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**MOBILITY AND REHABILITATION
PROGRAMME(MBR)**

**PROJECT WORK REPORT FOR MBR ACTIVITIES IN
BUSIA DISTRICT**

REPORTING PERIOD: APRIL - JUNE, 1998

**SUBMITTED TO: UGANDA NATIONAL
INSTITUTE OF SPECIAL
EDUCATION KYAMBOGO (MBR
DEPARTMENT)**

REPORTED BY:

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Busia Community Development
Department
P. O. Box 124
Busia (U)

14th June, 1998

The Mobility Department
Uganda National Institute of Special Education
P. O. Box 6478
KAMPALA

Dear Sir,

Re: MOBILITY AND REHABILITATION PROJECT REPORT

INTRODUCTION:

Busia has been a county with a sub District status under the former Tororo District until 1st July, 1997 when it was granted a full District status.

According to the Housing and population census of 1991, the population of Busia district stood at 163, 597 persons with 79,400 as males and 84,197 as females then present projection, put it at 222, 609 people.

This report shall therefore contain the situation of the Mobility and Rehabilitation training and the major topic, shall be Referral system in the newly established district of Busia as a priority area of concern.

Mobility and Rehabilitation programme in Busia district started, when a Community Development Assistant was selected for training in mobility skills. Mrs. Agali Natambala trained in Mobility at UNISE during the period of 1996/97 respectively and qualified as a Mobility Instructor. My admission followed the first training lot of 12 students then our group of 12 Instructors.

During my training at UNISE, we also conducted theory work, practical under blind folds, field practical in our own districts. When in the field, we trained eight (8) persons with visual impairment. They were taught in a number of activities for daily living, orientation skills in mobility and self reliance, depending in the individual needs and interest.

OBJECTIVES FOR THE TRAINING

The main objectives were:

- To improve people with visual impairment's life conditions and develop these people's involvement in society and independence through:

- ◆ mobility and rehabilitation training
- ◆ individual centred approach for teaching
- ◆ goal diverted training in the communities in the learners natural environment.

In summary the above objectives are summarised into two major objectives:

- (a) To develop self dependence in activities of daily living, employment activities and in the community as well as in more traditional skills.
- (b) To develop independence in travel and sufficiency in skills through Mobility and Rehabilitation training.

These are achieved through training inflectional goals oriented activities according to individual needs, interest and motivation.

THE TWO MONTHS FIELD WORK PRACTICAL 12TH JANUARY - 13TH MARCH 1998:

During the field practical we carried out such activities as follows:

- ◆ public awareness about the disability and programme.
- ◆ sensitisation of contact persons and the existing rehabilitation services
- ◆ identification of persons with visual impairment (PWVI)
- ◆ referrals to medical facilities (Eye care)
- ◆ placement of Educational, Vocational and Rehabilitation Centres
- ◆ training of contact persons
- ◆ guidance and counselling
- ◆ development of appliances for PWVI (locally) using the locally available sticks.
- ◆ training of persons with visual impairment in daily living skills and orientation skills
- ◆ integrating persons with visual impairment in social and cultural activities.

FIELD WORK EXPERIENCES

After sharing the field work experience at UNISE together with other students. We discussed a number of issues in relation to the mobility field training. We had some challenges from the field as follows:

- ◆ The negatives attitude of the community towards the persons with visual impairment.
- ◆ It was noted that local leaders in the areas where the PWVI were identified did not have any idea on how to help them and this has therefore developed a negative attitude in them.

- ◆ There was also inadequate medical referral services.
- ◆ Lack of teachers in the area of special education needs.
- ◆ No EARS Centre in my district
- ◆ Poor transport facilitation
- ◆ Long journeys during the field despite of the kind of transport I was using.

ACHIEVEMENTS:

- ◆ School placement
- ◆ Sensitisation of some teachers
- ◆ Two PWVI recovered their sight
- ◆ Eight (8) PWVI were trained
- ◆ 59 PWVI were identified for the programme during the field work practical
- ◆ PWVI were integrated in the main stream of the existing Community Based Rehabilitation natural committees.

THE PROJECT WORK

This is a period which started in 6th April - 12th June, 1998. It is a period of project work because the main component was to concentrate on the field assessment of the most touchy challenges. In the respective districts where a particular student comes from. In this case for Busia, I identified inadequate Referral System. I was also expected to come out with solutions for this problem.

(a) The Background of Visual Impairment in Busia

The community is not aware on the causes and remedies for the impairment in its district. Most people believe that it is inherited, this includes the medical personnel. Some knows it as a curse while the rest do not know. It is these diversified beliefs which have resulted into a negative attitude towards the PWVI.

The reaction of all this has been, isolation, neglect, rejected, dependence, in-activity and passivity in the lives of PWVI.

(b) Case Studies

A number of case studies have been carried out in some parts of the district which have been accessible in terms of transport facilities i.e in the reach (short journey for my accessibility).

During my field work practical and project work, I have identified 69 persons with visual impairment in Busia district in only 4 sub-counties, out of these only eight PWVI have been trained in mobility and rehabilitation. In spite of the fact that I was very much interested in training a bigger number, I could not make it, because of lack

of facilitation. But basing on the fact that I am on the district council, I will try to lobby for a vote. This will enable me to run these programmes well as expected.

