations. Applications have also been submitted for BDEA to acquire a post office box of her own.

5.0 Social Activities

In the month of August, all Ugandans were excited about the preparation for the wedding of the Buganda king. Traditionally all Baganda adults were supposed to contribute to make the function a success. BDEA members were not an exception, they sent a delegation of twenty people with a contribution of 65,000= (Sixty five thousand shillings) and were thanked on the Radio.

5.0 Social Activities

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6.0 Monitoring of Bwaise CBR.

COMBRA Board has formed a committee to oversee different programmes. As earlier reported the head of the Disability & Rehabilitation Section Ministry of Health, Dr. Alice Nganwa, a member of the committee to over see Bwaise CBR activities visited the project together with the Director of COMBRA on a monitoring mission. They were updated on the project activities, record books and it was through this process that a decision to improve the database for the project was taken.

7.0 COMBRA Students

COMBRA 13th course with 12 students started towards the end of August with two foreign students from Namibia. Students have shown great interest as they work with their clients in Bwaise. The course is progressing well.

8.0 Project Visitors

8.1 Zanzibar

During quarter, the project hosted a visitor from Zanzibar, a co-ordinator for the national CBR programme in Zanzibar Walemavu wa Zanzibar. They have sent 6 students on COMBRA course and wanted to follow the work we are doing.



Visitor from UWZ Zanzibar partner organization

8.2 OXFAM

Officials from OXFAM a British charity organisation visited the project during their evaluation programme of all organisations they have been supporting. Oxfam was one of the first organisations to support COMBRA. They held discussions with BDEA & COMBRA staff on the project activities. The visitors were impressed with project activities and the involvement of the BDEA in the programme. They commended ADF for the support that has empowered BDEA members.

8.3 Collaboration with University of London

COMBRA received one student from the University of London who was doing research on the successes of the disability movement in Uganda. She held focus group discussions with BDEA members and the COMBRA staff.

10.0 Conclusion

The project activities are being managed more by volunteers and BDEA members as COMBRA staff are phasing out gradually. Emphasis is put on sustainability, accountability and a spirit of ownership is being instilled in all BDEA members. COMBRA is motivated by the full participation of BDEA members

9.0 Activities for the next quarter

- Home programmes, assessments, referrals and follow up clients.
- Increased monitoring and loan recovery.
- Selection of loanees
- Day care and workshops for parents of CWDs
- Networking and linkages with Kawempe Division departments and NGOs in the area.
- Collaboration with Kawempe Division health committee, Kawempe Health centre and Mulago Hospital
- Continued capacity building for volunteers and BDEA members.

Prepared by: *Maria Kangere*
Maria Kangere

Title: **EXECUTIVE DIRECTOR**

Date: November 4th 1999.

Appendix 1

LOAN BENEFICIARIES WHO ARE TO RECEIVE LOANS ON 8TH OCTOBER 1999.

	NAME	AMOUNT
1.	Bukenya Teo	200,000=
2.	Banura F.	200,000=
3.	Byakatonda L.	200,000=
4.	Bayombeddeki	100,000=
5.	Nalule J.F	200,000=
6.	Kalule O.	100,000=
7.	Kitandwe R.	100,000=
8.	Ndawula A.	200,000=
9.	Tebugulwa O.	300,000=
10.	Mukasa A.	100,000=
11.	Nusula H.	100,000=
12.	Kakooza P.	200,000=
13.	Senjala M.	200,000=
14.	Sekitto R.	200,000=
15.	Nandutta R.	100,000=
16.	Nalaongo L.	200,000=
17.	Nassozi H.	100,000=
18.	Nakiwala A.	100,000=
19.	Namugulu P.	100,000=
20.	Nabaziwa L.	100,000=
21.	Nakiwayima N.	100,000=
22.	Nanziri F.	100,000=
23.	Nalubega J.	100,000=
24.	Nakyejwe R.	150,000=
25.	Nakayenga N.	50,000=
26.	Nakate K.	50,000=
27.	Nakazzi	50,000=
28.	Ndugga	50,000=
29.	Nakandi	50,000=

APPENDIX 2

Receipt Number: 2341	
NUMBER: <u>452</u>	DATE: <u>2/11/99</u>
NAME: <u>Mukassa</u>	
Description	Amount
Chloroquine 12 x 15	180
Aspirin 10 x 10	100
ORS 4 X 100	400
TOTAL	680
Unpaid	380
Paid	300

A sample of a receipt used for the clinic.

