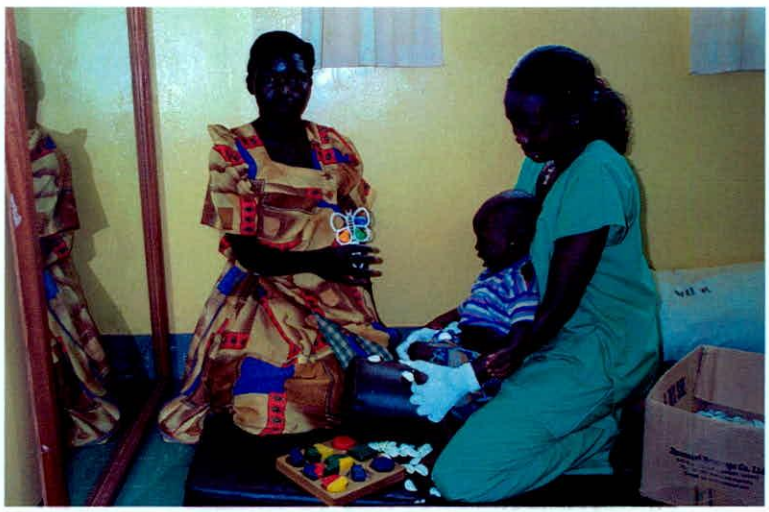
Put in Score File

"SCORE"

"Support to Community Oriented Rehabilitation Services"



First Interim Report

September 2003 – March 2004

AVSI
Associazione Volontari per il Servizio Internazionale

Title of the project
"Support and scaling up of medical rehabilitation services in Northern Uganda"

Code Name:
"SCORE"

Location
Northern Uganda:
Districts of Gulu, Kitgum, Pader, Lira, Apac, Arua, and Nebbi

Duration
3 Years
01/09/2003 - 31/08/2006

Implementing organisations
Associazione Volontari per il Servizio Internazionale (AVSI)
Collegio Universitario Aspiranti Medici Missionari (CUAMM)
Comitato Collaborazione Medica (CCM)

Local Counterpart
Ministry of Health/Rehabilitation Section

Local Partners
District Disability Committees
Contact persons at district level

Total Project Budget
Euro 2,263,081.95

Project Contract
AID 7413/AVSI/UGA
C.D. n. 162 del 01.10.200299/TF/UGA/LS/454

1. Background

The area covered by the project is characterized by various contests. A cruel guerrilla between the forces of LRA (Lord Resistance's Army) and UPDF (Ugandan People Defense's Army) affects Acholi and northern Lango regions, while West Nile Region is characterized by a particular geographic position, which does not guarantee easy communication and trade kinks with the rest of the Country.

However in West Nile Region the government of Uganda took important steps to improve the security situation, and in particular the relation between Uganda and Sudan. An estimated 2,500[1] Uganda National Rescue Force II (UNRF II) combatants have been reintegrated at the end of 2002 with the provision of a preliminary reintegration packages. The government commitments in reabsorbing the UNRF II combatants (children in majority) in the society had achieved an important result, with a focus on education.

Acholi, Lango and Teso regions have been seriously affected by the constant presence of the LRA. The guerrilla in Northern Uganda begun 18 years ago and it is still causing humanitarian disasters.

In June 2002 the rebels' activity increased as a direct result of the military operation "Iron Fist" which intended to destroy the military bases of LRA in Southern Sudan. From 2002 throughout the 2003 the LRA intensified its criminal operations creating new corridors in Lango and Teso regions. In these areas the LRA rebels renewed their attacks to villages and camps, looting, killing and forcing thousands of children to flee to the safety of towns each night.

The number of displaced population as drastically increased. The 72% of the total population living in Acholi Region is displaced and the same happens for thousands of people in Lira District.
Living conditions in IDP camps are dramatic and in many cases inhuman. Poor sanitation, poor service delivery (health, education), impossibility of self-provision of food due to the presence of rebels, scarce availability of clean water.

Another phenomena which begun due to the re-intensification of the conflict is the daily "commuting" of thousand of children who spend the night in town to escape from the risk of being abducted by the rebels.
In March 2004, 19,000 children were commuting every night in Gulu town while 17,000 in Kitgum town and 7,000 in Kalongo (Pader district)[2]. The life of the children has changed with serious repercussion on their education and social behavior. Furthermore they are constantly exposed to other threats as physical and sexual abuses, and risks of several diseases including HIV/AIDS.

The rebel's activity has fluctuated significantly during the reporting period. The trend of insecurity, which characterized the area of Acholi and Langi, has significantly affected the planning and implementation of some of the activities foreseen by this project. At the same time the continuation of the war has caused more and more victims among the civilian population, with a significant prevalence of disabling war related trauma due to landmines, bombs, gunshots, and mutilation afflicted by the rebels during their attacks.

In February 2004 the LRA attacked two IDP camps in Lira district killing over 250 people, while in Gulu, Kitgum and Pader, children were abducted and people killed on daily bases. The rebels have abducted thousands of children for use as fighters, porters or concubines.

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[1] Consolidated Appeal Plan (CAP) – Uganda 2004

[2] UNOCHA Gulu, March 2004

The government attempted to hold peace talks with the rebels in 2003, but the insurgents, who claim they are defending the interests of the Acholi, refused to gather in government-designated areas, so the talks never occurred.

The LRA used to launch attacks into northern Uganda from neighboring Sudan, mainly raiding villages and attacking military posts. But in March 2004, the Sudanese government – which Museveni accused of supporting the insurgents – agreed to allow for the second time Ugandan troops to cross the border to destroy rebel bases in "Operation Iron Fist II."
Humanitarian agencies are currently drafting plans of intervention in case the second military operation will cause a new pick of insurgency in northern Uganda.

2. Medical Rehabilitation Services: situation analysis
Below is a brief situation analysis concerning the territory, population[3], rehabilitation services available, and other institution working with PWDs (people with disabilities) in the districts covered by the project.

Gulu
Area: 11,735 sq. km.
5 counties
22 sub-counties
Total population: 468,407
Average population per sub-county: 21,291.2
Sub-county with the highest population: Pabbo (44,694)
Sub-county with the lowest population: Palaro (6,320)
Gulu Regional Hospital:

- Physiotherapy Unit (constructed by AVSI)
  Personnel:
  3 Physiotherapists
  2 Assistant Physiotherapists
  1 Occupational therapist

Equipment: the unit is provided with basic equipment and various electrotherapy machineries.

- Regional Orthopedic Workshop (constructed by AVSI)
  Personnel:
  3 Orthopedic Technologists
  2 Shoemakers
  1 Workshop Assistant

Equipment: the orthopedic workshop is well equipped with machineries, tools and materials for the production of prosthesis, orthotics, and other orthopedic appliances (ICR technology).

St. Mary's Hospital, Lacor:

- Physiotherapy Unit
  Personnel:
  5 Physiotherapist assistants

Equipment: the unit is well equipped

[3] 2002 National Census Report

Gulu Independent Hospital:

- Physiotherapy Unit
  Personnel:
  1 Physiotherapist (part time)

Equipment: the unit is provided with modern and sophisticated electrotherapy machineries.

Gulu Disabled Persons Organization-GDPO:
GDPU is the local branch of the National Union of Disabled Persons in Uganda (NUDIPO). GDPU operates in 23 sub-counties with 46 working groups.

- Orthopedic Workshop
  Personnel:
  3 technicians

The workshop is not properly equipped. Currently it produces auxiliary crutches, wheel chairs (low standard quality), tricycles, and furniture.

Gulu Youth Development Association (GYDA):
GYDA workers are skilled in metal work and their workshop produces wheel chairs and tricycles of good quality.

CBR: CBR network is not well established. In 1997 CCM (Comitato Collaborazione Medica) trained 10 Community Development Assistants (CDA's) on CBR from 10 sub-counties in Gulu District.
Their project ended in 1998 and currently there are no CBR workers active on the ground.

Kitgum
Area: 8,969.13 sq. km.
2 counties: (Chua and Lamwo)
10 sub-counties
Total population: 286,122
Average population per sub-county: 28,612
Sub – county with the highest population: Kitgum T.C (42,929)
Sub – county with the lowest population: Labongo Layamo (8,748)

Rehabilitation services:
St Joseph Hospital

- Physiotherapy Unit. The hospital is currently without a proper physiotherapy. AVSI is planning to build an appropriate gymnasium during the course of 2004
  Personnel:
  1 Physiotherapist
  3 Physiotherapist assistants

The room, which is currently utilized as physiotherapy unit, is provided only with clinical beds. Physiotherapy equipment is not available.

CBR
There are 15 CBR workers who have been trained by the DRO.

Pader
Area: 7,166.87 sq. km.
2 counties: (Agago and Aruu).
18 sub-counties
Total Population: 293,679

Sub – county with the highest population: Lapono (29,527)
Sub – county with the lowest population: Atanga (2,346)

Rehabilitation services:
Kalongo - Dr. Ambrosoli Memorial Hospital
The hospital is not equipped with medical rehabilitative facilities. AVSI has organized on job training for a nursing aid in basic skills on physiotherapy. At the same time two technologists have been trained in manufacturing orthopedic appliances and orthotics to be produced by Kalongo Hospital workshop. Material and tools were delivered.
CBR
No activity reported.

Lira
Area: 7,251 sq. km.
6 counties: (Dokolo, Erute, Kyoga, Lira Municipality, Moroto, Otuke).
24 sub-counties
Average population per sub-county: 31,573.5
Sub – county with the highest population: Adekokwok (50,540)
Sub – county with the lowest population: Railway (4,936)

Rehabilitation Services:
Lira Regional Hospital:

- Physiotherapy Unit constructed by Uganda Society Disable Children (USDC):
  Personnel
  1 Physiotherapist
  1 Occupational Therapist (not yet recruited by the hospital)

Equipment: the unit has been partially equipped by USDC. The equipment provided is rather appropriate considering the number and type of patients treated.

- Orthopedic Workshop (carpentry)
  Personnel:
  1 Orthopedic Technologist
  1 Orthopedic Assistant
  2 artisans

Equipment: the tools and material available limit the production to crutches and wooden walking sticks. AVSI sponsored the training of 6 staff from the DDPL in the making of wheel chairs and tricycles in Gulu. They now have the technology to make appliances like crutches and have been in close link with National Union of Disabled Persons in Uganda (NUDIPU) and Ministry of Gender, Labor and Social Development (MGLSD) – were given some White canes. Action on Disability and Development (ADD) had facilitated sign language in the district and in addition had helped them put up their office block and trained them on leadership skills.
CBR
No relevant activities have been reported.

Apac
Area: 6,488 sq. km
4 counties: (Kole, Kwania, Maruzi, Oyam)
31 sub-counties
Average population per sub-county: 21,814.3
Sub – county with the highest population: Aber (52,075)
Sub – county with the lowest population: Apac T.C (10,292)

Rehabilitation Services:
Apac Hospital:

- Physiotherapy Unit (built by USDC)
  Personnel:
  1 Physiotherapist
  1 Occupational Therapist
  2 Orthopedic Officers
  1 Psychiatric Nurse

The equipment was purchased by USDC.

- Orthopedic Workshop (built by USDC):
  1 Orthopedic Technologist

The workshop has been provided with raw material only.
CBR
An imprecise number of personnel were trained by COMBRA. Some of the trained CBR workers are no longer active.

Arua
7 Counties, 36 Sub-counties
Total population: 855.055
Average population par Sub-county: 23,752
Sub – county with the lowest population: Uleppi: 6,600
Sub – county with the highest population: Adumi: 41,267
Rehabilitation Services:
Arua Regional Hospital,

- Physiotherapy Unit
  1 Physiotherapist in charge
  1 Physiotherapist not yet recruited by the government

- Occupational Therapist Unit
  1 Occupational Therapist

Physiotherapy unit is well equipped while the Occupational Therapy unit is not yet functioning.

Kuluwa Hospital,

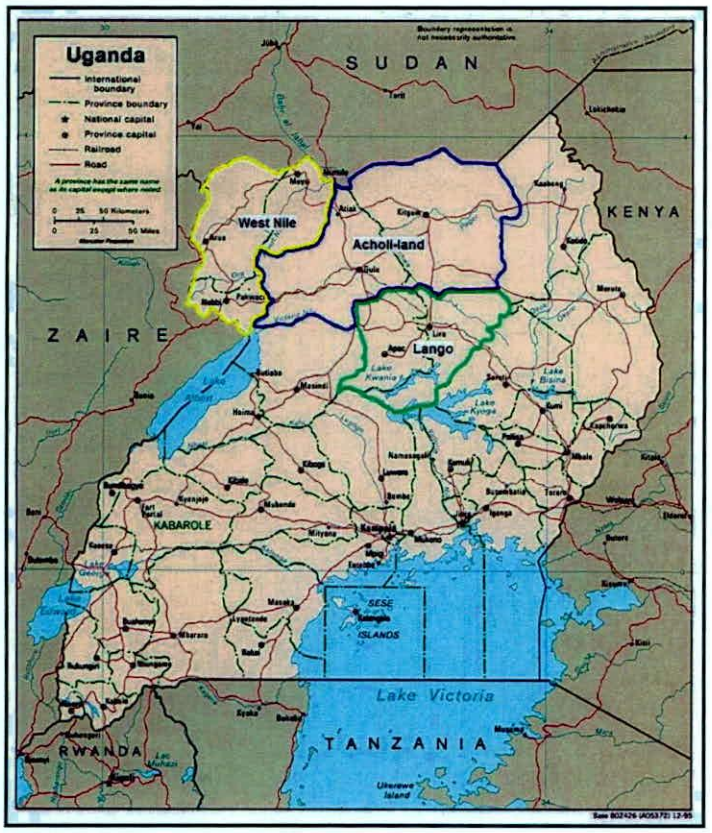
- Orthopedic Workshop
  Assistant Orthopedic Technician

The workshop is very well equipped for leatherwork.

