

REVIEW OF THE SIX DRAFT POLICY DOCUMENTS ON DISABILITY PREVENTION

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1.O. VISUAL IMPAIRMENT

1.2. Situation Analysis

a) Policy Arena Page 15

Uganda Foundation for the Blind was formed by an Act of Parliament in 1954 with the aim of providing services to the blind.

2.0. POLICY ON NON-COMMUNICABLE DISEASES (NCDs)

2.2. Situation Analysis

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2.2.1 Policy Arena

The National Health Policy (1999),

4.2.6 Essential Clinic Care.

"Provision of basic care, within the limits of available resources for injuries and common illnesses including non-communicable diseases."

Health Sector Strategic plan (2000/01 - 2004/05)

2.6. Essential Clinical care

This programme on essential clinical services includes care of injuries, common illnesses and non-communicable diseases.

The programme of essential clinical services will be expected among other things encourage early detection and management

of non-communicable diseases; and provide appropriate logistic and medical supplies at all levels of care.

International Arena!

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Infrastructure and Equipment

The Infrastructure in terms of facilities and equipment required for rehabilitation and treatment of NCDs is either inadequate, outdated or non-existent.

3.0. POLICY ON HEARING IMPAIRMENT AND DEAFNESS Page 30

3.1. Situation analysis

The current estimate of Uganda's population in year 2001 is about 22 million and the prevalence of hearing impairment and deafness is estimated between 5.5%. 0.2 have a hearing loss found to be severe or deaf for practical purpose (Report by Dr. Turitwenka 2001. Not yet published).

NATIONAL ENVIRONMENT STATUTE 1995

PART IV: Establishment of Environmental Standards. Article 29: The authority (NEMA) shall, in consultation with the lead agency, establish:-

a) Criteria and procedures for the measurement of noise and vibration.

- b) Minimum standards for the emission of noise and vibration pollution into the environment.
- c) Guidelines for the abatement of unreasonable noise and vibration pollution emitted into the environment from any source.

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Due to the high level of poverty (35% below poverty line – Ministry of Finance, Planning and Economic Development, 2001) poverty related diseases including preventable ear diseases are rampant.

4.0. POLICY ON PREVENTION, CONTROL AND MANAGEMENT OF INJURY.

4.1. Situation Analysis

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4.1.1 Policy Arena

- Traffic and Road Safety Act, 1998.
- Factory Act, 1964.
- Recommendations from the Association of Surgeons of Uganda.
- Worker's Compensation Act, 2000.
- There is no policy and standards on school health but we have School Health Education Project (SHEP).

However, currently there is a draft document called **School Health for Uganda**.

There is no specific act on occupational hazards.
All Occupational hazards like noise, pollution, etc. are just implied in the factory act 1964.

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 Human Rights Convention. This may not have a specific reference except all human rights are ably spelt out in the Universal Declaration of Human Rights (General Assembly Resolution 217 A (III) (1948).

4.1.2 Physical Arena

1. Magnitude of the problem.

The WHO Report on the burden of disease ranks subsaharan Africa second in the world in road traffic accident (7,782,000) to the Indian sub-continent (8,784,000)

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Global comparative assessment in the health sector on disease burden, expenditure and intervention package. State the following facts about injury, malaria and maternal conditions.

Table 1

Condition/Disease/Injury	DAILY'S (Disability Adjusted life years). Sub-saharan Africa	Cause of death: 100,000
Injury	27,333	623.8
Malaria	31,504	805.3
Maternal conditions	7,992	137.2

Table 2:Allocation of funds to injury, malaria and
reproductive health

Condition/Disease/Injury	Allocation of funds	
Injury		
Malaria		
Reproductive health		

Table III Causes of Injury Worldwide and Uganda

Causes of Injury	Worldwide	
Road traffic accidents		
Violence		
Falls		
Self-Inflicted		
Drownings		
Fires		
Poisoning		

5.0. NATIONAL HEALTH POLICY FOR OLDER PERSONS

5.2. Situation Analysis

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5.2.1 Policy Arena

The World Assembly on Ageing Resolution 37/51 of 3rd Dec. 1982 was a major step on addressing issues on ageing.

