

**MINISTRY OF GENDER, LABOUR AND
SOCIAL DEVELOPMENT**

**A PROPOSAL TO DEVELOP AN INCLUSIVE
POLICY ON DISABILITY**

**DRAFTED BY MADEA
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ABBREVIATIONS

ARI	– African Rehabilitation Institute.
CA	– Constituent Assembly.
CBR	– Community Based Rehabilitation.
CWDs	– Children With Disabilities.
DPI	– Disabled People International.
DPO	– Disabled People's Organisations.
EARS	– Education Assessment and Resource Services.
IDF	– International Development Foundation.
ILO	– International Labour Organisation.
ITEK	– Institute of Teacher Education Kyambogo.
IYDP	– International Year of Disabled Persons.
LC	– Local Council.
MGLSD	– Ministry of Gender, Labour and Social Development.
MOH	– Ministry of Health.
NUDIPU	– National Union of Disabled Persons in Uganda.
OAU	– Organisation of Africa Union.
PTSD	– Post Traumatic Social Disorder.
PWDS	– Persons With Disabilities.
SEN	– Special Education Needs.
SNE	– Special Needs Education.
UN	– United Nation.
UNAD	– Uganda National Institute of Special Education.
UNEPI	– Uganda National Expanded Programme of immunisation.
UNISE	– Uganda Institute of Special Education.
WHO	– World Health Organisation.

EXECUTIVE SUMMARY

Persons With disabilities (PWDs) in Uganda, despite the several achievements met during the last 14 years of the NRM Government, continue to be marginalised, discriminated against and have very poor quality of life.

Lack of a National Inclusive Disability Policy has been identified to be a major constraint to improved participation, integration and equalisation of opportunities for PWDs in Uganda. This has, for example, led to lack of integration of disability in all government policies and programmes. Consequently, there is limited funding for disability programmes and poor co-ordination of service delivery.

The Purpose of this proposal is to guide the formulation of an inclusive National Disability Policy, which is in line with the Government's vision to create a "Society for all" based on the principles of equal participation, inclusion and the equalization of opportunities – defined by the United Nations in the World Programme of Action, UN Standard Rules concerning PWDs, the Uganda Constitution, the Local Government Act and other acts, Human Rights together with other ILO conventions.

The definitions of impairment and disability used in this proposal are based on those given by, World Health Organisation (WHO) and Disabled People's International (DPI). However, a lot of emphasis has been given to DPI definition that perceives disability as a "social phenomenon."

The proposal aims at making the National Policy comprehensive, coherent and global, paying particular attention to prevention or reduction of the occurrence of physical, mental and sensory impairments; assisting and supporting PWDs to

reach and maintain their optimal human potential (Prevalence of disability), by making programmes or activities sustainable and making the various systems of society and environment accessible to all systems of society.

Although the proposal aims at all areas in society, some key areas identified which need special attention in order to achieve a "Society for all"

These include:

- Raising Awareness;
- Prevention and Early Identification;
- Treatment, therapeutic Aids and Orthopaedic Technical Services;
- Accessibility;
- Education;
- Vocational Training and Employment;
- Legislation;
- Social Integration;
- Family life and Personal integrity;
- International Co-operation.

To develop the policy, several activities have been proposed. These include:

- A national workshop to chart out the way forward;
- An Operational Research to obtain, among others, the felt needs of PWDs;
- Studies in specific areas whose findings are necessary in developing a Plan of Action to implement the policy;
- Drafting the policy and
- Building consensus among the various stakeholders including District Local Governments on the Policy.

The policy formulation exercise is expected to take two years starting in July 2000

A total of Shs. 406,835,500 (US\$ 271,225) is required for the project.

1.0 BACKGROUND

At present, Persons With Disabilities (PWDs) in Uganda suffer particularly from the remnants of the past, where most of them were isolated, over protected and cared for by individual families or missionaries with philanthropic goals. It was not thought that PWDs could actually contribute to family life, earn their own living or take part in community affairs. The rehabilitation of PWDs has for a long time been in the hands of professionals. They have identified, assessed, treated and socially resettled PWDs on assessed needs. The professionals have neglected "felt" and "expressed needs" of PWDs. This should be the starting point of formulating an inclusive National policy on Disability.

Today, the majority of PWDs are still isolated and unable to leave their homes or effectively participate in community activities. This is because of problems with accessibility, attitudes, mobility and appropriate support services. This lack of access also leads to reduced participation of PWDs in social, cultural and political issues of the country. This calls for an inclusive policy that will bridge the gaps as recommended by the United Nations principles.

1.1 Definitions

The importance of definitions is more than a matter of semantics since they can influence the way in which persons with disabilities are viewed by society and by themselves. They also influence the type of service provided to meet the needs of PWDs.

There are a number of definitions of "impairment" and "disability". The most widely used is the "medical model." However organisations of PWDs are increasingly adapting a social model, which defines disability as lack of ability to perform a function because of environmental barriers. The social context in which people both PWDs and non-disabled interact is excluded if disability is viewed only pathologically. Then the solution to disability is to cure disabled people. However, if disability is perceived as a social phenomena then the society will work on removing the barriers and will not leave it to medical professionals. In order to combine medical and social definitions, WHO has

developed an International classification that relates impairment to activity and participation. It is our recommendation that an inclusive national policy should focus its intentions on both the social and medical models.

1.2. Disability as a Human and Development Issue.

In the past, disability was regarded as a health and welfare issue with the responsibility of "caring" for PWDs falling on civil society. A PWD was a "sick" person needing medical care. He lived in the world of charity. Societal interventions were channeled through welfare institutions with little or no commitment to other areas needed by PWDs such as access to health care, education, training, employment, sports, and recreation. This service delivery strategy created dependency leading PWDs to be isolated, marginalised and dis-empowered from the mainstream society.

In contrast a human rights and development strategy to disability promotes the creation of equal opportunities. This is the process through which the various systems of society and the environment are made available and accessible to all citizens. As part of the process PWDs should be assisted to assume their full responsibility as members of society. It is crucial that all efforts be made to base an inclusive National Policy on Human Rights and Development issues rather than philanthropic goals.

1.3 Declarations of United Nations (UN)

The UN put in place the principles of participation, integration and equalisation of opportunities in the World Programme of Action concerning disabled persons. It also set UN Standard rules for the equalisation of opportunities for PWDs. On top of the above declarations there is Article 2 of ILO convention No. 159 on the Vocational Rehabilitation and Employment of disabled person. These principles and obligations should be applied in consultation with:

- Universal Declaration of Human Rights;
- International covenants of Human Rights;
- Declaration of the Rights of the Child;

- Declaration of the Rights of Mentally Retarded Persons;
- Declaration on Social Progress and Development;

1.4 Declaration of intent by Uganda Government.

The government of Uganda as a member state of UN recognises the above principles and obligations. In addition government has put in place the following:

- The national objectives and directive principles of state policy (Chapter one of Uganda Constitution);
- The Uganda Constitution of 1995 mainly articles 21, 32, 35, 59, 78, 108. The most important being article 35 which states that "PWDs have a right to respect and human dignity and the state and society shall take appropriate measures to ensure that they realise their full mental and physical potential."
- Parliamentary elections statute of 1996;
- The Children Statute of 1996;
- Local Government Act, 1997;
- Land Act, 1998;
- Rules of Procedure of Parliament (1996. July);
- Uganda Communication's Act, 1997;
- Uganda Traffic and Road Safety Act, 1998;
- UNISE Act, 1998;
- The Movement Act, 1998.