COMBRA FIVE YEAR LOGICAL FRAME WORK: JANUARY 2000 TO DECEMBER 2004

NARRATIVE	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<p>1.0 Vision</p> <p>A World where all People with Disabilities have access to equal opportunities in society.</p>	<ul style="list-style-type: none"> • Reducing the number of PWDs facing barriers: of attitude, to services and information in development 	<ul style="list-style-type: none"> • Evaluation report • Data from line ministries. 	<ul style="list-style-type: none"> • Availability of resources • Positive attitude of policy makers towards disability. • Supportive Government policies towards disability.
<p>2.0 Mission</p> <p>To empower and advocate for and with persons with disabilities for their sustainable development through community based rehabilitation</p>	<ul style="list-style-type: none"> • 50% of primary school going disabled children enrolled and sustained in schools. • 40% of PWDs in decision making (leadership) positions. • 20% of clients in COMBRA programme area involved in IGAs. • 40% of new clients in the programme area accessing other services. • 50% of people in Goma sub-county have positive attitudes towards PWDs. <p>Percentage of skilled, knowledgeable rehabilitation workers raised by 20%.</p>	<ul style="list-style-type: none"> • Mid-term and end of project evaluation report. • School registers • Project reports <p>Research findings from Institutions/communities.</p>	<ul style="list-style-type: none"> • Availability of financial resources. • Employers corporate in giving information. • Willingness of parents to send children with disabilities to schools. <p>School administration willingness to provide information on enrolment of children with disabilities</p>

NARRATIVE	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<p>3.0 Strategic Objective</p> <p>3.1 Objective One: Community based rehabilitation programme developed and sustained.</p> <p>□ Bwaise extension CBR slum project completed by COMBRA and managed by BDEA.</p>	<ul style="list-style-type: none"> • Four additional volunteers trained in CBR by September 2000. • Three parish sub-committees established by BDEA and functional by June 2000. 	<ul style="list-style-type: none"> • List of volunteers trained and working. • Reports from COMBRA. • Reports from BDEA executive. 	<ul style="list-style-type: none"> • Committed volunteers are identified. • Committed sub-committee members selected
<p>▪ Handing over the Bwaise CBR slum project to BDEA</p>	<ul style="list-style-type: none"> • BDEA linked to government and five other NGOs by June 2000. • 75% of LC I, II, and III sensitised on Bwaise CBR project through sessions by September 2000. • 23 Bwaise community sensitisation meetings held. 	<ul style="list-style-type: none"> • List of NGOs linked. • Reports of collaboration meetings with government line ministries and relevant NGOs. • Information from clients files. • Correspondence file. • Clients register • Workshop reports. • BDEA reports. • List of participants • Participation of LC leaders in BDEA activities. • Number of newly registered clients registering with BDEA. 	<ul style="list-style-type: none"> • Government and NGOs are willing to collaborate with BDEA. • Local leaders are willing to participate. • Communities are willing to participate.

NARRATIVE	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<p>□ An integrated Community Based Rehabilitation project established and sustained in Goma sub-county, Mukono District.</p> <p>▪ A needs assessment study conducted in Goma sub-county.</p> <p>▪ PWDs rehabilitated socially and economically.</p>	<ul style="list-style-type: none"> • CDA in charge of Goma sub-county trained on COMBRA CBR course by January 2000. • Two volunteers, a man and a woman per village (76) identified and trained in PRA skills by October 2000. • Community resources in the sub-county identified and mapped by December 2000. • Community diagnosis on disability issues and baseline indicators developed by December 2000. • 10 community groups trained in micro enterprise development skills and provided with seed funds by June 2002. • 90% of the established IGAs functional and being properly managed by December 2003. 	<ul style="list-style-type: none"> • Training report • COMBRA certificate to CDA. • Needs assessment report. • Resource maps. • Action plans. • List of groups in each parish • Training reports • Group books of accounts and Bank statements. • Project reports. • IGA reports. • List of approved and funded IGA proposals. 	<ul style="list-style-type: none"> • Community willing to participate in identifying volunteers. • Sub-county administration willing to release the CDA. • Availability of financial resources. • Willingness of local leaders to participate in the project. • Groups are interested in participating in IGA. • Money is available for the seed fund. • Members have the ability to contribute for IGAs. • Members have the ability to manage IGAs.