CURRENT SITUATION OF VISUAL IMPAIRMENT IN BUSIA

The most rampant cases of visual impairment in the district are:- cataracts, Glaucoma, eye cancer, myopic eyes, hypermetropic eyes, presbyopic eye optic atrophy, retinitis pigmentosa and conjunctivitis.

Pathological and malformation of the eyes in this part of the country is associated to poor hygiene in homes as a result to poor sanitation facilities. Most homes lack toilets, the water for domestic use is very dirty. It has also been noted that nutrition is very poor as people still stick to the traditional food stuffs which are only carbohydrates this resulting into poor sight (vision).

Another cause of visual impairment is associated to the incurable illness like diabetes, melias, sickle cells and albinism.

However other causes have remained unknown as others are also associated with oculomotor problems e.g Glaucoma and the squint. Together with the clinic officer, in-charge of the eye treatment O.C.O, we have agreed to work hand in hand as far as solving the eye problems where possible, especially treatment of cases like the cataracts.

It was established and estimated by this eye clinic with aid from Lions Aid Norway to cover 45 out reaches in the district between the period of 1 year. Out of 45 out reaches, 21 were done. 217 patients were assessed and 57 have so far received treatment.

The district gave 120,000/= for the eye clinical services through the district medical office. This money was received in two instalments as follows:

In the first half the year it received 60,000/= and then the second half also 60,000/= totalling to 120,000/= for the programme. We have already agreed with the district to increase on the funding under the medical section to meet the demand especially fuel for the motor cycle for the medical staff and their lunches.

The following are some of the resolutions that we agreed upon:

- ◆ The problem of meagre funding to be stepped up by the district increasing on the funding.
- ◆ All the 12 Health units of Busia district to offer eye care services.
- ◆ The district to launch Lions club to use it for fund-raising funds and lobbying for support from other NGOs.
- ◆ To encourage high collaborative powers
- ◆ The political will to be encouraged by the politicians of the district.
- ◆ The country representative to Uganda (Lions Aid Norway) agreed to contribute some funds for the programme activities.

- ◆ Lions Aid Norway agreed to extend the programme in the district for more (3) three years.
- ◆ The local leadership agreed to support the sensitisation programmes about the eye problems
- ◆ To establish a referral system for the eye care services.
- ◆ To lobby for the purchase of the eye equipment

CHALLENGES FACED BY THE ENTIRE DISTRICT

- ◆ Transport is still a bigger problem for the whole district.
- ◆ The district has a big funding gap to meet its annual budget.
- ◆ Lack of medical facilities, because of being a newly formed district.
- ◆ Lack of enough personnel (under staffing) to foster the medical demand.
- ◆ The local community has a negative attitude towards new programmes
- ◆ The income level of the general population is very low hence decreasing the affordability rate of the available services.
- ◆ Inaccessibility of services i.e eye surgery can only be done in Mbale or Jinja which is about 70 km away from Busia town.

AVAILABILITY OF MEDICAL SERVICES FOR THE MOBILITY AND REHABILITATION

In spite of the fact that we have the eye clinic in Busia district, it is also true that we have inadequate medical services as far as mobility and rehabilitation is concerned. It has been observed that some of the cases identified by both the mobility Instructors and the health personnel can not get all the necessary eye treatment.

The cases operated in Busia Eye Clinic are those like the cataracts and conjunctivities. They also offer some services like offering glasses for the correction of some visual problems like myopic and hypermetropic cases only. This brings to your notice about the lack of ophthalmological services for the difficult surgical services needed by my clients.

It can also be noted that the cost of these medical services is so high in terms of transport and other expenses for our local people. The mobility orientation facilities like the white canes are not available in Busia.

It has also been observed that PWVI need identification in their respective areas, so this emphasising that there is need to paint the local canes or if possible to purchase the improved ones to serve the purpose. This should be strengthened further by sensitising the local communities on visual impairment.

THE REHABILITATION OF PWVI

The goal of the mobility and rehabilitation programme is aimed at covering all the ten sub-counties of Busia district as follows:

- ◆ Busia Town Council

- ◆ Buteba sub-county
- ◆ Busitema do
- ◆ Bulumbi do
- ◆ Buhehe do
- ◆ Dabani do
- ◆ Masafu do
- ◆ Masaba do
- ◆ Lumino do
- ◆ Lunyo do

The target group are PWVI, contact persons, the local leaders in the respective sub-counties, teachers and children with visual impairment. It has been my priority to train PWVI in their homes and areas depending on their individual needs and interest.

Set backs for the project work came due to lack of facilitation by the district and the programme it self. But despite of all these, I managed to train 10 PWVI and already three have already recovered. 10 PWVI have been identified during the project work activities to add on the original 59 to make a total of 69 for the future training.

The training has focused in the daily living activities. These are the home based activities i.e social activities, cultural activities, leisure activities and school activities

mobility Orientation still needs attention on the side of appliances to motivate these people in independent travels.

