NORWEGIAN ASSOCIATION OF THE DISABLED

# EVALUATION OF THE COMMUNITY BASED REHABILITATION PROGRAMME IN UGANDA

**Final Report**

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**by**

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# LIST OF ABBREVIATIONS

| | |
|---|---|
| CAO | Chief Administrative Officer |
| CBO | Community Based Organisation |
| CBR | Community Based Rehabilitation |
| CDA | Community Development Assistant |
| CDO | Community Development Officer |
| CDWs | Community Development Workers |
| COMBRA | Community Based Rehabilitation Alliance |
| CSO | Civil Society Organisation |
| DDHS | District Director of Health Services |
| DEO | District Education Officer |
| DGCCD | Director Gender, Culture and Community Development |
| DPO | Disabled People's Organisation |
| DRO | District Rehabilitation Officer |
| DUDIPU | District Union of Disabled Persons in Uganda |
| EARS | Education Assessment and Resources Services |
| GoU | Government of Uganda |
| HA | Health Assistant |
| IGA | Income generating activity |
| LC | Local Council |
| MP | Member of Parliament |
| MGLSD | Ministry of Gender, Labour and Social Development |
| MIS | Management information system |
| MOES | Ministry of Education and Sports |
| MOFPED | Ministry of Finance, Planning and Economic Development |
| MOH | Ministry of Health |
| NAADS | National Agriculture Advisory District Service |
| NAD | Norwegian Association of the Disabled |
| NGO | None Governmental Organisation |
| NOK | Norwegian Kroner |

| | |
|---|---|
| NSC | National Steering Committee |
| NUDIPU | National Union of Disabled Persons in Uganda |
| OURS | Organised and Useful Rehabilitation Services |
| SNECO | Special Needs Education Coordinator |
| SDIP | Social Development Sector Strategic Investment Plan |
| TOOC | Tororo Optic / Ophthalmic Centre |
| TCCBRS | Tororo Comprehensive Community Based Rehabilitation Services |
| UNAB | Uganda National Association of the Blind |
| UNAD | Uganda National Association of the Deaf |
| UNAPD | Uganda National Association on Physical Disability |
| UNICEF | United Nations Children's Fund |
| UNISE | Uganda National Institute for Special Education |
| USD | United States Dollar |
| USDC | Uganda Society for Disabled Children |
| USH | Uganda Shilling |
| WHO | World Health Organisation |

# TABLE OF CONTENTS

# 1. SUMMARY WITH MAIN FINDINGS AND RECOMMENDATIONS

## 1.1 Scope of evaluation

This report presents the outcome of an external evaluation of the Community Based Rehabilitation Programme (CBR) in Tororo District in Uganda. The evaluation has been jointly commissioned by Norwegian Association of the Disabled (NAD) and the Ministry of Gender, Labour and Social Development (MGLSD), Uganda.

The main objectives of the review has been to assess

- √ Achievements of programme objectives since its inception in 2002.
- √ To what extent the programme has addressed the recommendations of the 2000 external evaluation.
- √ The programme's strengths and weaknesses with particular emphasis on review of the programme's management and financial arrangements.

Based on the above the evaluation has made recommendations for strengthening the CBR programme and the opportunities and challenges associated with applying the Tororo District model for implementation of CBR programmes in other districts.

## 1.2 Main achievements

The Tororo CBR model has shown encouraging results considering the fact that it has only been under implementation since 2002/2003. The results are more significant both in number of disabled persons actually receiving assistance and in mobilising communities in supporting them. The approach taken in the current CBR programme has proven that true community based approach is possible and gives significantly higher outreach in terms of numbers communities and families reached if compared to the previous national level and supply driven model. It has also proven as a more cost efficient model compared to the previous model.

These findings are first and foremost attributed to the mobilisation of community based and selected volunteers guided and supported by community based workers of the sub-counties (Community Development Officers/assistants (CDO/As), Health Assistants (HA), Special Needs Education Coordinators (SNECOs) and others.

The findings can also be attributed to the fact that significant more financial resources are allocated to the sub-counties, enabling them to cover various costs related to counselling and referral services for the disabled persons.

The above has also contributed to a much wider awareness effort with identification and assessment of more than 6500 disabled persons. The inclusion of stakeholders in planning and execution of awareness and monitoring activities has contributed to the same with Disabled Persons Organisations (DPOs) participating in planning, sensitisation and monitoring at all levels (District, Sub-County and even parish level). Consultations with various stakeholders, disabled persons and their family members during the mission to Tororo, also confirmed a change in perception of CBR from a programme to deliver services to a programme in which disabled persons and

communities identify themselves as partners in mobilisation of assistance, not only as receivers of services.

With the awareness created, the high number of disabled persons sensitised and assessed, a significant higher number of referrals have been made. Although the CBR programme itself finance some of the services, it has also contributed to more mainstreaming of services from health clinics, assistive aid workshops, integration of more disabled persons in schools and made disabled persons benefit from agriculture extension service programmes.

With the introduction of a computerised management information system (MIS) supported by procedures for registration and assessment, the programme has acquired substantial information of the target population. With further developments/-adjustment of the monitoring system it will support planning of interventions in a more focused manner.

As programme implemented by the Government of Uganda (GoU), the budget and planning process is fully integrated with the GoU public financial management system and procedures and funds are released within the regular budget execution system of GoU, making resources subject to regular internal control procedures. It has contributed to increased assurance, accountability and ownership of funds allocated to the programme as evidenced among others by the significantly higher share of GoU contribution to the programme compared to the previous 1991 – 2000 national CBR programme.

With some adjustments reflected below, the CBR model in Tororo should gradually be introduced to other districts, i.e. a model has been developed which can be replicated to other districts following some adjustments.

## 1.3 Main challenges

Not withstanding the above achievements there are some challenges and constraints which need to be addressed for successful continuation of the programme and before introduction to other districts.

The main challenge is associated with resource allocation and the current demands made on the programme beyond its initial scope. A significant higher number of disabled persons can be assisted by allocating a substantially higher share of resources to sub-counties on account of fewer resources to centralised coordination and "management" activities and activities that should be mainstreamed (like agriculture inputs. etc.). This will enable mobilisation of more volunteers per parish and more resources to strengthen their capacity (refresher courses, bicycles, tools for assistive devices, supervision, etc.). The latter will also serve as incentives to maintain motivation among the volunteers which without most likely will loose interest in serving the programme (as evidenced by experience from other similar programmes). More resources to sub-counties will give opportunities for more referrals of disabled persons (in the form of transport and funding of assistive devices) and more home based activities delivered by the Sub-County resource teams and the volunteers.

The number of disabled persons registered in the MIS as identified and assessed is 6499. The prevalence of disabled persons in Tororo District using this registration and the census figure of approximately 540 000 persons totally in Tororo is therefore 1.2 percent. This is far below the WHO estimate of 10 percent and the Uganda estimate of 4-5 percent. The last figure is probably closer to the real figure. Accordingly it

appears that less than 50 percent of disabled persons in the District have been registered. It will be a challenge for the programme to identify more disabled persons, many probably living in hard to reach areas and possibly also in Tororo town.

The CBR programme is subject to various demands beyond its initial scope. In addition to mainstreaming of service provision rather than using CBR funds to finance services by referral institutions and other inputs, the programme currently also finance capacity building of DPOs. While capacity building of communities and community based service provider may be justified, institution building of DPOs and other associations and NGOs is beyond the scope of the programme and should instead be funded from other sources (e.g. directly by NAD). The DPOs are to provide oversight of programme implementation and represent the disabled persons in ensuring that they benefit from the programme. If the DPOs themselves benefit from the CBR programme it may create a conflict of interest and threaten their integrity in representing the disabled persons since the CBR programme is a GoU programme to assist disabled persons, not DPOs.

A major constraint is the limited capacity in the referral systems. This issue could be addressed already at planning stage, by including the stakeholders from the referral systems, making them aware of the additional demand for services that the CBR programme will generate in order for them to adequately prepare for required increase in capacity. This will ensure that demand is translated into action by the responsible service providers (institutions in sectors such as health, education, agriculture, etc.) and planning of outreach activities to reach the disabled persons in need of assistance.

What remains a challenge is how to accommodate special needs for visually impaired and deaf. It is a challenge not easily resolved by community and service institutions like schools, clinics etc. since it requires special services like training in sign language and Braille, schools which can provide for special needs education etc.

Although the current planning and budget procedure has significantly improved from the previous CBR programme, the current approach to planning still focus to much on inputs and activities. The main indicator for achieving the objective should be the number of disabled persons reached and receiving some form of assistance, not number of meetings, monitoring visits etc. Changing the focus of planning will eventually result in more resources for building capacity at community level and more resources to sub-counties. To support the process of adjusting planning with more focus on the results for the disabled persons, external technical assistance should be made available to facilitate the planning process.

Furthermore, the current mode of budget allocation with the same amount of funding per sub-county regardless of size of population and/or number of disabled persons should be changed to a more equitable allocation model like allocating resources according to size of population.

The formation of many different DPOs at district level and below has led to fragmentation and spread of resources. It demands a lot of resources for coordination among the various DPOs in order to maintain strength and influence in planning and monitoring of the CBR programme outcomes.

Although the MIS developed and implemented in Tororo to support planning and monitoring has provided a comprehensive database with basic information of the target group, the procedures for data collection and the programme design has proven too complex and ambitious to serve planning and monitoring needs. There is a

significant scope to simplify data collection procedure and focus on basic data (on a "need to know" basis rather than "nice to know"). By concentrating on tracking only basic data and introduction of modules of analysing them, the MIS system could become a valuable tool for planning interventions and resource allocation. To undertake such adjustment the Tororo DRO will require external technical assistance with proven experience in development of management and monitoring systems.

Monitoring of outcomes including quality of assistance and outcomes for the disabled person can realistically not be captured by a reporting system feeding into a computer on a monthly or quarterly basis for a population of 6500 disabled persons. It should instead be assessed by annual/semi-annual reviews of a sample of disabled persons selected from the MIS database.

The change in modality of funding has increased level of assurance compared to previous approach (reduced fiduciary risk). However, using the regular GoU system and procedures for fund releases has appeared as a modality causing delay in funding of the programme. This has not been due to delays in releases from the Ministry of Finance, Planning and Economic Development (MOFPED). It has been due to lack of information from MGLSD on what amount of the total release made for Community Development is intended for the CBR programme. With an agreement reached between MGLSD and MOFPED during the mission, this problem will most likely be solved by MGLSD giving notice with each release of how much is to be allocated for different programmes including CBR as and when releases are made from MOFPED to the districts.

While NAD provides a general contribution to CBR credited as general revenue to GoU (budget support) their agreement with MOFPED specifies that funds are to be released from the MOFPED to two separate bank accounts in the name of MGLSD for CBR activities at the central level; one receiving deposits equivalent to NAD funding and one account for contributions from MOFPED. The amount for Tororo district is channelled through the regular budget execution procedure. The procedure for transfer to MGLSD only increases paperwork and bank charges without providing additional safeguard and assurance to how money is actually spent. Instead all funds should be provided as regular budget support without demanding special procedures for releases. Monitoring of fund utilisation should be done through regular internal control procedures of GoU.

The special audits requested by NAD semi-annually are made to reconcile financial information on a calendar year basis (NAD's financial year) rather than the Uganda fiscal year. The audit is based on special financial statements to accommodate the requirement, not on regular financial statements produced by the GoU. The information from the two financial statements is not reconciled by the auditors and as such the audits by the external auditors do not add much assurance. Instead they should audit the regular financial statements of the GoU on a six monthly basis including the final financial statement according to GoU fiscal year. For NAD it only means to add two six monthly statements to get a full calendar year (ref. recommendations from the 2000 evaluation).

Audits do not include sub-counties, not even on a sample basis. Even though it was beyond the scope of this evaluation to do an audit, review of statement of accounts at sub-county level of the four sub-counties visited, showed significant deviations between what Tororo District claimed to have released to them for CBR and what they had recorded as received. This issue should be assessed by independent auditors

to seek explanations for the deviations especially since it is funding at the sub-county level that first and foremost determines level of assistance to disabled persons, and scaling up transfers to sub-counties will only be justifiable if they have sound financial management practises.

## 1.4 Recommendations for expanding the CBR programme

Taking the above into consideration the programme should gradually be introduced to 3 - 5 new districts. A gradual expansion is recommended to ensure that experience is gained from other district environments before considering scaling up CBR to all districts.

The number of districts for the next stage will depend on how much resources can be made available through reallocation of current CBR resources, how much additional funding can be secured and the human resource capacity available to support introduction of the model to new districts.

In selection of new districts it is recommended to consider specific criteria in a strategy of highest probability of successful implementation (ref. proposed criteria presented in chapter 5 of this report).

# 2. BACKGROUND AND SCOPE OF REVIEW

NAD has provided support to the CBR programme in Uganda since 1991. The support was provided under separate agreements with three ministries; Ministry of Health (MOH), Ministry of Education and Sports (MOES)[1] and Ministry of Gender, Labour and Social Development (MGLSD). In addition support was provided to an umbrella organisation of None Governmental Organisations (NGO); the National Union of Disabled Persons of Uganda (NUDIPU).

A review was commissioned in September 2000 covering assessment of programme performance, outputs and impact at central, district and community level including impact for the target group; persons with disabilities. The review concluded with a change in programme design and approach with more emphasis on community participation and implementation.

Subsequently, the CBR model was redesigned and introduced in Tororo in 2002 taking into consideration recommendations from 2000 review. The programme commenced in the district in 2002.