NARRATIVE	OBJECTIVELY VERIFIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<ul style="list-style-type: none"> ▪ Participatory monitoring and evaluation systems developed 	<ul style="list-style-type: none"> • One operational manual developed to guide implementation by 2001. • 40 monitoring and evaluation meetings held with the communities. • Data base on Goma sub-county established by June 2002. • COMBRA staff to visit at least 200 clients in the project area. • District authorities make visits at least 12 times to the project area. • 50 staff meetings held. • Mid-term evaluation by Dec.2002. • End of term project evaluation by June 2005. 	<ul style="list-style-type: none"> • List of activity plans. • Minutes of meetings. • Monitoring and evaluation reports. 	<ul style="list-style-type: none"> • District officials are willing to participate in the monitoring and evaluation of the project. • Community members are willing to participate in the monitoring and evaluation of the project. • Funds are available.
<ul style="list-style-type: none"> ▪ PWDs assessed, categorised and tailor made rehabilitation programmes designed and implemented for individuals in Goma sub-county. 	<ul style="list-style-type: none"> • 400 PWDs assessed, categorised and participating in rehabilitation activities by December 2002. • 50% of male and female PWDs involved in home programmes by December 2003. • 50% of male and female PWDs referred for medical, vocational, assistive devices and counselling services by December 2003. • 10 community support groups formed by August 2002. • 40% of children with disabilities of primary school going age included in ordinary schools by December 2003. • 80 outreach services organised (16 outreaches per year) 	<ul style="list-style-type: none"> • Register of clients. • Clients' assessment forms. • List of professionals participating in the project. • Reports. • List of referral institutions and the services they provide. • List of clients benefiting from referral services. • Reports on support group activities. • School registers. • Home visits. 	<ul style="list-style-type: none"> • Willingness of PWDs to participate. • Availability of resources.

NARRATIVE	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<p>3.2. Objective Two:</p> <ul style="list-style-type: none"> □ <i>Rehabilitation workers at various levels trained.</i> ▪ COMBRA regular courses carried out 	<p>Five 16-week courses carried out for 75 rehabilitation workers each course completed by August each year</p>	<ul style="list-style-type: none"> • Copies of time tables • List of graduates • List of students who attended. • Course reports. • Copies of curriculum • Continuous assessment results. • Copies of certificates • Copies of course journals. • Student's evaluation reports 	<ul style="list-style-type: none"> • Partners are able to send participants for the training. • Potential students are able to raise course fees.
<ul style="list-style-type: none"> ▪ Specific courses for rehabilitation workers designed and implemented. 	<ul style="list-style-type: none"> • 225 participants trained in three refresher courses per year by Dec. 2004. • Five curricula developed. • 150 certificates of attendance given out. • 4 major systems for monitoring and evaluating training programmes developed. 	<ul style="list-style-type: none"> • List of graduates • Copies of certificates. • Course reports. • Students' evaluations report. • Copies of timetables. 	<ul style="list-style-type: none"> • Partners willing to send participants for the training. • Availability of funds

NARRATIVE	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<ul style="list-style-type: none"> ▪ Tailor-made courses designed and implemented 	<ul style="list-style-type: none"> • Five tailor made course organised for other development partners for at least 100 participants by Dec 2004 	<ul style="list-style-type: none"> • Minutes of meetings with partners. • Correspondence from development partners • List of participating organisations. • List of participants. • Training report. • Participants' evaluation results. 	<ul style="list-style-type: none"> • Willingness of development workers to value COMBRA training services. • COMBRA's continued technical competence to deliver.
<ul style="list-style-type: none"> ▪ Resource centre developed and maintained 	<ul style="list-style-type: none"> • Resource Centre restocked reorganised and opened for community use by June 2000 • 850 people making use of the centre per year. • 250 books added to the centre by Dec. 2004. • 15 educational video documentaries added to the resource centre by September 2004. 	<ul style="list-style-type: none"> • Library inventory • Register of borrowers. • Library Register 	<ul style="list-style-type: none"> • Partners willing to utilise the resource centre. • Availability of funds.
<ul style="list-style-type: none"> ▪ Documents and documentaries developed. 	<ul style="list-style-type: none"> • Six documentaries developed basing on COMBRA experience by July 2004. • Six training manuals developed by COMBRA by October 2004 	<ul style="list-style-type: none"> • Documents and documentaries 	<p>Availability of funds</p>
<ul style="list-style-type: none"> ▪ Appropriate Technology workshop developed and functional. 	<ul style="list-style-type: none"> • 250 appliances produced/repared by December 2002. • 250 tools purchased and utilised by Dec. 2003 • 188 students trained in appropriate technology skills by Dec. 2004. • 50 Orders for appliances made per year. 	<ul style="list-style-type: none"> • Workshop inventory • Records of appliances produced. • Records of assistive devices produced 	<ul style="list-style-type: none"> • Demand for assistive . • Students interested in devices training. • Availability of resources.