(a) VOCATIONAL REHABILITATION CENTRES FOR PWVI

I received a form from Uganda Foundation for the Blind and I photocopied into four, which I filled for four people. I am therefore waiting for the out come.

(b) SPECIAL NEEDS EDUCATION

As for special needs education is concerned in this district, we have not yet got access to assessment services by the EARS Programme. In this district we do not have an EARS Centre as yet as the district is still new. This has affected my struggle for placements as we do not have special teachers in the disabilities area although we have these children in some schools around. To step up this effort, the EARS/SNE Inspectorate Ministry of Education has to take some steps towards this activities in favour of such children like visual impairment and hearing impairment.

MBR ACHIEVEMENTS

- ◆ 217 eye patients have been assessed and 57 have received eye treatment.
- ◆ 10 PWVI have been trained in mobility and rehabilitation
- ◆ Three (3) children have been enrolled in school for UPE programme.
- ◆ Some community members have been sensitised through the training of the PWVI.

- ◆ We have agreed with the district leaders and the medical staff to work as a team to facilitate mobility and eye care programme in the areas of assessment and eye treatment.
- ◆ Lion Aid Norway has facilitated the optic clinic office with a motor cycle to ease their transport problems.
- ◆ 69 PWVI have been identified for mobility and rehabilitation, some groups have been formed to integrate persons with visual impairment in Busia district.

RECOMMENDATIONS:

1. Funding to be facilitated both by the programme and district.
2. EARS/SNE Centre to be established in Busia district.
3. Rehabilitation Department to be established to run the disability programme in Busia District.
4. Strategies need to be put in place to identify and offer rehabilitation services
5. District plan of action to be developed as soon as possible.
6. To facilitate the mobility Instructors with a motor cycle to run the programme efficiently through supervision.
7. To boost the local NGOs of PWVI
8. To strengthen the resolutions reached between the district councillors, the medical staff and Lions Aid Norway during a meeting at Busia on 9th June, 98.

CONCLUSION

The report has gone along way to highlight some key issues for consideration in a more detailed way. It has also tackled the achievements and challenges I had from the field during the project work during the mobility and rehabilitation programme in Busia district. The most touchy challenge which has been a major subject matter for its report has been the **referral system**.

However I hope that some steps will be taken by the programme stake holders to alleviate/curb this elaborated problem in Busia district.

Thanks.

- c.c. MGCD
- c.c. UNISE (Mobility Department)
- c.c. Busia CAO
- c.c. RDC Busia District
- c.c. L.CV do
- c.c. C.D.O do

MINISTRY OF GENDER AND COMMUNITY DEVELOPMENT
WORKPLAN FOR MOBILITY AND REHABILITATION PROGRAMME FOR
THE DISTRICT OF BUSIA FOR 1998/1999

ACTIVITIES	OBJECTIVES	TIME FRAME	RESOURCES	TARGET	LOCATION	INDICATORS
1. Sensitisation of CDAs on mobility and rehabilitation programme	To know how to identify and assess PWVI	Sept 1998	Funds, transport human resource, materials and status forms	To cover the number of sub-counties in the district	District level	Number of CDAs sensitised
2. Identification and Registration PWVI	To know the number of PWVI in the area/district	Sept. - Oct. 1998	Human referral CDAs forms funds, transport	-do-	Homes of PWVI	Number of PWVI identified
3. Training of CDAs on mobility and rehabilitation programme	Transfer skills and knowledge to CDAs	Nov - Jan. 1998/99	Training material, funds and human resources	CDAs	District level	Number of CDAs trained
4. Training of parents of PWVI, contact persons and community	Transfer of skills and knowledge to parents, PWVI and contact persons for public awareness	Feb- March 1999	-do-	Parents, PWVI and contact persons	Homes	Number of parents of PWVI and contact persons visited
5. Home visits/supervision	To assess the impact of the programme and performance parents, PWVI and contact persons	April - May 1999 (two days)	Transport, Funds and Human resource	L.C III Councils, Chief, Extension workers and Religious leaders	sub-country	Number of L.Cs and Chiefs trained
6. Sensitisation of L.C III councils, Chiefs, Extension workers and Religious leader	Transfer of skills and knowledge to sensitisation item about Mobility and Rehabilitation Programme	Mat 1999	Training materials Funds and Human resources	Local Councils	District level	District Level Number of persons trained
7. Training /sensitisation of local councils	To sensitise them about Mobility and Rehabilitation Programme for sustainability	June 1999	-do-	Local councils	District level	Number of person trained
8. Referral for medical and vocational	For medical treatment/operation school placements and vocational training	Starting July, 1998 Continuous	Transport and Funds	PWVI	Optic Centres, Institutions and Schools	Number of referrals and treated cases
9. Income Generating Activities (G.A)	For self reliance of persons with visual impairment	July 1999	Training materials funds and Human Resources	PWVI or Groups of PWVI	Sub-county/Parish level	Number of I.G.As formed
10. Cultural Activities	To sensitise the public about Mobility and Rehabilitation Programme	August - Oct. 99	Musical Instruments, Costumes and Human Resources	Sub-county/Parish level	Parents, PWVI, Contact persons	Number of Cultural Groups formed