

Rev 20/09/97

**UGANDA SOCIETY FOR DISABLED CHILDREN
MASAKA DISTRICT PROGRAMME**

APPLICATION TO MINISTRY OF HEALTH

Project: Supporting Delivery of Outreach Therapeutic Services in Rural Health Units

Country: Uganda

Project Location: Masaka District

Project Duration: 1 Year

Total Cost: Ushs: 42,693,201



**Requested from
Ministry of Health District Health Services Project. Ushs: 35,916, 501.**

**Address: Masaka Hospital Physiotherapy Unit
P.O. Box
Tel: 481- 21753**

Contact Person: Mrs. Florence Byansi

1.0 INTRODUCTION

Uganda Society for Disabled Children (USDC) is a development agency founded in 1985 to give opportunities for disabled children in Uganda to develop their abilities. The Society has worked in Uganda for the last 10 years and follows the community-based approach to in the delivery of preventive health and rehabilitation services. Early intervention is stressed. This is important because children still have opportunities to grow and develop. It is also a means of preventing conditions such as disease, malnutrition, abuse and accidents that would lead to disability. Whereas children are the primary target for USDC's programme, adults have always enjoyed the services that the Society helps to establish in the community. The stress therefore is to have the community benefiting rather than mere individuals.

1.2 Objectives

The main objectives of the organisation are;

- a) To provide information and educate members of the community about community development issues through participatory approaches.
- b) To promote transfer of knowledge and skills to key personnel in the community on causes, prevention and management of conditions that may lead to disability.
- c) To promote community initiatives for rehabilitative care
- d) To support the provision of key referral services at district level.

1.3 Strengths

Currently the society works in 6 districts of Uganda; including Masaka where this project will be carried out. The Society's long term plan is to use the experiences gained and techniques developed from this districts to benefit people at risk in other districts in particular children and women over a wider cross-section of the country.

Whereas an agreement with the Uganda Government was signed at central level, most of the planning and other programme activities take place at local (district) level. In each district USDC employs a Field Coordinator, supported by a Physiotherapist, an Office Assistant and a Driver. The Field Coordinators, who have a background in social work, coordinate all programme activities and liaise with relevant Government departments, institutions that provide specialised services, organisations of the disabled, other NGOs, local authorities, and opinion leaders in the recipient communities. In Masaka in particular, the major thrust of the work in the communities rests with the Physiotherapist and an Occupational therapist who work hand in hand with the extension staff like the Health Assistants and Community Development Assistants and Community based health workers.

One of the major objectives of the programme has always been to promote the provision of key services at district level. The aim is to promote and strengthen the provision of essential services, in particular, rehabilitative care oriented services at district level so that they are more accessible to the majority of the people.

At the grassroots level, the programme activities are carried out with the support of professional staff from the departments of health, education and social welfare. The recipient communities select volunteers (facilitators) who are trained to assist and guide the other community members. But most important, parents and families of children and youths at risk of getting disabilities are trained to support their children at home.

In some cases, children have to be referred to appropriate specialised services outside their homes. However, the major component of the Society's work helps to strengthen the provision of these services at community and district levels.

USDC Masaka owns a vehicle and has the basic office logistics, which facilitate programme implementation. For the last 10 years, USDC has been supporting the Masaka district programme using funds raised from various sources including Overseas Development Administration (ODA) Australian government, Christoffel Blindenmission (CBM) and currently from the European Economic Commission (EEC) for providing skills training services for the youths in the district. With a grant from Glaxo Wellcome Plc. USDC is in the process of putting up a workshop for production therapeutic aids and appliances in the district.

1.4 Achievements and Plans

1.4.1 Achievements

During the 10 years of implementing a community based development programme in the district, the following achievements have been registered.

Related to Information and Education

- Over 8363 people have been sensitised on community development issues and issues concerning preventive health care at district, subcounty and community levels.
- Over 96 primary schools have been visited to sensitise their communities on preventive health care and inclusive education.
- Every year, USDC has been supporting the activities marking the international disability day as a way of raising awareness about the needs, rights and potentials of people with disabilities and their families.

