



*File
CBR*

*Benedictine Monastery P. O. Box 669, Tororo-Uganda Tel: 256- 772-747282
Email: tooc@infocom.co.ug*

DATE: 8th Sep 06

PAPER PRESENTATION TO BUSIA CBR STEERING COMMITTEE MEMBERS BY TORORO COMPREHENSIVE COMMUNITY BASED REHABILITATION SERVICES (TCCBRS) ON FRIDAY 8TH SEPTEMBER 2006.

BACKGROUND INFORMATION

TCCBRS is a community based rehabilitation service provider based and operating in Tororo district. TCCBRS is a component of Tororo Ophthalmic/Optic Centre (TOOC) now elevated to Benedictine Eye Hospital Tororo. The department was established after a baseline survey in 1997 conducted by TOOC to establish the living conditions of Persons with Disabilities (PWDs). The survey targeted to establish a reliable data base to facilitate informed decisions, realistic, relevant and intervention planning. The main determinant for this survey were anatomical, physiological and psychological adverse effect on the functionality a (person) part of the body affected, whose impairment hinders him/her to fulfil a certain task. The results indicated that the effects of disabilities in the communities are a result of neglect, careless parenting and lack of easy reach to health service institutions. The management committee of TCCBRS in agreement with the Ministry of Gender, Labour and Social Development viewed it a felt need to establish TCCBRS programme to focus on improving the quality of life of PWDs who are handicapped and vulnerable in society by providing medical assistance, rehabilitation therapy, vocational training skills, mobility aid provision and income generating activities (IGAs). Today MGLSD recognises TCCBRS as a lead agency for CBR referrals in Tororo.

TCCBRS focuses on the following priority areas which are:-

- identify, organise assessments and referrals for PWDs
- Provide surgical and rehabilitation services
- Control Epilepsy through provision of anti epilepsy drugs

COVERAGE

TCCBRS covers Tororo districts and parts of Busia, Butaleja, Bugiri, Iganga, Palisa, Mayuge, Manafa and Mbale districts.

GOAL

Improving the quality of life of PWDs through community participation and result oriented practice.

MISSION

To offer rehabilitative services to all persons with impairments identified by the TCCBRS for total sustainable rehabilitation and integration into the community.

MOTTO

“Disability is not inability”

STRATEGIC OBJECTIVES

- ⌘ Early identification, regular assessment, intervention, follow up and referral of clients with disabilities.
- ⌘ Periodic review/evaluation of intervention plans for all registered clients through home visits and regular assessments at the centre.
- ⌘ Treatment and follow up of Epilepsy patients through procurement of anti Epilepsy drugs during outreach clinics at a subsidised cost.
- ⌘ Facilitate community participation through training of Community Resource Persons on CBR related issues.
- ⌘ To support small-scale socio-economically empowering activities in families of children with disabilities.
- ⌘ Advocate for communities positive attitude change towards PWDs and the right of PWDs to services.

HUMAN RESOURCE CAPACITY OF TCCBRS

TCCBRS has a competent team of allied health professional workers manning all the departments and ensuring professional service is given to the community especially PWDs. The department today has employed 1 Coordinator, 2 Occupational therapists, 1 Physiotherapist, 1 Psychiatric nurse, 1 Psychiatric Assistant, 1 Physiotherapist Assistant supported by a team of 8 Community Resource Personnel's (CRPs)

TCCBRS has always involved the Community Resource Persons (CRPs) in implementing its activities in the communities. The CRPs are our community contact persons with whom we work very closely. They carry out the following activities;

- Mobilisation of clients in the communities.
- Follow ups of clients in the communities.
- Home visiting of clients in their respective communities.
- Frequent supervision of IGAs.

ACTIVITIES & SERVICES

A) Epilepsy treatment

Epilepsy is the biggest diagnostic category of clients in TCCBRS's database. Epilepsy drugs are distributed during Epilepsy Outreach Clinics. Due to the progressively increasing number of clients as well as the cost of Epilepsy drugs, clients are requested to cost share towards the cost of drugs at a subsidised price.

More than 50% undergoing Epilepsy treatment have had their fits controlled and are functionally independent. Most couples have resumed their marriage life, children become integrated at school. Acceptable social behavioural changes and performance in productive activities have been the positive impacts of Epilepsy treatment in the community. TCCBRS also collaborates with Cure Children's Hospital in rendering surgical interventions

B) Home-Based Therapy

This involves various rehabilitation health care services done to PWDs at their own homes. Our skilled therapist develop individually related programme for the PWD together with parents/caretakers to ensure a successful rehabilitation of the client.

C) Surgical Intervention

The programme mainly runs four categories of surgeries in collaboration with various hospitals/institutions.

1) *Plastic Surgery*

Involves operations performed to correct deformities such as cleft lips and palates, facial deformities, burn contractures and other congenital malformations.

2) *Neuro Surgery*

Involves operations on children with brain related problems like hydro cephalus (Clients with abnormal head size due to fluid present in their brain).

3) *Orthopaedic Surgery*

Involves operations on bone deformities such as Polio, Clubfeet, Osteomyelitis.

4) *Eye Services*

Half of the blindness in Uganda is due to cataract. This condition can be successfully treated through cataract surgery. We identify, assess, treat, provide spectacles, surgery, mobility and orientation training. According to our statistics, over 10,000 people have regained their sight and are living happily in their communities

APPLIANCES:

TCCBRS follows a philosophy of cost sharing: Clients are requested to cost share according to their financial backgrounds but should contribute at least 10% of the actual cost of the appliances. However special exception is given to clients who total are in adjacent need of help. Please see below some of the appliances.

A	ORTHOSES
	Below Knee Calliper (Single) Above Knee Calliper (Single) Above knee bilateral with corset Knee Cap Wooden Crutche (Adult) Wooden Crutche (Children) SFAB Wooden elbow crutche Ankle foot orthoses Knee ankle foot orthose Hand splints Cerebral palsy chair Corner seat Standing frame Thigh abductor Cushioning
B	PROSTHESIS/MOBILITY AIDS
	Wooden walker Children wheel chair Adult wheel chair Metallic walker Below knee LAM Below knee jaipur Through knee LAM Through knee jaipur Above knee LAM Above knee jaipur Below elbow LAM Tricycle Wooden white cane (non foldable) Metallic white cane (foldable) Plastic/Metallic white cane (non foldable)
C	FOOT WEAR
	Elephant boot Calliper Shoes (Adults) closed Calliper Shoes (Children<13 years) closed Shoe Raiser

WHY MEET YOU TODAY?

Ladies and Gentlemen in your respective capacities and giving due respect to our efforts of helping persons with disability we as TCCBRS staff are here to establish possibilities of creating effective collaboration with all concerned parties.

Thank you for inviting us and looking forward to a fruitful and cordial deliberations, partnership with Busia district. God bless us all.