NARRATIVE	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<p>3.3 Objective Three:</p> <p><i>Strong institutional linkages established and organisational capacity developed.</i></p> <ul style="list-style-type: none"> ▪ Institutional linkages developed and sustained. 	<p>Linkages strengthened through:</p> <ul style="list-style-type: none"> • Ten on government / Community-based organisations collaborating with COMBRA. • Ten external training conducted by COMBRA staff per year. • 180 networking meetings/ interactions with other agencies (36 per year) by Dec. 2004 • Partnership with five donors built by Dec. 2001. • Collaborate with five national and international training institutions by Dec. 2003. • Linkage with five government line ministries (Ministries of Gender, Labour and Social Development, Health, Education and Sports, Housing and Local government, Justice and Constitution Affairs) by March 2002 • Establish and strengthen linkages with KCC and Mukono District council authorities by June 2001. 	<ul style="list-style-type: none"> • Correspondences and minutes of meetings with NGOs and line ministries. • Contracts and agreements with partners. • Reports of meetings with local authorities. • Network reports. • List of new donor/development partners. • Inventory of collaborating partners/development partners 	<ul style="list-style-type: none"> • Willingness of other development agencies to collaborate with COMBRA. • The adhoc culture of invitations by other development partners is minimised.

NARRATIVE	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<ul style="list-style-type: none"> ▪ Organisational capacity developed. 	<p><i>Human resource developed through:</i></p> <ul style="list-style-type: none"> • Recruitment of seven skilled staff by Jan 2001. • On job training of ten staff in different skills by Dec. 2004. <p><i>Infrastructural capacity developed:</i></p> <ul style="list-style-type: none"> • Two hectares of COMBRA land fenced by July 2001. • Conference hall and hostel constructed and furnished by September 2001. • Office block extended and furnished by September 2001. • 20% administrative costs raised from conference hire. • Office equipped with: <ul style="list-style-type: none"> - two computers - one printer - one photocopier by July 2000. • Alternate power provided by December 2000. • Overhead projector procured by May 2000. • Video camera procured by May 2000. <p><i>Transport facilities improved:</i></p> <ul style="list-style-type: none"> • One vehicles (4 wheel drive double cabin) and two motorbikes (Honda 125cc) procured for fieldwork for Mukono CBR project by October '00. • One 14 seater Vehicle for COMBRA field training by October 2000 	<ul style="list-style-type: none"> • Appointment letters. • Staff contracts. • Staff performance appraisal • Certificates. • Monthly staff reports • Fence in place • Functional conference hall, hostel and office block. • Bank statements. • Stock cards • Motor vehicle log books. 	<ul style="list-style-type: none"> • Availability of funds. • Donors willingness to fund construction initiatives. • Availability of funds. • Availability of resources

NARRATIVE	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<p>3.4 Objective Four Advocacy and lobbying for equal opportunities for people with disabilities implemented.</p> <ul style="list-style-type: none"> ▪ Regulations to make new public buildings in Kampala and Mukono accessible to PWDs, made 	<ul style="list-style-type: none"> • Baseline survey on accessibility carried out by September 2000. • District planners, leaders and advocacy organisations in Mukono and Kampala Districts sensitised on accessibility of PWDs to public utilities by May 2001 • Alliance built with advocacy organisations in Mukono and Kampala Districts by May 2001 • Alliances built with organisations that work in the area of disability and human rights to influence policies on accessibility of PWDs to public utilities by June 2001 • Members of the public sensitised about the need for accessibility of PWDs to public utilities by September 2001. • 50% of new public buildings constructed with ramps, accessible doors, and adopted pathways by Dec. 2004. • Enforcement mechanisms of the regulations on access to public utilities instituted in Kampala and Mukono district policies by September 2004. 	<ul style="list-style-type: none"> • Accessible new public buildings. • Reports of workshops, meetings and campaigns. • Sight visits • Inventory of accessible buildings 	<ul style="list-style-type: none"> • Local authorities embrace the initiative. • Corporation of organisations of people with disabilities. • Availability of resources • Co-operation of advocacy organisations.

NARRATIVE	OBJECTIVELY VARIABLE INDICATORS	MEANS OF VERIFICATION	KEY ASSUMPTIONS
<ul style="list-style-type: none"> ▪ Advocate for a law that protects women with disabilities from sexual exploitation. 	<ul style="list-style-type: none"> • Baseline survey on sexual exploitation of women with disabilities carried out by September 2001. • Advocacy campaigns conducted: <ul style="list-style-type: none"> - Four five day regional workshops for LCV counsellors carried out on issues concerning women and children's rights by June 2002 - Four two-day follow-up regional workshops for LCV councillors representing PWDs carried out on women and children rights by June 2002. - Four two-day regional sensitisation workshops on sexual exploitation of women with disabilities conducted for women organisations in Uganda by Dec. 2002. 	<ul style="list-style-type: none"> • Research report. • Campaign findings documented. • Campaign materials developed. • Workshop reports. 	<ul style="list-style-type: none"> • Availability of financial resources. • Co-operation of organisations of people with disabilities. • Co-operation of local authorities. • Co-operation of advocacy organisations.