The assembly solemnly reaffirmed their belief that fundamental and in alienable rights enshrined in the Universal Declaration of Human Rights apply fully and undiminishedly to the ageing; and also solemnly recognised that quality of life is no less important than longerity, and that the ageing should therefore, as far as possible, be enabled to enjoy in their own families and communities a life of fulfillment, health, security and contentment, appreciation as an integral part of society.

To add life to the years that have been added to life, the UN General Assembly adopted the following 18 principles for Older Persons on 16th December, 1991. Resolution No. 46/91. These are summarized as Participation, Dignity, Independence, Self-fulfillment and Care.

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The Uganda Constitution (1995), Article 32 states that, Not withstanding anything in this Constitution, the state shall take

affirmative action in favour of groups who are marginalised on the basis of gender, age, disability or any other reason created by history, tradition or custom, for the purpose of redressing imbalances which exist against them. Where dues this statement come from since it is not on the Uganda Constitution (1995). The state shall make reasonable provision for the welfare and maintainance of the aged!

Policy Arena

According to the 1991 National Population and Housing Census persons of 60 years and above was about 4%. Today its estimated to range from 5-7%. In 2020 its estimated that this same group will constitute% of the total population.

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The quotation on Dr. E. Samba, WHO Regional Director for Africa has been difficult to access.

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5.5. Action to be taken

No information.

6.0. MOVEMENT DISABILITY

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Movement disability is the most prevalent kind of disability representing over 30% of the total disability burden in the country.

The source revealed a total of 190.435 PWDs among the household population in Uganda. (1991 Population and Housing Census).

6.2. Situation Analysis

6.2.1 Physical Arena

1. Magnitude of the problem:

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The WHO (1996) Report on Global Burden of disease study projects that in the year 2020, injuries from road traffic accidents (75,592,000) alone will be the third leading cause of disability.

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CBR

CBR is a strategy within general community development for Rehabilitation, equalisation of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combined efforts of PWDs

themselves, their families, communities and appropriate health, education, vocational and social services.

Achievements

- Awareness raising. There is a high level of awareness of political and civic leaders at the national and district levels.
- Improved resource mobilisation. CBR has been included on the regular planned items at the district levels and some subcounties where CBR is operational.
- Advocacy. Though policy changes reflected in new law and regulations cannot be directly attributed to the programme CBR has provided resources to implement intended policies.
- Development of standards. CBR support to Ministry of Health has enabled the development of standards in service delivery and mainstreaming of services to PWDs.
- Establishment of CBR Steering Committees. CBR Steering Committees consisting of major stakeholders to allow for collective planning and guide implementation of CBR activities has been established at National an 10 district levels.
- Creation of resource teams. CBR programme has a pool of skills and expertise at all levels.
- Wider coverage of PWDs. CBR has reached a greater number of PWDs within their communities than the institutionalized rehabilitation.

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Situational analysis

Existing Policy:

At the international level the policies that exist include:

• World Programme of action concerning disabled persons.

The purpose of the World programme of action concerning disabled persons is to promote effective measures for prevention of disability, rehabilitation and the realization of the goals of full participation of disabled persons in social life and development and of equality. Adopted by UN General Assembly on its 37th regular session on 3rd December 1982 by its resolution 37/52.

In Uganda :

• Interim Disability Council which is supposed to coordinate and monitor provision of services to PWDs.

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Vision 2025 makes a general mention of opportunity and care being made available for PWDs.

B: Human Development (Page 20).

"Government is responding to the needs of PWDs by giving them a voice in national issues at both local and at Parliament NGOs are supporting government initiatives on PWDs."

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4. Funding:

Implementation of this policy shall be funded by Government, development partners, private sector and NGOs.

REFERENCES

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- Vision 2025 A Strategic framework for national development, Kampala, Uganda.
- 11. Ministry of Finance and Economic Development, 1991 Population and Housing Census.
- 12. UN World Programme of Action concerning PWD.