Nebbi
3 Counties
19 Sub-counties
Total population: 433,466
Average population par Sub-county: 22,814
Wadelai: 14,900
Erussi: 41,911
Rehabilitation Services
Nebbi District Hospital

- Physiotherapy Unit
  1 Physiotherapist

CBR: CBR network well established.



AVSI (Associazione Volontari per il Servizio Internazionale):
Gulu, Kitgum, Pader, Lira, and Apac districts

CUAMM (Collegio Universitario Aspiranti Medici Missionari):
Arua, and Nebbi districts

CCM (Comitato Collaborazione Medica):
St. Mary Lacor Hospital, Gulu District

3. Activities report

The project intends to contribute in improving the living conditions of Person with Disabilities (PWDs) it was officially launched in November and December 2003 in Gulu and Arua respectively.
The initial organization of the project was characterized by four phases:

1. Situational analysis. Ministry of Health, CUAMM and AVSI teams carried out a cohmprensive assessment to acquire a better understanding of the situation of available medical rehabilitation services and CBR.
2. Coordination meetings at district levels. The project was presented to the steering committee. The activities were discussed in detail and applied to the need and the context of each district. At the end of the first coordination meeting the committee was requested to prepare a work plan.
3. The district work plan was submitted, discussed and finally approved.
4. Activities implementation (here below detailed).

a) Establishment of a Management Information System (MIS):
This activity aims at improving the capacity of data collection and data analysis at ministry and district level. A team composed of members from MOH, AVSI and CUAMM analyzed a format for identification of PWDs. The format was tried in Gulu and Arua and finally approved.
At the same time a computer set for data banking was purchased and delivered to the MOH.

b) Coordination, Planning and Collaboration (MOH, NGOs):
District Coordination Committees have been activated and a contact person was selected in Gulu, Lira, Apac, Arua, Nebbi and Kitgum districts.
The members of the committee selected the contact person. After the first coordination meeting and following the frame of the project, the committees submitted work plan adapted to their capacities and needs.
Considering the unique condition and context of some of the districts in which the project operates, the committee adapted the general work plan accordingly. This was to adjust the frame of the project to the specific needs of the district.
On the 18th and 19th March 2004 a first project coordination meeting was organized in Gulu.
The meeting was organized by AVSI, and it was attended by MOH (Rehabilitation/Disability Section), CUAMM, and Italian Cooperation.

c) Support to infrastructure development (construction and renovation):

⇒ **Gulu District** (AVSI): renovation works were carried out in Gulu Regional Orthopedic Workshop.

⇒ **Arua, and Nebbi districts** (CUAMM): the renovation of the orthopedic workshop started in January 2003 and the works are almost completed. Furthermore the construction plans for the new Physiotherapy unit and the orthopedic workshop in Nebbi have been approved and are set to start.

d) Supply of material and equipment:
AVSI:
The district steering committees have been very cooperative in submitting lists of material and equipment to be purchased and delivered. The items are prevalently for orthopedic workshop and physiotherapy units located in the districts covered by the project.
CUAMM:
Machineries and tools were ordered from Ottobock (Germany) and ICRC (Geneva) to properly equip the Orthopedic Workshop in Arua and Nebbi.

e) Support to services for patients affected by Epilepsy:
Health units were selected in each district and drugs (Carbamezepine, Diazepam, Phenobarbitone, and Phenytoin) purchased. The delivery of drugs will follow the training of the health workers in charge of dispatching the treatment.

f) Upgrade and in-service training of personnel
The project foresees courses and on-job-training for several cadres involved in medical rehabilitation activities.

⇒ **Physiotherapists, physiotherapist assistants and occupational therapists.**
- *"Refresh course on Bobath Method"*

Organized by: Katalenwa C. H. Kampala
Venue: Kampala
Facilitator: A physiotherapist from London Bobath School
Objective: the training intends to improve the therapeutic techniques utilized with patients affected by Cerebral Palsy. The period for the training includes three week-end sessions and one-week session. Transport was refunded and night allowances provided accordingly. Below is a table that indicates the number of personnel sponsored by AVSI and CUAMM.

District	*Number of participants*
Arua (CUAMM)	1
Lira (AVSI)	1
Apac (AVSI)	1
Gulu (AVSI)	1
Total	**4**

- "Management of the neurological bladder"

Organized by: MOH, AVSI/CUAMM.
Date: 11th February 2003
Venue: St. Monica Tailoring School, Gulu.
Facilitator: Dr. Sandro Visani, Urologist of Lacor Hospital.
Objective: to guarantee a proper management for patients affected by neurological bladder disorders.
The table shows the number of physiotherapists, and assistant physiotherapists who attended the course.

District	*Number of participants*
Arua (CUAMM)	2
Nebbi (CUAMM)	2
Lira (AVSI)	2
Gulu (A VSI)	15
Apac (AVSI)	2
Pader (AVSI)	1
Total	**24**

⇒ ***Orthopaedic Technologists***

- "Refresher courses to upgrade the production of prostheses and orthopedic appliances"

Organized by: MOH, AVSI/CUAMM in collaboration with Gulu Regional Orthopedic Workshop.
Venue: Gulu Regional Orthopedic Workshop.
Facilitator: Orthopedic Technologists and shoemakers operating in Orthopedic Workshop.
Objective: the training intends to improve the technical knowledge of orthopedic technologists operating in the area covered by the project.

In February 2003 an orthopedic technologist from Apac was supervised and trained by the team in Gulu Regional Orthopedic Workshop.

⇒ **Health Workers**

- "Course on management of Epilepsy"

Organized by: MOH, CUAMM, district contact persons.
Venue: Arua hospital.
Facilitator: district medical personnel
Objective: to monitor and upgrade the technical knowledge of management of cases affected by epilepsy, data collection, monitoring, and reporting procedures.
Period: March 2004
Below is a table, which shows the number of health trained health workers.

District	*Number of participants*
Arua (CUAMM)	5
Nebbi (CUAMM)	3
Total	**8**

g) Field activities
A team for outreaches was identified in each district. The composition of the team is as follows:

- Physiotherapist or occupational therapist
- Senior health worker (ophthalmologist, psychiatrist officer, etc)
- Orthopedic Technologist
- Social Worker

Some outreaches were organized outside the mandate of the project (Yumbe and Moyo districts). This was decided following the continuous request from partners and institutions regarding the need of assistance for PWDs living in those areas.

Below are the areas covered with the outreaches conducted by the district teams:

- Lira District:

One two-days outreach in Kyoga County for identification and referral of PWDs

- Apac District:

Aduku and Aboke sub-counties on the 17th and 24th March 2004.

- Arua District:

Seven one-day outreaches for identification of PWDs for plastic and orthopedic surgery in were organized in Arivu, Okollo, Midia, Rigbo, Koboko, Ajia, Cilio sub-counties and in Rino Refugees Camp. The fieldwork was organized together with USDC – Arua Branch.

h) Advocacy on disability and sensitization activities
In Gulu District sensitization workshop were organized with IDP camp leaders. This was to begin a process of identification of PWDs living in IDPs and to create more awareness on disability issue in rural areas.

Challenges:

1. *Insecurity and displacement*

The insecurity of roads and villages remains the major challenge for the implementation of the project in some areas, particularly Gulu, Kitgum, Pader, and the northern part of Lira districts. The continuous rebels activities has seriously affected movement and field supervision in those areas.
The project is community based oriented, therefore the fieldwork is an important component. Data collection, and the establishment of CBR network, are some of the activities which are still in stand by in many of the sub-counties of the above mentioned districts.

2. *Kitgum and Pader districts are not provided with rehabilitation services.*

The absence of rehabilitation services can seriously affect the implementation of the project. One of the major roles of CBR workers is the identification and referral of PWDs to appropriate services for treatment and assistance. AVSI is currently considering the possibility of building a gymnasium in St. Joseph Hospital, while personnel have been trained from Kalongo-Dr. Ambrosoli Memorial Hospital in manufacturing wheelchairs tricycles, and simple orthopedic appliances.

3. *Allowances from the district steering committees.*

At the time of organizing coordination meeting the teams from CUAMM and AVSI noticed a very high expectation by the steering committees in terms of sitting allowances.

This attitude at times can influence the level of participation before and during the meeting.

4. *Staff performance and supervision.*

Personnel operating in Medical Rehabilitation Service need to be supervised closely by the senior officers from the Ministry of Health.
This is due to two main reasons:

- Time management/time table. The effective working hours often are not corresponding to the official timetable of the hospitals. Afternoon hours are particularly affected by not justified absenteeism of personnel.
- Role of some categories are not clear. Physiotherapy assistants and occupational therapist often operate as physiotherapist. In many cases it was observed that the physiotherapist indicates the treatment and afterwards lives the assistant to treat the patients.

5. *Data collection is still very inaccurate.*

Systems of data collection and analysis are not yet well established and therefore the knowledge of the disability issue in the area is still partial and unclear. This problem will be properly addressed during the course of the project.

Way forward:

The project in the next six months will have to address the following priorities:

1. *Collection of Information/*data on disability from different sources (i.e. district officials, NUDIPU, LC system, NGOs/Other agencies, medical rehabilitation services, etc.)

As per challenge n. 5, data collection will be considered a priority.

2. *Consultancy for completing the policy on disability* and update the rehabilitation package.

Point H of the project intends to improve the Ministry Capacity in drafting and publishing policies and rules for the benefit of PWDs living in the Country.
A consultant will be sponsored by AVSI in order to collaborate with the MOH rehabilitation Section to finalize relevant document.

3. *Implementing CBR strategies identified by the districts*

The CBR network will be established following specific strategies planned with the district steering committees. This will be to adjust the activities (identification of CBR workers and their coverage) to the context of the district.

4. *Closer supervision by the Ministry of Health*

As per challenge n. 4 a closer supervision of the personnel operating in medical rehabilitation services will significantly help the implementing partners (AVSI, CUAMM, CCM) in cooperation with the units.

5. *Completion of the works in Arua and Nebbi*

The construction and renovation works will be completed to allow the structure to become functional by the and of the first year project (31 August 2004)

6. Organization of courses as follows:

⇒ Management of Epilepsy (Gulu and Lira)
⇒ CBR Basic course organized in partnership with COMBRA (Community Based Rehabilitation Alliance)
⇒ Upgrading of local artisans in production of simple orthopedic appliances, wheelchairs, and tricycles

DISABILITY SURVEY FORM

District: _____ County: _____ Sub-county: _____ Village/Parish: _____

Legend: P = Partial; T = total; L = lower; U = upper; Bil = bilateral

Date	Name of PWD	Difficulty in Hearing	Difficulty in Seeing	Difficulty in speaking or conveying messages	Difficulty in moving around or using other body parts	Strange behaviour	Epilepsy	Difficulty in learning	Leprosy	Spinal Lesion	Others	Gender		Age group in years						
		P/T Bil	P/T Bil		L/U –Bil							M	F	0-5	6-12	13-18	19-30	31-45	46-59	60+

Remarks, and specifications

Name and signature of the Data Collector:.....

Name and signature of the Supervisor: ..... Date: .....

Annex 2:

Minutes "First Review Meeting" March 2004

Community Based Rehabilitation launched for seven Ugandan districts

October 31, 2003
By Jullies Vanessa Akello

Front, from left to right: Davide Naggi, Alice Nganwa, Filippo Ciantia, Luisa Carugati, Vida Stefano. Back, from left to right: Stefano Santini and Tito Dal Lago.

AVSI, in partnership with Italian NGOs CUAMM and CCM, and with the support of the Ugandan Ministry of Health Rehabilitation Desk, held a technical workshop on a new project, "Support and scaling up of Medical and Rehabilitation Services in Northern Uganda," at AVSI headquarters in Kampala, Uganda, on Thursday.

Dr. Alice Nganwa, director of the Rehabilitation Desk was present at the launch, which will be repeated in Gulu District on Nov. 28. Nganwa was joined by Dr. Filippo Ciantia, AVSI country representative, Dr. Stefano Santini, CUAMM country representative, and various programme managers.