In 2004 an internal evaluation was conducted of the Tororo CBR programme[2]. This evaluation was among other based on a sample survey of disabled persons in the Tororo District selected from the CBR MIS database. The findings of this internal evaluation provided valuable inputs to this external evaluation and many of the findings have been confirmed in this evaluation.

The team commissioned by NAD to undertake this external evaluation consisted of Mr. Basil Kandyomunda, Uganda, Mr. Pål Jareg, Centre for Health and Social Development (Heso), Norway and Mr. Jens Claussen, Nordic Consulting Group, Norway (team leader).

The evaluation included a two week mission in Uganda in February 2005 of which one week was spent in Tororo District including visits to four sub-counties. The evaluation enjoyed substantial support in undertaking the assignment among others from NAD, the MGLSD and Tororo District administration including the support of the District Rehabilitation Officer (DRO) and her staff, the members of the Disabled Persons Organisations (DPOs) and other stakeholders to the programme.

The main objectives for the evaluation have been to (ref. annex I):

- √ Determine, as far as possible given the limited time the project has been implemented, whether the programme is accomplishing what it has set out to achieve.
- √ Assess to what extent the programme has addressed the recommendations of the 2000 external evaluation.

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1 A Memorandum of Understanding with the Uganda Institute for Special Education (UNISE), an institution under the MOE.

2 "Is it ours – An internal evaluation Of the Tororo Community Based Rehabilitation Programme", July 2004, Dr. Alice Baingana Nganwa, Mr. James Mwesigye and Mr. Moses Ddamulira.

- √ Assess the CBR programme's strengths and weaknesses with particular emphasis on review of the programme's management and financial arrangements, and consider the sustainability of these arrangements.
- √ Make recommendations for strengthening the CBR programme.
- √ Consider the CBR programme in Tororo District as a model for expansion to other districts in Uganda.

# 3. OVERVIEW OF CBR PROGRAMME

The overall programme goal (Development objective) as stated in various documents describing the programme is:

- √ To achieve full integration of disabled persons in the main streams of society by undertaking rehabilitation measures at community levels that use and build on local resources available in the community.

The programme purposes (immediate objectives)[3] are stated differently in different documents and can be subject to different interpretations of what the programme is to achieve.

The 2002 – 2005 CBR workplan states:

1. To establish and maintain a comprehensive information management system on persons with disabilities in the District.
2. To build the capacity of CBR service providers for effective service delivery.
3. To promote socio- economic empowerment of disabled persons and their families.
4. To promote education and skills development of children and youth with disabilities.
5. To build local support for effective service delivery of CBR.
6. To build a mechanism for sustainability.
7. To provide rehabilitation services to disabled persons.
8. To build the capacity of organisations of parents of children with disabilities and persons with disabilities in the District

The 2004 – 2005 workplan states the following:

1. Building institutional capacity for effective service delivery.
2. Promote social, economic empowerment of disabled persons and their family.
3. Raise awareness / public relation.
4. Provide medical and rehabilitation services to disabled persons.
5. Build mechanism for Sustainability.

In the Internal Evaluation report (2004) they quote the objectives stated in the CBR brochure:

1. To create and build capacity of disabled persons, their families and the community to identify and manage disabilities.
2. To promote the participation of disabled persons in the planning, implementation, monitoring and evaluation process.

3 2002 -2005 Workplan

3. To promote social, economic and political integration of disabled persons within their communities by accessing them to all District programmes.

Although different documents state slightly different purposes of the programme, it is by this evaluation considered to be:

*"Create and build capacity of disabled persons, their families and the community to identify and manage disabilities"*.

In achieving this, the Tororo CBR programme has been implemented with an adjusted approach compared to the previous CBR model promoted by MGLSD with funding from NAD from 1991 - 2000. While the previous programme objective was to "identify all forms of disabilities and provide the best rehabilitation services with full community participation[4]", the current model has focussed to a much larger extent on creating awareness and building capacity at community level, i.e. a community based approach rather than centralised supply driven approach.

The main new feature of the approach is the introduction of volunteers at community level. They play a key role in identifying and assisting disabled persons under the guidance of, and with the support from, community workers like Community Development Officers/Assistants (CDOs/CDAs), Special Needs Education Coordinators (SNECOs), Health Assistants (HAs) and agricultural extension officers under the National Agriculture Advisory District Service (NAADS). In total they serve as the resource teams for the volunteers.

At the next level, the District Rehabilitation Officers (DRO) serve as the programme managers in charge of overall monitoring and supervision under the guidance of the district level CBR Steering Committee. The committee serves as the overall management committee to endorse proposed plans and provide oversight of programme implementation.

At the national level, the MGLSD serve as the national coordinator for CBR programmes nation wide. Even though it is currently only one CBR programme executed by the GoU (the CBR programme in Tororo) there are others implemented by NGOs in other districts (like the USDC programme in 8 other districts) which participate in the National Steering Committee as well as CBR activities conducted by other districts even after NAD discontinued support under the previous CBR programme model.

The current CBR programme in Tororo is supported by funding and technical assistance from Norwegian Association of the Disabled (NAD) which constitute currently approximately 75 percent of total resources to the programme. In total the programme expenditure for the 2003/2004 fiscal year was 697 million USH (approximately 2.9 million NOK) excluding the significant input of the volunteers being at the centre of programme implementation.

The current agreement with NAD expires in 2005 and plans for introducing the Tororo District CBR model to other districts are currently on hold pending the outcome of this evaluation.

4 Guidelines For Community Based Rehabilitation Services 1992.

# 4. EVALUATION OF PROGRAMME PERFORMANCE

## 4.1 Programme outreach and impact

Compared to the 2000 external evaluation, the current CBR programme has been much more successful in reaching disabled persons in the homes and communities. This has to a great extent been possible through two important changes:

√ Getting more funds to the Sub-County and below

√ The selection, deployment and follow up of volunteers at the parish level

When it comes to assessing the real outreach of activities, the MIS does, however, not offer information of what type of services (including home based care) that the individual disabled person has accessed. There is no comprehensive quantitative information available on this important aspect of the programme, an issue which is addressed in the section on the Management Information System (MIS).

*Table 4.1 - Number of disabled persons in different age categories registered in Tororo* [5]

| Type of impairment | Children 0-12 years | | Youth 13-30 | | Adults 31+ | | Total | |
|---|---|---|---|---|---|---|---|---|
| | No | % | No | % | No | % | No | % |
| Seeing | 272 | 9.4 | 178 | 7.9 | 936 | 25 | 1386 | 15.6 |
| Speaking and conveying messages | 421 | 14.6 | 235 | 10.4 | 144 | 3.8 | 800 | 9 |
| Hearing | 533 | 18.5 | 286 | 12.7 | 360 | 9.6 | 1179 | 13.3 |
| Moving/using body parts | 784 | 27.2 | 885 | 39.2 | 1563 | 41.8 | 3232 | 36.4 |
| Strange behaviour | 192 | 6.6 | 203 | 9 | 119 | 3.2 | 514 | 5.8 |
| Fits | 273 | 9.5 | 195 | 8.6 | 114 | 3 | 582 | 6.6 |
| Learning | 95 | 3.3 | 75 | 3.3 | 31 | 0.8 | 201 | 2.3 |
| Loss of feelings | 59 | 2 | 54 | 2.4 | 163 | 4.4 | 276 | 3.1 |
| Others/unspecified | 258 | 8.9 | 145 | 6.4 | 312 | 8.3 | 715 | 8 |
| Total | 2887 | 32.5 | 2256 | 25.4 | 3742 | 42 | 8885 | 100 |

As illustrated in Table 4.1 above, not surprisingly, the rate of people with visual impairment is increasing by age. Persons with disability related to speaking and conveying messages is more frequent in the younger age group. Hearing is somewhat surprisingly more common in younger age groups. This may be due to a high number of children with middle ear infection and wax. Difficulties in moving around are an increasing problem with age. Adults above 30+ are the largest group.

As can be observed from table 4.2, the three major types of disability registered are difficulties in moving around (36 percent) difficulties in seeing (16 percent) and difficulties in hearing (13 percent). A bit surprising is that the rate of people with epilepsy (7 percent) is somewhat low.

5 Source MIS data base in DRO's office, Tororo. The total exceeds number of disabled persons registered since some have multiple disabilities registered separately.

*Table 4.2 - Different types of disability registered in Tororo District 2003-2004 by category*[6]

| Type of disability | Number of disabled persons | Percent of total |
|---|---|---|
| Difficulty In Seeing | 1393 | 16 |
| Difficulty In Hearing | 1182 | 13 |
| Difficulty In Speaking And Conveying Messages | 801 | 9 |
| Difficulty In Moving Around Or Using Body parts | 3250 | 36 |
| Strange Behaviour | 518 | 6 |
| Fits | 582 | 7 |
| Difficulty In Learning | 204 | 2 |
| Loss Of Feelings | 277 | 3 |
| Count of Others | 361 | 4 |
| Count of Others Specify | 356 | 4 |
| Total | 8924 | 100 |

Regarding age distribution of disabled persons, it can be noted from table 4.3 that 36 percent of those registered are 15 years and below. This is somewhat lower than reflected in the total population where approximately 45-50 percent of the population is below 15 years of age.

*Table 4.3 - Disabled persons registered in Tororo District 2003-2004 by age group*[7]

| Age group | Number of disabled persons | Percent of total |
|---|---|---|
| 0-5 | 668 | 10 |
| 6-15 | 1712 | 26 |
| 16-25 | 857 | 13 |
| 26-45 | 1258 | 19 |
| 46-60 | 968 | 15 |
| +60 | 1036 | 16 |
| Total | 6499 | 100 |

The number here stated, i.e. 6499 disabled persons is the number of disabled persons registered. The prevalence of disabled persons in Tororo District using this registration and the census figure of approximately 540 000 persons totally in Tororo is therefore 1.2 percent. This is far below the WHO estimate of 10 percent and the Uganda estimate of 4-5 percent. The last figure is probably closer to the real figure. Accordingly, it may be concluded that only 50 percent or less of disabled persons in the District have been registered. It will be a challenge for the programme to identify more disabled persons, many probably living in hard to reach areas and possibly also in Tororo town.

In trying to assess success of outreach, two other sources of information have been used i.e. the results of the sample survey presented in the internal evaluation report and information from the four sub-counties visited by this evaluation team.

6 Source MIS data base in DRO's office, Tororo

7 Source data base in DRO's office, Tororo

*Table 4.4 - Information from internal evaluation, page 17-18 on home-based intervention (percent distribution)[8]:*

| HOME-BASED INTERVENTIONS RECEIVED BY CLIENTS | PERCENT |
|---|---|
| Training in ADL, sign language, using assistive aids (appliances), managing disability | 39.5 |
| Mobilise for group formation | 31.6 |
| Referral | 14.2 |
| Assessment | 8.9 |
| Information on dates and programme | 5.8 |
| Total | 100 |

Based on focus group discussions in four sub-counties the volunteers are working with 20-60 disabled persons each and most are working with 15-20 families[9].

In the internal evaluation it is stated that 80 percent of disabled persons/families received a home visit once a month. On the other hand only 54.8 percent of the respondents had received a visit between April and June 2004. The last figure is probably closer to the real value.

The success rate of referrals was also examined in the internal evaluation with the major ones as illustrated in Table 4.5.

*Table 4.5 - Success rate of referrals [10]*

| ACTIVITY | NUMBER | PERCENT SUCCESSFULLY REFERRED |
|---|---|---|
| Referral to primary school | 776 | 72,2 |
| Referral vocational training | 33 | 45,5 |
| For surgery | 100 | 40 |
| Rehabilitation drugs (mainly anti-epileptics) | 417 | 75 |

As mentioned elsewhere, the percentage of successful referral for assistive devices given in the report was 4.4 percent. However, data presented to the evaluation team suggest that the actual figure is 32 percent[11]. Accordingly, the constraints in the referral system as observed by the internal evaluation are confirmed by this evaluation, but not to the extent presented in the internal evaluation report.

The average number of disabled persons covered by each volunteer in sub-counties visited was approximately 100 persons (not all requiring service). The number allocated to each volunteer ranged between 75-336 disabled persons per parish. In one sub-county they had more than one volunteer per parish when the parish had many disabled persons.

As to impact of the Programme (i.e. if disabled persons actually improving functions and participating in community life), this has not been assessed yet, neither by this evaluation nor by the internal evaluation. Having recorded baseline information, this

8 It must be assumed that only the main intervention is noted since it would be expected that some had received two or more interventions.

9 Internal evaluation p. 13

10 Internal evaluation p.22

11 Based on data from the MIS system.

can be possible through sample surveys in the future (ref. sections on monitoring below). As a proxy for impact, comments have been made in relation to different types of disabilities which to some extent bring forth some achievements and challenges.

**People with epilepsy**

This was a group of people where the mobilisation and sensitisation had had a strong impact and where very many people with epilepsy had come forth for treatment. This was felt in the health service, at the DRO's office and in the Tororo Comprehensive Community Based Rehabilitation Services (TCCBRS). It was stated by one professional that the clinical staff at health centres rarely were able to deal with epilepsy.

For epilepsy there are currently three sources of drugs:

1. Health Centre IV level, clients or relatives need to pick up drugs monthly, cumbersome system. The Health Centre IV visited had a register of persons with epilepsy. The health service has come stronger into the loop for epilepsy treatment during 2004-2005 (register from October 2004)
2. From the DRO funded by a special vote for anti-epileptic drugs supplied in cooperation with the health system.
3. TCCBRS which covers 8 sub-counties (incidentally two of the same sub-counties that the team visited).

