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TERMS OF REFERENCE

ON

HOW PWDs HAVE BENEFITTED FROM EXISTING GOVERNMENT PROGRAMS AS A RESULT OF CBR INTERVATIONS – A CASE OF BUSIA DISTRICT

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1. INTRODUCTION

On the 25th/February /2009, Hon Sulaiman Madada, the minister of state for Disability and Elderly and other officials from the ministry of gender, labour and social development visited Busia District to monitor the Community Based Rehabilitation Program.

The officials visited program activities in 6 subcounties i.e. Lumino, Lunyo, Masaba, Masafu, Busia Town Council and Buteba.

The CBR activities that were visited included:-

- Home Based intervations
- CBR artisan's carpentry workshops
- ✤ PWDs groups
- ✤ Association of the elderly
- Inclusive Education activities for CWDs

During this monitoring visit, the honourable Minister requested the District Authorities to prepare a report on how PWDs and their families have benefitted from existing government programs as a result of CBR intervation.

Below therefore are terms of reference for a study in Busia District to respond to this question.

BACKGROUND TO CBR IN BUSIA DISTRICT

In 2005 the Government of Uganda renewed an Agreement with Norwegian Association of Disabled (NAD) to expand Community Based Rehabilitation Programme to two other new Districts that is Busia and Kayunga. Before this Community Based Rehabilitation Programme with support of NAD was only operating in Tororo District which is also regarded a model District in this programme.

Norwegian Association of Disabled also finances Inclusive Education (IE) programme of department of education.

Community Based Rehabilitation is defined as a strategy within general Community Development for rehabilitation, equalization of opportunities and social inclusion of all children and Adults with Disabilities themselves, their families and communities and the appropriate health, educational, vocational and social services.

Community Based Rehabilitation targets PWDs of all types of impairments including difficulties in hearing, speaking, moving, learning or behaving. It targets all age groups children, youths, adults and elder persons. Community Based Rehabilitation <u>vision</u> is a fully integrated PWD community, accessing equal opportunities and enjoying good quality life in society.

Community Based Rehabilitation <u>mission</u> is "Creation of an enabling environment for equalization of opportunities and services leading to improved quality of life of PWDs.

Goals of Community Based Rehabilitation

- Enhance the activities of daily living of PWDs
- Promote awareness in respect to disability issues
- Break barriers associated with disability
- Promote Community participation in order to encourage PWDs to participate in community activities.
- Promote community ownership of Community Based Rehabilitation programmes to ensure sustainability.

The mission of CBR is in line with the National Development Programmes like UPE, USE, FAL, DLSP, NAADS, PRDP, LGDP, Water and Sanitation, Immunisation, OVC, HIV/AIDS Programmes, PMA, Prosperity for all, Saccos to mention but a few.

2. OBJECTIVES OF THE STUDY

- To assess the extent to which PWDs and their families have benefitted from government programs as a result of CBR intervation.
- To get clear statistics on no. of individual PWDs and groups that have received assistance from government programs
- To get clear statistics on no. of elderly (60 and above) who have actually received assistance from government programs (e.g. Naads Upland rice, iron sheets, exotic goats, seeds, cows etc)
- To assess the level of awareness and capacities created among PWDs and their families as a result of CBR intervations.
- To assess CBR program impact and effectiveness in empowering PWDs in the study area.

- To identify and document any factors hindering or enhancing CBR as a development intervation in Busia.
- To make recommendations for strengthening and sustaining CBR programs.

3. SCOPE OF ACTIVITIES

- Review and design relevant issues including the logical framework matrix and describe the operations and compare these with the changing environment in Busia??
- Review CBR program outputs, inputs, utilization and quality of service delivery to PWDs
- Assess overall program performance with specific interest in impact relevance, challenges and sustainability of achieved results.
- Provide recommendations and way forward on the above issues.
- Assess the roles of different stakeholders and partners in the CBR program
- Assess the level of co-ordination and consultations in CBR program implementation.

Note: The study team will visit relevant program locations where majority of interview will be conducted. The team will work closely with key stakeholders and also review relevant documentations.

