



THE REPUBLIC OF UGANDA

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File CBR

THE NATIONAL CBR PROGRAMME IN UGANDA

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Introduction

Process on disability:

- **Impairment**
Loss of a body part. It may be physical, intellectual or sensory;
- **Disability**
Lack of ability to perform a function due to an impairment and environmental barriers;
- **Rehabilitation**
Process aimed at enabling PWDs to reach and maintain their optimal physical, sensory, intellectual, psychiatric and or social functional levels

Processes of community

What is a Community?

A Community is a group of people with common interest, living in Associations with one another within a particular area. The majority of our PWDs live in communities. To ensure their welfare, it is therefore, very important that we work with the communities in which they live.

What is Community Development?

Development a process by which individuals/groups of people in a particular progressively increase their abilities to mobilise and utilise resources in order to meet their basic needs. Community Development is therefore, about people within a given community working together to improve the quality of their lives. ✓

What is Community Based Rehabilitation?

This is the 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 people with disabilities themselves, their families and communities and the appropriate health, education, vocational and social services.

The Community Based Rehabilitation (CBR) is the current government strategy towards addressing disability issues.

Interventions

Prior to independence in 1962, services for education and rehabilitation were primarily in hands of missionaries and voluntary organisations; Following independence, Government of Uganda directed one Ministry to undertake the mandate of handling disability issues. This Ministry, in

consultation with an ILO expert, instituted a Vocational rehabilitation scheme consisting of six rehabilitation centres, two resettlement camps, four sheltered workshops, a mobile unit for women with disabilities in rural areas and one craft shop to market products from the centres. The objective of establishing these centres were to provide survival skills, sheltered employment to severely disabled persons, ease services to women and marketability of products. These scheme prospered until 1973 when services broke down and they never revived again.

An evaluation of institutionalised services carried out in 1986 found that:-

- Limited capacity;
- Coverage was small/reached a few and particular group of PWDs;
- Institutions were expensive/maintenance, training, resettlement;
- Excluded PWDs from environment they were used to;
- Declining services in these centres.

Thus CBR was recommended.

The services in the country from these places to these PWDs was dwindling but causes of disability were in the community thus the number of PWDs were increasing.

Why CBR?

- To increase on coverage;
- Decrease on occurrence of impairments through training;
- Improve on attitudes towards PWDs.

These conditions led to re-orientation from institutional approach to CBR approach. The centres remained referral places.

Implementation of CBR in Uganda

CBR was started in 1992 after an agreement was signed between the Government of Uganda and the Norwegian Association of the Disabled. Thus its implementation has always been done jointly by the Government and NAD.

It was first piloted in three districts in South Western Uganda and later was expanded to 7 other districts.

Disability issues are cross-cutting. This implementation follows a multi-sectoral approach. The programme involves key stakeholders at National, District and Subcounty levels (the 3 major levels). Community Based Rehabilitation Steering Committees consisting of key stakeholders have been established at these levels to guide implementation of programme activities. The stakeholders include Ministry of Gender, Labour and Social Development (mandated to handle

disability issues) Ministry of Education and Sports, Ministry of Health, the 4 members of Parliament for PWDs, NUDIPU (National Umbrella organisation representing PWDs in Uganda) COMBRA, USDC, UNAB, UNAD, ADD, NOWDO, UNAPD, UNISE, UPACLED and is chaired by Minister of State for Disability and Elderly.

Activities of the programme

- Awareness raising
 - mobilisation of communities
 - Sensitisation of communities
- Training PWDs, families of PWDs and Communities in management of disabilities training artisans;
- Construction and production of local assistive devices e.g parallel bags corner seats;
- Home based programmes (Assessment, ADLS, counselling, train in exercises;
- Supply assistive devices e.g wheel chairs, surgical boots, tricycles, spectacles;
- Referral for medical, educational and vocational training.
- IGAs;
- Outreaches;
- Cultural activities.

Tororo Model District

Following an evaluation in 2000, that eight years of implementation some achievements but also gaps were found.

Achievements

High level of awareness, improved resource mobilisation, Wider coverage of PWDs compared to institutions e.t.c.

Gaps

- Limited coverage (not all 56 districts covered);
- Lack of involvement of all key stakeholders (programme revolved around CDAs)
- Lack of disaggregated data on PWDs,
- Lack of involvement of PWDs; their families and communities;
- In order to address these gaps, the National CBR Steering Committee recommended that implementation strategy be re-organised in one district and lessons learnt here be replicated into other district – thus the Model district (OD – Youth project).

Criteria

- On going CBR programme;
- An administrative structure with our key trained staff;

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- Financial support from Local Government;
- Access to referral places (hospitals, health centres)
- Population positive to disability.

In the initial implementation stage the following activities were identified:-

- Production of a model district CBR integrated model (Tororo log frame);
- Establishment of a comprehensive CBR-MIS system.
- **Public awareness programme**
 - Mobilisation and sensitisation of political and civic leaders/LOC V, LC 3, Subcounty chief/chairpersons;
 - Representatives of PWDs;
- **Production of assistive devices**
 - Home made devices e.g corner seats, parallel bars;
 - Training of artisans and craftsmen (clutches, toilet chairs);
 - Supply of wheel chairs, spectacles, tricycles e.t.c.
- Capacity building/service providers, DPs);
- Regular coordination meeting (District/subcounty CBR Steering Committees);
- IGAs.

What has been done?

- Creation of resource teams to handle the implementation of the programme; key players that (social, health, education, planning unit, have been trained);
- Development of CBR-MIS;
It is being piloted in Tororo. It is hoped this will give disaggregated data on PWDs as a basis planning purposes;
- Involvement of PWDs in planning, implementation and monitoring of CBR activities representatives. Co-opting of PWDs, DPOs leaders on all CBR committees at District and subcounty levels;
- Provision of assistive devices to enable PWDs improve on their participation;
- Support to DPOs
They present their budget to the programme and activities funded.

Challenges

- High expectations of the beneficiary group;
- Bureaucracy;
- Management issues;
- Completion of MIS.