Coordination between the three institutional set ups was not optimal.

**Physical disability**

This was the group where integration in community and schools seemed to have been most successful. The internal evaluation stated that only 4.4 percent of those being referred for assistive devices actually received help. The DRO stated that this was incorrect and data presented suggested that of those actually needing assistive devices 32 percent received help. Assistive devices usually had to be bought (cost-sharing) both through the government system and TCCBRS (at least 10 percent of actual cost). Local artisans had been trained and for example in at least two of the sub-counties visited, the team observed parallel bars, toilet seats, corner seats and climbing bars produced locally. Tricycles bought were made according to Uganda specifications in which ordinary bicycle parts are used and thus it is easier to maintain (support by NAD through another project).

The Mbale Regional Orthopaedic Workshop which serves as a referral centre for Tororo District too was visited and had tools and material for production of most types of assistive devices. They cover 16 districts and their possibility to reach out to all these may be questioned. Transport to the unit would be costly for many disabled persons, especially if they also had to pay for appliances. However, it was reported that the team of technicians from the workshop has been making outreach clinics to Tororo District for assessment of disabled persons, and training and fitting of assistive devices. For people living in Tororo, the TCCBRS was able to produce most of the devices needed. When scaling up of the programme possibilities for referral to orthopaedic workshops will be a critical issue.

**Difficulties in hearing**

The main obstacle was learning of sign language. For example, in Agururu Unit, a primary school with boarding facilities, a group of pupils in primary school were learning sign language (basic and more advanced groups), but hardly any of the parents had learnt sign language. Different reasons for parents not being taught were given, but this is an essential part of the training which should be given more attention.

The volunteers felt quite helpless in relation to this group and strongly felt that they had to learn sign language if they had deaf people in their 'care'. This was also an area where schools often were not able to meet the needs of their pupils. A rather alarming observation was that in one sub-county the main reason for hearing impairment was wax in the ears. When inquiring at a Health Centre IV about what they did with this problem, they stated they had been told that syringing the ear might cause complication and accordingly nothing has been done to solve the problem. This is a matter where guidelines and training of staff is very important and rather urgent.

**Blindness and those partially sighted**

One of the most noticeable achievements of the programme (together with TCCBRS optic centre) was sensitising people about the possibilities of eye surgery at the optic centre.

People consulted with visual impairment had received a white cane and some had received mobility training. Some children/young people had been taught Braille. In Malaba cultural group, a person who was blind and hard of hearing had actually been equipped with a hearing aid and was now an active member of the cultural group. This was a strong accomplishment of a person who had the very severe handicap of blindness and hearing impairment, and it demonstrated the important link between social integration and access to services making life meaningful and participatory.

**Other types of disability**

One group featuring in the list is people with loss of feeling. This probably refers to people with Leprosy. Access to medical treatment for this potential curable condition is of course of special importance. Once permanent changes have occurred, they usually meet some of the same problems as other people who have problems in moving body parts. Of special importance in this group is for the CBR programme to attempt to reduce stigma and explain that once treated, these persons are not infectious.

The other types of disability deserving attention are the severe multiple-handicapped, especially those related to cerebral palsy coupled with intellectual impairment and strange behaviour. These are also not yet effectively being attended to. These conditions would have greatly benefited from the availability of an Occupational Therapist. Currently the resource teams originating from the district or the sub-county level do not have the required skills to meet their rehabilitation needs.

**Social Integration**

Another aspect of impact is social integration of disabled persons. The most obvious accomplishment in this field was the number of DPOs formed at district, sub-county and parish level. After 1 ½ years the main focus is still on forming the DPOs, but gradual shift to advocacy was observed especially at district level and in their contact

with central NGOs (NUDIPU and NGOs for specific disabilities). At parish level it was stated that coming together helped especially parents to share information and support each other.

The number of disabled persons being referred (being discussed elsewhere) is by itself also a sign of people wanting to access general services, schools etc. The "exposure" of children and adults with epilepsy was a sign that also disability with a lot of stigma attached is now viewed differently by the community and those affected. This was an impressive result of advocacy and sensitisation reaching communities and single families.

The special system adopted by Uganda whereby two persons with disability (a man and a woman) are selected for all levels in the Local Councils also mean that disabled persons are well represented as councillors. It was observed for instance that a disabled person was a member of the Tororo District Service Commission, and the other a member of the District Tender Board. In one of the sub counties visited, a disabled person is a Secretary for Finance, LC III. This reflects that the public attitude towards disabled persons is positively changing.

## 4.2 Programme Strategy

The CBR programme is fully integrated into the Government of Uganda Poverty Reduction Strategy (PRS) and as such also falls well within the policy and priorities for Norwegian development assistance in general. It constitutes one of the main interventions in the Medium Term Expenditure Framework (MTEF)/Social Development Sector Strategic Investment Plan (SDIP) 2003 – 2008. The budget classification item for CBR falls under the Poverty Action Fund (PAF) which means it is "ring fenced" i.e. resources allocated will not be affected by reduced domestic revenue (similar to primary education, health etc.). As presented in the SDIP, CBR is assumed to receive a gradually higher allocation of public resources and share of total spending. This is due to the assumed scale up of the CBR programme by replicating the Tororo CBR programme in other districts.

*Table 4.6 – SDIP projections (in million USH at 2003/04 prices)*

| | **2003/04** | **2004/05** | **2005/06** | **2006/07** | **2007/08** |
|---|---|---|---|---|---|
| People with Disabilities | 743 | 1 043 | 943 | 1 243 | 1 143 |
| Total SDIP | 46 248 | 54 917 | 99 885 | 104 222 | 105 914 |
| NAD CBR | 543 | 600 | 600 | 600 | 600 |
| *In percent of total:* | | | | | |
| Disabled persons | 1.6 % | 1.9 % | 0.9 % | 1.2 % | 1.1 % |
| *In percent of allocation:* | | | | | |
| NAD CBR | 73.1% | 57.5% | 63.6% | 48.3% | 52.5% |

The table above illustrates that the projections made for allocations to CBR is assumed to increase even though its relative share of allocations for social investment is declining (from 1.6 percent to 1.2 percent). The decline in relative share is due to the significant projected increase in interventions related to HIV/AIDS. The share of NAD's contribution is projected to decline even though it is assumed that NAD will maintain its overall volume of support i.e. the actual USH increase is projected to be accommodated by increasing contribution of regular GoU domestic resources unless other external financial partners can be identified. The above serves to illustrate the

increasing priority accorded to disabled persons support programs in general and the CBR programme in particular.

MGSLD has been and will remain the focal point for disabled persons support programmes. It will continue to play an overall management and coordination role to ensure that all interventions are effectively coordinated and targeting the disabled persons. It is the focal point for the overall SDIP; however, in line with GoU policy a larger share will gradually be allocated to district and sub-county levels bringing resources and service providers closer to the target group.

As presented in chapter 3, the purposes (objectives)[12] of the CBR programme are stated as:

- √ To achieve full integration of disabled persons into the mainstream of the society while empowering them to take part in development process by increasing their job opportunities and other productive measures.
- √ To create and build capacity of disabled persons, their families and the community to identify and manage disabilities.
- √ To promote the participation of disabled persons in planning, implementation, monitoring and evaluation processes.
- √ To promote social, economic and political integration of disabled persons within their communities by accessing them to all district programmes.

On the other hand the programme logframe[13] drawn and revised in November 2002 presents purposes at a more detailed level and they include the following:

- √ To establish and maintain a comprehensive information management system on persons with disabilities in the district.
- √ To build capacity of CBR service providers for effective service delivery.
- √ To promote socio-economic empowerment of disabled persons and their families.
- √ To promote education and skills development of children with disabilities.
- √ To build local support for effective service delivery of CBR.
- √ To build a mechanism for sustainability.
- √ To provide rehabilitation services to disabled persons.
- √ To build capacity of organisations of parents of CWDs and disabled persons in the district.

It is therefore not clear as to which set of objectives that are supposed to measure the desired change emanating from the programme. However apparently the second set of

[12] These objectives are derived from a CBR Brochure, *CBR Is The Hope (A Brochure*); DRO, Tororo District Local Government, it is not clear whether these were the exact CBR Programme Objectives set at the programme design stage and taken as a point of departure of the Internal Evaluation in 2004.

[13] These objectives were extracted from the log frame availed to the Evaluation team titled: "Tororo Model District Log frame October 2002 – September 2005", revised 11/23/2002

objectives are the ones used for planning and budgeting processes[14]. Although the first set seems to be more appropriate in terms of measuring longer term impact for the parents, disabled persons and DPOs, the second set gives more details on shorter term outcomes and outputs as well as a wider range of services the programme is to deliver. The second set of purposes is perhaps the reason for justifying demands on the programme as a direct service provider although the internal evaluation described the programme as a "facilitator".

In the absence of a clear Programme Document drawn and shared between the various stakeholders, it becomes difficult in the long term to measure the desired change.

## 4.3 Programme Planning

The Tororo Model CBR programme has benefited from participation of many stakeholders, including: the MGLSD, MOFPED, the National CBR Steering Committee, Tororo District and sub-county local governments, the District and Sub-County CBR Steering Committees, and more so the DPOs at both the national and lower levels.

The steering committees at various levels are composed of the technical staff working at their respective levels, representatives of DPOs, members of Parliament (MP) or councillors representing disabled persons, and members of NGOs working in the area of disability. They provide and promote the participation and influence of almost every interest group. Figure 4.1 below illustrates the planning and implementation structure of the programme.

There are a few issues that need to be addressed. For instance, at the technical planning level and in terms of the original design, the MGLSD was heavily involved making it look like a central government programme. Secondly, the existence of a National CBR Coordinator and a heavy monitoring and supervision structure originating from the centre makes it to be perceived as a programme belonging to MGLSD.

On the other hand, at the District and lower levels, the current arrangement for planning and implementation of the CBR programme makes it look to be in line with GoU decentralisation policy and indeed to a large extent allows involvement of many stakeholders. However according to the findings of the evaluation team, even within the decentralised planning framework the planning and implementation model still exhibits a mix of both "bottom-up" and "top-bottom" approaches.

The Tororo Local Government also has its own planning and supervision structure, which cuts down to the sub-county level thus making it a typical decentralised programme. This is even so much exhibited in terms of annual planning process, which starts from the parish level up wards to the District.

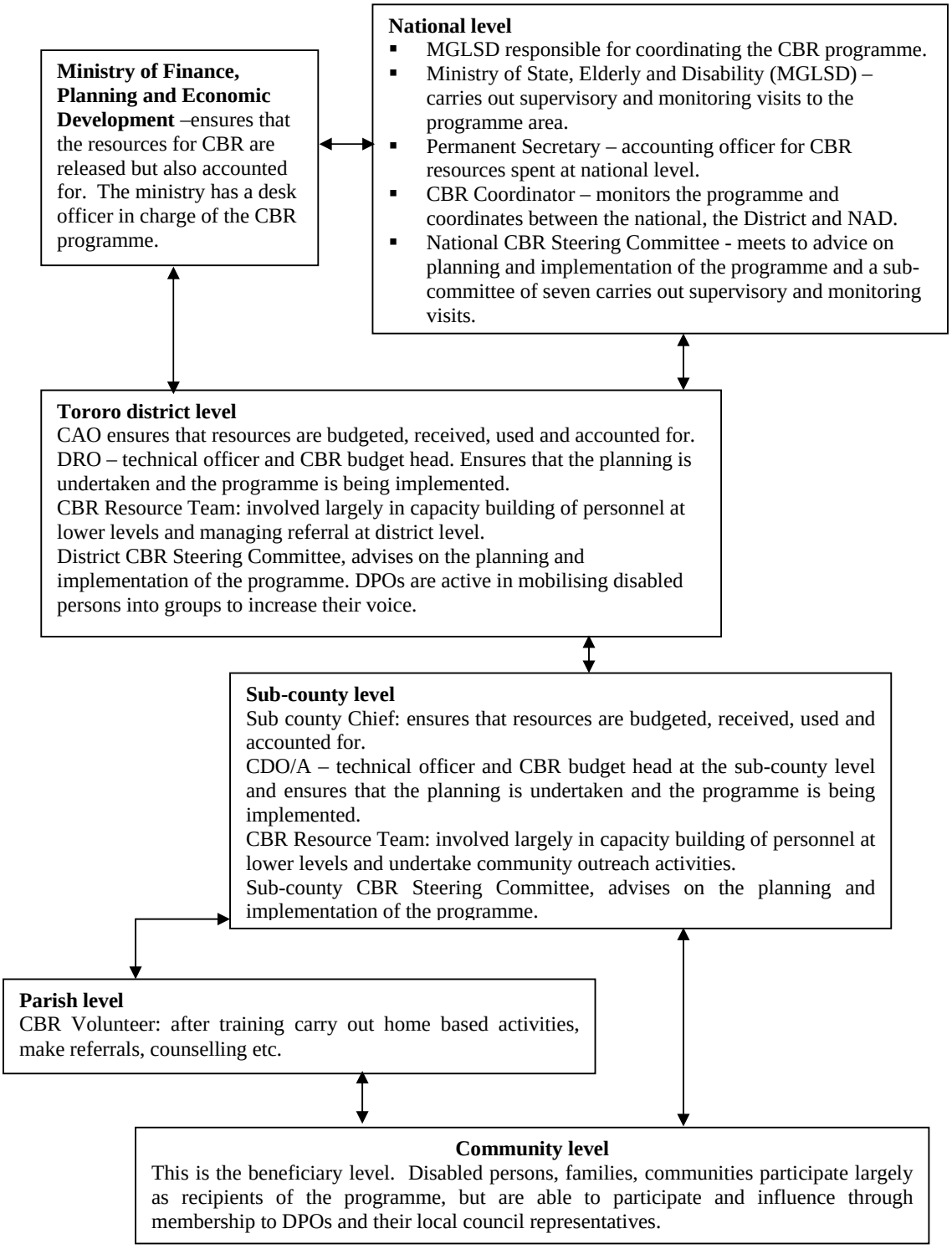
## 4.4 Implementation Structure

Like the 1991 – 2000 CBR programme, the current government CBR programme is situated in the Department of Disability and Elderly, MGLSD. However unlike the initial programme, the MGLSD plays only an oversight role as the policy initiator,

[14] See "Tororo District Local Government Department of Social Rehabilitation Work plan and Budget FY 2004/ 05".

management of the model programme largely lies with the Tororo District Local Government with most of the work planned and implemented through the office of the Chief Administrative Officer and onwards to the DRO as the technical officer. Below the district level, the programme is managed by the Sub-County chief who is the chief accounting officer at that level and is assisted by the Community Development Officer / Community Development Assistant as the technical officer. Below that level is the level of volunteers. The CBR volunteer is the link between the disabled persons and his / her family and the programme.

