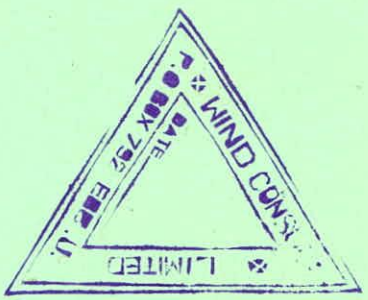
THE REPUBLIC OF UGANDA
Ministry of Health

Assistance to Strengthening Essential Health Care for Persons with Disabilities

Project No: 2843



CONSOLIDATION AND EXPANSION

Progress Report
September 2002-August 2003

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EXECUTIVE SUMMARY

The Government of Uganda is committed to the equalization of opportunities for marginalized groups such as women, youth, children and persons with disabilities (PWDs). This is clearly articulated in article 32 of the constitution, which states that, 'the state shall take affirmative action in favour of groups who are marginalized on basis of gender, age and disability'. The Ministry of Health (MOH), in line with the constitution developed a National Health Policy and a Health Sector Strategic Plan that includes the prevention of disability and the provision of rehabilitation services to disabled people.

The MOH submitted a proposal through the Ministry of Finance and Economic Development to the Royal Norwegian Embassy requesting for support to strengthen/ initiate rehabilitation services in 20 districts in Uganda. The aim of the support was to assist the ministry mainstream rehabilitation services and promote strategies for prevention of disability that were important but of low profile. The support started in November 2000 and this report covers phase two of the project (September 2002 to August 2003). The report has been named 'Consolidation and Expansion' to reflect the work that has continued in 10 districts despite little or no project funds and the expansion into 7 districts. Below is a summary of the activities and achievements in this reporting period.

Training

140 frontline health workers were trained in rehabilitative health care in the districts of Bundibugyo, Kisoro, Kamuli, Kayunga, Tororo, Kapchorwa and Mubende. The training manual was reviewed in preparation for printing.

During this period, 22 students completed the diploma course in Ear, Nose and Throat diseases. This was the first in take and the second set of students were successfully identified and commenced the course. Two of the best students from the first set of students were identified for tutorship course to enable sustainability of the course.

The central staff received training in using power point.

Entry into Seven Districts

Pre-visits were successfully carried out and one day planning meetings held with district leaders in the 'new' districts. The districts have already been listed in the section on training. Two of the new districts made arrangements to recruit physiotherapists.

Support Supervision

The central core team composed of various experts in disability and its prevention together with the DPAR staff carried out technical support supervision twice. Most districts had continued to provide rehabilitation services despite the interruption in funding. Kabale and Adjumani are particularly commended for continuing the outreach programme using district PHC funds- a pointer to sustainability of the programme.

The accounts department together with the administrators in the section visited all the project districts to assess the utilization of the funds and to trace for accountabilities. It was found that a few districts had failed to utilize the funds especially the budget line for equipment. The reason for this is rehabilitation equipment is new to both the district purchasing system as well as to the national stores that supply hospitals with supplies.

Establishment of Rehabilitation Services

During this reporting period, services that were started in the previous phases in ten districts continued to be provided. Static clinics continued in district hospitals, however, in some districts, out reach were interrupted due to lack of funds. It was encouraging to note that in some districts outreach services continued with support from district PHC funds, an indicator for sustainability of the rehabilitation services. In other districts the outreach stopped when project funds run out, also an important sign that the rehabilitation services had not yet been fully incorporated in district priorities.

Services were also started in 7 districts starting with the steps of district sensitisation, training of health workers and remission of funds for services.

Support Supervision and Data Collection

This continued to be carried out. Two types of support supervision were carried out. The technical one twice and the administrative/ financial once. Positive findings included several districts had taken steps to employ rehabilitation staff, district plans had the rehabilitation component and all districts continued rehabilitation services despite the funding gap form the project. Some of negative findings were disability data collection tools had not been used by most districts. Out reach had collapsed in some of the districts especially when funds run out. On the financial/ administrative aspects, some districts had fully utilized the funds while others were still plodding through the tendering system.

Prevention of deafness continued to be provided at district and health sub district (HSD) level through the health workers that had been trained in primary ear care through the two-week course. Out reach from the centre provided support supervision, training and services.

In view of the poor data collection and on recommendations from a consultative meeting with focal persons and the core committee, a new data collection form was developed in partnership with the resource centre.

The core team disseminiated the new form to the districts and at the reporting time, Mubende had submitted data collected using this new form. It is still too early to assess its usefulness.

Epilepsy continues to stand out as the number one disability problem and the most challenging in proving rehabilitative drugs.