The above instruments outline government intentions of services to PWDs, though some of them have not been effectively implemented. It must be noted that while considering the suitability of the above principles and obligations, there are still gaps that have not been addressed. These gaps can be observed in the following areas:

- Employment;
- Accessibility;
- Housing;
- Affirmative action to PWDs in education except UPE.

2.0 AN OVERVIEW OF SERVICE DELIVERY IN UGANDA.

2.1 Before independence.

From time immemorial the physically, mentally and sensory handicapped have taken second place among the citizens of the world. As else where, Persons with Disabilities (PWDs) in Uganda were largely discounted as people of limited ability and resource. Unable to fend for themselves, they were dependent upon families for the necessities of life. It was not thought that they could actually contribute to family life, earn a living or take part in community affairs. The social and medical services were largely institutionalized. They were provided by Non Government Organisations or missionaries with philanthropic goals. The result was that the Government has often relegated disability issues to voluntary organisations.

2.2 After independence (1962).

Shortly after independence, the attention of the Uganda Government was directed to the large number of PWDs. It was decided that an investigation be carried out. This responsibility was given to the Ministry of Culture and Community Development. The mission was to discover and register PWDs and develop a National Vocational Rehabilitation Services Programme. In March 1965, in co-operation with the International Labour Organisation (ILO) a National Registration was carried out. A particular week, 22nd –29th May 1965, was designated the Handicapped Citizen's Week and at the end of the exercise 31,646 PWDs had been registered. By using the information collected, together with international principles, which had been used elsewhere, it was estimated that Uganda had 650,000 PWDs and 6,000 persons were becoming disabled annually. At that material time Uganda's population was 6.5 million.

In light of the size and spread of disability throughout Uganda, the ILO and Uganda Government developed a National Vocational Rehabilitation Scheme to give each disabled person social and economic independence.

In 1966, the National Vocational Rehabilitation scheme established:

- administrative structures;

- Vocational Rehabilitation Institution; (an industrial centre and rural centre)
- Sheltered Workshops;
- Rehabilitation and Resettlement centres for disabled beggars;
- Manufacture of Orthopaedic Aids and Wheelchairs;
- Mobile Rehabilitation Services;
- National Disabled Advisory Council.

2.2.1. Administrative Structures.

A section to handle the program of PWDs was established and has since grown to a department of Disability and Elderly Affairs. The services are now decentralized and each district has an officer responsible for disability issues.

2.2.2 Vocational Rehabilitation Institutions.

(a) Rural Vocational Rehabilitation Centres:

The majority of PWDs live in rural areas and are prepared for rural activities. 8 rural vocational rehabilitation centres each designed to accommodate and train fifty PWDs each year were established. Ever since this programme started in 1965 about 1360 PWDs have graduated in various trades that include:

- Livestock farming;
- Tailoring;
- Handicrafts;
- Leather craft;
- Carpentry;
- Citizenship and African Affairs;
- Home economics and environmental hygiene.

The program is designed to create a more confident and self-sufficient rural worker. At the end of one- year course, the graduates are resettled on either land, or self- employment, or open employment.

(b) Industrial Rehabilitation Centre.

This institution was established to cater for PWDs living in urban centres. For the last 30 years over 1700 PWDs have passed through this institution but their employment drive was affected by Idi Amin's mal administration.

The Industrial Rehabilitation Centre was established to assist urban PWDs who needed skills in the following trades:

- Tailoring;
- Metal Work.
- Carpentry;
- Leather work;
- Office work;
- Silk screen-printing.

2.2.3 Sheltered Workshops.

In every society there are PWDs, who are too severely disabled to undertake a normal days work, but who can make a substantial contribution towards their independence. The scheme therefore established four workshops to give employment to this category. Each workshop was designed to accommodate 75 PWDs and ever since the scheme started 1860 PWDs have been employed.

The following are the workshops:

- Kireka Umbrella Assembly;
- Jinja Rain Coat Manufacture;
- Masaka Cloth Printing Workshop;
- Mbale Canvas or Tarpaulin Manufacture.

2.2.4. Resettlement Homes.

Two resettlement homes were established for disabled beggars mainly persons living with leprosy. Today the first lot are responsible citizens employing able-bodied persons on their farms. 76 families have benefited from this program.

2.2.5. Mobile Rehabilitation Services for Rural Disabled Women.

The scheme started the above service to help rural disabled women who, because of their family commitments, could not join the main vocational

rehabilitation institutions. So far 625 families have benefited from the program. Training is mainly focused on childcare and home management.

2.2.6 Orthopaedic workshop.

An orthopaedic workshop was set up at Mulago to produce assistive devices suitable to the conditions of the country. Wheel chairs, callipers clogs, crutches, corner seats, walking frames etc, are produced. Other orthopaedic instructors from East Africa are trained at this centre.

2.2.7. Day Care and Vocational Training Centre.

This centre was established at Mpumudde in Jinja to cater for the needs of the working population in an industrial area. Disabled women and girls train as domestic servants and day care attendants. Since its inception, 562 graduates have passed through the institution.

2.2.8. National Disablement Advisory Council.

The council was established as a national monitoring mechanism in 1966 with the role of advising the ministry responsible for provision of services to PWDs. What is contained in UN Standard Rules (Rule 17) was started in Uganda 34 years ago.

2.2.9 Disabled Peoples Organisations.

This scheme continued to support the Uganda National Association for the Blind, the Uganda National Association for the Deaf, Uganda Spastic Society, the Presidents Polio Appeal and the Uganda Association for Mental Health.

3.0 FROM INSTITUTIONALISED SERVICE TO EMPOWERMENT:

3.1 Uganda as a Member of Rehabilitation International.

Uganda became an associate member of Rehabilitation International in 1973 and continued to participate in the World Forum. It is a signatory to various conventions that pass through this forum including those of ILO.

3.2 Preparation for International Year of Disabled Persons (IYDP), (1980).

Like all members of Rehabilitation International and UN, the state embraced the guiding principle of "FULL PARTICIPATION". The guidelines that were spelt out were put in practice and on March 3rd 1981 Uganda celebrated the first international year under the above slogan.

3.3 The Umbrella Organisation (NUDIPU), (1986).

As a result of the activities of the IYDP PWDs of Uganda recognised the importance of forming an umbrella organisation to champion the slogan of "FULL PARTICIPATION". They realised the importance of coming together in order to advocate and lobby for their full participation in the affairs of the country. A National Union of Disabled Persons of Uganda, "the first of its kind in Africa", was born and with it the disability movement in Uganda changed. It was to champion empowerment, democratisation and participation of persons with disabilities in all affairs that concern the state. It changed "full participation" Slogan to "A STATE FOR ALL" and hosts the East African Regional office for Disabled People International (DPI).