*Figure 4.1 - Programme Planning and Implementation Structure*[15]




15 ***Note: This representation is drawn by the Evaluation Team from their conceptual understanding of the CBR programme, the way it is planned and delivered.***

The model CBR programme has a significant supervision and monitoring structure at the national and district levels. For instance, at the national level, various structures are involved in monitoring and supervision of the CBR programme like the Minister of State for Elderly and Disability, a select committee of the national CBR Steering Committee composed of 7 members as well as the National CBR Coordinator. All these are budgeted for thus making the programme carry a heavy cost of supervision and monitoring at the national level. Although this provides an opportunity for learning by all those involved, a programme of this nature under normal circumstances would not warrant such a level and frequency of supervision and monitoring from the centre. The reduction in supervision and monitoring visits from the centre to the District could free more resources to flow to the district and lower levels.

**CBR Steering Committees**

The establishment of the CBR Steering Committee and the establishment of one more level at the sub-county facilitate greater participation of local communities at least through their representatives such as the councillors and the community-selected volunteers. They also serve as effective organs for promoting sharing of information about the programme among the various stakeholders.

However, the terms of reference of these committees at various levels do not seem to be very clear to the members. If these are steering committees what do they steer, and do their decisions bind anybody? If they are advisory how do they advice and who?

**Resource Teams**

As a strategy to meet the needs of disabled persons in the community, the programme has mobilised teams of professionals at district and sub-county levels to plan, coordinate and provide rehabilitation services.

At the district level, the team mainly comprises of professionals such as the rehabilitation officers, psychiatric nurse, orthopaedic officer, special needs education inspector, and others. This team is still lacking key skills such as a physiotherapist, occupational therapist, speech therapist, orthopaedic technician, sign language trainers, audiologists.

At the sub-county level the CDO/A works together with the other extension workers such as SNECO, agricultural extension officer, health assistant, and others that may be available at that level. They team up with the CBR volunteers to carry out community based activities such as assessment, referrals and other services possible at that level. The aim is to make CBR work for the people.

As frontline workers the Resource Teams enable the recipients of their services to get a holistic package. This is to a large extent possible because the programme is able to meet their travel costs as teams.

For the long term, it might still be necessary to integrate CBR activities in each technical officers work plan. In this way CBR would be mainstreamed in various programmes. The current practice makes CBR to be the one integrating activities which means that there should always be financial resources allocated for CBR. It would be like making CBR another sector rather than an approach that enables disabled persons to be reached and served better within the mainstream service delivery.

**Volunteers**

Volunteers are the "kingpins" in the programme and they are perhaps the very reason for the significant turn-around of the programme to register such success in such a short time. The bulk of the CBR activities such as identification and assessment of disabled persons; home based activities and interventions; training of parents in simple exercises; counselling and training in activities of daily living and health issues, making of simple assistive devices such as parallel bars, white canes and corner seats using locally available materials in the home setting, are accomplished at this stage by the volunteers. They also train disabled persons to use the devises.

As indicated, the volunteers shoulder the bulk of the CBR work at the community level. They are also involved in mobilising disabled persons to form groups and link these groups to resource systems available. What they cannot manage is what they refer.

Although there have been some efforts to motivate the volunteers to carry on their job, this is still limited to a few who have received bicycles and the small allowance given to them whenever they make a home visit with the team. It is not clear how long the volunteers will continue in the trade if the programme is no longer able to provide the bicycle or the allowance, however small it might be.

The CBR Volunteers have received a two-week training designed by the Community Based Rehabilitation Alliance (COMBRA) and delivered by a selection of facilitators both from within and outside the district. The training content covers the following: disability types and causes; effects of disabilities, management of epilepsy, situational analysis of disability and HIV/AIDS, Leadership skills, activity based planning, home based programme, basic skills in counselling, communication and introduction to primary healthcare. Other topics include: mobilisation skills, introduction to MIS, measuring and making of simple assistive devices, assessment of clients and training of clients in how to use assistive devices.

According to interviews with the volunteers during the mission, the volunteers spend an average of one day per week on CBR activities and about 70 percent of their total time of volunteering is spent on training in ADLs, using assistive devices (aids), managing disability and mobilising disabled persons to form groups.

Out of about 52 hours spent on training (the two weeks of training amount to 52 hours since it is non-residential) 11 hours are spent on how to make good assistive devices, 7½ hours on topics relevant to mobilisation skills, 7 hours on topics that can enable them to make good assessments, registration, referrals and develop effective rehabilitation management plans with their clients, 3 hours on counselling and 1 hour on activities of daily living.

Generally, apart from the little time spent on preparing volunteers to train their clients on activities of daily living, the rest of the training is balanced to enable them to play their role. However, the two weeks of training are not sufficient to enable them to become proficient CBR workers. There is a need to organise more refresher training of shorter duration every year, depending on thorough training needs assessment. This is because as they work, they meet challenges and these would inform the next training.

Some of the areas to include in future training should include: child growth and development to assist them in assessment of children with intellectual / learning disabilities, skills in management of behavioural disorders, autism, sign language,

group dynamics and leadership skills. Sign language was particularly emphasised during the meetings with most of the groups met by the evaluation team. Most of them looked at it as the number one challenge. Many perceive learning sign language as the gate pass for the deaf people to start benefiting from CBR.

*"Sign language is crucial. It is only when deaf people can sign that they can get involved in CBR. Volunteers, CBR workers and professionals must know sign language if they are going to assist disabled persons"* – Hon. Alex Ndeezi, MP.

The initial training is also to a large extent theoretical. What is mainly needed by CBR workers is a "balanced diet" of theory and practice. Therefore there is a need to stretch the time of training into some practical sessions in the community to enable them gain practical experience. This can be carefully organised with the resource team members as they work with the volunteers.

Furthermore, although the CBR workers are volunteers their training should include mechanisms for assessment, and those who do not measure to the mark are asked not to proceed. Commitment is not alone enough one must have the ability to perform.

Finally, the selection and training of one CBR worker per parish leave the programme at risk in case the sole worker drops out, decides to migrate or even take up employment elsewhere that cannot enable him/her to continue with the voluntary work. It is therefore recommended to have at least two CBR workers per parish and preferably a male and female.

**The family and community members**

The family is a unique resource in CBR. It is believed more than 80 percent of the needs of a disabled person can be provided at home and in the community. This can only be possible with the cooperation of the family and community members. The evaluation team met disabled persons in their homes whose success story of rehabilitation has been because the family members were willing to support the process.

The team also came across successful cases like the case of a 12 year old boy whose intervention was only possible because the community members assisted the family. The grandmother had refused to take Julius who was born with clubfeet to Mbale Hospital for surgery. However with the intervention of the CBR volunteer and the area local councillor, the grandmother obliged and the boy's feet have improved significantly.

**Local Artisans**

The programme has also trained artisans who can maintain and carry out minor repairs on the assistive devices. Fore instance the majority of simple repairs on wheel chairs and tricycles, crutches, corners seats, CP chairs and others are undertaken by the trained bicycle repairs, and carpenters respectively.

**DPOs**

The programme has been successful in mobilising and organising disabled persons and parents into DPOs and other viable groups. These organisations are proving a resource in sensitising their members about the problem of disability, their rights and how to participate in the programme. Participation of disabled persons in the programme is imperative if it has to benefit them but also to respond to their needs.

As already mentioned above, there are so far 6 DPOs operating at the district level and these are working towards establishing at least sub-county branches all over the district.

Currently, part of the budget for the District CBR programme is being used to support the development of capacity of DPOs. As result, each national umbrella DPO has initiated a District branch and likewise each District branch initiates a Sub-County branch. Currently there are 6 DPOs in the District with one each for disabled women, parents of children with disabilities, people with hearing and visual impairments, and the physically disabled in addition to the District umbrella DPO called Tororo Disabled Persons Union. In essence it means the programme is to support 6 district level DPOs and 144 sub-county level DPOs once all sub counties have completed the process of DPO formation.

The issue here is not about establishing or not to establish DPOs, but rather the efficiency of these DPOs in serving their objective, especially at sub-county level. Given that DPOs are primarily Civil Society Organisations (CSO) that should advocate for the rights of, and services for disabled persons, they are meant to provide a voice for disabled persons. At a district and higher levels these can best be articulated through uni-disability and other interest based DPOs. However, at a sub-county level the benefit of numbers should prevail and consolidate their voice in probably one DPO across disabilities.

In addition, the current arrangement for financing these community based organisations (CBOs) is through the District support. This means that the DPOs are being subject to the rigours of bureaucracy but also subjecting them to be accountable to the District bureaucracy and not their constituency. This arrangement puts them in a position of compromise by the District leadership. It resembles a procedure in which the government is expected to pay for their “challenger” to “challenge” them.

**Tororo District Hospital**

Tororo Hospital has a District referral hospital (Health Centre V). It offers general outpatients and basic departments to cater for admissions. The hospital has a psychiatric department to cater for mental health problems and conditions, and an orthopaedics department manned by an orthopaedic officer to care for simple problems like fractures. It also has an eye care department to carry out simple services such as refraction.

However the hospital lacks key specialised services such as physiotherapy and occupational therapy. Currently, any assessed cases of even minor corrective surgery such as soft tissue release, which could be handled by a medical officer (GP) through on-job training, are referred to Mbale Regional Referral Hospital. This is not only costly for the programme and the family but also creates excess load for the only one orthopaedic surgeon in the regional hospital.

**Mbale Regional Referral Hospital Services**

The programme relies on Mbale Regional Referral Hospital for referral for specialised rehabilitation services such as corrective surgery, and provision of assistive devices. The Mbale Regional Orthopaedic Workshop manufacture and supply assistive devices but the programme has to finance the procurement, because the clients (disabled persons) cannot manage the cost. There is also a presidential directive for not charging the costing medication to the client. The programme also works with the

team of technicians from the Orthopaedic Workshop to carry our outreach clinics to assess and fit assistive devices.

**Tororo Ophthalmic / Optic Centre (TOOC)**

The Tororo Ophthalmic / Optic Centre (TOOC) popularly known as "Fr. John's place" is also a very big resource to the success of the CBR programme. The centre screens patients with eye problems such as trachoma, glaucoma, cataracts and other seeing problems and carries out corrective surgery as well as offers spectacles at affordable costs. The evaluation team was told stories about the wonders happening at Fr. John's place where "*blind people*" are taken and come back with their sight restored.

Besides eye care for which it is popularly known, TOOC also has a sister programme known as Tororo Comprehensive Community Based Resource Services (TCCBRS). This is a comprehensive community outreach rehabilitation services (although they call it CBR). Based in the same complex as TOOC, TCCBRS employs many rehabilitation professionals such as physiotherapists, psychiatrist nurses, and others who are able to offer specialised rehabilitation care at home. The main services offered by the programme include: epilepsy treatment, assistive devices and home based therapy. The centre also offers surgical interventions such as plastic surgery, neuro surgery and orthopaedic surgery (most of these through visiting specialists).

The most successful collaboration between the CBR programme and TCCBRS has been in the area of eye surgery and provision of assistive devices (most especially tricycles).

## 4.5 Coordination mechanisms

**Coordination issues at the national level**

According to the cooperation agreement between the Government of Uganda and NAD concerning NAD support to the national CBR programme signed in 2002, clause 3 charges the MGLSD as the overall coordinator of the CBR programme. For that matter the Permanent Secretary is by this clause the responsible person to play this role. To play this role effectively, the ministry appointed a principal rehabilitation officer as the National CBR coordinator.

More broadly, however and as already indicated above and in Figure 4.1, the planning and implementation of the CBR programme has taken a multi-sector approach. It involves various government ministries and agencies as well as DPOs and other interested organisations working in the disability and rehabilitation sector such as USDC, ADD, COMBRA and others.