Related to Training of Personnel

- 1593 community facilitators have been trained in primary health care and community based rehabilitation issues.
- 128 district based government staff have been trained in participatory planning, and management approaches to community development
- 580 primary school teachers have been trained in inclusive education approaches.
- 90 health professionals specifically Medical assistants, Midwives and nurses based in rural health units have been given refresher training in detection and management of disabling conditions such as epilepsy, fractures, malnutrition and others.
- 136 Community Development Assistants have been trained in community mobilisation and planning skills.
- 8 local artisans have been trained in making simple therapeutic aids and appliances.

Related to Activities with children and their families

- Over 3500 children at risk have been identified and assisted by the programme to improve their quality of life.
- 1888 have been given grants to access specialised medical services such as corrective surgery, medication and procurement of therapeutic aids and appliances

Related to Support to Referral Services

- Misanvu Annex for Children with intellectual impairment supported with building and equipment and instructional materials.
- Masaka Hospital supported with beds, and the Physiotherapy unit supported with equipment.
- Kitovu Hospital supported with the acquisition of an ultrasound scanner machine.
- Masaka Sheltered workshop rehabilitated and equipped to offer skills training to youths in the district.

1.4.2 Plans

The plan is to consolidate the achievements of the programme in the district. In particular, the programme aims at strengthening the delivery of therapeutic services offered by the physiotherapist and Occupational therapist in the rural health units of Ndagwe, Bukakata, Bigasa and Lwabenge.

2.0 PROPOSED ACTIVITIES

2.1 Problem analysis

Over the last ten years USDC has identified over 3,500 children with different disabilities the majority of which could be prevented through promotion of preventive health care and living practices. Some of such conditions are cerebral palsy, malnutrition, contractures resulting from fractures, polio, epilepsy, and others.

The clinical problems presented at Masaka Physiotherapy Unit include malaria, fractures (resulting from climbing mango trees, home and traffic accidents and child abuse - excessive beating).

When interviewed the mothers of the children who have cerebral palsy say the children suffered from malaria when young or they fell and others have a history of drug abuse or diseases like syphilis. Quite a number of mothers also report having difficult deliveries. A close look at most of the mothers also shows that a number of them get pregnancies when they are still very young or too old. Indeed most simply plead ignorant about the likely dangers from all these preventable conditions.

Most of these children are brought to the physiotherapy unit at a late stage because the parents are too poor to meet transport charges and sometimes not aware of existing services. Besides there is only one physiotherapist and one Occupational therapist to service the entire four districts of Masaka, Sembabule, Rakai and Kalangala.

Furthermore, the distance from the remote villages to Masaka Hospital also compounds the problem. For example, Ndagwe subcounty in Masaka district is 90 km from Masaka town and when it rains the road is impassable. Yet most of such conditions demand a protracted approach, where the affected person or the carer is trained on how continue with the therapeutic care at home.

The project therefore aims at promoting the decentralisation of therapeutic services to the communities so that most of such conditions can be detected and prevented as early as possible. Besides the actual delivery of the therapeutic services to the targeted group, the project will also build the capacity of the local health units in the targeted areas through training of the local personnel as they work along with the specialised professionals. Initially in the subcounties of Ndagwe, Bukakata, Bigasa and Lwabenge are targeted and the lessons learnt will help in replicating the project in other subcounties.

Ndagwe, Bukakata, Lwabenge and Bigasa subcounties were selected because of distance from the referral units, poor roads and lack of direct transport network with the centre. These areas are very far from Masaka and the roads are impassable especially during the rainy season. This makes it very difficult for clients to travel to Masaka early enough to be assessed and assisted.

2.2 Objectives

- a) To promote preventive health care and practices in the disadvantaged rural communities.
- b) To train 2 staff members from each of the 4 health units (Ndagwe, Bukakata, Bigasa, Lwabenge) in therapeutical skills to manage conditions that lead to disability.
- c) To support the provision of therapeutic services in the four health units.
- d) To equip the four health units with therapeutic equipment

2.3 Strategies

The project will be implemented within the already existing structure. The project implementers will liaise with the District Director of Health Services and the existing community based development structure will be utilised to ensure the mobilisation of communities as well as flow of information and accountability to the community. The targeted beneficiaries will be identified by the USDC trained community facilitators, Community Development Assistants and opinion leaders.