Methodology Study design

The study will provide an overview and assessment of CBR performance in Busia. Research techniques will include the following:

- Desk review of literature
 - Research on disability (eg: Disability and Poverty Study; Uganda Demographic and Health Survey; CBR documents

- Sector specific documentation in Uganda (eg: Education sector documentation; Health Sector documentation, Micro-finance documentation etc

- CBR activities and progress reports

- Key informant interviews
 - staff of relevant government ministry (MGLSD)
 - organizations for and of disabled people in Busia District (including District Union, Association of the Deaf, Association of the Blind, District Council for Disability, Busia District Union of Women with Disabilities, Busia District Association for the Physically Handicapped)

- District Local Government officials (District Chairperson, CAO, Planner, CDO, Councilors for PWDs, Senior Medical Officer, DEO, Vice Chairperson LCV)
- a cross-section of disabled people (men/women; rural/urban dwellers, people with different impairments) and their carers
- The study team will also interview Subcounty officials including the LC III, Subcounty Chief, CDO, Councillors for PWDs.
- Focus group discussions with PWDs
- Stakeholder workshop

4.2 Sample Population

The study sample is 200 respondents, this will cover PWDs as primary respondents, their families and the community. District heads of departments will also be interviewed to assist in data validation. The sample will be simple randomly selected for PWDS, their families and community; however the district heads of department, NGOs, CSOs and DPOs purposive sampling will be used.

4.3 Data presentation and Analysis

After collecting data from the field, a data template will be designed using Ep-info to assist in data entry; data will be transferred to SPSS (Statistical package for Social Scientists) for analysis. Data will be presented using graphs, tables, pie chats and cross tabulations to relate relevant variables.

Qualitative data will be analyzed through coding and creation of data themes and reporting verbatim using quotation of relevant information

5. Assumptions and Anticipated Risks

- The data will be collected in the community and the fact that PWDs are primary respondents, statistics in Uganda indicate their lower levels of literacy and the fact that Uganda is having different languages, we foresee a challenge of language barrier, however since we will be working with Busia CDO and two research Assistants, language challenge will be minimized.
- We anticipate communication barrier with deaf respondents, however we expect prior arrangements for a sign language interpreter.
- Time frame, this study is given a short time to commence and its urgency will not give enough time to have enough representative samples.

 Making appointments with District officials and other technocrats may be challenging given the limited time of the study.

6. Composition of The Study Team

The study team will consist of 4 people:

- NCD staff (team leader)
- DCDO
- 2 Research Assistants

7. Supervision and Reporting

The District CDO will do the overall supervision of the exercise.

On completion of the exercise the team will prepare a report for the Minister and copies to the Permanent Secretary, District Chairperson and CAO.

A stakeholder workshop will be held in Busia to disseminate the findings.

8. Time frame

The exercise will take 30 days, and work is expected to commence on March 4, 2009.

Activity	Date (s)	Responsible person
Preparation of TOR, study tools	4th-9th March	Lillian
and sharing it with the team	2009	
mates		
Agreed terms and final	10 th -11 th	Lillian and Titus
document	March 2009	
ravel to Busia to train research 13 th -14 th		Lillian, Titus
assistants and pre-test the tool	March 2009	
Data collection, review of	16 th -20th	Research team
documents	March 2007	
Designing of template, data	23^{rd} to 28^{th}	Team leader and data
entry, analysis and presentation	March 2009	entrants
of draft		
Report writing and presentation	30 th March to	Team leader
of findings	8 th April	
	2009	

Table 1. Tentative work Schedule

9. Coordination

For technical direction the lead researcher will liaise with the DCDO and National Co-ordinator CBR

10. Remuneration

The remuneration is indicated in table 2 below:

Table 2:	Proposed	budget
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Table 2: Proposed budget Item	Description	Amount (Uganda shillings)
Stationery	4 Reams of papers @ 8000/=, 12 note books @ 18000/=, dozen of makers@ 5000/=, 2 masking tapes @ 3000/=, 2 flip charts 20,000/=	78,000
Transport	Team leader from Kampala to Busia 15,000 x4x1	60,000
Communication	5,000/=@dayx7 days	35,000
2 Research Assistants	30,000/= @x 7 days two days are for training and pre-testing the tools, 5 days data collection	+20,000
Night allowance for team leader	Team leader and Busia based co-researcher per diem 110,000/=@ x 7days	770,000
SDA for DCDO	7 days x 12,000	84,000
Data entry and analysis -team leader	30,000 x 5 days	150,000
1 Data entrant	30,000 x 5 days	150,000
Report writing ,Presentation of draft report for input	30,000 x 5 days	150,000
Performance related allowance for Team leader	30,000 x 7 days	210,000
Focus group discussions	Refreshments	100,000
Dissemination workshop in Busia	Meals for 30 people x 8,000	240,000
Dissemination normality in many	Transport refund for 30 people x 10,000	
Documentation of CBR activities (video coverage)		1,000,000
TOTAL		3,447,000