The project, which will cover seven Ugandan districts, is funded by the Italian Ministry of Foreign Affairs. AVSI will be responsible for Kitgum, Pader, Lira and Apac; CUAMM for Arua and Nebbi; and CCM will cover Gulu.

Uganda is the first African country to have people living with disabilities in leadership positions at district and national levels, said Nganwa. The Ministry of Health, in collaboration with various stakeholders, has drafted six policies aimed at harmonising interventions in the disability sector; but despite these achievements, the sector is in need of greater funding and support, she said.

In 2002, rehabilitation desk received only one percent of the total budget assigned to the Ministry of Health. Scrapping user fees has had a reverse effect, decreasing accessibly to disability services while it has increased accessibility of other medical services. "The user fees were very important for the purchase of orthopaedic materials," said Nganwa. Ministry of Health is now looking for additional funding for the services.

The Community Based Rehabilitation (CBR) programme launched this week intends to significantly improve the living conditions for people living with disabilities (PWDs) in northern Uganda, and to improve the accessibilty of medical rehabilitation services.

The programme will help eestablish a central coordination office and a data collection system through the Ministry of Health, and will seek to strengthen coordination, planning and equipment provision.

CBR was adopted in Uganda in the 1980s, but its implementation has lacked momentum. "We need to identify the CBR officials network on the ground and linked them with the district rehabilitation offices and the Ministry of Health if the programme is to be sustained," said Dr. Stefano Santini, the country representative of CUAMM.

Epilepsy, another area covered by CBR, has not yet been addressed in northern Uganda. Following the guidelines set in place by the government, the programme will also support services for patients affected by epilepsy. Health units that provide services for epilepsy will be identified in strategic areas, anti-epilepsy drugs will be purchased, and a distribution, monitoring and follow-up system will be established for identified and treated patients.

"We would like to create a condition where people can live a better life," said Dr. Filippo Ciantia, AVSI country representative. "When we are surrounded by people who love and encourage us, no matter our conditions, we become responsible for our lives," he said.

CBR REVIEW MEETING:
Date: 18th March 2004
Venue: St. Monica's Tailoring School, Gulu

PURPOSE/OBJECTIVE:
Activity report and Revision of 2004 Work Plan (March – April 2004)

Members Present:
1. Dr. Alice Nganwa (Ministry of Health)
2. Mrs. Barbara Batesaki (Ministry of Health)
3. Mr. Stefano Rossi (Italian Cooperation)
4. Ms. Atiibwa Harriet (Community Based Rehabilitation Alliance - COMBRA)
5. Mr. Stefano Vida (CUAMM)
6. Mr. Francis A. (CUAMM)
7. Mr. Davide Naggi (AVSI Gulu)
8. Ms. Luisa Carugati (AVSI Gulu)
9. Mr. Opok Fred (AVSI Gulu)

Mr. Davide Naggi gave a brief Introduction on the "SCORE" Project.

- It was officially launched in November/December 2003 with a goal of improving the living conditions of Person with Disabilities (PWDs).
- Three NGOs (AVSI, CUAMM and CCM) should be working on this project but CCM is yet to join the team (probably by the end of March 2004); Registration and formal introductions will then be made with the Ministry of Health, Kampala.
- The staff of CCM will be composed of a Physiotherapist and an Occupational Therapist, both based at Lacor Hospital.
- The project covers areas of emergency and development (in Acholi, Lango and West Nile sub-regions). The donor community is looking at interventions that combines emergency with development. "SCORE" Project fits properly in this school of thought.
- The project has opened the door for a wider spectrum of etiologies – all categories of PWDs are considered.
- Ministry of Health (MOH) is the direct supervisor.

Reactions to Introduction:

i. VVF's: This will be managed from Lacor Hospital. Surgeons have been sent to Nigeria to be ready to handle such cases.
ii. CCM will provide surgical equipment to intervene in this clinical situation.
iii. NUSAF will soon do a survey. We should use their data, especially for the CBR network.
iv. A register for each Health unit with Epilepsy program should be compiled.

NB: There is no orthopedic surgeon in Gulu district.

ACTIVITY REPORT AND WORKPLAN REVISION:

a. **Establishment of a Management Information System (MIS) for the Ministry of Health:**

i. Instruments for the identification of PWDs have been analyzed and are now available:

- A format was introduced and developed. This will be used in the areas covered by the project.

ii. A computer set for data banking was purchased and delivered to the MOH.

- AVSI Gulu Office has introduced the Epi Info software to help standardize data collection.

iii. At the District level, nothing yet has been done since data collection does not have a specific budget in the project.

b. **Coordination, Planning and Collaboration (MOH, NGOs):**

- District Coordination Committees have been reactivated – Lira, Apac, Arua, Nebbi and Kitgum.
- The project has not yet started in Pader District due to the insecurity.
- The work plan was approved in all the districts (what was possible and what was not). The attitude towards the project has been positive.
    - **Support to infrastructure development** (construction and renovation)**:**
        - **i. Gulu:**
            - Renovation of the orthopedic workshop ongoing.
            - Store for the physiotherapy unit to be worked on.
        - **ii. Arua:**
            - Renovation of the orthopedic workshop almost finished.
        - **iii. Nebbi:**
            - Construction of the new physiotherapy department begins on the 25th March 2004.

c. **Supply of material and equipment:**

- In Gulu Regional Hospital, USAID and ECHO are giving funds for material and equipment.
- The machinery has been ordered, being prepared to be purchased from Germany and sent over. For Arua, it may take sometime.

d. **Support to services for patients affected by Epilepsy:**

- **Arua:** Offako, Katrini, Koboko.
- **Nebbi:** Worr, Pakwach.
- **Kitgum:** Cwoo and Lamwo counties respectively.
    - Dr. Walugembe, a good trainer on Epilepsy should be taken up for this component.

e. **Upgrade and in-service training of personnel:**

i. **McKenzie method:**

- Other districts not covered by "SCORE" can be invited (physiotherapists) as long as they are sponsored by other agencies/partners.
- The maximum number per session is 10 people.
- Barbara Batesaki will open and close the training. She has to emphasize the issue of standards (work ethics).

ii. Orthopedic Technologist:

- The Orthopedic Technologist of Gulu Regional Hospital will be sent to Addis Ababa later this year for training.

iii. Medical rehabilitation:

- This is the entry point to regain collaboration with the school for physiotherapy.
- The courses can be organized in regard to the year the students are (separate for 2nd and 3rd year students).
- Other Orthopedic Technologists can be present for the training.
- Contacts should be made directly to the school, but the Ministry of Health should be there so that AVSI and the "SCORE" Project can be formally introduced.
- MOH should be included in the program. AVSI is to draft a program for the day (for May or June) and forward it to Barbara B. in advance to ensure proper planning
- No sitting allowances. AVSI is to provide only meals, break tea etc.

iv. Bobath method:

- Organized by Katalemwa Cheshire Home, Kampala.
- The participants should give a report (their views) when they return from the training.
- The reports should be sent to the MOH, after which AVSI and CUAMM will receive a copy. This can come through the Medical Superintendent.

v. Production of prosthesis and orthopedic appliances:

- AVSI should recommend one person from Gulu to go Tanzania (Moshi) for a 9 months diploma course on the production of tricycles and wheelchairs.

vi. Neurological bladder:

- This was conducted on the 11th February 2004 and facilitated by Dr. Sandro Visani (Urologist) at St. Monica's Tailoring School, Gulu.
- The participants were from various districts in Northern Uganda i.e. Gulu, Apac, Lira, Arua and Nebbi.

vii. CBR course:

- The CBR course organized by COMBRA should be modified to include war trauma, experiences of Internally Displaced Persons, CBR with displaced people etc.
- Parallel courses can be run in Gulu and Lira.
- Barbara Batesaki can provide us with the list of those trained by COMBRA in Northern Uganda. The course content should be standard for all (beginner course). However for Nebbi it will only be a refresher course.

viii. Physiotherapy Assistants:

- It was noted that they do the bulk of the work despite the fact that they do not have adequate training and are not officially recognized by the Government.
- They need to be encouraged and their skills/knowledge improved through training.
- However there should be a limit to their work. MOH has to stress that the physiotherapists must do technical aspects of treatment.
- The Lecturers and students of the physiotherapy school are to be informed about the roles/work that the physiotherapy assistants do.
- During the training (July/August), someone from the rehabilitation desk should be present to guide the session.

ix. Clinical approach:

- MOH will organize this at National level later in the year.

f. <u>Field activities:</u>

- The outreach team is narrow in specialities. They should be aware of partners within their different localities e.g. those trained in ENT in Arua.
- The districts should be encouraged to fund atleast one field activity a year. Some districts are funding outreaches. Even hospitals (GRH) on monthly basis organize fieldwork.
- The Medical Superintendent of Apac facilitates lunch. Other health sub-districts should follow suit if possible.

g. <u>Creation of a CBR network in the community:</u>

- 1 CBR worker should be trained per sub-county. COMBRA should emphasize the need for those trained to carry out a TOT, with their supervision or the DRO but sponsored by AVSI.
- In some cases, some sub-counties will have more than 1 person trained on CBR.
- AVSI is to get the details of the course from COMBRA (fees, duration, course content etc) as soon as possible.

h. <u>Advocacy on disability and sensitization activities:</u>

- Sensitization of key actors – IDP Camp leaders (Patiko, Acet and Awer) in Gulu district.
- Production of sensitization materials.
- Orientation day for local leaders. Non-food items are the entry point to the family, enabling the PWDs feel important.
- MOH had posters some time back like love your child, Epilepsy, club foot, needs of PWDs (education, acceptance). They need to develop more.
- Inorder to target the local population, the posters should be translated in the local languages.

i. <u>Policy Development on disability issues:</u>

- Draft ready. Presented to the Disability Committee. However there are no funds to complete it.
- Dr. Alice Nganwa requested for funds for its completion. AVSI promised to work on that. Alice will have to send the details (number of consultants, the amount of money involved etc).

CHALLENGES:

i. Gulu – absence of CCM.
ii. Kitgum and Pader – Insecurity. No rehabilitation services as such. But through other AVSI projects we are establishing a physiotherapy unit in Kalongo hospital.
iii. Allowances from the district steering committees.
iv. NUDIPU Field offices need support.
v. Collaboration with USDC is not yet well established in some areas.
vi. Attitudes of personnel.
vii. Requests for material and equipment are exaggerated (in terms of quantity and type) and not well justified.
viii. Data collection is still very imprecise – no differentiation between patients identified and treated.

WAY FORWARD:

1. Collection of Information/data on disability from different sources i.e.
   - District officials
   - NUDIPU
   - LC system
   - NGOs/Other agencies.
   - Medical rehabilitation services.

   NB: Each CBR worker should come with information on disability and may continue collecting it.
2. Material for Nebbi: Check on their condition and quality/quantity, including where they should be transferred, if need be.
3. Consultancy: for completing the policy on disability and update the rehabilitation package. WHO has set some funds aside for printing.
4. Implementing CBR strategies identified by the districts.
5. Closer supervision by the Ministry of Health.

Annex 3:

Minutes of the meeting with the steering committees in Lira, Apac, Nebbi, and Arua districts

CBR COORDINATION MEETING – LIRA:
Date: 14th January 2004
Venue: District Disabled Persons Office

MINUTES:

The meeting started at 10:35am

- The District Rehabilitation Officer (DRO) welcomed the team from AVSI Gulu. He went briefly through the Agenda that was accepted by the house. He also pointed out that the DRO had been chosen as the contact person; the meeting was to confirm this.
- Introductions followed:

Members present:

1. Mr. Steven Okello – DRO Lira and C/M of the meeting.
2. Mr. Okwir Laban – Development worker (District Union)
3. Mr. David Agena – C/M District Union for Disabled Persons
4. Mr. Davide Naggi – Program Coordinator (AVSI Gulu)
5. Mrs. Florence Odong – Medical officer, Lira Hospital.
6. Mr. Opok Fred – Program Officer (AVSI Gulu)
7. Miss Ketty Akello Ogwang – Probation Office
8. Owilly Alfred – Orthopedic Technologist (Lira Hospital)
9. Mrs. Florence Adong – LC V Councilor (PWD's)
10. Mr. Denis Ekwang – Orthopedic Technologist
11. Mr. Ekwan Francis – Occupational Therapist
12. Oloi Christine – Radio Rhino Lira(Reporter)

- The DRO gave a brief profile of the situation regarding Persons With Disabilities (PWD's) in Lira district.
  According to the 2002 Census, Lira district has a population of 758,763 people. Of these 373,974 are male while 383,784 are female. There are 24 sub-counties and 7 divisions totaling 28 sub-counties; 192 parishes and 2247 villages. Currently there is no reliable data on the number of PWD's in the district. But if the World Health Organization (WHO) estimate of 10% is taken, then they could be approximately 70,000 PWD's in Lira district.
- The Chairman Disabled Persons Organization (DPO) thanked AVSI for making an effort to put them at a comfortable level. Mr. Davide Naggi was specifically thanked for organizing the training of 6 staff in the making of wheel chairs and tricycles in Gulu. He mentioned that they now have the technology to make appliances like crutches and said that they have been in close link with National Union of Disabled Persons In Uganda (NUDIPU) and Ministry of Gender, Labor and Social Development (MGLSD) – were given some White canes. He also noted that Action on Disability and Development (ADD) had facilitated sign language in the district and in addition had helped them put up their office block and trained them on leadership skills.