2.4 Activities

The following activities will be implemented in order to achieve the stated objectives;

- a) Outreach Clinics

A team of professionals including the Physiotherapist, Occupational therapist, Orthopaedic Officer, Psychiatric Nurse and any other identified according to the assessed needs will be supported by the project to conduct monthly outreach clinics in the four health units.

- 1.4.2 Equipping the 4 health units with therapeutic equipment

The four health units will provide a room and space which will be equipped with the requisite therapeutic aids and equipment to assist the professionals in the provision of the services as well as training the local staff.

- 1.4.3 Training of personnel in the 4 health units and parents/carers.

The clinics will be used as practical training sessions for the local health unit personnel.

2.5 Project Outputs

Related to Provision of Therapeutic Services

- 600 people with therapeutic problems and at risk of disability benefiting from the 48 outreach clinics

Related to Equipping of Health Units

- 4 health units equipped with therapeutic aids and devices and operational

c) *Related to Training of personnel*

- 8 Health unit staff (medical assistants, midwives and nurses trained and functional)
- 240 parents/carers trained in early detection, prevention and management of medical conditions that lead to disability

3.0 MONITORING AND EVALUATION

a) *Reports*

The participating therapists will be required to compile and submit monthly and quarterly reports. The Field Co-ordinator will compile and submit quarterly and the terminal report to all stakeholders

b) *Project Visits*

The day to day monitoring of the project will be the responsibility of the USDC Field Coordinator. She will make follow – up visits to the targeted communities to assess the effectiveness of the services being delivered. She will make at least one follow – up visit per community and compile monthly reports that will be distributed to all stakeholders in the project.

c) *Review Meetings*

She will also convene quarterly review meeting for the stakeholders centrally at the district level to review the performance of the project and agree on the way forward in order to keep the project on track.

d) *Evaluation*

The project will be implemented as a pilot project. It is expected that the lessons learnt from the implementation exercise will help in the replication of similar projects in other parts of the district and the country. A terminal participatory internal evaluation exercise will therefore be conducted to assess the effectiveness and impact of the project on the targeted beneficiaries and the community in general.

4.0 BUDGET

a) *Related to Equipping the Health Units*

The health units will be equipped with therapeutic aids and devices. An open air gymnasium in form of a playground for children and other people at risk will be erected outside the unit. The area will be cleared, leveled and fenced. Objects than can harm the children like pieces of metal, tree stumps and broken glasses will be removed.

After clearing the ground, several structures will be put up to help the targeted beneficiaries especially children to gain various skills. The area will be fenced for safety of the equipment and the children.

The community members will provide labour and all the therapeutic aids such as toys, walkers, and these will be locally made by the parents and children with the assistance of the professional therapists during the clinic days as part of their training.

ITEM	COST	NO	TOTAL AMOUNT
Physiotherapy mat	120,000/=	8	960,000/=
Examination couch	100,000/=	4	400,000/=
Special seats	20,000/=	8	160,000/=
Wheelchairs	120,000/=	4	480,000/=
Wall bars	120,000/=	4	480,000/=
Parallel bars	10,000/=	16	160,000/=
Tape measures	2000/=	16	32,000/=
Pole seats	5,000/=	16	80,000/=
Sea saws	60,000/=	8	480,000/=
Climbing frames	30,000/=	8	240,000/=
Tyre Gymn	35,000/=	8	280,000/=
Gymn balls	50,000/=	16	800,000/=
Cups	1000	40	40,000/=
Swings	150,000/=	16	2,400,000/=
Basins	5000/=	20	100,000/=
Rocking horses	65,000/=	12	780,000/=