3.4 Uganda Joins African Rehabilitation Institute (ARI), (1989).

The African Rehabilitation Institute is a baby of the Organisation of African Unity (OAU). Its main functions are to carry out research, train and monitor rehabilitation services for PWDs in Africa. Uganda is to host the ARI regional office for East comprising of Seychelles, Comoros, Mauritius, Djibouti, Ethiopia, Sudan, Eritrea, Kenya, Tanzania and Uganda. Training programs, research and strengthening of Disabled People Organisations are some of the activities that are carried out by the office.

3.5 Uganda introduces Community Based Rehabilitation (CBR), (1991).

Community Based Rehabilitation Services were introduced after evaluating institutionalised services. They were introduced mainly to:

- Reach as many PWDs as possible;
- Train PWDs and their families in the environment they are accustomed to;
- Reduce the occurrence of disability;
- Manage the prevalence of disability ; and
- Streamline disability policy in all ministries since disability is a cross cutting issue.

CBR has been going on for the last nine years and all the indications are that the PWDs are now empowered and can advocate for their rights. The programme has demystified and changed the notion of "Charity" to "Human Rights Era".

3.6 The Constituent Assembly (CA).

As a turning point in the empowerment process of PWDs in Uganda, the Government requested the umbrella organisation (NUDIPU) for a representative to discuss the making of Uganda constitution. The results of PWDs representative in the CA, are contained in Uganda's 1995 constitution. Article 35 states " Persons with Disabilities have a right to respect and human dignity and the state and society shall take appropriate measures to ensure that they realise their full mental and physical potential."

3.7. Parliament of Uganda.

The Parliament of Uganda is composed of 280 members. Of these, 5 Members of Parliament are elected by Disabled Persons of Uganda to represent their interests. *It is believed that Uganda is the first country of the world to have elected Members of Parliament representing the interest of PWDs.*

3.8 Local Councils for PWDs

There are 47,000 PWDs Councillors representing interests of their fellow member from grass root to district level. The Local Government Act of 1997

provides for the election of one disabled man and one disabled woman to every village, parish, sub county and district council. The 47,000 representatives are the largest group of disabled politicians in the world.

3.9. Minister of State for Disabilities and Elderly affairs.

Having a Minister of state for Disability and Elderly Affairs enriches the political agenda. This particular Minister has a physical impairment and has played a leading role in the disability movement in Uganda.

3.10 Sign Language.

Uganda is the first country in the world to have incorporated sign language in the National Constitution.

3.11 Collaboration with International Disability Foundation (IDF), (1996).

Uganda started collaborating with (IDF) in executing its programme of Advocacy and Action programme. In order to consolidate disability as a human rights issue, 5 Task Forces under a National Committee were formed to implement the UN Standard Rules. The results of these Task Forces are well documented in the "World Disability Report" (1999) published by the International Disability Foundation.

3.12 The National Council, (1999).

In line with Rule No. 17 of the UN Standard Rules, Uganda has already started a process of establishing a National monitoring mechanism in the name of the National Council for Disability.

3.13 Regional Co-operation.

Uganda is spearheading the establishment of a Regional Programme for PWDs within the East African Regional Co-operation Development Strategies.

4.0 SITUATION ANALYSIS

4.1 The prevalence of disability in Uganda

It is internationally recognised that approximately 10% of any population are disabled. During the UN Decade for People with Disabilities (1982-1992), worldwide surveys indicated disability prevalence of 3% - 8%. Although there is no reliable information and data on Uganda, there is reason to believe that the problem of disability is even bigger in view of the history of turmoil and the subsequent breakdown of social services including health. It is estimated that there are 2 million people with disabilities (PWDs) in Uganda. In 1989 for instance, Nalwanga Sabina found that in Luwero and Kabale districts, the prevalence was as high as 14% and 9% respectively. A review of data collected by community based organisations, the last census and estimates by Helandar (1992) for developing countries, give the following estimates of PWDs who need rehabilitation in Uganda:

TYPE OF DISABILITY	PREVALENCE (%)	Estimated population
Moving difficulty	2.0 – 2.5	440,000 – 550,000
Seeing difficulty	0.5 – 0.8	110,000 – 176,000
Hearing/ Speech difficulty	0.5 – 0.8	110,000 – 176,000
Learning difficulty	0.2 – 0.4	44,000 – 88,000
Chronic fits	0.3 – 0.6	66,000 – 132,000
Strange behaviour	0.1 – 0.2	22,000 – 44,000
Feeling difficulty (in hands or feet)	0.1 – 0.2	22,000 – 44,000
Combination of the above	0.2 – 0.3	44,000 – 66,000
TOTAL	4% - 5.8%	858,000 – 1,276,000

The prevalence shown above are for people whose disabling condition is severe enough to require interventions. Given that the total population of Uganda is estimated at 22 million, the total number of people requiring services is approximately 1,276,000. It is believed that only 2% of PWDs have access to services worldwide.

4.2 Causes of disability

According to the WHO, the leading causes of disabilities are communicable and preventable diseases, accidents and wars. Although many causes remain unknown, the major causes for some of disabilities in Uganda are as follows:

4.2.1 Visual impairment

- Cataract;
- Muscular lesions Glaucoma: high pressure of the eye of the ball;
- Trauma;
- Trachoma.

4.2.2 Hearing and communication impairments

- Infectious diseases;
- Excessive noise;
- Drugs that damage hearing.

4.2.3 Loss of sensation

The commonest cause of loss of sensation is leprosy. About 0.01 –0.02% (2,000) Ugandans are affected by leprosy to the point that they have lost their sensation.

4.2.4 Movement (mobility disabilities)

Approximately 500,000 people in Uganda have movement disabilities. Of these, 1% (200,000) are so severely affected that they require assistive devices to overcome their disabilities. The major causes include:

- Poliomyelitis;
- Land mines, gun shots road traffic accidents and infection of bones and joints;.
- Brain damage;
- Birth injuries;
- Meningitis;
- Measles;
- Leprosy;

4.2.5 Strange Behaviour

Recent studies show that strange behavior (mental illness) is far higher than 0.2%. The commonest types of mental illness are:

- Epilepsy;
- Depression;
- Alcohol and drug abuse;
- Anxiety and neurotic disorders;
- Other psychotic conditions;
- Post-traumatic social disorder (PTSD).

Epilepsy, alcohol and substance abuse are recognized as major types of mental disorders in Uganda. Depression is prevalent but it is often not recognized. Post-traumatic social disorder is highly prevalent in the war torn districts of Northern Uganda. It is also an emerging problem in Kasese and Bundibugyo. Unfortunately, even its very victims rarely recognize PTSD as disorder.

4.3 Social-economic problems of PWDs in Uganda

The majority of PWDs live in especially difficult circumstances. Many of them are faced with abject poverty and have no access to resources and income. The majority of youth and women with disabilities are unemployed and underemployed.

PWDs are discriminated against in both the family and the community. They suffer from psychological isolation. They have no access to social services. The majority are illiterate and children with disabilities (CWDs) do not attend school. The persons with physical disabilities lack mobility appliances and lack access to buildings and transport services. Mothers and CWDs have no access to essential Maternal and Child Health services.