The establishment of the National CBR Steering Committee and its corresponding committees at district and sub-county levels therefore provides a mechanism for participation. It also acts as a vehicle for learning as well as enriching the model programme from the vast of experiences and skills represented. There is also evidence that the Steering Committee has an influence on how the programme was modelled and is being implemented. However this is to a large extent at an abstract level. Even though the steering has a task force for monitoring the programme, what takes place at the national level is to a large extent the decision of the Permanent Secretary MGLSD as she/he is the Accounting Officer. Technically, the programme also has a national coordinator who is supposed to be the link between the various stakeholders

mainly the MGLSD, MOFPED, National Steering Committee, the District, and the funding partners – NAD. For reporting purposes and linking policy with implementation matters this is very important.

However, the evaluation team noted that there is little coordination between the different levels of steering committees. For instance there is no mechanism for representation or reporting that can enable the sharing between the District and national steering committees. Such a link could be harnessed through representation of members from the District CBR Steering Committee on the national steering committee.

Secondly, whilst various ministries representing various sectors such as education and health are well represented on the national steering committee, other key ministries such as those responsible for agriculture, trade and industry, public service, housing and others are not involved even in the steering committee. Their active participation and representation would be considered a significant achievement or at least building blocks towards mainstreaming CBR or disability concerns in these vital sectors.

Currently, the issue of mainstreaming seems to be taking an angle of CBR integrating the sectors and not the reverse. On the contrary, it should be the services delivery systems in these sectors that should integrate the CBR approach and address the concerns of disabled persons within those very sectors. In this case the evaluation team can use the example of the Ministry of Education and Sports practice as a case in point.

Currently, the ministry's concern is special needs education through the SNE department that cuts through the ministry up to the school level. An interview with officials from the department of SNE revealed that the provision of special needs education is not considered an issue connected with CBR. The officials in the ministry perceive CBR and SNE as parallel programmes, and they would rather see CBR funding SNE activities. On the other hand, the evaluation team view CBR as a vehicle for creating demand for SNE among the communities, and hence need for harnessing the synergy.

A case of good practice however also exists. The Ministry of Health is challenged that their services do not meet the concerns of disabled persons, especially the deaf mainly because of the language barrier. When the CBR programme was initiated in Tororo, the Ministry of Health felt challenged as an official from the ministry informed the evaluation team:

*"When Tororo was selected as a model District for CBR, the Ministry of Health started planning and scheduling its rehabilitation activities in Tororo. The Ministry of Health is interested in building the capacity of the referral chain to be able to meet the increased demand."*

The ministry is therefore planning to support training of clinical officers and nurses in Tororo District in sign language training so that they can communicate and serve effectively disabled persons in the District. According to an official from the Disability section, Ministry of Health, UNAB will provide the trainers. But most important to note is that the focus on Tororo District is because of the CBR programme having raised the demand.

Lastly, the evaluation team also notes that the steering committee provides an opportunity for sharing various experiences. However, at the national level, the MGLSD and the National CBR Steering Committee have focused on the Tororo

model CBR programme despite the fact that there are other agencies supporting CBR, such as USDC, UNAB, OURS, Kisizi Hospital and Tororo Comprehensive Community Based Resource Services. The National CBR Steering Committee has therefore not harnessed the opportunities for learning from these other CBR programmes. At national level, the MGLSD should be tasked with providing oversight role, quality assurance, learning and coordination of all these programmes.

**Coordination issues at district and lower levels**

At district and sub-county levels, coordination is mainly through the CBR Coordinator and the Steering Committee provides mechanism for this purpose. Likewise at the sub-county level, the CDO/A is the CBR coordinator. At these levels, all sector heads are invited to be part of the steering committee and there was evidence that sectors like agriculture through the NAADS programme were already targeting some needs of disabled persons and promoting their agricultural enterprises.

However, the evaluation team observed that at this level, those involved in the CBR perceive it more as a funding mechanism for disability programmes / activities in their sectors. For instance, the department of health think that it (CBR) should provide funding for procurement of epilepsy drugs, and indeed it is doing so. The department of SNE in the District hold an opinion that unless CBR funds the training of teachers, there is no way the CDWs will access effective learning in school despite the increase in enrolment due to the awareness created by CBR.

On the other hand, DPOs think and defend the position that CBR should provide funding for goats, and even micro finance to disabled persons as a means of poverty alleviation, purchase of assistive devices, and many other services. This is what dominates their demand. This is of course a genuine demand especially in situations where CBR has created a lot of awareness but with very little change in terms of service provision. Therefore whilst the internal evaluation did recommend that CBR should play a facilitative role, and the external evaluation supports this recommendation, the DPOs at the district and lower levels have a different opinion. CBR should to them supply services to disabled persons as a marginalised group.

## 4.6 Planning, Monitoring and Reporting Procedures

Planning follows a decentralised bottom-up approach basically originating from the Parish Development Committees (PDCs), which feed into the sub-county planning process and finally feeds the district plans. This means that with the CBR volunteers operating at the district level and the DPOs operating at the sub-county level, it is possible to influence the system and get the issues of disability onto the agenda.

The plans that are presented at various levels are more realistic given the fact that the participating parties to a large extent know what they expect. The disabled persons are not yet fully taking advantage of this arrangement so as to influence the outcomes. This is expected to change as the DPOs increase their capacity. After all, since not every one can go into the planning room, disabled persons can also participate through their representatives at the various council levels.

According to Appendix 1 of the Cooperation agreement between the GoU and NAD, the responsibility of planning and reporting lies with MOFPED. In practice however, the responsibilities are passed onto the MGLSD as the line beneficiary ministry of the programme. The guidelines also provide for the content of what the report should cover.

Furthermore and as indicated above, the Tororo District model CBR programme has an elaborate structure for monitoring and support supervision. Right from the Minister, to the select committee of the National CBR Steering Committee and the National CBR Coordinator down to District CBR Coordinator and the Sub-County CBR coordinator, all these are involved in support supervision and monitoring.

In addition the political leaders such as the local councillors especially (LCV Chairman), Sector Committee Chairman, Councillors representing disabled persons, and the office of the Resident District Commissioner are also involved in monitoring to assess whether the CBR like any other government programmes is reaching the people.

However, despite all this monitoring going on, the programme did not develop a monitoring and evaluation strategy, which would be used as a guide and assist in the management of the monitoring results to inform the implementation process. What is available now as a tool for assisting monitoring and evaluation is the log frame, which incidentally was never completed. For instance it is the monitoring indicators that should aid monitoring but the log frame development process left the indicators incomplete just stating intention of what to measure rather than concrete quantities and quality.

Each group or office is doing its monitoring rather to satisfy their interests or because it is part of their job description. This way, monitoring is done but with no corresponding mechanism for feedback.

As indicated above, reporting is a responsibility of the MGLSD, but also the lower implementation levels namely the District and the Sub-County. There is evidence to show that all these levels prepare their annual reports which are used by the next level to report upwards. At the national level National CBR Coordinator prepares a consolidated progress report for the year largely using the District CBR coordinator's report.

**The Management Information System (MIS)**

The Tororo DRO maintains a MIS system (Microsoft Access) to register all disabled persons identified and assessed. The team was provided a copy of the database which has been used for analysis to support the evaluation but also to assess the MIS system itself.

The main source of information for the MIS system is the initial questionnaire (12 page "booklet") used for assessment (one per disabled person). The assessment form consists of basic data to identify the individual disabled person, the type of disability(s) and the cause of the disability(s). A number of additional pages are dedicated to questions to assess change in abilities. One page is dedicated to specific comments on various issues. The last page is presenting the format for a proposed action plan for assistance to the disabled person.

The questionnaire/booklet is kept by the volunteer to be used as a "client logbook". At regular intervals (each month/quarter) the intention was to submit the "log book" to the DRO for registration and update in the MIS. This procedure has proven far too ambitious since a quarterly update of the records of 6500 disabled persons would demand substantial resources and time, and a much simpler programme user interface (design) if it was to be made possible (6500 booklets of 12 pages each means scanning through 78 000 pages each month/quarter).

The main achievement so far is that the MIS has enabled a full registration and initial assessment of 6500 disabled persons from which analysis can be made for planning of interventions and distribution of resources according to number of disabled persons per sub-county, parish and village. It is however too cumbersome as a system and procedure for monitoring of change and lacks information concerning what assistance has actually been provided to the individual disabled person. This is due to the following:

- √ The procedure developed for monitoring assumes that detailed information can be obtained at regular intervals for 6500 (and more) disabled persons. The "logbook" should be used for registration of basic data only, not to enter all kinds of other details and written comments which cannot even be analysed without reading through comments from each individual.
- √ None of the Tororo District staff has been fully trained in use of Microsoft Access and are accordingly relying on the reporting modules developed for making analysis. The programme however, has opportunities to easily create reports tailored to the requirement of the user (like cross tabulations to analyse frequency of different characteristics of disabled persons similar to tables presented in this report section 4.1.). Such reporting modules should either be developed or at least two persons with the DRO/District planning office trained in using the programme.
- √ On an annual basis, the MIS system should then be used to print out sheets for the individual to be submitted to the volunteers/CDAs. For disabled persons where the situation has changed (referrals may have changed the "status" of the individual or the disabled person may have moved) it is important to ensure that the system is updated once per year concerning basic data. This will require that the system includes an entry to classify whether the individual is still "active" as a disabled person or not.
- √ The current system does not capture if disabled persons are actually receiving any form of assistance; i.e. who is actively being subject to referrals, house visits, training, etc. In addition to basic data on type of disability etc., the system should also include a code for type of assistance provided, if any. This information should also be included in the annual updates.
- √ More detailed monitoring and review should be subject to sample surveys based on a random sample selected from the MIS. Comprehensive surveys could be conducted every year/two years with more extensive details on actual change in environment and situation of the disabled person.
- √ Finally, the same MIS could be used for monitoring visits on a quarterly basis by the DRO and selected members of the Steering Committee at district level.

In addition to the log book, the CDAs are provided with a format for monthly monitoring. This form gives some aggregate monitoring information but lacks some key information to assess how many disabled persons are actually being assisted. It may however, be of use to the DRO in order to get a "snapshot" of the situation in a sub-county.

Finally, a quarterly report format for the CDA has also been produced to capture most of the same information as in the monthly reports, however, structured differently. This makes the monthly reporting data incompatible with the quarterly reporting data.

The form does not distinguish between number of disabled persons actually assessed/re-assed (the same disabled person assessed may also have been reassessed) to determine how many disabled persons have actually been assessed.

The above observations may suggest that although the MIS system has been established and basic data are available, external technical assistance should be provided (e.g. by NAD) to ensure that the procedures are revised, forms developed and MIS adjusted to accommodate the above recommendations.

## 4.7 Resource allocation and efficiency

**Resource allocation**

Resource allocation refers to both financial and non-financial resources. Overall there are now more resources (financial and non-financial) committed to CBR at the community level. Since CBR is to a large extent relying on the availability of human resources at community level the approach taken will enable it not only to achieve more results but also to be owned. This is a key issue in order to sustain outcomes of the programme.

The programme has a national CBR Coordinator who provides technical support to the programme implementers at the lower levels but also links the lower levels with the national level and the funding partner – NAD. At the national level the programme has access to two motor-vehicles funded by the programme which facilitate the CBR monitoring and supervision visits. The programme entirely funds this activity.

At the district level, the District employs two Rehabilitation Officers who share the responsibilities. One is the CBR coordinator and is generally responsible for ensuring that the programme is properly planned and implemented. The other is mainly responsible for financial planning and management of the financial resources within the District Rehabilitation Office. The programme has a motorcycle for facilitating travel of the District CBR coordinator.

The District has assembled a Resource Team that supports the implementation of the programme especially in terms of capacity building activities (mainly training) as well as undertaking community outreach activities, such as assessment clinics. This includes professionals such as: the psychiatric nurse, special needs education inspector, orthopaedic officer and others. The team is paid a daily allowance whenever they go out for CBR activities. The district level is also supported by other specialists such as the District statistician especially with the MIS and the finance officers in the area of financial management services. There is a lack of key professionals such as physiotherapist, occupational therapists, speech therapists and sign language instructors.

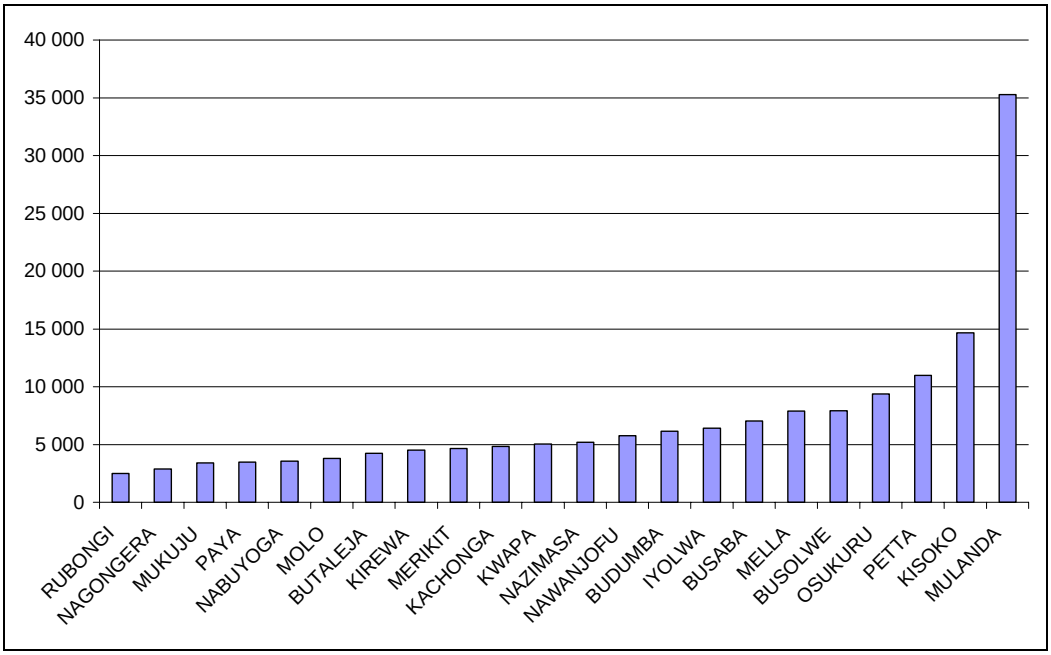
At the sub-county level, the programme is managed by the Community Development Officers/Assistants (CDO/A). At this level, the CDO/A works with a team of resource persons who are largely extension officers and with them they plan CBR outreach activities into the communities. These include the health assistants, the agricultural extension officers, SNECOs and other officers posted and working at the sub-county level. This team is given daily allowances whenever they participate in the CBR activities.