Mackintosh sheets	6000/=	16	96,000/=
May poles - cotton sheets	20,000/=	4	80,000/=
Balancing boards - screws	15,000/=	12	180,000/=
Hand exercises rollers - scrap	10,000/=	12	120,000/=
Crawl through drums	40,000/=	12	480,000/=
Ring toss	5,000/=	40	200,000/=
Fencing material (bamboo)	150,000/=	4	600,000/=
Sub total			9,628,000/=

b) *Related to Provision of Outreach Clinics*

Besides the existing motor vehicle, a Landrover 110, two new motor bikes will be required for the project to facilitate the monitoring and follow-up of the project even beyond the project period

i) Purchase of Motor cycles

2 units @ 5,000,000/= = 10,000,000/=

ii) Fuel costs

Four outreach clinics will be conducted per month, that is one per health unit.
At a rate of 1 litre of fuel per 5 Km, the following will be required to cover travel costs.

Ndagwe and Lwabenge: 72 litres x 1200/= x 2 clinics x 12 months = 2,073,600/=
Bukakata: 20 litres x 1 day x 1200/= x 12 months = 288,000/=
Bigasa: 24 litres x 1 day x 1200/= x 12 months = 345,600/=

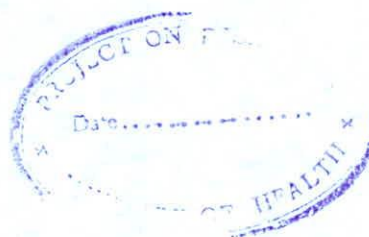
iii) Allowances

4 therapists and a driver will be engaged during each outreach clinic

4 people x 15,000/= x 48 clinics = 2,880,000/=

Driver: 6000/= x 48 = 288,000/=

Allowance for the 4 Community Based Services Officers;
4 people x 6000/= x 48 clinics = 1,152,000/=



iv) **Lunch**

Since the clinics will be conducted the whole day, there is need to provide lunch to the professionals (4), the 2 health unit staff trainees and the driver. It is also estimated that each clinic will be attended by 5 community facilitators who are the were trained by USDC.

12 people x 1500/= x 48 clinics = 864,000/=

Sub total = **17,891,200/=**

c) **Related to Training**

i) **Stationery**

10 reams of duplicating papers @ 6000/= = 300,000/=

5 Quire of manilla paper @ 7500/= = 37,500/=

Newsprint (3 packets) @ 30,000/= = 90,000/=

10 packets of markers @ 8,000/= = 80,000/=

5 tubes of duplicating ink @ 6,000/= = 30,000/=

5 packets of pens @ 7,000/= = 3,500/=

10 dozen books @ 1,500/= = 15,000/=

3 masking tape @ 3,000/= = 9,000/=

Sub total = **596,500/=**

d) **Related to Monitoring and Evaluation**

i) Production and circulation of reports: 20,000/= per month = 240,000/=

ii) Monitoring and supervision visits
One trip per month per location @ 30,000/= x 4 x 12 locations = 1,440,000/=

iii) Quarterly Meetings: 20 people will meet quarterly to review the project

Transport: 12 people x 6,000 x 4 = 288,000/=

Perdeim: 20 people x 10,000/= x 4 = 800,000/=

iv) Terminal Evaluation

A Provision of Ushs. 3,000,000/= is made for the exercise. = 3,000,000/=

Sub total = **5,768,000/=**

e) **Administrative costs**

A provision of 20% is made as a contribution to the salaries of the project staff = 6,776,700/= and will be contributed by the organisation.

BUDGET SUMMARY

Equipment and tools for Health Units	=	9,628,000/=
Provision of Outreach services	=	17,891,000/=
Training of Personnel	=	596,500/=
Monitoring and Evaluation	=	5,768,000/=
Administrative costs 20%	=	6,776,700/=
Contingency 5%	=	2,033,010/=
Grand Total	=	42,693,201/=

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1.2 Objectives

The main objectives of the organisation are;

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12 people x 1500/= x 48 clinics = 864,000/=

Sub total = **17,891,200/=**

c) **Related to Training**

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Sub total = **596,500/=**

d) **Related to Monitoring and Evaluation**

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