Women with disabilities face double discrimination. They are, in addition, sexually abused and bring up children as single parents.

Most of the economic problems that are suffered by PWDs, their families and the community are a result of the myth and retrogressive beliefs that are held about disability. This results into social stigmatisation of PWDs, which in turn forces them into hiding from public life. PWDs are rarely counted among family members; they are considered to be of little value to their family members; they are denied access to education and employment opportunities. On the other hand, the excessive over-protection of some PWDs leads to the development of a dependency syndrome that further prevents PWDs from accessing social-economic services. Over-protection also prevents PWDs from taking on responsibilities for self-reliance.

The social-economic marginalisation does not only affect the individuals but also their families. Economically, disability may affect the family in the following ways:

- Minimal contribution by the PWDs to the family income;
- Diversion of the labour force within the family in caring for the person with severe disabilities;
- Straining limited family resource to provide special care for some PWDs.

4.4. Achievements of government in legislation

The disability movement and PWDs in Uganda have benefited from a positive political environment brought in by the NRM government. One of the biggest achievements has been the 1995 Constitution that guarantees the rights of PWDs and gives them the powers to participate in the political process in Uganda. Detailed achievements in terms of Laws put in place are described below:

4.4.1 The 1995 Constitution

Article 21 clauses 1 –5 emphasize equal treatment and enjoyment of equal rights by all people in the spheres of political, economic, social and cultural life and related aspects, and non discrimination of persons basing on sex, race, color, ethnic origin, creed or religion, social economic standing, political or

disability. Clauses 4 and 5 provide for parliament to enact laws to redress social and economic imbalances existing in society.

Clause 5 of article 21 says, "Nothing shall be taken to be inconsistent with this article which is allowed to be done under any provision of this constitution."

Article 32 provides for the state to take affirmative action in favour of groups marginalised on the basis of gender, age, disability or any other reason created by history, tradition, or custom, for the purpose of redressing imbalances which exist against them. Parliament shall establish An Equal Opportunities Commission for the purpose of giving full effect of the affirmative action.

Article 35 says that persons with disabilities have a right to respect and human dignity and the state and society shall take appropriate measures to ensure that they realize their full mental and physical potential. And that parliament shall enact laws appropriate for the protection of persons with disabilities.

Article 59 provides for all people with disabilities above the age of 18 to vote, and that law will be enacted to provide for the facilitation of citizens with disabilities to register and vote.

Article 78 paragraph (c) provides for the election of representatives of people with disabilities to parliament.

Article 180 section 2 paragraph (c) provides for affirmative action when setting conditions and procedure for electing people with disabilities to positions of leadership in local government councils.

4.4.2 Local Government Act, 1997

The local Government Act of 1997 has secured the participation of People with Disabilities in local government, through local Councils (LCs).

This LC structure stems from the village, parish, sub-county, county

(municipality for urban areas), to district level. The local Government Act (1997) stipulates that the disabled must be represented by two councilors at each level.

This representation has given the disabled a hitherto denied opportunity, to participate in decision making.

Section 11 paragraph (d) provides for election of 2 councilors with disabilities on the sub-county, Town, City, Municipality and District councils respectively.

Section 48 sub-section 2 paragraph (j) provides for secretary for disability affairs on LC 1 and 2 executive committees.

Presently, there are two PWDs (a female and a male) representatives on each local council from the village to the district level. In 1997, a total of 47,000 PWDs councilors were elected to the various councils in the country.

4.4.3 Children Statute, (1996)

Section 10 provides for the parents of children with disabilities and state to take appropriate steps to see that the children are assessed as early as possible, offered early treatment and afforded facilities for their rehabilitation and equal opportunities to education.

Section 11 provides for a local Government Council to keep a register of children with disabilities within its area of jurisdiction and give assistance to them whenever possible in order to enable those children grow up with dignity among other children and develop their potential and self reliance.

4.4.4 Parliamentary Elections Statute, (1996)

Section 12 sub-section 2 paragraph (g) provides for use of sign language where practicable when carrying out civic education of citizens of Uganda for the purpose and voting procedures of any election.

Section 37 sub- section 2 paragraph (d) provides for 5 Members of Parliament at least one of whom is a female. Paragraph (e) states that representatives shall be elected by an electoral college of representatives of such persons from each district in a manner prescribed by regulations made by the minister under section 123.

Section 58 provides for making voting polling stations accessible to people with disabilities.

Section 59 provides for the polling assistant to determine which part of the body to apply the inking process during voting for people with no upper limbs for example.

Section 62 provides for the presiding officers to allow expectant mothers, old or sickly voters or voters with disabilities and persons qualified for essential duties to vote without waiting in line with the other voters.

Section 66 sub-section 1-5 provides for a person with a disability or any other in a situation making it difficult for a person to vote on his own to do so with the help of a person of his /her choice.

4.4.5 The Uganda Communications Act, (1998).

Part 11 section 8 paragraph (n) provides for promotion of research into the development and use of new communications technologies including those which promote accessibility of hearing impaired people to communication services.

4.4.6 Uganda Traffic and Road Safety Act, 1998

Section 42 paragraph 3 says, "No person with a disability shall be denied a driving permit by reason of his or her disability".

Section 132 provides for use of bells, alarms, reflectors, direction indicators to

notify person including persons with disabilities approach of a motor vehicles, trailers or engineering plants at cross roads.

Section 132 paragraph (o) provides for making provisions to ensure adequate safety for cyclists, pedestrians and persons with disabilities on the road and particularly the provision of a rack or rump for support of equipment used by people with disabilities

4.4.7 UNISE Act, (1998), which establishes the institution as explained under 4.5.6 (b).

4.5 Specific policy related achievements of government

4.5.1 Awareness –raising

Government has registered commendable effort on awareness raising campaign. It is, in particular, a policy of the ministries of Gender, Labour and social Development, Education and sports and Health to create awareness on disability and development issues.

4.5.2 Medical care

The Rehabilitation section was established in the Curative Department of the Ministry of Health (MOH) in 1996 to enable PWDs access the services that include promotive, preventive and curative health service. Other departments in the Ministry also provide health services to PWDs.

In the elements of Primary Health Care in Uganda, mental health and disability have been included in the Basic Minimum Health Package and in the health policy.

MOH is trying to ensure that the purchasing power of appliances is improved.

4 rehabilitation units have been established at hospital level and 6 others strengthened.

The Uganda National Expanded Programme of Immunisation (UNEPI)

addresses prevention of movement disabilities for prevention of polio and measles. There is also a variety of reproductive health programs that target PwDs

4.5.3 Rehabilitation *Labour*

a) **Ministry of Gender and Social Development;**

The Ministry of Gender, Labour and Social Development is mandated to empower PWDs through skills development, home based and community training. Vocational Rehabilitation Services started in 1966. The process included identification, recruitment, registration, training, follow up and resettlement of PWDs.