This team is also boosted by the team of volunteers working at parish level but basically focused mainly on identification and preliminary screening of disabled

persons, referrals, counselling and any other home based activities. Currently the volunteers are benefiting from allowances based on the available budget. Some have also benefited from bicycles to facilitate their travel. Currently the strategy is to have one volunteer per parish irrespective of size of the parish or population.

From the assessment of the evaluation team, the bulk of the work is concentrated at this level of the sub-county from which activities stem to the disabled persons and the communities. However, in terms of allocation of financial resources, this is the level that receives the least resources. Worth noting also is that there is not equity criteria in the financial resource allocation formula. Each sub-county is allocated the same amount irrespective of population, access (distance from the centre), number of disabled persons and others.

*Figure 4.2 – Distribution of funds per disabled person per Sub-County 2003/2004 (USH)*




The current formula with equal distribution of financial resources per sub-county, means that financial resources per disabled person in per sub-county vary from 2 500 to 35 000 USH (ref. figure 4.2). It means that the sub-county with highest allocation per disabled person receives more than ten times the financial resources per disabled person compared to the one with the lowest allocation per disabled person.

**Cost-effectiveness**

When assessing cost-effectiveness (financial efficiency) the evaluation team have used the fiscal year accounts for 2003/2004 as a point of departure. This is because this fiscal year is assumed to be closer to a regular year of programme implementation. The year before was the start-up phase of the programme and a proportionally larger share of financial resources were spent on recruitment and training of staff (like volunteers and CDAs, CDOs, HAs, SNECOs, etc.), developing the MIS system, identification/awareness activities to mobilise and sensitise disabled persons, and programme planning/coordination.

The total programme costs in 2003/2004 were 697 million USH. This is equivalent to 107 000 USH per disabled person identified in Tororo. NAD spends some 6 percent of the total cost for technical assistance (ref. figure 4.3). MGLSD spends 49 percent for overall programme "management" and monitoring including various monitoring visits to Tororo by the Steering Committee members and frequent Steering Committee meetings. The District Administration in Tororo spends 23 percent of the funds on management and monitoring activities, in funding assistive devices for disabled persons, training of CDWs, sensitisation of disabled persons and their families as well as Steering Committee meetings in Tororo. The DPOs in the District receives and spends 18 percent of the funds from the contribution made by the CBR programme to Tororo District as a general contribution to build their capacity and strengthen their financial situation.

Finally, the sub-counties receive 5 percent of the total financial resources (equivalent to 0.2 percent per sub-county) as a conditional grant earmarked CBR activities like allowances for volunteers and CBWs for their home visits/counselling of disabled persons and monitoring at sub-county level.

*Figure 4.3 – Distribution of funds by type spending "agency" (2003/2004)*

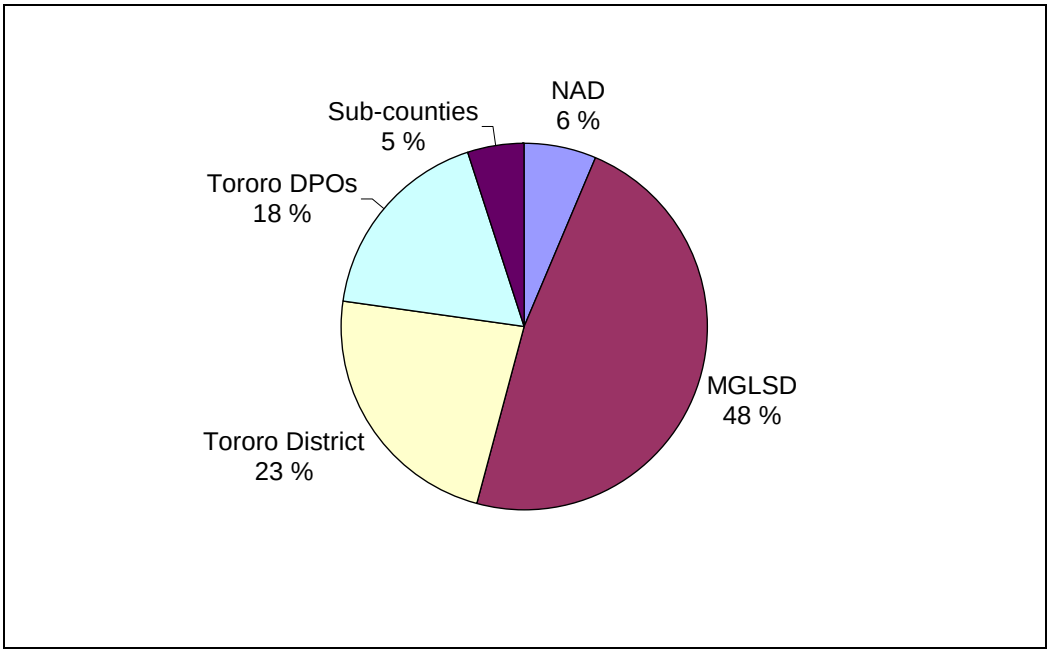
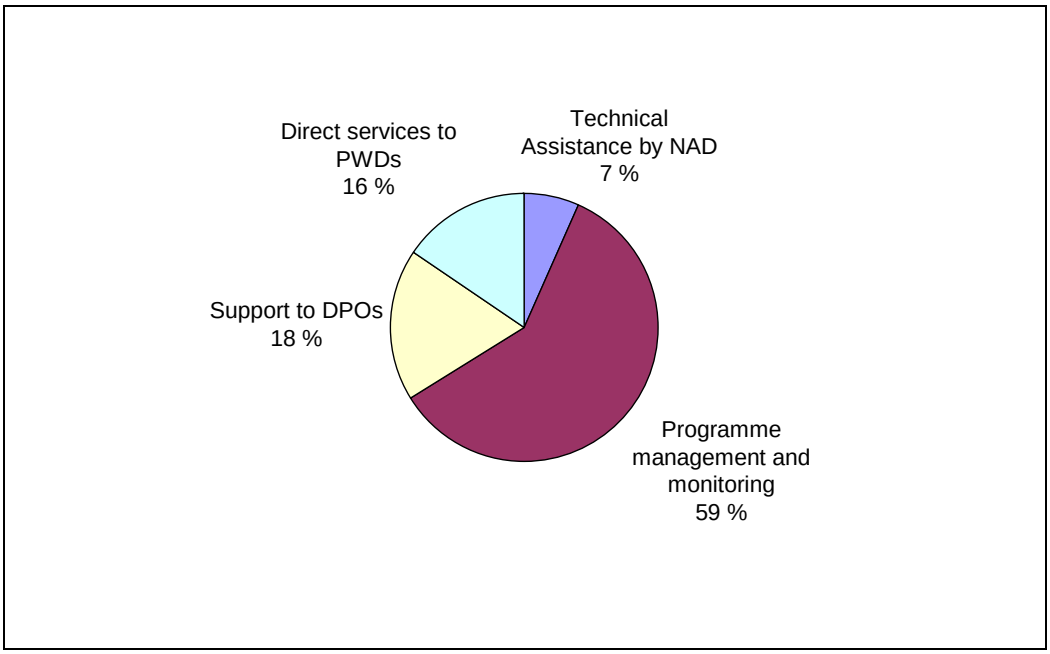



Figure 4.3 explains who spends the funds, not what it is spent on. When reviewing the accounts of the various spending "agencies" the following observations can be made (ref. figure 4.4). Of the total, 7 percent of the costs were spent on external technical assistance. A large share, 59 percent, was spent on programme management and monitoring at the various levels of which MGLSD consumes the major share. The DPOs is assumed to have spent their contribution from the programme for internal capacity building[16].

16 The team has not been in a position to review the accounts of the DPOs in Tororo and their accounts are not subject to audits by the external auditors.

*Figure 4.4 – Distribution of funds by type of expenditure (2003/2004)*




The direct services to disabled persons and their families constituted 16 percent. This included counselling services of the volunteers and resource teams (home visits), funding of transport for disabled persons to referral services and funding of assistive devices, funding of "Income Generating Activities" (like procurement and distribution of goats, seeds and other agricultural inputs), and sensitisation and training of sub-county CBWs and disabled persons.

Of the total of 107 000 USH spent per disabled person per year, approximately 980 USH per disabled person was spent on direct "services" to them. However, not all disabled persons identified and assessed have yet been subject to follow-up in the form of counselling (home visits), training or referrals. The actual follow up is determined by among others the following three factors; the financial resources allocated to the team of CBWs in a sub-county, the degree of need of the disabled persons and the number of disabled persons per volunteer (i.e. the number of disabled persons in a parish).

The team visits to four sub-counties seem to suggest that the number of "clients" per volunteer and the type of disability and service required varied significantly. At the one end a volunteer may have only 5 disabled persons in a parish requiring some form of "service", at the other as many as 277 disabled persons that may require some form of "service" with the average of 65 disabled persons per volunteer (parish). These figures are derived from the MIS while the visits to the sub-counties seemed to suggest that the number of disabled persons in the MIS is underestimated compared to the number of disabled persons each volunteer has records of and for which they make home visits and referrals. The records by the Volunteers seem to suggest that the number of disabled persons is 2-3 times higher than what has been registered in the MIS (ref. discussion of the MIS system).

Compared to the 2000 evaluation findings, the Tororo CBR programme has significantly increased level of resources allocated to direct service provision, and a substantially higher share of resources is now utilised at district level. The change in

the model by using volunteers to reach out to the individual disabled person has also ensured a higher number of disabled persons actually receiving some form of assistance. However, there is a significant scope to increase the volume and outreach of assistance from the CBR programme by reallocation of resources from programme management and monitoring activities.

The management and monitoring activities take place in Tororo District, not at a national level. As such there should be a significant scope to reduce the resource use at national level. As an illustration, if 20 percent of the resources spent at a national level were instead transferred to sub-counties to support two instead of one volunteer per Parish, the programme could provide assistance to twice as many disabled persons. A further 10 percent reduction in programme management and coordination costs could have equipped all volunteers with bicycles and hand-tools to make simple assistive devices.

If the CBR programme is first and foremost to assist disabled persons directly rather than spending resources for capacity building of DPOs there is a further scope to allocate resources from DPOs to activities directly benefiting disabled persons.

The above are illustrations of the opportunities that need to be considered to improve the outreach and efficiency of the programme. Even though the programme has significantly improved resource use and efficiency compared to the findings of the 2000 evaluation, the above clearly illustrates the opportunities to scale up assistance to and its impact for the main target group, the disabled persons.

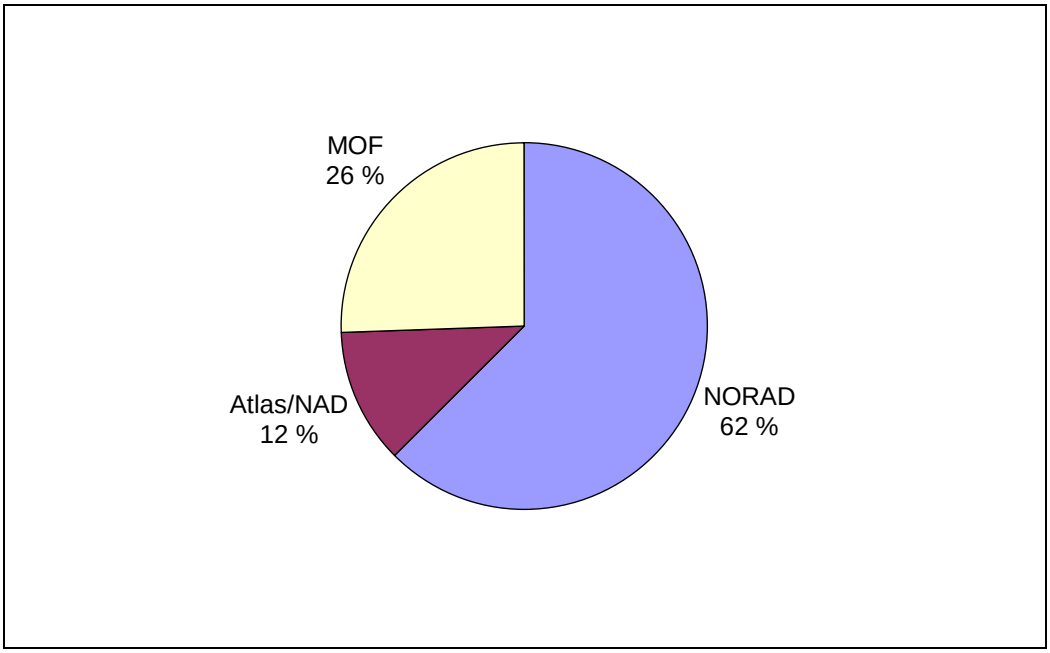
One step that may be considered is to apply a threshold for how much is justified for programme monitoring and management compared to the resources used for direct assistance to disabled persons. It could be done by setting a limit to how much of total resources are to be allocated for national level coordination and management on account of district and sub-county level activities. Another option is for NAD to earmark its entire funding for CBR to district and sub-county level activities while national level activities are determined by allocations from MOFEP (today 26 percent).