- Florence welcomed the Gulu Team. She said the physiotherapy unit built by Uganda Society for Disabled Children (USDC) was running smoothly on daily basis. They however need an Orthopedic workshop. The hospital has enough drugs for Epilepsy. Only the distant health units do not have them in adequate amounts. Health Education has been done to sensitize on Epilepsy. There are few Outreach activities due to limited funds. She requested AVSI for assistance in this regard.
- Mr. Davide then appreciated the comprehensive report. He asked if posters produced by ADD were translated in Lwo to be used in the rural areas and was told that the impact of the Radio was far greater and recommended for use in Lira.
- The DRO pointed out that negative attitudes seemed to be everywhere; right from the family level to the district leaders who have of recent began to change due to sensitization.
  The meeting noted that negative attitudes are caused by culture or ignorance. Some parents actually think that their CWD's are either Government or NGO property.
- Davide then gave an overview of the CBR Project that has already been launched in Gulu and Arua districts (November/December 2003).
  Briefly, a consortium of NGO's is running the project (AVSI, CUAMM and CCM) and is supervised by the MOH. It covers 3 regions i.e. Acholi, Lango and West Nile districts.
    - The DRO was confirmed as the key (contact) person for Lira district. The Committee to oversee the running of the project were the Lira members present at the meeting.

Discussion of work plan/recommendations:

1. **Establishment of a Management Information System for the Ministry of Health:**
   - A format was tested in Gulu and Arua districts and is now ready for use.
   - Coordination will be done with the focal person of the district to identify CBR workers to send to the field for data collection.
2. **Coordination, Planning and Collaboration (MOH, NGO's):**
   - The different stake holders i.e. Government officials, Representatives from Disabled Persons Associations and those from NGO's are to work together to ensure the success of the project.
3. **Supply of Material and equipment:**
   - All types of Orthopedic appliances (not prosthesis) will be made in the O/W.
   - The requests for the materials and equipment will come with the reasons why they are needed. Delivery will then take place about two months after Davide has got the requests and lists.
   - These are the factors to be considered for the establishment of an Orthopedic Workshop:
     i. Appropriate location.
     ii. Availability of human resources.
     iii. Equipment/Material.

4. **Support to the services for patients affected by Epilepsy:**
   - 6 health sub-districts will be the focal points for the identification and treatment of Epilepsy.
   - One person to be trained per health unit in this regard.
5. **Upgrade and In-service training of personnel:**
   - The categories of persons to be trained include:
     i. Physiotherapists
     ii. Assistant physiotherapists
     iii. Health workers (Epilepsy)
     iv. PWD's (IGA and others)
     v. Orthopedic Technologists
     vi. Local artisans
   - The trainings are to be conducted with small groups of between 10-15 people per session, with clear objectives and goals.
   - The different categories of trainees are to identify their training needs and send them to the Program Coordinator AVSI Gulu to plan and organize the trainings.
6. **Field activities:**
   - There will be at least one out reach per month.
   - It was agreed that the committee would choose the sub-counties that were easily accessible (Tentatively 8 sub-counties and Lira Municipality). More focus should be on the IDP camps.
7. **Creation of a CBR network in the community:**
   - The committee was not to create a new category of workers because it is not sustainable.
   - For the CBR network, points to consider include:
     i. Area to be covered (this has been defined).
     ii. Identification of the CBR workers among the Community workers.
     iii. Selection of a specific number per area.
     iv. Then training can be organized.
   - It is important for the CBR workers to be living in the areas where the project activities will be carried out.
8. **Advocacy on Disability and Sensitization activities.**
9. **Policy Development on Disability issues.**

TENTATIVE BUDGET:

S/N	ACTIVITY	PERIOD	TOTAL Ug. shs
1.	Materials (Orthopedic Workshop)	Jan. – Aug. 2004	3,000,000
2.	Equipment (Physiotherapy unit)	Jan. – Aug. 2004	4,000,000
3.	Drugs (Epilepsy)	Jan. – Aug. 2004	2,000,000
4.	Outreach	Jan. – Aug. 2004	2,000,000
5.		**TOTAL**	11,000,000

Note: For outreaches, the Committee members will request for the use of Government cars. Fuel will be provided by AVSI.

- Night allowance – 30,000 per night
- Day allowance – pending. To be communicated later by Davide.

Way Forward:

1. Field visit by Ministry of Health (MOH) Officials at the end of February.
2. District work plan to be ready before 31st January 2004.
3. Land Mine awareness (LMA): The need for LMA is great. It was agreed that AVSI should organize 2-3 LMA workshops during the next months. After this, a team of facilitators will be chosen, and these will carry out sensitization especially for the CBR Project.
4. Meeting with AVSI Gulu administration to finalize accountability procedures.

The Meeting ended at 2:20pm.

AVSI CBR PROGRAMME

LIRA DISTRICT

SUPPORT TO SCALING UP OF MEDICAL REHABILITATION SERVICES

WORK PLAN

OUT REACH PROGRAMME – KYOGA AND DOKOLO

(2 outreach in Kyoga county and 1 outreach in Dokolo county)

1. Mobilization: Radio announcement 3 times x 5,000	=	15,000/=
2. Stationery		
• 1 box of pen 1 x 8,000	=	8,000/=
• Books 6 dozens 6 x 3,600	=	21,600/=
• Assessment forms (photocopying)	=	60,000/=
3. Allowances 30,000 x 2 x 4	=	240,000/=
4. Fuel 60 litres x 2,000	=	120,000/=
5. Drivers allowance 15,000 x 2	=	30,000/=
Total	=	494,600/=

Outreach and follow up programmes

In Adekokwok and Lira sub counties

1. Mobilization: Radio announcement 3 times 3 x 5,000	=	15,000/=
2. Stationery		
• ½ box of pens	=	4,000/=
• Books – 6 dozens 6 x 3600	=	21,600/=
• Assessment forms		
3. Allowances 30,000 x 4 pple	=	120,000/=
4. Fuel 20 litres x 2,000	=	40,000/=
5. driver's allowance	=	15,000/=
Total	=	**215,600 x 2**
Grant Total	=	**431,200/=**

Total amount for outreaches

a) Kyoga county	=	989,200/=
b) Dokolo County	=	494,600/=
c) Erute county	=	431,200/=
d) Lira Municipality	=	431,200/=
Total	=	**2,346,200/=**

Total for outreach = 2,346,200/=

No. Of out reaches = 7

WORK PLAN

Activity	Out put	Indicators	When						
			Feb	*March*	*April*	*May*	*June*	*July*	*August*
Outreach and follow up activities a).**Kyoga County** - Namasale sub county - Muntu sub county - Awelo sub county - Aputi sub county	Conduct filed out reach activities in 8 sub counties of the project area	7 outreach conducted							
b) Dokolo County - Kangai sub county - Kwera sub county									
c) Erute County - Adekokwok sub county - Lira sub county									
d) Lira Municipality - Central Division - Adyel Division - Ojwina Division - Railways Division									

Budget for CME on Epilepsy for selected health workers

1. Stationery
    - Flip chart 2 x 20,000 = 40,000/=
    - Markers 1 pkt x 12,000 = 12,000/=
    - Masking tape 1 roll x 3,000 = 3,000/=
    - Note books 20 x 1,500 = 30,000/=
    - Pens 1 pke x 8,000 = 8,000/=

2. Venue hire 40,000 x 3 = 120,000/=
3. Accommodation 4 x 12 x 10,000 = 480,000/=
4. Meals
    - Breakfast 4 x 15 1,500 = 90,000/=
    - Break tea 3 x 15 x 1,000 = 45,000/=
    - Lunch 3 x 15 x 2,500 = 112,500/=
    - Evening tea 3 x 15 x 1,000 = 45,000/=
    - Supper 4 x12 x 2,500 = 120,000/=
    - Transport refund 12 x 20,000 = 240,000/=
    - Out of pocket 12 x 3x 5,000 = 180,000/=
    - Facilitation allowance 4 x 3 x 20,000 = 240,000/=
    - Opening and closing 50,000 x 2 = 100,000/=

Total = **1,865,500/=**

Specific equipments & facilities for physiotherapy unit
Physiotherapy department renders services to a wick variety of conditions. These could be categorized under the following disease conditions.

A. Degenerative conditions like Osteoarthrits, Rheumatlovidthritis, lumbogi etc. These require heat producing machines.
B. Nerve Palsies- e.g. injection traumas, other various nerve lesion. These require nerve or muscle stimulators.
C. Sports injuries- torn ligaments, sprains + muscular cramps and tears. These require facilities, which promotes faster heating and body building.

Heat producing equipment
- Infra Red limps
- Short wave diarthery

Muscle/nerve stimulators
- Tens
- fractie

Sports injuries
- Therapeutic ultrasound

Body building equipment
- Cyclethes
- Tension springs + gratduated weights
- Quadriceps bench
- Medicine balls
- Shoulder wheels
- Exercise socirs

Facilities
- Examination couches
- Screens
- Gymnasium mats – 200 x100 2.8 cms
- Gymnasium balls (Q)

Production of low cost aids for occupational therapy and physiotherapy; Feb. – Aug 2004

Rational:
A physiotherapist and an occupational therapist woks closely together in Lira Hospital. The two have identified a high need for the production of low cost and within the

department. This is because many cases of cevetral palsy, poliomyclitsi, developmental delay, hand disabilities, burns including some few orthopedic cases like fracture complications referred for phsio/occupational therapy need some of these aids produced out of locally available materials. Other wise, we would prefer to use imported matrials if our economic level was good enough to sustain it. Making some these low cost aids could also be used by an occupational therapists as a therapeutic activity for patient with mental health problems and/or physical limitations.

We hope that through a collective responsibility (psysio and occupational therapist) and the agreement made by the ministry of health to train for us carpenter in the production of assistive devises, we could realize success in this specific area and be able to sustain it.

Budget estimate for production of low cost aids

No	Items **Essential wood work equipments**	Quantity	Unit price	Total cost
1.1	Tenon saw	2	15,000	30,000
1.2	Bench nice	2	100,000	200,000
1.3	Screw drive	2	5,000	10,000
1.4	Cramp	2	25,000	50,000
1.5	Chisel	2	15,000	30,000
1.6	Plane	2	70,000	140,000
1.7	Hand drill	2	15,000	30,000
1.8	Try squane	2	2,500	5,000
1.9	Pricer	2	2,500	5,000
1.10	Elaw hammer	2	5,000	10,000
1.11	Hand saw	2	7,000	14,000
1.12	Tape measure	2	2,500	5,000
	Sub total		**262,000**	**524,000**
2.0	Timber			
2.1	2"x 4" x 14"	2	4,000	8,000
2.2	1" x 8" x14"	10	7,000	70,000
2.3	1" x 12' x 14"	10	8,000	80,000
2.4	Soft Wood	40	15,000	60,000
2.5	Ply wood	5 meters	8,000	40,000
2.6	Sand paper	5 meters	2,000	10,000
2.7	Nails 2' – 4"	10 kgs	1,200	12,000
	Subtotal		**31,700**	**280,000**
3.0	Splinting materials			
3.1	Bark cloth	5 meters	5,000	25,000
3.2	Pop bandages	4 boxes	30,000	120,000
3.3	Cotton wood	10 rolls	1,500	15,000
3.4	Strappings (Elastic	1roll	25,000	25,000
3.5	Velcro (pair) 25 mm	1 roll	35,000	35,000

3.6	Old vhicle tubes	2	8,000	16,000
3.7	Cushion covers	5 meters	5,000	25,000
3.8	1" or 2" mattresses	4	15,000	60,000
3.9	Magazines	10	5,000	5,000
3.10	Wood and golden glue	4 small tins	15,000	6,000
	Sub total		**126,500**	**332,000**
4.0	Arts materials			
4.1	Paints ¼ lit.	10 tins	25,000	25,000
4.2	Markers	2 packets	4,000	8,000
4.3	Dye	10 sackets	1,000	10,000
4.4	Threads (cotton)	20 rolls	500	10,000
4.5	Sisal threds	6 rolls	2500	150,000
4.6	Knitting frames	4	5000	20,000
	Sub total		**15500**	**88,000**
	Overall total		**435,700**	**1,224,000**

Personnel (1) physiotherapist (2) occupational therapist (3) 2 trained carpenters.