The Uganda government in the 1990s adopted Community Based Rehabilitation (CBR) programme as a national strategy, which emphasises utilisation of resources at local levels through decentralisation. CBR covers 16 out of the 45 districts in Uganda. The strategy was to re orient institutional services to community based rehabilitation services. This was because the community based rehabilitation strategy emphasised a wider coverage, was cost effective and promoted wider participation of PWDs in service delivery.

The programme aims at improving the quality of life of children, youth and adults with disabilities, within their community environment. The major objectives of the program are:

- Improve the quality of lives of children, youth and adults with disabilities, within their own communities;
- Implement a service that is self-sustaining and cost effective in order to reach as many PWDs as possible;
- Manage the consequences of existing disabilities by rehabilitation of the environment to give access to PWDs;
- Utilise and mobilise community resources;
- Create awareness within the community about the needs of PWDs;
- Promote access to health, education and vocational services;

- Promote financial and technical sustainability of the programme;
- Strengthen Disabled Peoples Organisations, NGOs, Local and Central government structures.

The services under the programme include:

- Public awareness through mobilisation and sensitisation of communities.
- Training of PWDs, their families and communities.
- Manufacture and provision of assistive devices.
- Establishment of cultural groups mainly to sensitise the community.
- Identification of referral institutions and services.
- Income generating activities.
- Promote the support of Disabled Peoples Organisations.

The programme by 1996 had the following achievements in 6 districts.

Activities	Numbers.
a) Medical Care	
Diagnosis	2133
Treatment	609
b) Rehabilitation	
Functional Training	484
Assistive Devices	2121
c) Social Services	
Counseling	1015
Income Generating Groups.	90.
Training of CBR workers	120

b) Ministry of Health:

The ministry of Health, through the Rehabilitation section, is ensuring that rehabilitation services are accessed to PWDs. Rehabilitation is one of the essential district health services in Uganda. The MOH has developed standards and guidelines to assist districts strengthen their rehabilitation services. The standards are targets the districts can aim at when planning and implementing rehabilitation services at sub-district and district level. According to the policy,

Health Centres are used as primary assessment levels and they will also be the focus for outreach clinics. District hospitals are centres for first level specialized services provided by rehabilitation health workers. Static out patient clinics are the centres for outreach activities. Consultants will be available at regional centers. In addition adequate equipment facilities and drugs will be available at all levels of health care.

c) The government has also created a conducive environment for NGOs to provide services to PWDs.

4.5.4 Support services

Technical aids are being produced at the orthopaedic Workshop at Mulago hospital for sale to PWDs.

4.5.5 Accessibility

The Ministry of Works, Housing and Physical Planning has included provisions of accessibility to private and public buildings.

Accessibility of children with disabilities to school facilities

The Ministry of Education and Sports has set up minimum standards for schools as one provision for accessibility of children with disabilities to school environments. The minimum standards for example require that there should be:

- Clearly marked footpaths for both mainstream learners and those with visual Impairment
- Ramps to access buildings
- Sufficiently lighted learning environments to cater for all children especially learners with low vision and those who have to follow sign language for instruction and general communication
- Distraction free learning environments for the children
- A set of drawing for construction of schools have been adjusted to accommodate accessibility. This includes:

- Ramps to access buildings
- Improved toilet structures
- Improved blackboards
- Advocacy and sensitisation of district leaders is also carried out and accessibility being one of the areas stressed for school management committees to take note of when planning developments in the schools.

4.5.6 Education

a) *Universal Primary Education (UPE) policy*

Under this policy, government is providing free education to four children per household at least two of whom must be girls. UPE gives first priority to a child with a special need in a family to be enrolled in school. Such a child is included among the four children to benefit from UPE. To date, 150,559 children with disabilities (82,537 males and 68,022 females) are catered for by government UPE as detailed below:

CATEGORY	MALE	FEMALE	TOTAL
Hearing Impairment	22,462	18,480	40,942
Visual Impairment	13,279	15,389	28,668
Mental Retardation	24,320	18,005	42,325
Physical (Motor disabilities)	22,476	16,148	34,624
Total	82,476	68,022	150,559

b) *Uganda National Institute of Special Education (UNISE)*

In 1991 the Government of Uganda established the Uganda National Institute of Special Education (UNISE) with the financial and technical support of the Danish International Development Agency (Danida). UNISE is a unique autonomous institution of higher learning academically linked with the Institute of Teachers Education Kyambogo (ITEK) and Makerere University Kampala.

The main objective of UNISE is to meet the great demand of special educational needs in Uganda and the region through providing professional manpower to

secure effective support of training needs. The main activities include:

- Training of teachers involved in Special Needs Education
- Research in Special Needs Education and Rehabilitation
- Dissemination and documentation of information about persons with disabilities and special educational needs
- Production of educational materials and compensatory aids

UNISE offers the following academic programmes:

- The One-year Postgraduate Diploma in Community Based Rehabilitation (CBR)
- The two-year Degree programme in Special Needs Education
- A Diploma Programme in Special Needs Education
- A two-year Diploma Programme in Community Based Rehabilitation (CBR)
- A Two-Years Diploma in Mobility Rehabilitation
- Short in-service Training and Distance Learning courses

c) Educational Assessment and Resource Services /Special Needs Education – (EARS/SNE)

Special Education was started as a department in the ministry in 1992 with DANIDA support. The programme was developed as a result of the concern, of special needs education of children in Uganda. The components of EARS include:

- Early identification of children with special educational needs (SEN)
- Assessment and subsequent placement of children into learning environments appropriate to their respective educational needs
- Educational intervention of children with SEN.
- Co-ordinating service delivery with other service providers e.g. medical staff.
- Medical intervention with social workers and medical personnel
- Training of teachers in collaboration with other stakeholders in disability
- Setting and maintaining standards in schools
- Advising on making of ramps in schools

- Availing Braille books and other scholastic materials to schools
- Acquisition of hearing aids
- Net working with other service providers as referral contacts.

Today there are two departments of special education (Administration and Inspectorate) in the Ministry of Education and Sports. The programme covers all the 45 districts with special needs education

d) *Provision of Education to the Deaf and Blind Children*

The following additional policy measures have been adapted:

- The Ministry has also constructed units/Resource rooms in mainstream schools with a catchment area to serve identified numbers of children with hearing impairment.
- The Ministry of Education has provided support to the Uganda National Association of the Deaf (UNAD) in the production of sign language dictionaries which will also be distributed to units/schools.
- The Ministry has also trained teachers in making educational materials from locally available material for the deaf.
- Secondary education of deaf learners has started at Ngora High School. More consultations are on going with secondary schools for a wider provision for these learners.
- The ministry has also trained 13 mobility instructors serving the country in support of blind children. The children are taught mobility skills.
- Government recommends the integration of children with special Educational Needs as it will provide learners with the kind of education appropriate for their social, cultural, ideological and economic development.
- However, to cater for children with severe degrees of learning needs who may not benefit from mainstream school placement (integration), the ministry is setting up small boarding facilities in schools while maintaining the already existing special schools.

4.5.7 Economic Empowerment

Government runs the Entandikwa credit scheme whose target groups are women, youth and persons with disabilities. The purpose of this to enable the target groups raise their levels of income. Specific percentages of the credit related schemes should be kept aside to benefit people with disabilities on a continuous basis.