## 4.8 Funding and financial management

The financial reports for 2003/2004 present the following picture of the funding of the CBR programme.

The main source of funding is the Norwegian Agency for Development Cooperation (Norad) based on the programme agreement between Norad and the Atlas Alliance (the APEX organisation NAD is part of). Atlas/NAD adds own generated funding to the programme. Finally, the GoU adds an additional 26 percent in the form of recurrent and development spending for MGSLD classified as resources for the CBR programme. The latter may be open for discussion since none of the activities supported from this allocation has direct impact on programme activities in Tororo District (ref. discussion of cost efficiency in previous section).

*Figure 4.5 - Sources of funds for the Tororo CBR programme 2003/2004*




As table 4.7 illustrates, a significant share of programme resources are spent by the MGSLD for national level CBR related activities, even though the share of expenditures at district level and below are significantly higher than in the 2000 evaluation (46 percent as compared to 9 percent in 2000).

*Table 4.7 – Expenditure by spending unit 2003/2004*

| | In mill. USH | In 000' NOK | Percent of total |
|---|---|---|---|
| NAD | 46 | 303 | 6 % |
| MGLSD | 338 | 2 245 | 48 % |
| Tororo District | 162 | 1 075 | 23 % |
| Tororo DPOs | 126 | 836 | 18 % |
| Sub-counties | 36 | 236 | 5 % |

Budgeting and fund release procedure follow to a large extent regular procedures of GoU. MGLSD submit its budget for approval in accordance with the regular GoU procedure in which an initial allocation for CBR is approved. Fund releases follows the regular MOFPED procedures with monthly releases to spending agencies (MGLSD and Tororo District) based on presentation of expenditure returns. Releases from Tororo District to Sub-Counties are made on a quarterly basis from the Tororo CBR bank account in which deposits are made for programme expenditure by the District. The funds are subject to regular internal control procedures and annual external audits by the Auditor General.

There are some specific conditions in the MOFPED/NAD agreement that deviates from regular financial regulations and procedures of GoU. They are related to fund release and audits explained by the following:

- √ NAD disburses to a Bank of Uganda forex account in the name of MOFPED the amount to be made available to the CBR programme. The USH equivalent is immediately credited MOFPED revenue account as resources made

available for funding of the state budget, i.e. the resources are "blended" with general domestic resources and as such do not represent a separate cash flow. However, despite this, as per agreement with NAD, MOFPED releases the CBR funds to MGLSD to two separate bank accounts; one equivalent to NAD funding and one equivalent to GoU contribution (labelled counterpart funding). It is from these two separate bank accounts that MGLSD make withdrawals for CBR activities they implement. It is difficult to find a justification for this procedure since it only adds additional paperwork and bank charges without giving any added assurance to how funds are actually spent, nor does it add any value in terms of assessing the share of GoU contribution to the programme. Instead NAD should provide the funding as regular "budget support". When reconciling accounts with NAD releases it will in any case show how much GoU actually contributed (total expenditure minus NAD contribution).

√ The CBR programme expenditure at district level stems basically from NAD funding (when reconciling contribution from NAD with releases from MOFPED). However, the release from MOFPED to districts is done as a conditional grant for Community Development activities, a budget line including all programmes for community development, not only CBR. At the district level this has led to substantial delays in actual deposits to the CBR account from which the DRO may withdraw resources for CBR activities. This has also caused substantial delays for release of funding to sub-counties. The District Administration in Tororo has had to write a letter to MGLSD and MOFPED to get information on how much of the amount released was intended for CBR and wait for a formal answer in the form of a letter from MGLSD before funds can actually be utilised. This is an extremely cumbersome procedure. In meeting with MOFPED two solutions were proposed; 1) to allow registration of a separate budget line for a conditional grant to CBR or 2) make advance notices to the districts with every release on the amount for respective Community Development programme like CBR. It is the understanding that the latter is the preferred and agreed option since the former may lead to many additional budget lines if to be practiced in every programme and project funded through regular budget releases.

√ NAD has contracted Carr Stanyer Sims and Co. to conduct audits every six months to reconcile expenditure with NAD contributions and GoU contributions respectively. The audits requested by NAD semi-annually are made to reconcile financial information on a calendar year basis (NAD's financial year) rather than the Uganda fiscal year. The audit is based on special financial statements to accommodate the requirement, not on regular financial statements produced by the GoU. The information in the two is not reconciled by the auditors and as such the audits by the external auditors do not add much assurance. Instead they should audit the regular financial statements of the GoU on a six monthly basis including the final financial statement according to GoU fiscal year. For NAD it only means to add two six monthly statements to get a full calendar year (ref. recommendations from the 2000 evaluation).

√ Finally, audits do not include sub-counties. Even though it was beyond the scope of this evaluation to do an audit, review of statement of accounts at sub-county level for four sub-counties visited, showed significant deviations between what Tororo District claimed to have released to them for CBR and

what they had recorded as received. This should be assessed by independent auditors to seek explanations for the deviations especially since it is funding at sub-county level that first and foremost determines level of assistance to disabled persons, and scaling up transfers to sub-counties will only be justifiable if they have sound financial management practises.

The CBR programme budget consists of two elements; the budget by MGLSD for activities they undertake and budget by DRO for the activities in Tororo District. In addition each sub-county prepares budgets based on estimated allocations from the CBR programme. The budget is as previously mentioned linking expenditure to activities in attempt to cost each activity. It uses the same approach to activity based budgeting as introduced globally for all public expenditure in Uganda. However, a closer look at the workplan and budget clearly reveals that it is a scope to improve the modality of planning and budgeting with significantly more focus on the main objective of the programme; to assist disabled persons.

The current workplan and budget is input and activity focused rather than focussing on results which benefit the disabled persons directly or indirectly. This may be one of the reasons why questions have so far not been raised to the significant share spent on programme management, coordination and monitoring on account of activities directly benefiting disabled persons. As some illustrations the following can be mentioned;

- √ In the 2003/2004 workplan “maintenance of MIS” is listed as an activity and the output is “1 secretary and 2 entrants” with a cost of 5.6 million USH.
- √ In the same workplan “Purchase of office equipment” is listed as an activity with the output being “1 office table, 2 computer tables, etc.”.

The same applies to monitoring visits, steering committee meetings etc. which are all inputs to support activities which eventually will produce outputs of benefit to the disabled persons. They are all programme management and administrative costs, not activities linked to the objective of the programme i.e. to assist X number of disabled persons with Y type of services. To further develop and focus the planning and budgeting process towards the core programme objective, it is recommended that the programme management is provided external technical assistance from NAD to support their planning exercise.

## 4.9 Role of NAD

NAD has been playing and continues to play the role as the main financial and strategic partner for the programme stakeholders: the MGLSD, DRO and associations of the disabled persons. The findings from this evaluation will require that NAD also continue to play a key role in further developing and consolidating the CBR model, especially in terms of prioritisation of resource use and more focus on community based activities.

One key role NAD should play in this respect would be to assist MGLSD and DRO to improve the planning instruments to reflect the above needed adjustments. It will require presence in the initial planning process for the next fiscal year and facilitation in a process to bring all stakeholders attention on what should be the core objective of the CBR programme.

One option is to facilitate a venue for a planning workshop with main stakeholders at the district level. This is to ensure prioritisation of activities towards the key objective. As findings of this evaluation suggest it may be a need to define one (and only one) agreed logical framework for the programme to avoid “mission drift” and excessive demands on the limited resources available. Such an exercise will also be of importance to develop a common framework for expanding the model into other districts.

NAD will need to continue as the financial and strategic partner also for the expansion process itself. GoU with MGSLD as well as Tororo District will require external financial and technical assistance in establishing the model in new districts. Accordingly NAD should consider continued support to the CBR programme in Uganda for the medium term (4-5 years). This is in the team’s view a minimum requirement before the programme can be sustained with internal human and financial resources.

# 5. EXPANDING TO OTHER DISTRICTS

This evaluation has shown that the "new" CBR model piloted in Tororo District has significantly improved outreach and impact. The Tororo model is to a much larger extent "community based" in the real meaning of the term than what was the case in the former programme subject to an evaluation in 2000.

By taking the findings of this evaluation into consideration, the programme should gradually be introduced to 3 -5 new districts. A gradual expansion is recommended to ensure experience is gained from other district environments before considering scaling up CBR to all districts. The number of districts for the next stage will depend on how much resources can be made available through reallocation of current CBR resources, how much additional funding can be secured and the human resource capacity available to support introduction of the model to new districts.

In selection of new districts the following criteria should be applied in a strategy of highest probability of successful implementation (rather than based on highest need for CBR activity):

- √ Proximity to Tororo - This criterion is based on the assumption that Tororo as a model district may play a pivotal role as a model for others. Allowing new districts access to the Tororo DRO and staff for consultations and exposure to how the model is implemented in Tororo will serve to support establishing CBR in new CBR districts, especially those with prior CBR experience.
- √ Availability of government and NGO referral services (like in Mbale and Tororo) – Constraints in referral systems has proven a major constraint for the overall CBR programme since awareness and assessments have created expectations beyond capacity of referral systems to deliver. The actual assistance provided has been due to the existence of some capacity available in private as well as public referral systems.
- √ Strong and highly motivated team of CBR workers at district level – This criterion is based on the fact that several unforeseen programme constraints have been resolved not least due to the dedication and motivation of key programme management staff in Tororo. It has ensured that all levels of the "organisation" from district to sub-county to parish levels have been given guidance and supervision to ensure that they continue to subscribe to programme objectives.
- √ CBR workers and resource teams at sub-county level – These are the core teams to support and guide the volunteers ensuring adequate assistance is provided to disabled persons. Adequate staffing of this cadre of professionals is essential for the community based model to function.
- √ Strong presence and representation of DPOs – The DPOs serve both in mobilisation and sensitisation of disabled persons and undertake an important oversight function to ensure that disabled persons are reached and provided assistance in accordance with the CBR programme objective.

In addition to the above the following issues, as addressed also by the internal evaluation in 2004 should be taken into consideration:

- √ Volunteers should continue to play a pivotal role supported by sub-county resource teams.
- √ All types of disabilities should be represented in planning and decision making to support a joint agenda.
- √ Initially the focus should be on awareness and sensitisation but with due consideration for the demand it creates on service delivery. From outset CBR should be linked to sector institutions that disabled persons will be referred to for services (mainstreaming of service delivery).
- √ Awareness and inclusion of the district political and administrative leadership is important for ownership and sustainability.
- √ Funding should be assured before start-up of the programme including commitments through the state budget. This will require a revision of the SDIP projected allocations.
- √ Apply the same MIS system as in Tororo after it has been further developed and simplified.

# ANNEX I – TERMS OF REFERENCE

## EVALUATION OF COMMUNITY BASED REHABILITATION PROGRAMME IN UGANDA

### Background

Community Based Rehabilitation (CBR) was introduced by the Government of Uganda (GoU) in 1992, with financial assistance from Norwegian Association of the Disabled (NAD), as the official government strategy for addressing disability issues. The overall goal of the CBR programme in Uganda, as outlined in the 'Guidelines on CBR' is to identify all forms of disabilities and provide quality rehabilitation services with full participation of disabled persons. The initial pilot programme involving three Districts[17] was eventually expanded to another seven Districts.[18] At the same time, several Non Governmental Organizations (NGOs) started implementing their own CBR programs in various parts of the country. The initial NAD-Government of Uganda cooperation has been reconfirmed since then through a series of agreements, under which NAD has provided support to the country's CBR programme with funds from NORAD and the Atlas Alliance. The current 3-year cooperation agreement is due to expire in April 2005. At present, the CBR programme is implemented by the Ministry of Gender, Labour, and Social Development (MGLSD).

Between 1993 and 2000, three external evaluations were carried out on the CBR programme.[19] The most recent of these, conducted by the Nordic Consulting Group in 2000, recommended consolidation of the programme through a clear, strategic plan that would improve programme coverage and quality of services provided to disabled persons. As a result, the National CBR Steering Committee together with NAD decided to implement CBR in a model District which, if successful, could eventually be replicated to other Districts in Uganda. In 2002, preparations were made to implement CBR in Tororo District, and the programme was introduced in the District during the second quarter of the GoU financial year 2002-03. The objectives of the programme are to:

- Promote and achieve social, economic, and political integration of disabled persons into the mainstream of society
- Create and build capacity of disabled persons, their families and the community to identify and manage disabilities
- Promote participation of disabled persons in planning, implementation, monitoring, and evaluation processes

In designing the model District programme, emphasis has been placed on bottom-up planning, multi-sector collaboration, building local capacity for sustainability, decentralisation of power and resources, and a participatory, gender and disability responsive strategy.[20]

With an eye to the renewal of NAD-GoU agreement and the planned expansion of the CBR programme to other Districts in 2005, a process evaluation of the Tororo District CBR programme will be undertaken in February 2005. The findings of the evaluation will provide

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[17] Bushenyi, Mbarara, Kabale (all located in Western Uganda)

[18] Ntungamo, Rukungiri, Mukono, Iganga, Kamuli, Mbale, Tororo

[19] R Devoid et al (1993), Dr. B. O'Toole et al (1996), Nordic Consulting Group (2 reports - May and December 2000)

[20] Annual Report on the CBR Programme 2002/03, MGLSD (1.0 CBR Activities)

the basis for both the renewal of the cooperation agreement and NAD's role in relation to the expansion. The evaluation will be funded from NORAD's 2004 contribution for the CBR Programme in Tororo District.