Othopaepic workshop equipment

The basic machines & tools needed for the setting up of a small workshop are:-

Machines:

i) Drilling machine
ii) Grinding machine
iii) Heat dun
iv) Roater machine

Tools:

1) Measuring tools

- Verrimer caliper
- Tape measure
- Rolers (steel)
- Protractor

2) Holding tools

- Clamps
- Tongs
- Bench vices 2 x 100,000 = 200,000
- Hard
- Plier
- Screw driver set (one)

3) Testing tools

- Spirit level
- Try square/steel square

4) Boring tools

- Drill bites 3 mm frum & g.5m
- Reamers
- Chisel

5) Marking tools

- Indelible pencil
- Marker
- Scriber
- Wing divider

6) **Cutting tools**

- Scissor 2
- Hack saws 2
- Hard saws 2
- Leather knife 1
- Shear 1
- Plaster knife

7) **Filling tools: files**

8) **Bending tools**

- Anvil
- Edge bender
- Pipe bender

9) **Protective materials**

- Gloves
- Goggles

10) **Striking tools**

- Harming
- Ball pein
- Flate
- Clan & riveting harmmer.

Materials:

- Round bar
- Triangular bar 4 mm x 18 mm
- Metallic plate
- Pop bandages 1 bag
- Pop power 1 box
- polyproplane 2 mm 3mm 4mm
- Tracing pape
- Tacing wheel
- Speed rivets 5 x 2mm

- Copper rivets 4mm
- Steel rivets 2mm 3mm & 4mm
- Bucklers small * large size
- Leather
- Velco 25 mm, 30mm & 50mm
- Stocknet 10 cm x 20m
- Plaster zote ¾"
- Pelite 3mm
- Paints Red oxide & black
- Cotton wool

2nd CBR COORDINATION MEETING, LIRA:

Date: 1st March 2004

Venue: DDPL Office, Lira.

The District Rehabilitation Officer called the meeting to order at 2:30pm.

- He welcomed the AVSI Team from Gulu and informed the house of the presence of the CBR Committee.
- Agenda adopted.

Members Present:

1. Okello Steven, DRO, Lira.
2. Ekwan Francis, Occupational Therapist, Lira.
3. Owidi Alfred, orthopedic Technologist.
4. Florence Adong, LC V PWDs.
5. Opok Maxwel, Media.
6. Hon. Kabingo James, LC V PWDs.
7. Eleng Armstrong, Orthopedic Officer.
8. Ekwang Denis, Orthopedic Technologist.
9. Anyera Leo, Physiotherapist.
10. Florence Odongo, Clinical Officer.
11. Davide Naggi, Program Manager, AVSI Gulu.
12. Oketayot Geoffrey, Accountant, AVSI Gulu.
13. Luisa Carugati, Physiotherapist, AVSI Gulu.
14. Opok Fred Peter, Program Officer, AVSI Gulu.
15. Agena David, Chairman, District Disabled Persons of Lira (DDPL).
16. Okwir Laban, Development Worker, DDPL, Lira

- Davide Naggi – Thanked CBR Team for the comprehensive work plan, which he divided into 3 sections:
    A. Outreach
    B. Epilepsy training
    C. Equipment for Orthopedic Workshop/Physiotherapy Department.

A. OUTREACHES:

The Outreach programmes will comprise of the following professionals:

i. Physiotherapist
ii. Orthopedic Technologist / Occupational Therapist
iii. Psychiatrist / Official from Mental Health Department
iv. Ophthalmic Officer
v. District Rehabilitation Officer / Member from Disabled Persons Organization

The composition of the team will be done prior to the outreach. Flexibility will be looked into, in the composition of the team but not on the number of staff.

- The major output will be the Identification and Referral of Person's With Disabilities (PWDs). This exercise will cut across or be kept open to all types of disabilities, ages etc.

- 1 (One) Outreach will be carried done in Kioga sub-county for the start. This will be on the 10th March 2004. The second outreach will be planned for thereafter.
- It was agreed that a report (copy) from the outreach will be sent to AVSI Office, Gulu.
- The field team will use the AVSI format for Identification and Assessment.

B. EPILEPSY TRAINING:

- Will be handled by the Psychiatric Clinical Officer who heads the Mental Health Department, Lira Hospital.
- The Committee agreed to come up with a comprehensive program for this training by the 2nd week of March.

C. ORTHOPEDIC WORKSHOP:

- **Lira Regional Hospital:**

- The Orthopedic workshop will be constructed by USDC within and run by the Hospital. This will be ready by the end of the year 2004.
- AVSI will purchase some tools and material for the workshop.
- The order for the tools will be processed in a few days, upon return to Gulu.
- It was noted that the prices for the tools were originated from workshops within Lira town, though they are not necessarily produced there.
- Discretion was left to Davide to decide on the quantity of the tools and material to be purchased. Other tools that were not considered in the work plan but are deemed necessary will be looked into.

- **DDPL Workshop:**

- The Program Manager AVSI Gulu promised to empower the DDPL with further training.
- Avenues of collaboration shall be looked into so that the workshop receives some tools and equipment.

D. PHYSIOTHERAPY UNIT:

- USDC has provided some equipment that include a traction bed, walking frame, examination coach, traction frame, wall mirror, parallel bars and a few samples of adaptive seats for Cerebral Palsy cases. However some of the walking frames are not appropriate – too heavy, too large or too high making them difficult to use.

E. AOB:

- A token of appreciation will be given to those who have contributed positively towards the project. AVSI will rely on the contact person for this.
- The planning for data collection in the selected sub-counties will be done as soon as possible.
- The format for the identification of PWDs is ready.
- The DDPL office will send a program for training on Income Generating Activities to AVSI.
- Land Mine Training: This will be carried out in early March.

2nd COORDINATION MEETING, APAC:
Date: 2nd March 2004
Venue: Physiotherapy Unit, Apac Hospital.

The meeting chaired by Agnes Lanyero (contact person) was called to order at 10:25am.

Members Present:

1. Ayot Peter Gwom, Occupational Therapist
2. Omoro Paul, Orthopedic Technologist.
3. Okello Charles, USDC Field Coordinator.
4. Odit Peter, APSWO
5. Davide Naggi, Program Manager, AVSI Gulu.
6. Oketayot Geoffrey, Accountant, AVSI Gulu.
7. Luisa Carugati, Physiotherapist, AVSI Gulu.
8. Lanyero Agnes, Physiotherapist, Apac Hospital.
9. Opok Fred Peter, Program Officer, AVSI Gulu.

ISSUES DISCUSSED:

1. **Data Management:**
   - AVSI will sponsor the computer training for Ayot Peter Gwom (Occupational Therapist) in Kampala.
   - The components of the training will include introductory knowledge, Ms Word and Excel.
   - Upon completion of the training, Ayot will have an evaluation from AVSI Gulu office for 3-4 days. He will then be introduced to how AVSI handles its data.
   - Fred is to get the details of the School, and thereafter arrangements for travel will be made.

2. **Coordination, Planning and Coordination:**
   - The contact person will be given service fee for the mobile phone, which is peculiar because of the situation in Apac (no landline).
   - The contact person will register with one of the Internet service providers in the district. This is to ease communication, especially the sending of reports and other relevant information as and when needed.
3. **Supply of material and equipment:**
   - **Physiotherapy Unit:**
   - The unit needs partitioning for the safety of the patients. The treatment room will be divided accordingly. Plywood and soft wood will be used for this.
   - The costing should be submitted to the AVSI Gulu office at the earliest time possible.
   - **Orthopedic Workshop:**
   - The Orthopedic workshop has basically tools and equipment for woodwork. It lacks a number of things like the Rota machine, drilling machine, shoe panels, electric arch welding table and many others.
   - Luisa will look into the equipment.

4. **Update and in-service training of personnel:**

- **Local Artisans:**

- AVSI is to sponsor the training of some local artisans in the making of wheel chairs and tricycles in Gulu.
- The committee is to identify 6 persons with experience in metal work to undergo this training.

- **Epilepsy:**

- A refresher course will be organized for a minimum of 10 Health workers in Apac on the modern management of Epilepsy. The training program is to be submitted to AVSI Gulu office.
- There is need for a Trainer of Trainers (TOT) course.

- **Other Trainings:**

- It was discussed the possibility of training one medical doctor in Orthopedic surgery. The initiative will be evaluated together with CCM and Lacor Hospital staff.

5. **Field activities (Outreaches):**

- The professionals for this exercise will comprise of the:

- Physiotherapist.
- Orthopedic Technologist
- Occupational Therapist
- Psychiatric nurse.
- Social worker.

- The safari day allowance is Ug. Shs 10,000/= (ten thousand shillings) per day. The night allowance is Ug. Shs. 30,000/= (thirty thousand shillings) per night.
- Tentatively 2 (two) outreaches will be conducted per month.
- Activities sponsored by AVSI will not have restrictions in terms of age, sex or clinical conditions.

6. **Creation of a CBR Network in the Community:**

- 10 sub-counties have been selected i.e. Loro, Aduku / Abongonola, Bala, Ibuje, Aber, Chawente, Iceme / Ngai, Otwal, Apac Town Council / Sub-county, Akokoro.
- The CBR workers' training is scheduled for June 2004. This is to be confirmed by AVSI/COMBRA.
- It was noted that the profile of the CBR workers ranges from 'O' level in terms of education and they are already working with PWDs e.g. the Parent support Groups who are doing a good job in mobilization for instance.

7. **AOB:**

- **Accessibility:**

- The project has no budget for leveling of the compound (Orthopedic and Physiotherapy Units).
- AVSI will however look at modifying the VIP pit latrine. The costing is to be made and submitted to AVSI.

- Odit Peter, a Committee member pledged to consult with the DPO Office and push the matter to the district council.

  - **Referral:**
- The ever-growing numbers of PWDs in need of specialized services outside the district is over whelming USDC. They requested AVSI to come on board and supplement in this area.
- AVSI does not have the budget for this supplement.
- CCM is to provide an orthopedic surgeon at Lacor Hospital. AVSI will then contact CCM directly for emergency cases, considering their age, socio-economic status and the immediate benefit to the child among others.
-

8. **Way Forward:**
   a) Outreach:
      - The Apac contact person will inform AVSI Gulu Office concerning the target area and objectives of the fieldwork.
      - A proper report should then be submitted.
   b) Training:
      - Epilepsy: The program (including the contents and timetable) has to be finalized and submitted to AVSI Gulu office for approval.
      -
   c) The CBR workers list is to be sent to AVSI.
   d) Local artisans are to be selected for the CBR Training.
   e) The Orthopedic Technologist is to make a follow up in Gulu after 2-3 months for further on-job training.
   f) Computer training for Peter.

QUARTERLY WORKPLAN APAC

No	ACTIVITY	ITEM	BUDGET NOTES	AMOUNT
01.	▪ Establishment of a Management Information System for the ministry of Health ▪ Training of the personnel in computer knowledge and data Management			300.000=
02.	Coordination, planning and collaboration (MOH, NGOS)	Phone Airtime Service Fee	 10.000=	 10.000=
03.	Supply of materials and equipment	▪ Orthopedics workshop ▪ Physiotherapy unit		
04.	Supply of drugs to selected Health Centers for treatment of Epilepsy			
	Training at least 5 personnel in the management of Epilepsy	Accommodation Meals - Supper - Lunch - Breakfast Refreshment Facilitation allowance Per diem for facilitators Hall Hire Transport refund for Participants	5000*7nights*5ppt 2500*7days*5ppt 2500*5days*5ppt 1500*7days*5ppt 1000*5days*8ppt 1500*5days*3fac. 30.000*5days*3fac. 40.000*5ays Varies	175.000= 87.500= 87.500= 52.500= 40.000= 22.500= 450.000= 200.000= **1.115.500=**

No	ACTIVITIES	ITEMS	BUDGET NOTES	AMOUNT
	Accessibility to the rehabilitation unit	▪ Leveling of the compound; (Cement, stones, sand and manpower) ▪ Putting ramps and walk way. (Cement, stones, sands, manpower) ▪ Manufacture of the toilet (Concrete, supportive nails in and out of the toilet)		
05.	Referring Patients for treatment out of the district	▪ Osteomyelitis ▪ Congenital deformity (club foot, genu varius /Valgum) ▪ Hydrocephalous.	40.000*15pts 40.000*25pts 40.000*20pts	600.000= 1.000.000= 800.000=

QUARTERLY WORKPLAN 2004.

	OBJECTIVES	ACTIVITIES	IMPLEMENTORS	INPUT	OUTPUT

1.	To improve on the management of data collection	Establishment of Management Information System for MOH. ▪ Training of one personnel in computer knowledge and data management	AVSI	Funds	One personnel trained in computer
2.	Coordination, Planning and Collaboration		AVSI		
3.	Supply of material and equipments	▪ Equipping Orthopedic w/s and improving on physiotherapy unit	AVSI	Funds	Orthopedics workshop equipped, physiotherapy unit improved
4.	Support to the services of patient affected by Epilepsy	At least 5 personnel trained in management of epilepsy	AVSI	Funds	5 personnel trained
5.	Accessibility to the rehabilitation unit	Leveling construction of Ramps and modification of the toilets.	AVSI	Funds	Compound ▪ Leveled ▪ Toilet modified ▪ Construction of Ramps.