4.5.8 Information

The Ministry of Information has included accessibility to information in their policy and it offers simultaneous television news and interpretation into sign language to benefit people with hearing impairment in the country.

4.6 Problem statement

In order to improve the living conditions of PWDs, a lot of commitment and concerted effort is required on the part of government. An analysis of government policies and programmes has revealed that most government ministries have not specifically targeted PWDs. There are a few Ministerial policies and policy guidelines on disability in the Ministries of Gender, Labour and Social Development; Health; Education and Sports and to a certain extent Works, Housing and Communication. These policies and guidelines are not comprehensive, and cover only one or a few departments of the respective ministry programmes.

Several Ministries, government institutions and departments do not have policies on disability. These include the Ministries of Defense; Foreign Affairs; Internal Affairs; Local Governments; Tourism, Trade and Industry; Public Service; Finance, Planning and Economic Development; Justice; Agriculture, Animal Industry and Fisheries; Information and Office of the Prime Minister. Institutions of Higher Learning like Universities, Research Institutions and Government Parastatals do not also have policies on disability.

There are also several areas where government policy is lacking. These include employment, income generation, information and research, funding PWDs programmes and higher education.

Although disability is a development issue with a lot of impact on the development of a country, it is not integrated in all government development plans, policies, and programmes at both District and National levels. There is limited funding to support PWDs programmes at both Central and Local Governments. The many actors in service delivery are not adequately co-ordinated leading to duplication and wastage of the scarce resources

It should also be noted that the existing institutional framework is not strong enough to co-ordinate disability programmes in the country. Existing mechanisms for collaboration, co-ordination and networking among the different in service delivery are very weak. The department for Disability and Elderly has limited powers to co-ordinate other departments and Ministries. It is also poorly facilitated to carry out its envisaged role.

There have been no deliberate programmes, other than immunisation, to control and prevent disability in the country. There has been no deliberate research on disability and development issues so that appropriate measures to prevent and/or control disability are planned and implemented.

Many essential programmes and activities of PWDs are not funded. There is no information on disability and development issues that has affected planning and management of development programmes. There is limited awareness on disability and development among policy makers, planners, community leaders and the general public. Consequently, persons with disabilities continue to be marginalised, discriminated against, and have a very poor quality of life.

5.0 DEVELOPMENT OF AN INCLUSIVE POLICY ON DISABILITY

The Ministry of Gender, Labour and Social Development, in line with its mandate, wish to develop a National Inclusive Policy on Disability to eliminate the problems outlined above and therefore consolidate the achievements so far registered in the empowerment of persons with disability.

5.1 An Inclusive National Policy.

The concept of inclusion means "contained in", "embraced" or "being with". It is about embracing humanity and figuring out how we are going to live WITH one another in the challenging world. "Inclusive Policy" in this context means "Actions or principles that are embracing" both the able-bodied and PWDs.

According to Richard Titmuss (1973) Policy is defined as "principles that govern action directed towards given ends." The concept denotes action about means as well as ends and it, therefore implies change. The concept of policy is only meaningful if it can affect change in some form or another. The policy should be action oriented and focus on the following:

- A framework on which government will provide services to PWDs.
- An instrument which government will use to account for its actions to the people.
- focus on its failures and successes; and
- A guide to consolidate the development of the people the policy is addressing.

The principle and obligations will be guided by the general vision and the mission government has towards PWDs.

5.2 The Uganda Vision 2025

The national vision for Uganda is "**Prosperous People, Harmonious Nation, Beautiful Country**" (Vision 2025). The first part of the vision means "a

healthy, well educated society with high quality of life", the second part means "effective, participatory democratic governance" and the last part means "to manage the environment sustainably and in a healthy manner."

In its national vision the government of Uganda dedicates itself to strive for the creation of a "Society for All" as outlined in UN Standard Rules for equalization of opportunities for PWDs. In a society for all, the needs of its entire citizenry constitute the basis for planning in such a way that general systems and institutions of society are made accessible to all. The ultimate goal in development is an inclusive "Society for all" which recognises and values individual differences and acknowledges common humanity and equality. In formulation of a National Policy it should be kept in mind that the vision is to create a society for all.

5.3 The Mission

The current government mission in respect to PWDs is "To empower communities particularly marginalised groups to realise and harness their potential for sustainable and gender responsive development". It is to improve the quality of life through enhancing the dignity, well being and empowerment of PWDs. It is the recognition and provision of services to consolidate the efforts of equality, full participation, independence and self-actualization. The gaps that hinder full participation of PWDs in social, economic and political development need to be identified and addressed in the policy in order to fulfil aspirations of the mission.

5.4 Development objectives

As indicated earlier, disability is no longer a charity issue. It is about empowerment and development. The policy should aim at achieving a full social integration focusing on inclusive characteristics that will make a PWD participate fully in society's activities and obligations secure in society. This will be achieved by, inter alia, providing and making PWDs accessible to the following:

- Rehabilitation services;

- Social services;
- Training and employment and
- A barrier- free environment.

5.5 Principles.

PWDs do not form a uniform group of people all having the same needs. In other circles, this is referred to as "Politics of disability." There should not be separate services for each category but clear indications of classification should take the modern trend. Impairments should be classified in terms of participation and activity suitable for each.

As a general principal the proposed policy will be inclusive, coherent and comprehensive that will lead to:

- Public awareness
- Reduction in occurrence of physical, sensory mental and permanent functional limitations.
- Empowerment of PWDs through their DPOs and parents of disabled persons organisations.
- Accessibility to physical and information programmes bearing in mind communication channels i.e. Sign Language and braille.

Other fundamental principles include:

- The principle that the various systems of society and the environment, such as services, activities, information and documentation are made available to all particularly to PWDs.
- The principle of equal rights which implies that the needs of each and every individual are of equal importance, that those needs must be made the basis for planning of societies and that all resources must be employed in such away that every individual has equal opportunity for participation.
- The principle that PWDs are members of society and have the right to remain within their local communities. They should receive the support they

need within the ordinary structures of education, health, employment and other social services.

- The principle that as PWDs achieve equal rights, they should also have equal obligations. As part of the process of equal opportunities, provision should be made to assist PWDs to assume their full responsibility as members of society.

The above principles will be respected according to how society defines impairment and disability

5.6 Target groups.

The policy targets all citizens of Uganda as it aims at a "Society for all" with special attention to direct beneficiaries who include among others the following:

5.6.1 Women with disabilities

In many areas women have been discriminated against and subjected to cultural, social and economic disadvantages. Women with disabilities experience a double disadvantage of being disabled and women. The policy will stress the need for equal opportunities of Women with disabilities.

5.6.2 Children with Disabilities

Children with disabilities need early intervention strategies and parental awareness of services available. The whole idea is to prevent secondary impairments.

5.6.3 Youth with disabilities

The situation of the youth should be studied to provide appropriate services that will and give them hope to live a meaningful life.

5.6.4 Elderly people with disabilities

A national strategy is to be put in place to ensure safety of this community in a changing environment. Studies in areas of social security, economic institutions, settlement service programmes be conducted to give hope to the above group.