## Timeframe and methodology

Terms of reference (ToR) for the evaluation have been prepared by NAD, in collaboration with the MGLSD. The final evaluation report is to be delivered not later than 28 February. It is envisioned that the evaluation team will consist of 2-3 persons with at least one consultant each from Norway and Uganda/Africa. Collectively, the team should bring to the evaluation experience in the following: familiarity with Africa (preferably Uganda) and local cultures, CBR, organizational management, and Norwegian development aid policy.

In particular, the evaluation will consider the model District CBR programme in light of the recommendations made by the 2000 evaluation. To this end, the team will largely base its study on existing information, including the internal evaluation carried out in August 2004. It is expected that the evaluation will obtain information from key stakeholders involved in the CBR programme at a variety of levels. The evaluation team will identify both the approach(es) and specific data collection methods which they believe will best achieve the stated objectives of the evaluation. It is anticipated that this will include a mix of quantitative and qualitative methods, such as document review, review of existing data from previously conducted surveys, and key informant interviews.

## Objectives

The main objectives of the evaluation are to:

- Determine, as far as possible given the limited time the project has been implemented, whether the programme is accomplishing what it has set out to achieve.
- Assess to what extent the programme has addressed the recommendations of the 2000 external evaluation.
- Assess the CBR programme's strengths and weaknesses with particular emphasis on review of the programme's management and financial arrangements, and consider the sustainability of these arrangements.
- Make recommendations for strengthening the CBR programme.
- Consider the CBR programme in Tororo District as a model for expansion to other Districts in Uganda.

## Terms of Reference for the evaluation of the CBR programme (CBRP)

With an eye to meeting the evaluation's stated objectives, the evaluation will focus on the key areas outlined below:

1. **Programme strategy, planning and implementation framework**

- Consider whether the CBRP's implementation framework, planning process, and allocation of resources is appropriate to the programme's stated strategy.
- Describe coordination mechanisms, evidence of multi-sectoral networking, and the respective roles of key actors in the CBRP at all levels.

- Review the CBR Management Information System (MIS) in relation to the quality and relevance of the data gathered, access to MIS data, and how the information is used by decision makers and in planning.[21]
- Review planning, monitoring, and reporting procedures/tools for relevance and effectiveness.
- Assess the quality and relevance to needs of training/capacity building activities conducted for CBR workers (CBRW) and suggest priorities for future training in difficult disabilities[22].
- Comment on the mobilization of resources by the community, including the involvement of disabled persons, DPOs, the community/community leaders and volunteer CBRW.
- Consider the scope of the work of CBRW and suggest how they can broaden their focus to include a range of dimensions of CBR in their work.[23]

**2. Effectiveness of implementation**

- Comment on CBRP coverage in relation to the scope of activities offered and the percentage of disabled persons within each disability category reached, and suggest ways in which to address factors hindering coverage.[24]
- Assess to what degree the programme supports/promotes the social integration of people/children with disabilities and equal access to structures, institutions, services; comment on any gender-related observations.
- Comment on the cost-effectiveness of the CBRP.

**3. Organizational and financial management**

- Review organizational and financial management procedures/routines and comment on whether these are in line with the government's Poverty Action fund (PAF) and whether they are sustainable.[25]
- Review the programme budget to determine to what degree budget lines are linked to activities (i.e. activity based planning).[26]
- Determine whether NAD support to Tororo District via the MoF is in accordance with plans, budgets, and the log frame established as a result of the 2000 evaluation. Describe the flow of cash to the local level and how this affects programme implementation.

**4. Application of model to other Districts**

- Comment generally on the sustainability of the CBR programme and consider to what degree decentralization will affect sustainability.
- Identify any added value of NAD's contribution to the programme.

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[21] The 2004 internal evaluation recommended a more in-depth look at the CBR MIS.

[22] point raised by 2004 internal evaluation

[23] point raised by the 2004 internal evaluation

[24] point raised in 2000 external evaluation and 2004 internal evaluation

[25] sustainability point raised in 2000 external evaluation

[26] point raised in 2000 external evaluation and 2004 internal evaluation

- Identify to what extent the programme's activities/outputs remain pertinent to Norad priorities, particularly in relation to poverty reduction, democracy building, gender equality
- Document lessons learned and recommendations for application of the Tororo CBR model to other Districts.
- To what extent are financial terms in place for expansion (e.g. support from PAF, counterpart/government funding, and external donors)[27], and how might this process be furthered.

[27] reference to 2003 Plan of action (*årsplan*)

# ANNEX II - LIST OF PERSONS MET

Hon. Florence N. Sekabira, Minister of State, MGLSD
Hon. Hood Katuramu, MP, Parliament
Hon. James Mwandha, MP, Parliament
Hon. Ndeezi Alex, Member of Parliament, Parliament / UNAD
Achieng Lucy, Secretary, TOOC / TCCBRS
Alice Jenipher Masinde, Sub County Chief, Usukulu Sub county
Aliza Jane, Parent, Poyem Parish, Iyolwa, Tororo
Aluka-Osinde Akisoferi, Chairman , TODIPU
Amoit Hellen, disabled person, Malaba Cultural Group
Amone Doreen Obbo, CBR Volunteer, Nagongera Sub county
Amunyelet Margaret, disabled person, Malaba Cultural Group
Andereas M. Unbehauen, Programme Director, TOOC / TCCBRS *)*
Ayeet John, disabled person, Malaba Cultural Group
Barbra Batesaki, Sen. Physiotherapist, Ministry of Health
Bukenya B. Christopher, CBR Coordinator, TOOC / TCCBRS
C.Wimon Okecho, Asst. Commissioner, SNE, MOES
Charles O. Othieno, CBR Volunteer, Nagongera Sub county
Connie Tinka, Sen. Programme Officer, Uganda Society for Disabled Children
D. Y. Kasibante, Res. District Commissioner, Office of the President Tororo
Dr. Alice B. Nganwa, Senior Medical Officer, Ministry of Health
Dr. Bubikire Stanley, Senior Medical Officer, Ministry of Health
Ekoliet Michael, CBR Volunteer, Usukulu Sub county, Tororo
Ekwera Milton, Psychiatric Nurse, Tororo District Hospital
Emongino Stephen, disabled person , Malaba Cultural Group
Esther Oworah, CBR Volunteer, Poyem Parish, Iyolwa, Tororo
Florence Nabuya, disabled person, Malaba Cultural Group
George Katumba, Officer, NAWODU
George Lungiriya, Shoe maker, Mbale Orthopaedic Workshop
Goloba Michael, Parent of CWD, Budumba Sub county
Goloba Yovani, disabled person, Budumba Sub county
Hirya Julius, District Labour Officer, TALG
Icent Betty, disabled person, Malaba Cultural Group
Imodia Caroline, disabled person, Malaba Cultural Group

Itikin Thabitha Joy, disabled person, Malaba Cultural Group
J.K.Kaija – Akiiki, MGLSD
Jackson Atria, Executive Director, USDC
Jackson Mirembe, Senior Rehab. Officer, MGLSD
Jackson Osudo, Asst. Chief Admin. Officer, Tororo District Local Govt
James Namusi , Shoe maker, Mbale Orthopaedic Workshop
Joan Murumu, PAS/FA, MGLSD
Justine Owor, Parent , Poyem Parish, Iyolwa, Tororo
Kainza Sarah, CBR Data Manager, TOOC / TCCBRS
Kakai Sarah Lorna, Dispenser, TOWODU
Kekeriah Olowo, CDA , Iyolwa Sub county, Tororo
Kitalibara Lastal, CBR Psychiatric Nurse, TOOC / TCCBRS
Koddo Jacob, Technician, Mbale Orthopaedic Workshop
Madanda Antony, disabled person, Malaba Cultural Group
Mamutosi Sarah, disabled person, Malaba Cultural Group
Mande Oryema, disabled person /CBR Volunteer, Usukulu Sub county, Tororo
Mary Mukisa, Executive Director, UNAPD
Mary Nyamiel , disabled person, Iyolwa Sub county, Tororo
Michael Oboth, disabled person / Bicycle Repair, Nagongera Sub county
Moses Kiwanuka, Training Officer / OT, COMBRA
Moses Moiza, Rehabilitation Officer, Tororo District Local Govt
Mrs. Ntegyereize, Ag. Commissioner, MGLSD
Mrs. T.M.K Bwiire, Dist. Rehab. Officer, Tororo District Local Govt
Mukite Shamim, disabled person, Malaba Cultural Group
Mwesigye James, Executive Director, NUDIPU
Mwombe Keri Henry, Clinical Officer, Mukuju Health Centre IV, Tororo
Nasser Abdu, disabled person, Malaba Cultural Group
Ndello Godfrey, disabled person, Malaba Cultural Group
Noah Owora, Chairman LC V, Tororo District Local Govt
Ntegyereize S, Asst. Commissioner, MGLSD
Nyafwono Mary , disabled person, Poyem Parish, Iyolwa, Tororo
Ocailap, Director Budget, MoFPED
Ochopa James, Eye Mobiliser, TOOC / TCCBRS
Ochwo Clement, Helper, Tororo District Association of the Deaf
Odoi Tezira, Nursing Officer, Psychiatry, Tororo Hospital

Odubi Andrew, Orthopaedic Officer, Tororo Hospital
Ofumbi Nobert, SNECO, Iyolwa Sub county, Tororo
Ofwono Gabriel Felix, Sub County Chief, Nagongera Sub county
Ofwono J.A, Extension Officer, Iyolwa Sub county, Tororo
Okeke John, CBR Volunteer, Usukulu Sub county, Tororo
Okello Charles, Chairperson, Tororo Dist Assoc. of Persons with Epilepsy
Okello Charles Badia, CBR Volunteer, Nagongera Sub county
Okello Dison, C/man, disabled person, Magola Parish, Iyolwa, Tororo
Okiror Andrew, disabled person, Malaba Cultural Group
Okiror George, Chairman LC II, Malaba, Malaba
Okoti Monica, Public Relations Officer, TOOC / TCCBRS
Olakitar Omella G, Head teacher, Okworot Primary School, Mukuju
Ologe O.J.C, CDO, Nagongera Sub county
Oloka Livingstone, disabled person, Poyem Parish, Iyolwa, Tororo
Oloka Richard, CBR Volunteer, Magola Parish, Iyolwa, Tororo
Olowo Erizafani, disabled person, Poyem Parish, Iyolwa, Tororo
Omale Julius, CWD, Nagongera Sub county
Omoding Joseph, CBR Volunteer, Usukulu Sub County, Tororo
Onen Negris, Principal Education Officer , Ministry of Education and Sports
Onyango Odoi. N, Chairman, Tororo District Association of the Deaf
Osianga Richard, disabled person, Poyem Parish, Iyolwa, Tororo
Osinde Stephen, Sub County Chief, Iyolwa Sub county, Tororo
Otedo Isaac, disabled person, Malaba Cultural Group
Owerodumo Cortider, Headmistress, Agururu Primary School
Owino Frimony, Parent, Iyolwa Sub county, Tororo
Owor Charles Waziri, CDO, Iyolwa Sub county, Tororo
Owor Charles Waziri, CDO, Usukulu Sub County, Tororo
Owor James, L.C III, Chairperson, Iyolwa Sub county, Tororo
Owori Orisa, Tororo District Council
Owori-Owag W, Vice Chairman, TOPACLED
Oyaro Peter, Rehabilitation Officer, MGLSD
Parents of Amos Ochieng, Parents of CWD, Usukulu Sub county
Parents of Bulaimu Were, Parents of CWD, Budumba Sub county
Parents of Simon Bora, Parents of CWD, Usukulu Sub county
Paul Ojwang, Lecturer, Kyambogo University

Paulo N. Kadeli, Councillor, LCIII, Budumba Subcounty
Peter Okitela, Councillor LC V , Tororo District Council
Peter Olouch, Sign Language Interpreter, Parliament
Prossy Suubi Nantongo, Sign Language Interpreter, Parliament
Rabecca , disabled person / Student, UCC, Utro Village, Usukulu Sub county
Richard Anguyo, Executive Director, UNAB
Rose Christine Adikini, Iyolwa Sub county, Tororo
S.K Issa Mulebe, Muslim Leader, Budumba Subcounty
S.P. Oboth, Chief Admin. Officer , Tororo District Local Govt
Sacuss, disabled person, Malaba Cultural Group
Sammy Odongo, O.D Coordinator, District Rehab. Office, Tororo
Suleigh O.M, Education Officer (SNE), Education Dept, Tororo
Susan Kisitu, Sen. Programme Officer, Uganda Society for Disabled Children
Tibikowa Agulansi, disabled person, Poyem Parish, Iyolwa, Tororo
Walwassa Peter, CBR Volunteer, Budumba Twale, Budamba
Zikulabe Moses, Vice Chairman, UPACLED