CBR COORDINATION MEETING – APAC:
Date: 22nd January 2004
Venue: Orthopaedic Workshop, Apac Hospital.

MINUTES:
The meeting started at 11:00 am

- The Program Officer AVSI welcomed everyone for the meeting.
- Introductions followed.

Members present:

1. Lanyero Agnes Patricia (Physiotherapist, Apac Hospital)
2. Oryema Paul (Counselor, Apac Hospital)
3. Pastor Denis Okullo (Coordinator PWD's Association Loro)
4. Omoro Paul (Orthopaedic Technologist, Apac Hospital)
5. Moro James (Coordinator, CEPCA)
6. Odongo Bob Denis (Program Assistant, USDC)
7. Agum O.L (DPSWO, Apac DLG)
8. Okello Charles (Field Coordinator, USDC)
9. Ojok A.E (OCO, Apac Hospital)
10. Ayot Peter Gwom (Occupational Therapist, Apac Hospital)
11. Opok Fred Peter (Program Officer, AVSI Gulu)
12. Luisa Carugati (Physiotherapist, AVSI Gulu)
13. Peter Odit (CBR worker, APSWO)
14. R.P Odongo (District Health Educator, Apac) – **Stood in for DDHS**
15. Engola Walter (Office Assistant, USDC Apac)
16. Odongo F. (C/M Disabled Persons Association, Apac)

- Upon request from Opok Fred, Agnes Lanyero agreed to Chair the meeting.
- The Physiotherapist gave a brief back ground on disability related activities in Apac District stating that Identification of Persons With Disabilities (PWD's), Rehabilitation and follow up is ongoing with support from AVSI and Uganda Society for Disabled Children (USDC). The Rehabilitation ward is not fully operational because they lack some staff.
- Charles from USDC Apac defined CBR plus its features. He noted that USDC works for children by helping them access medical rehabilitation. Their work in Apac started in 2001.Emphasis is on capacity building to respond to children With Disabilities (CWD's) needs. USDC put in place the Physiotherapy Unit and the Orthopaedic work shop. He said that USDC has out reach clinics, and has formed a committee of 4 sectors namely:
  i. Medical (Rehabilitation Professionals).
  ii. Education (SNE/EARS)
  iii. Community Development (Social Support – District Rehabilitation Officer's (DRO) or Community Development Officer's (CDO) are used).
  iv. Disabled Persons Organization (DPO's) and Parents Support Groups (Coordinate and Mobilize for Outreaches).

  Each sector has a team leader, though there is an over all team leader for all the sectors.

He emphasized the integration of PWD's in the community. In the past Parents took their children to rehabilitation centers, but this was not the best way, because they need to stay with their families and in their communities. Parents need to be trained since PWD's need professionals and non-professionals in rehabilitation work.

He noted that despite the fact that psychosocial support is greatly needed, this aspect has not been given a lot of programming by USDC.

- The Program Officer AVSI then gave a brief on the CBR Project that was launched in November 2003 with a goal to improve the living conditions of PWD's by improving accessibility to Medical Rehabilitation services among others. The 3-year project funded by the Italian Ministry of Foreign Affairs is being implemented by a consortium of NGO's namely AVSI (lead NGO), CUAMM and CCM in 7 districts of Northern Uganda. i.e. Arua, Nebbi, Gulu, Kitgum, Pader, Apac and Lira; The Ministry of Health is a Counterpart..

Discussion of Work plan:

1. **Establishment of Management Information System (MIS) for the Ministry Of Health:**

- A format was tested in Gulu and Arua districts and is ready for use.

Reactions:

- Data from Management Information System (MIS) will help in evaluation of activities (e.g. what has been done in regard to the problem foreseen).
- Members expressed their interest in seeing the format that will be used.
- It was noted that Apac has a big problem with data, which in most cases is raw and not useful. Yet certain things need a proper data bank.

  It was proposed that data from AVSI should be managed locally by the contact person, and this can be easily updated incase more reliable information is got from the district.

  AVSI was requested to get a computer set for this issue. However in the absence of this, USDC promised to share their computer with the contact person. The contact person (particularly Peter) needs computer training.
- A participant mentioned that the Health Management Information System (HMIS) was not disability friendly i.e. Not much consideration on disability. We (Luisa and Fred) promised to look into this and inform them accordingly.
- Data collection should be supervised by trained (technical) persons like Health or CBR workers who know a lot about disability; in order to come up with dependable data.
- There is also need for proper training in data collection so that analysis is easy.

2. **Coordination, Planning and Collaboration:**

- Collaboration will be done with USDC. The modalities are to be discussed fully in order to minimize duplication and to complement each other's work systematically.

- A project committee has been put in place. The members include:
    i. Mr. Peter Odit
    ii. Mr. Okello Charles Emojong
    iii. Mr. Ayot Peter Gwom
    iv. Mr. Omoro Paul

Reactions:

- This committee is different from the District Coordination Committee on Disability (DCC), which includes the DDHS, DRO etc, who take strategic decisions. The DDHS is to carry out the initiative to put this committee back in place. AVSI may have to push for this.
- The CBR Program should be monitored closely throughout the 3 years, say on quarterly basis.

3. Supply of Material and Equipment:

- The Orthopaedic Workshop in Apac is not yet operational because of the lack of equipment and tools.
- Usually, patients are referred to carpenters after being given measurements say for the crutches. It is therefore important to train some of the local artisans in both carpentry and metal work. At the moment there is nobody able to make wheel chairs

Reactions:

- There is also need for more manpower to help the Orthopaedic Technologist in Apac since the workload is a lot for him alone. There are some trained PWD's who can be employed for the same.
- It was noted that the District Local Government can come in but they need to see the workshop operational first, most probably through AVSI support. This can be lobbied for as long as it is allocated for in the district budget.
- A request was placed that if possible AVSI should facilitate the creation of a shelter for the Occupational therapist for him to carry on his work better (larger and more private).
- Also that there is need for similar facilities like at Gulu Regional Hospital (Orthopaedic and Physiotherapy – hostel) in Apac Hospital.
- Many PWD's like at Apac P.7 are leaving School because the toilets are not well adapted for wheel chair users.

4. Support to the services for patients affected by Epilepsy:

- Anti-Epilepsy drugs will be bought and distributed.
- In total, there are 44 Health Units in Apac district, though only 37 are operational.
- Five Health Centers were selected for the supply of Epilepsy drugs i.e.
    i. Apac Hospital (Maruzi Health Sub-District)
    ii. Aduku Health Center 4 (Kwania Health Sub-District)
    iii. Aboke Health Center 4 (Core Health Sub-District)
    iv. Ayeke (Oyam North Health Sub-District)
    v. Aber Hospital (Oyam South Health Sub-District)

Reaction:

- It was proposed that CBR workers should be trained on Epilepsy so as to reduce the workload of the Medical personnel.

5. **Upgrade and In-Service Training of personnel:**

- The categories of persons to be trained include:
  i. Physiotherapists.
  ii. Assistant physiotherapists
  iii. Health workers (Epilepsy)
  iv. PWD's (IGA and others)
  v. Orthopaedic Technologists
  vi. Local artisans.
- The trainings will be conducted in small groups of between 10-15 people per session.
- The different categories of trainees are to identify their training needs and send them to the program Coordinator AVSI Gulu to plan and organize the trainings.

Reactions:

- AVSI, CUAMM and CCM will work together to decide on who will carry out the different trainings.
- AVSI should organize training for organized Parents Groups in Apac like Chegere Parents for PWD's and Loro Parents Association for PWD's. These can be of help in the monitoring and evaluation of the Epilepsy program.
- Caregivers in other sub-counties should also be trained in the same.

6. **Field Activities:**

- The outreaches will go on with the close coordination of the AVSI Office in Gulu.
- There should be at least one outreach per month.

Reaction:

- There is need for a permanent Counselor based at the Physiotherapy Unit. This person will contribute a lot in the outreaches too.

7. **Creation of a CBR network in the Community:**

- A CBR worker will receive a bicycle from AVSI to facilitate his/her movements within their localities.

Reactions:

- Advice was that since Apac has 22 sub-counties, each should have at least 1 CBR worker to cover the wide area in between. Apac Town Council and Apac Sub-County should have 1 CBR worker.
- It was also proposed that the Coordinators of Disabled Associations should be the CBR workers. This was left for the Committee to decide.

8. **Advocacy on disability and sensitization activities:**

- CBR Clubs should be formed in schools – This will strengthen the children's ability to address disability issues i.e. through songs, drama, radio etc.
- Radios are the best to use for sensitization. With the low literacy levels, the use of Pamphlets will not yield high returns. Visual impressions could be used – "talks to the person who is seeing it".

9. **Policy development on disability issues:**

- Policies and Guidelines do exist but are not put in place (practical usage). There is need to empower the beneficiaries through sensitization. These policies should be highlighted at the lowest levels possible, where majority of the PWD's live.

TENTATIVE BUDGET:

S/N	ACTIVITY	PERIOD	TOTAL Ug. shs
1.	Materials (Orthopaedic Workshop)	Jan. – Aug. 2004	3,000,000
2.	Equipment (Physiotherapy Unit)	Jan. – Aug. 2004	4,000,000
3.	Drugs (Epilepsy)	Jan. – Aug. 2004	2,000,000
4.	Outreach	Jan. – Aug. 2004	2,000,000
		TOTAL	11,000,000

Note: For outreaches, the Committee members will request government cars for use. Fuel will be provided by AVSI.

- Night allowance – 30,000 per night
- Day allowance - pending. To be communicated later.

Way Forward:

1. District work plan will be ready in the 1st week of February 2004.
2. It was revealed that there is a document titled "Guidelines on Disability Prevention and Management". We should request the DDHS for a copy of the same, since it contains the guidelines for the selection of the District Coordination Committee on Disability (DCC) and for planning purposes.

The Meeting ended at 3:15 pm.

SUPPORT AND SCALING UP OF MEDICAL AND REHABILITATION SERVICES IN NORHTERN UGANDA (SCORE)

Report on the District Coordination Committee meeting for Nebbi District- 13th January 2004

Purpose of the meeting:

- Introducing the project at the district (operational) level to the stakeholders
- To institute the District Coordination Committee (DCC) on disability in the district to be operative
- Giving the terms of reference of the DCC
- Identifying the focal person for the project in the district

Presentation of the project

Issues raised:

- The mode of implementation
- The modalities to be used in the construction of the physiotherapy unit and the orthopedic workshop in Nebbi Hospital
- The criteria to be used to select sub-counties to start with and the CBR workers and the Health units for distribution of epilepsy drugs

Way forward:

- The DCC will plan project activities in line with the project output areas and CUAMM will provide the funds. In other words the project funds will not be managed by the district
- Construction work in Nebbi Hospital will be done by CUAMM staff without going through the tendering process because:
    - Under this project CUAMM is not transferring the project funds to be managed by the district
    - The budget allocated for the construction work is small and if it is tendered it will not meet the cost of a private constructor who will want to make some profit from his construction
    - Being health facilities, the construction needs to be done by CUAMM staff with the technical expertise of what the structures should have
    - Construction work is beginning in February 2004
- Selection criteria shall be based on:
    - The population of the sub-counties and that of the health sub-districts
    - The need for the volunteers or services manifested by the available data

Institution of the CBR Coordination Committee on Disability

The CBR coordination committee shall be instituted at two levels:

- District
- Sub-county

District Coordination Committee(DCC)

Composition:

- Nebbi Union for disabled persons (NUD)
- Uganda Society for Disabled Children (USDC)
- Physiotherapist
- Psychiatric department
- Assistant inspector of schools in charge special needs education
- Secretary for health and community services
- The two District Councilors for PWDs
- Chief Administrative Officer- Chairman
- District Rehabilitation Officer- Secretary

NB: The Politicians (Secretary for health and community services and the two District councilors for PWDs) were deemed important on this committee for the following reasons:

- Linking the project to the decision making body in the district
- Briefing the District executive committee regularly on the progress of the project in the District

Sub-county coordination committee

Composition:

- Sub-county Chief- Chairman
- Community Development Workers/ Community Development Officers- Secretary
- Clinical officer
- SNECOs
- The two sub-county councilors for PWDs
- Secretary for social services

NB: The sub-county coordination committee will realize its facilitation from locally available resources.

Terms of reference of the DCC

The establishment of the District Coordination Committee (DCC) on disability is one of the most important steps towards a coordinate intervention to implement this project and strategy for disability at the District level.

A successful implementation of this project depends on the coordination of all the patners involved.