5.6.5. Disabled people living in rural areas

Priorities, feelings, and aspirations of PWDs living in rural areas are enriched in the relationship between poverty and disability. The relationships should be studied to reveal cause and effect problems of disability.

5.6.6 Disabled people living in urban areas.

The increasing number of PWDs living in urban areas face both Physical and Psycho social problems. Programmes directed to their needs should be put in place.

6.0. Justification.

Disability issues cut across most programme areas in Uganda. An attempt has been made by few ministries to develop services for PWDs and even include disability-related policies in their policies, but these areas are limiting in nature and are not integrated. It is therefore important for government to come up with an integrated and comprehensive policy, which will mainstream disability issues in all government programmes.

The policy will spell out specific programme strategies relevant to each ministry and Local Governments. This will go along way in promoting co-ordinated programme activities in the area of disability, leading to a cost-effective way of delivering services.

7.0 Key Proposed Policy Areas.

Disability policy is aimed at all areas in society, but the following key areas need

special attention in achieving a society for all:

- Raising Awareness
- Prevention and Early Identification
- Treatment, therapeutic Aids and Orthopaedic Technical Services.
- Accessibility.
- Education.
- Vocational Training and Employment.
- Legislation.
- Social Integration.
- Family life and Personal integrity
- International Co-operation.

8.0 Proposed strategies and activities for policy development

To develop the proposed National Inclusive Policy on Disability, several strategies and activities are proposed:

8.1 National workshop on the proposed national inclusive policy

The first activity proposed in the process of policy development is to conduct a National Workshop where Ministries and NGOs will be given feedback on the Literature review on the existing policies for confirmation. The workshop will also call for participation by all ministries and NGOs in the policy development

The objectives of such a workshop are:

- To sensitise stakeholders about the policy formulation exercise
- Assess existing policies and strategies with regard to PWDs.
- To identify research and information gaps and develop a research agenda with respect to the policy formulation exercise.
- To call for the participation of all stakeholders
- To ensure that the policy consequently developed is acceptable, feasible and sustainable.
- To identify issues that are to be addressed in the proposed Operational Research.

8.2 Operational Research

The purpose of the Operational Research is to study the quality of life of persons with disabilities. Specifically, the research should, among others, reveal cultural practices, attitudes in the different communities towards PWDs, the needs of the various categories of PWDs, existing government strategies and those of other agencies and actual initiatives and programmes to provide services to the study population. It should be noted that no National survey has been undertaken on PWDs and therefore the magnitude of disability is not known. The research should also endeavour to estimate the proportion of PWDs in Uganda. The research is to be undertaken in order to obtain information that will be used to formulate:

- A National inclusive policy on disability;
- A National Action Plan to implement the policy.

The research shall be carried out using quantitative participatory learning approaches.

8. 2.1 Coverage

Given that disability is promoted and interpreted differently by the different cultures, there is need to cover the majority of cultures in Uganda. It is therefore recommended that the research should cover 18 districts selected as follows:

Region	Number of districts to be selected
Acholi	1
Ankole	1
West Nile	1
Buganda	2
Bunyoro	1
Busoga region	1
Kigezi	1
Lango	1
Teso	1
Toro	1
Kapchorwa	1

Karamoja	1
Kasese	1
Bundibugyo	1
Tororo	1
Pallisa	1
Busia	1
<u>Total</u>	<u>18</u>

It is further recommended that 2 sub-counties from each of the selected districts and two parishes in each sub county be included in the survey. A parish should be the enumeration area.

To ensure that the survey is carried out effectively, two enumerators are recommended for each parish, giving a total of 144 enumerators. At a rate of 10 questionnaires per day for five days, a total of 7,200 respondents should be covered by the research. Supervisors at sub county and district level have been planned for. Consultants shall be hired to carry out the Operational Research.

8.3 Studies

There is need to carry out studies in areas where no adequate information is available so that appropriate measures can be identified and recommended as part of the policy. The following five studies have been identified and shall be undertaken:

i) Service delivery

There are many service delivery approaches being employed by government and NGOs and communities. Notable among them is the Community Based Rehabilitation (CBR). These approaches need to be evaluated in order to adopt and recommend the best in terms of cost-effectiveness, acceptability and affordability, as part of the policy.

ii) Accessibility

A study on standards and guidelines to make the physical environment (i.e. public buildings and facilities, transport, recreational facilities) and information (i.e. sign language and braille) accessible should be taken.

iii) Prevention and Early Identification.

A Study to design, develop and strengthen early intervention programmes to prevent disabilities should be undertaken.

iv) Treatment, therapeutic Aids and Orthopaedic Technical Services

A Study should be taken in the field of developing and supply of support services including assistive devices for PWDs. At the moment there is controversy as to whether these should be free or cost shared.

v) Vocational Training, Employment and income generation.

A study is necessary to identify skills that can lead the PWDs into gainful employment. There is also need to identify appropriate measures to be taken to improve income among PWDs.

8.4 Drafting of policy

There will be a team of 5 consultants to draft the policy. The committee will use the findings of the operational research and studies and the report of the national workshop to come up with the first draft of the policy. It is estimated that the team will take 10 days to come up with the first draft. This draft shall continuously be revised as more issues are raised. It is therefore estimated that the drafting team shall hold eight sessions of 3 days each to revise the draft policy document.

8.5 Building national consensus on the policy

In order for the policy to be acceptable, there is need to have national consensus on it. The draft policy shall therefore be presented to various stakeholders for their views, opinions and suggestions. The target groups to be consulted are:

8.5.1 District Local Governments

In line with the decentralisation policy, district and lower local governments shall implement the bulk of the policy. There is therefore need to consult them on the policy and seek their views. Five regional workshops to be attended by 5 representatives of each of the district local governments are planned for. 45 participants shall attend each workshop from 9 districts.

8.5.2 Special interest groups

Special interest groups for which the policy is made shall also be consulted. This will ensure that some categories of PWDs are not marginalised in the policy development exercise. The special groups include:

- (a) Persons with visual impairment
- (b) Persons with physical disabilities including people with feeling difficulties
- (c) Persons with hearing impairment
- (d) Women with disabilities
- (e) Parents of children with disabilities

Five two-day workshops, one for each group shall be held.

8.5.3 Policy makers and planners

Policy makers and planners shall also be consulted. Three workshops are planned to target the following:

- Planners and policy makers in Ministries. It is expected that high-ranking officers at the level of commissioner and above shall represent their ministries in these workshops.
- Members of Parliament
- Service providers. These include NGOs, business community and donors

8.6 White Paper

After the above consultative process, a final policy document shall be produced and presented to the Ministry. This document shall be used to come up with a white paper to be presented to cabinet for approval.

8.7 Launching of the policy

The last event of the policy formulation process shall be an occasion to launch the policy.