The DCC through a continuous dialogue between its members will be the institution where to share experiences, information and data.
A positive approach to the team work will facilitate all the patners to plan their activities and build up constructive collaborations.
Collaboration is essential to avoid the risk of:

- Duplication of services
- Unorganized and unclear data
- Uncovered areas of the district
- Lack of information
- Disservices rendered to the population

The activities of the committee will include:

- Coordination
- Monitoring
- Final evaluation

Coordination:

- Data collection system
- Assessment of rehabilitation services
- Field assessment of CBR workers
- Identification of health units for epilepsy treatment
- Distribution of anti-epilepsy drugs
- Identification of strategic health workers for training
- Identification and selection of CBR workers(new or already existing) for training
- Provision of various materials and facilitation for the CBR workers

Monitoring:

- Work progress
- Monitoring and follow up of epilepsy programs
- Supervision of the trained workers/ personnel
- Supervision and monitoring of CBR activities

Final evaluation:

Identification of the focal person

The focal person will be the coordinator of the committee and will maintain very close working relationship with CUAMM in the implementation of this rehabilitation project.

He will also be the secretary to the committee.

He is the District Rehabilitation Officer(DRO).

The agenda and the date for the next meeting shall be prepared by the focal person and CUAMM, and then accordingly communicated to the committee chairperson and members.

Cc: All Committee members

2ND DISTRICT COORDINATION COMMITTEE MEETING- 25TH FEBRUARY 2004

VENUE: DDHS BOARD ROOM

TIME: 11.00 A.M- 12.45 P.M

Members present

- Akera John Bosco- A/CAO- chairman
- Ongiertho Luka – DRO- secretary
- Omollo Geofrey- Coordinator USDC- member
- Hon. Issah Olar- District Councillor for PWDs (male)- member
- Abedkane Francis-PA CUAMM- member
- Peter Rubanga- Physiotherapist- member
- Sadiki Obedling- Guide to Hon. Issah
- Hon. Acaye Paska- District Councillor for PWDs(female)- member
- Onono Celcious- NUD –member

Members absent

- Psychiatric Nurse
- Assistant Inspector of schools in charge special needs education
- Secretary for Health and Community Services

Min 5/2004 Communication from the Chairman

The Chairman welcomed all the members present and thanked them for responding to the invitation to the meeting. He however reminded the meeting that the purpose of the meeting were two, namely; the selection of focus sub-counties for Community Based Rehabilitation(CBR) activities and the construction of the orthopaedic workshop and the physiotherapy unit in Nebbi Hospital.

Min 6/2004 Reading of the previous minutes

The minutes were read by the secretary and later confirmed as true and correct record of the business transacted.

6.1/ 2004 Matters arising from the previous minutes

It was noted that the previous meeting did not come up with the roles of the sub-county steering committee though its members are the replica of the district one, basically for the sustainability of the programme.

The members resolved that these roles be discussed in each of the focus sub-counties during the awareness raising meetings.

Min 7/2004 <u>Selection of focus sub-counties for CBR</u>

The Project Assistant, CUAMM briefed the members on the criteria used for the selection of the nine focus sub-counties where CBR will start from this financial year and eventually cover the whole district .
The criteria were; the population of PWDs and the sub-counties that missed participation in CBR when it was introduced by USDC in the phase one activity in Nebbi.

The sub-counties are Pakwach, Panyimur, Wadelai, Nyapea, Jang-okoro, Paidha Town Council, Nebbi , Kucwiny and Erussi.

Members observed that the choice in Okoro was not wide enough and that Zeu should be brought in preferably to replace Nyapea sub-county.

7.1/2004 <u>CBR Workers</u>

These too were identified based on their participation in CBR even when USDC was no longer actively sustaining them in the program. The choice and their number per sub-county was also based on the population of the respective sub-counties and that of PWDs in them.

These CBR workers will be facilitated with transport in form of bicycles and a monthly top up s motivation.

The members observed that the money put for the purchase of the bicycles if given to the District to buy would buy more than 26 bicycles and CUAMM should make known its position on this.

Members resolved that the issue, ownership and maintenance of the bicycles be brainstormed and discussed in the sub-counties during the awareness raising meetings with the sub-county leaders.

That CUAMM should avail the projection of the number of CBR workers per sub-county for the whole project period to guide in taking decisions about the purchase, maintenance and distribution of the bicycles.

7.2/2004 Epilepsy program

Members were informed that two clinics have been identified for epilepsy program in the district, namely; Warr H.C III and Pakwach H.C IV.

Members were also informed that the first issue of epilepsy drugs were delivered to the psychiatric Nurse in Nebbi Hospital and technical aspects about its distribution and use will have to be discussed with the psychiatric Nurse.
Health Sub-districts should integrate the epilepsy program in their main outreach program. They should be able to report to the DCC . The Heads of the Health Sub-districts should be invited for the 3rd DCC meeting.

The psychiatric nurse using his motorcycle should be facilitated with fuel to oversee the dispensation of the drugs in Pakwach H.C IV and Warr H.C III on 1st Mondays and Wednesdays of the month respectively.

Min 8/2004 Construction of the orthopaedic workshop and the physiotherapy unit

Members were informed that construction work for the two units would begin in March 2004 and that CUAMM was willing to make adjustment on the construction , especially reinforcement of the foundation, ring beam and the roofing.

The issue of source of water for the construction, store for tools and equipments and accommodation for the workers has to be followed up by the A/CAO/ DCC Chairman with Medical Superintendent of Nebbi Hospital on 26th February 2004.

It was further resolved that the Project Assistant follow up response of CUAMM on the amended plan.

That the foundation stone for the units be laid by the district leaders in March 2004.

Min 9/2004 Awareness raising in sub-counties

Project Assistant CUAMM makes plan together with the budget for the implementation in the focus sub-counties and that this be presented for discussion in the third DCC meeting .

That the sub-county meetings should come out with the roles of the sub-county steering committee , modalities of using, owning and maintaining the bicycles.

AOB

Members resolved that the DDHS be invited for the third DCC meeting for his guidance on Health issues.

Members resolved that CUAMM look into the issue of giving transport refund to DCC members because some come from outside the district Headquarter.

Conclusion

There being no other matter to discuss, the Chairman thanked the members especially the Project Assistant and the secretary for the document they produced to guide the discussion. He directed that other members who failed to attend the meeting should be availed copies.
The meeting was closed at 12.45 p.m.

Annex 4:

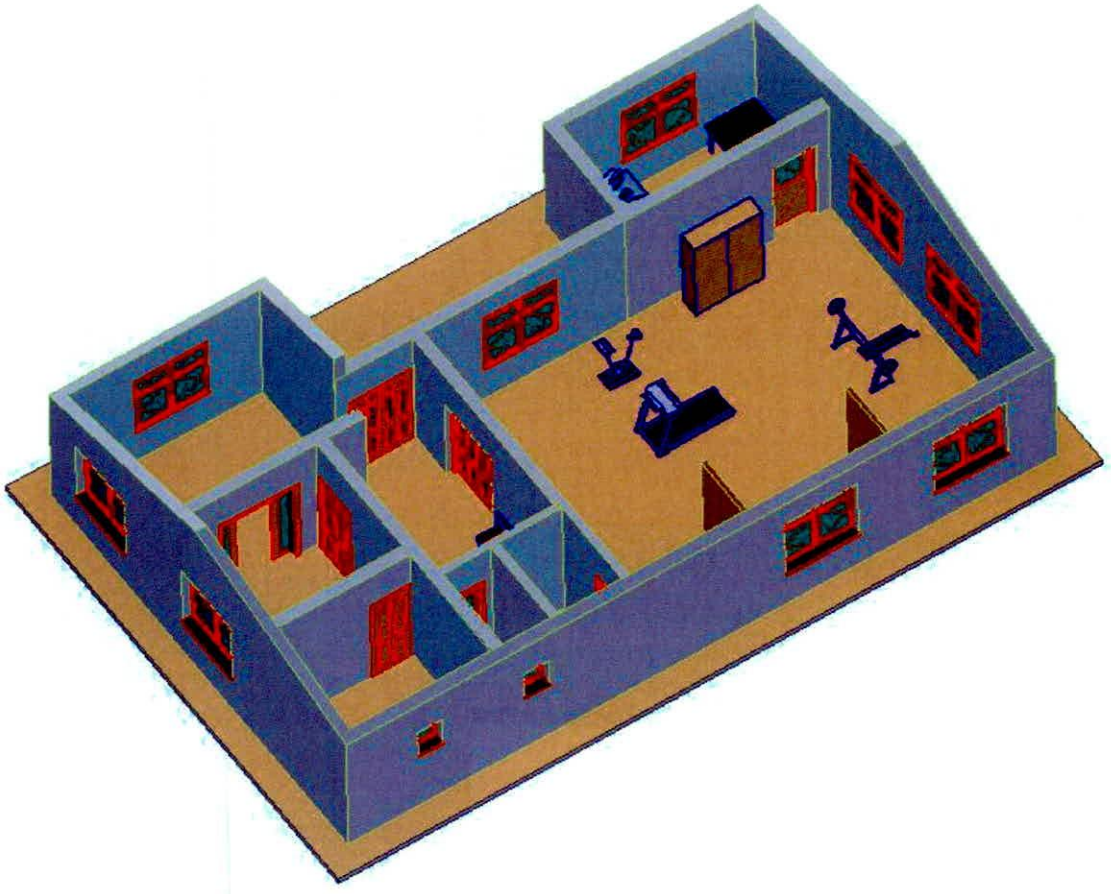
List of contact persons

SCORE Project - Contact persons

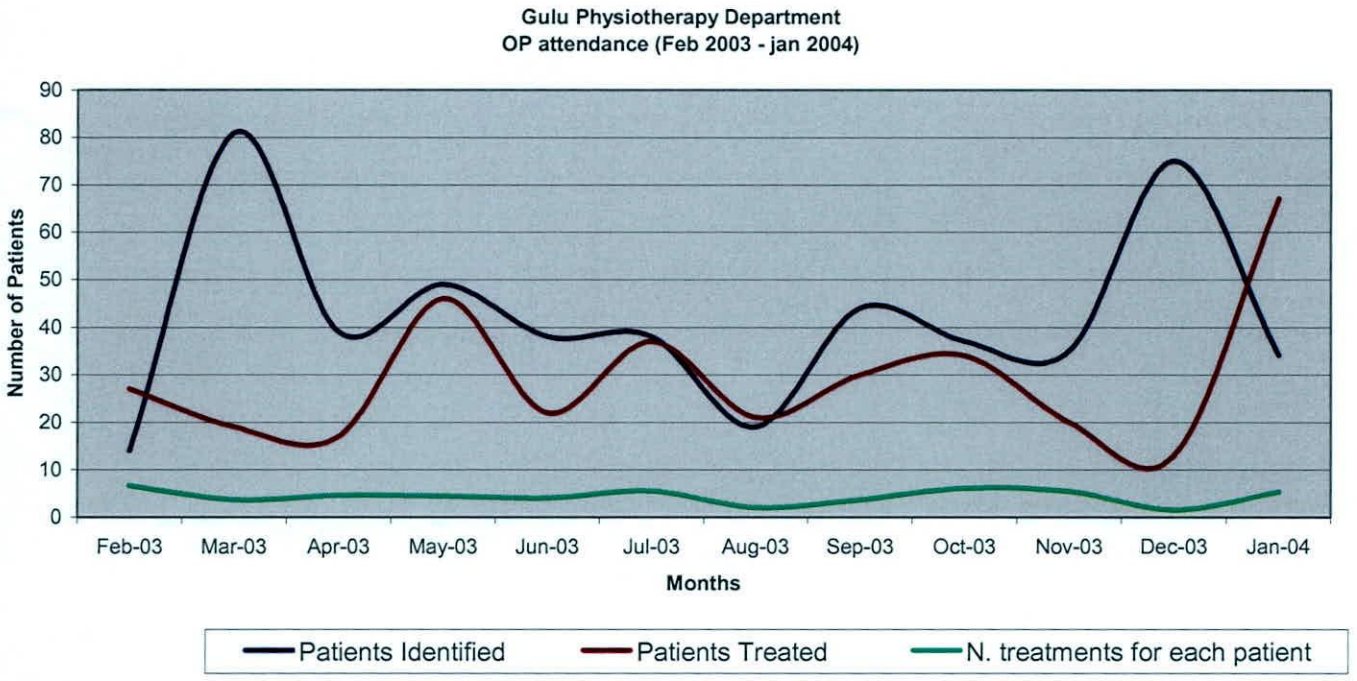
District	Name	Title	Contac
Gulu	Bernard Ocen	District Rehabilitation Officer	077 565469
Kitgum	Peter Obwonya	Orthopedic Officer Kitgum Hospital	077 338997
Apac	Lanyero Agnes	Physiotherapist Apac Hospital	077 356922
Lira	Okello Stephen	District Rehabilitation Officer	077 661360
Arua	Franco Tolia	Community Development Officer	077 396276
Nebbi	Francis Abedkane	CUAMM Project Assistant	077 356969

Annex 5:

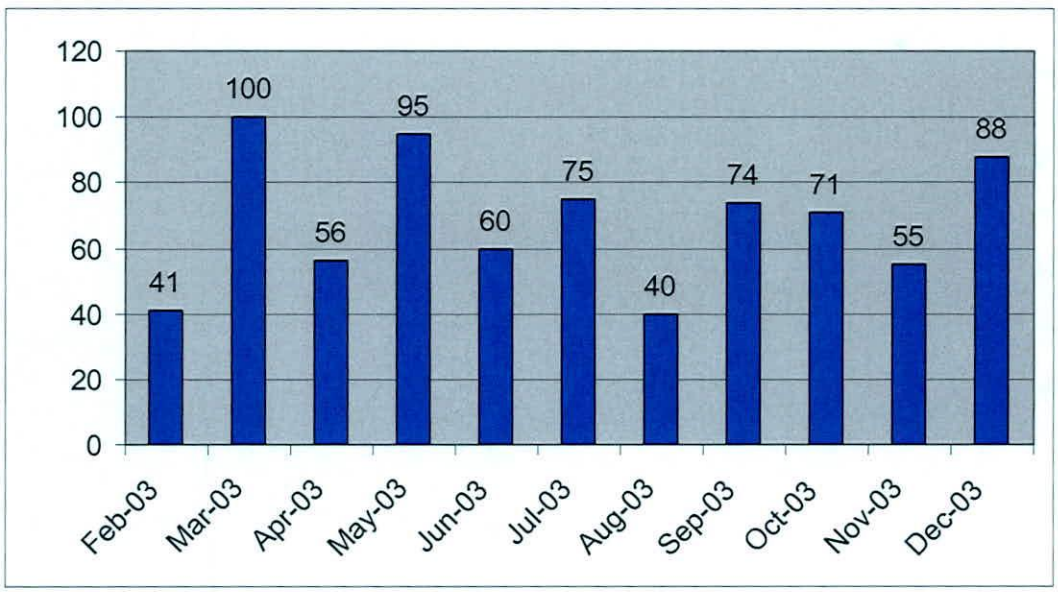
Construction plans:
Physiotherapy Unit in Nebbi Hospital
Orthopedic Workshop in Nebbi Hospital



Physiotherapy Department
Gulu Regional Hospital



Patients assessed and treated from February 2003 to January 2004



ANALYSIS PHYSIOTHERAPY UNITS IN ARUA AND NEBBI

Nebbi
The physiotherapy unit in Nebbi was established in 1999.
There's one Physiotherapist employed.
At the moment, the Physiotherapy unit is not located in an adequate place, however, the space and the facilities are enough to provide the required services.
According to the data presented by the Physiotherapist there are some points that require discussion to improve the service:

1. The number of patient is low.
2. The service is not provided continuously.

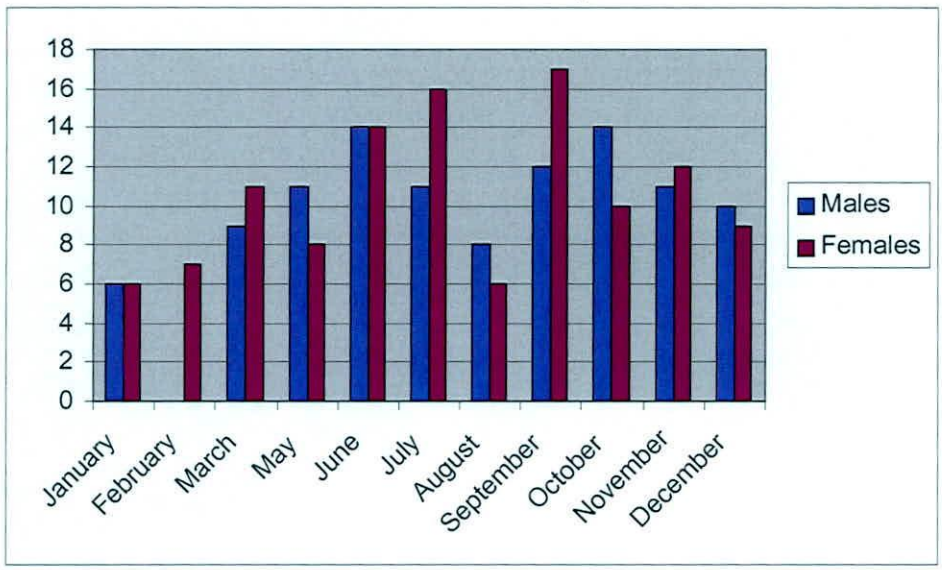
The reasons of these evidences can be summarised as follow:

- There isn't a proper data collection within the Physiotherapy Unit which can monitor properly the number of patients treated, assessed, and the number of treatments given to the patients.
- The referral system is still poor and confused. Still at H.C. level there's lack of information about the kind of patients who can benefit from rehabilitative treatments.
- The outreaches are not properly finalised. Few referrals made and the patients not adhering to the referral schedules.

Way forward

- To give support to the physiotherapy unit in terms of proper spaces (new Physiotherapy unit will be built) and equipment
- To give support to the Physiotherapist in terms of training and reference books.
- To support the Physiotherapist working some days a week together
- To prepare brochures, as service chart, to deliver to the H.C. explaining which kind of patients can benefit from rehabilitative services.
- To strength the follow up and monitoring of the unit from the central level

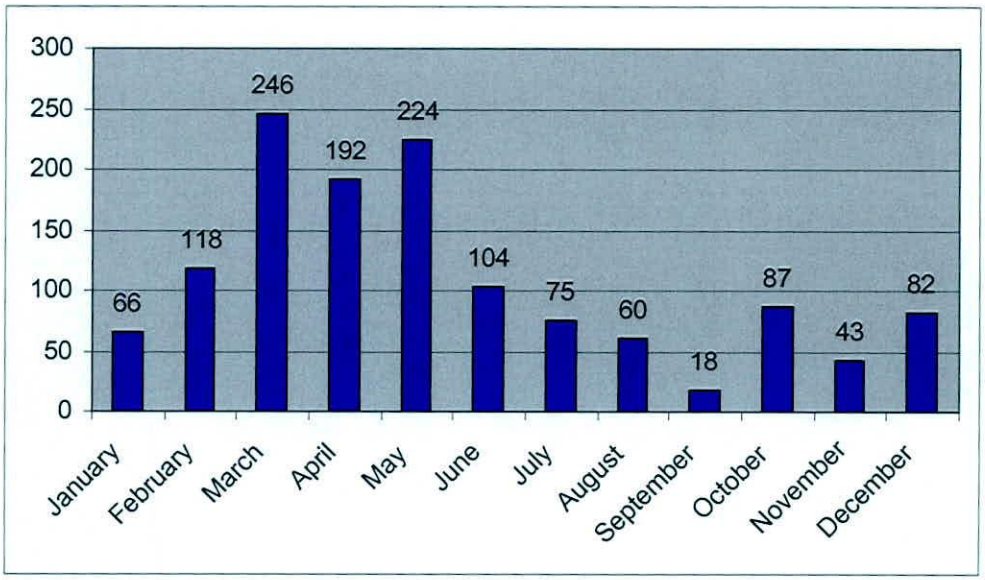
PATIENTS SEEN IN THE PHYSIOTHERAPY UNIT
Year 2003
Nebbi District Hospital



Arua
Personnel:
1 Physiotherapist employed by the Hospital
1 Physiotherapist volunteer
1 Occupational Therapist

According to the data the attendances in the Physiotherapy Unit are well represented.
Still there's the problem of the reliability of the data collected. These data show only the number of patients seen, but they don't give us any information about the number of patients really treated, and the number of treatments per patient.
One physiotherapy in a Regional Hospital doesn't permit to guarantee a continuous service. Many times the Occupational Therapist replace him.
To strength the follow up and monitoring of the unit from the central level.

PATIENTS SEEN IN THE PHYSIOTHERAPY UNIT
Year 2003
Arua Regional Hospital



PHYSIOTERAPY ANNUAL REPORT (HOSPITAL ACTIVITIES 2003) 15th March 2004

Disabilities	Jan		Feb		Mar		Apr		May		Jun		Jul		Aug		Sep		Oct		Nov		Dec		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Enteric Fever	1																								1
Cerebral Palsy	9	6	10	7	19	13	20	15	1	4	4	1	1	4	6	9	4	2	4	2	0	0	5	2	1
Arthritis	0	0	3	4	0	0	2	6	0	3	1	5	1	2	0	1	1	4	1	4	5	0	0	3	46
Contractures due to Burns	0	0	5	10	5	10	3	4	0	2	0	0	0	0	0	0	2	5	2	5	0	1	1	1	56
Injection Neuritis	0	0	0	0	0	0	2	4	1	0	1	1	0	0	1	0	0	0	0	0	1	1	0	1	13
Paraparesis	0	0	0	0	0	0	3	2	0	0	1	0	0	0	0	0	0	0	0	1	0	0	1	0	8
Hemiparesis	3	1	1	1	4	2	8	4	0	1	1	0	2	3	0	0	0	0	1	5	6	1	1	0	45
Poliomyelitis	1	2	4	2	5	4	3	2	12	8	4	1	1	1	0	0	0	0	5	4	0	1	6	3	69
Potts fracture	2	0	0	0	0	0	5	3	2	0	0	0	3	1	1	0	0	0	2	2	0	0	0	0	21
Soft tissue injuries	1	0	1	1	2	1	6	7	2	2	0	0	1	3	3	0	0	0	0	0	3	2	2	3	40
Colles fractures	5	5	8	6	13	11	7	3	1	2	2	3	7	5	4	2	0	0	5	4	2	0	0	0	95
Genu valgum	2	0	0	0	2	0	3	2	3	0	2	0	2	0	0	0	0	0	0	0	0	0	9	4	29
Frozen shoulder	5	3	2	0	7	3	3	3	0	0	1	2	4	1	1	0	0	0	2	0	0	0	0	0	37
Sciatica	1	1	2	3	0	0	0	0	0	3	1	2	0	0	0	0	0	0	1	2	0	1	0	0	17
General dislocation	2	2	0	0	0	0	3	2	0	1	1	2	5	1	2	0	0	0	0	0	1	0	6	0	28
Blunt chest injury	1	1	0	0	0	0	1	1	0	1	1	0	1	0	2	2	0	0	0	0	1	0	0	0	12
Fracture femur	3	4	1	1	4	5	4	5	2	0	1	1	4	0	5	0	0	0	3	1	4	2	0	0	50
Fracture humurus	0	5	8	4	8	9	8	9	5	2	4	3	4	1	5	0	0	0	3	1	0	1	3	2	85
Bells palsy	0	0	0	2	0	2	2	2	0	0	0	1	1	1	5	1	0	0	1	0	1	2	1	0	22
Torticolis	0	0	0	2	0	2	2	2	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	9
Amputation	0	0	1	1	1	1	5	2	0	1	1	0	2	0	0	0	0	0	0	0	1	0	1	0	17
Club feet	0	0	2	0	4	0	6	7	7	2	3	1	3	0	0	0	0	0	0	0	0	0	7	4	46
Erbs palsy	0	0	0	1	0	1	1	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	5
Myolgia	0	0	1	0	1	0	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Monoplegia	0	0	2	0	2	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4
Cleft lip	0	0	5	4	10	8	0	0	0	0	0	0	0	0	0	0	0	0	3	1	0	0	0	0	31
Cleft lip + palette	0	0	4	2	8	4	0	0	0	0	0	0	0	0	0	0	0	0	7	1	0	0	0	0	26

	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Webbed finger	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Volkman contracture	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Paraplegia	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	2	2	1	0	0	0	0	0	**9**
Perths disease	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	**2**
Cervical spondylosis	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	2	0	0	0	0	0	0	0	**3**
Osteomyelitis	0	0	0	0	0	0	0	1	0	0	0	1	1	0	1	0	0	0	0	0	0	0	0	3	0		**7**
Flat feet	0	0	0	0	0	0	1	1	0	0	3	1	0	0	0	0	0	0	0	0	0	0	0	0	0		**6**
Genu valgas	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0		**2**
Downs syndrome	0	0	0	0	0	0	1	0	0	0	1	0	1	0	0	0	0	0	0	0	0	0	0	3	0		**6**
Alcohol influenced disease	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0		**1**
Konzo	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0	0	0	2		**4**
Lumbago	0	0	0	0	0	0	0	0	0	0	1	0	0	0	1	0	0	0	0	0	0	1	1	0			**4**
Hemiplegia	0	0	0	0	0	0	0	0	0	0	0	1	1	0	2	1	0	0	3	0	0	0	0	0			**8**
# scapula	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	1	0	0	0			**2**
Quadriplegia	0	0	0	0	0	0	0	0	0	0	0	0	2	1	1	0	0	0	1	1	0	0	0	0			**6**
# clavicle	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	1	0	0	0	0	2	0	0	0			**5**
Foot drop	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0			**1**
Keloids	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0			**1**
Genu recarvatum	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0			**0**
Quadriparesis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0			**2**
Tumour	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1			**1**
Extra digits	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1			**2**
Elephantiasis	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1			**1**
Others	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0			**3**

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