WORKPLAN 2000 - 2002

ACTIVITY	PERIOD	EXPECTED OUTPUT	RESPONSIBLE
1. Mobilisation of funds	Mar. – June 2000	Funds mobilized project launched	MGLSD
2. Develop a detailed Work plan for policy development process	July 2000	Work plan available	MGLSD
3. Establish project implementation mechanisms	July 2000	National committee to coordinate the project in place Consultants identified and hired	MOGLSD National Council on disability
4. Undertake Operational Research on PWDs	Sept. 2000	Report available and being utilised in policy development	Consultants.
5. Undertake studies on disabilities Development	Aug. 2000 – Jan 2001	Study Reports available and being utilised in policy development	Consultants.
6. Hold National Workshop on the proposed inclusive Policy	Aug. 2000	Ministerial positions defined. –Research agenda evolved. -Policy areas defined.	ministry consultants
7. Compile first draft of the policy.	February to March.	First draft in place.	Consultants.
8. Build National consensus.		5 regional workshops held and district views incorporated in policy.	
a) Hold regional workshops.	April to June 2001		Consultants.
b) Hold workshops for	August to	5 workshops held and views of special interest groups	Consultants. National

special groups.	October 2001	incorporated.	Coordinating Committee.
c. Hold workshops for policy makers and Members of Parliament	December 2000 to Jan 2002.	3 workshops held and views of policy makers incorporated.	
9. Present final policy document to the Minister	March 2002	Document adopted by Ministry. White paper written	Consultants
10 present White paper to cabinet	May 2002	Policy approved	Minister
11. Launch National policy on disability	June 2002	Policy launched	Minister

BUDGET

	Activity	Items	Unit	Period	Qty	Unit cost / rate	Amount
1.	National conference on proposed policy	Meals and accom'ion	Participants	2 days	40	50.000	4,000,000
		Resource persons	Number		8	60.000	480,000
		Out of pocket	Participants	2 days	40	10.000	800,000
		Stationery				200.000	200,000
		Fuel for participants	Participants		40	20.000	800,000
		Facilitation fees	Consultants	2 days	2	200.000	800,000
		Publicity				100.000	100,000
		Fuel for organisers				100.000	<u>100,000</u>
		Sub total					7,280,000
2.	Operational Research						
a)	Development of tools	Consultancy fees	Consultants	14 days	2	150.000	2,250,000
b)	Pre- testing of tools	Consultancy fees	Consultants	14 days	2	150.000	4,200,000
		Night allowance	Consultants	14 days	2	50.000	1,400,000
		Enumerator/ allow	Enumerators	7 days	4	15.000	420,000
		Transport for enumerators	Enumerators	7 days	4	10,000	280,000
		Cost of pre-testing					6,300,000
c)	Review of tools	Consultancy fees	Consultants	5 days	9	150.000	6,750,000
d)	Stationery for data collection	Photocopying					
		pretest questionnaires	Number	-	400	1,000	400,000
		Printing					
		Questionnaires	Number	-	7500	500	3,750,000
		Pens	Packets	-	5	10,000	50,000
		Pencils	Packets	-	5	2,500	12,500
		Wallets for field staff	Number	-	200	1,500	300,000
	Name tags	Number	-	200	1,500	<u>300,000</u>	
		Cost of Stationery					4,812,500
e)	Data collection and training of field staff	Allowances					
		Enumerators	No.	7 days	144	15,000	15,120,000
		Sub county supervisors	No.	8 days	36	20,000	5,760,000
		District supervisors	No.	10 days	18	50,000	9,000,000
		Transport					
		Enumerators	No.	7 days	144	10,000	10,080,000
	Sub county supervisors	No.	8 days	36	20,000	5,760,000	

		District supervisors	No	10 days	18	30.000	5.400.000
		Consultancy fees	consultants	14 days	9	150.000	18.900.000
		Night allowance	consultants	14 days	9	50.000	6.300.000
		Transport of consultants	consultants	14 days	9	100.000	<u>12.600.000</u>
		Data Collection Cost					88.920.000
f)	Data processing and analysis	Consultancy fees	Consultant	14 days	9	150.000	18.900.000
g)	Report writing	Consultancy fees	Consultant	5 days	9	150.000	6.750.000
h)	Dissemination workshop	accommodation	Hall	1 day	1	300.000	300.000
		meals	Participant	1 day	60	15.000	900.000
		stationery				100.000	100.000
		facilitation	Consultant	2 days	2	150.000	600.000
		rappoteur	Consultant	1 day	2	150.000	300.000
		Out pocket /Transport	Participant	1 day	60	20.000	1.200.000
		Workshop cost					3.400.000
		Sub Total					138.082.500
3.	Studies	Cost per study	study	-	5	15.000.000	<u>75.000.000</u>
4.	Drafting the policy	First draft and revisions of draft	Consultants	10 days	5	150.000	7.500.000
		stationery	Consultants	3 days	5	150.000	18.000.000
		Meals	Meetings	-	9	100.000	900.000
		Sub Total	consultants	34 days	5	10.000	1.700.000
							28.100.000
5.	Regional workshops for district local government Councils	Cost of one workshop					
		Meals & Accom'tion	Participants	2 days	40	50.000	4.000.000
		Facilitation	Facilitators	3 days	4	150.000	1.800.000
		Out of Pocket	Participants	2 days	40	10.000	800.000
		Transport of ppts	Participants		40	30.000	1.200.000
		Stationery				200.000	200.000
		Transport of facilitators	Facilitators		4	100.000	400.000
		Night allow. For facilitators	Facilitators	3 days	4	50.000	600.000
		Cost of 1 workshop					9.000.000
		Cost of 5 workshops					45.000.000
6.	Workshops for Special Groups	Cost of one workshop					
		Meals & Accom'tion	Participants	2 days	60	50.000	6.000.000
		Out of Pocket	Participants	2 days	40	10.000	800.000
		Facilitation	Facilitators	3 days	4	150.000	1.800.000
		Transport of ppts	Participants	2 days	60	30.000	1.800.000
		Interpreters/guides All	Persons	2 days	20	20.000	800.000
		Night allow. For facilitators	Facilitators	3 days	4	50.000	600.000

		Stationery				200.000	200.000
		Cost of 1 workshop					12,000,000
		Cost of 5 workshops					60,000,000
7	Workshops for policy makers, planners and implementers	Cost of one workshop					
		Accommodation	Hall	1 day	1	300.000	300.000
		Facilitation fees	Facilitators	2 days	4	150.000	1,200.000
		Meals	Participants	1 day	60	15.000	900.000
		Stationery			-	100.000	100.000
		Rapporteur	Rapporteur	1 day	2	150.000	300.000
		Out of pocket/Transport		1 day	60	20.000	1,200.000
		Cost of 1 workshop					4,000,000
		Cost of 3 workshops					12,000,000
8.	Meetings of the National committee to co-ordinate the project	Cost per meeting					
		Sitting allowance	Members	1 day	10	50.000	500.000
		Meals	Meetings	1 day	10	10.000	100.000
		Stationery				50.000	50.000
		Cost of one meeting					650,000
		Cost of 24 meetings					15,600,000
9.	Publicity of policy formulation	Radio programmes	Month		24	100.000	2,400,000
		TV programmes	Quarter		8	500.000	4,000,000
		Sub Total					6,400,000
	PROJECT COST						387,462,500
	CONTINGENCY	5%					19,373,000
	TOTAL COST						406,835,500