Sensitizing Civic and Political Leaders

During this reporting period, Kabale and Kibale carried out sensitisation of their district leaders on disability. Radio programmes continued though on a weaker tone because the PWD who spear headed these programmes during phase two was taken ill. A one week campaign on eye care and diabetes mellitus was also carried out.

Provision of Back-up Support to the Centre

Staff and core committee meetings continued to guide the implementation of the quarterly plans. Vehicles were maintained. Mbale orthopaedic workshop received a vehicle and office equipment was purchased. Counter-funding was received and this helped tidy the section over between the two funding phases.

A consultative meeting was held to assess the progress of the sections five-year strategic plan and to review the progress of the NORAD supported project. The meeting recommended the strategic objectives should be maintained, data collection and support supervision strengthened. Urgent need to identify strategies to address epilepsy in Uganda was recommended.

A review of the project by a team of two from the Ministry of health and an NGO was carried. Their most fundamental recommendation was to main stream the project funding to that of MOH; that is to HSD.

Research

A team was identified and had their first meeting in preparation for the analyzing the utilization of the developmental monitoring component of the young child card.

Conclusion

During this reporting period, progress was made towards achieving the goal of the project that of mainstreaming disability into mainstream health care services. The main challenge of bureaucracy continues to hinder progress.

List of Acronyms

CAO	Chief Administrative Officer
CBR	Community Based Rehabilitation
CWD	Children with Disabilities
DDHS	District Director Health Services
DHSP	District Health Services Project
DPAR	Disability Prevention and Rehabilitation
DPAR	Disability Prevention and Rehabilitation
EARS	Education Assessment Resource Services
ENT CO	Ear, Nose, Throat Clinical Officer
F/Y	Financial Year
HED	Health Education Division
HMIS	Health Management Information System
HSSP	Health Sector Strategic Plan
JMS	Joint Medical Stores
MFPED	Ministry of Finance, Planning and Economic Development
MOH	Ministry of Health
NGO	Non Governmental Organization
NHP	National Health Policy
NMS	National Medical Stores
NORAD	Norwegian Agency for the Disabled
PWDS	People with Disabilities
TOR	Terms of Reference
W/P	Work Plan

1.0 BACKGROUND TO REPORT

The Government of Uganda is committed to the equalization of opportunities for marginalized groups such as women, youth, children and persons with disabilities (PWDS). This is clearly articulated in the constitution which in article 32, states that, '***the state shall take affirmative action in favour of groups who are marginalized on basis of gender, age, disability***'. The Ministry of Health (MOH), in line with the constitution developed a National Health Policy and a Health Sector Strategic Plan that addresses the prevention of disabilities and the provision of rehabilitative health care to disabled people. Prior to the development of the policy and plan, MOH had already taken steps to address the rehabilitative gap in the health care system by establishing a section to coordinate the delivery of health services to PWDs. Support from a Norwegian NGO assisted the section to develop standards, guidelines and a five year strategic plan. Sensitization of key district leaders in the then 45 districts was carried out. A document to guide districts develop rehabilitation services against a background of decentralization was developed. This document was meant to be the cornerstone of rehabilitation services in the health department in the district.

Ministry of Finance, Planning and Economic Development submitted a proposal to **NORAD** requesting for support for the strengthening of rehabilitation services in the 20 districts. The aim of the support was to provide a kick-start that would then continue through Government, NGO and private funding.

The support has produced considerable output over the past 34 months (November 2000 to August 2003) of implementation despite the challenges.

This document provides a narrative report of the activities carried out from September 2002 to August 2003. It gives an analysis of the challenges faced and the way forward. The preparation of the report was challenging as well as a learning experience. This is an out put oriented report and addresses the achievements against set objectives, the challenges and the way forward. The report's title, **'Consolidation and Expansion'**, reflects the third step in reducing the gap that exists between PWDs and rehabilitation services. The first step was reported in a document that covered the preparatory and entry phase into the districts. The second report covered the development of services in the districts and the challenges that accompanied this process.

This report covers the same project themes as in the work plan. These are:

1. Training of health workers.
2. Establishment of rehabilitation units
3. Establishment of system for purchasing and distributing rehabilitative drugs, sundries, and raw materials for assistive devices.
4. Strengthening the production and distribution of assistive devices for movement disabilities.

5. Sensitize civic and political leaders at national and district level and the public including PWDs on disability and rehabilitation.
6. Strengthen services for ear disease, mental health and epilepsy.
7. Provision of back up support and equipping the center with capacity.
8. Integration of Disability Issues into HMIS.
9. Research in disability.

The report covers three main domains of the project; the central level or Ministry of Health headquarters activities, consolidation of rehabilitation services in ten districts and the third, expansion into 7 districts.

This report is relatively shorter than the previous two reports because of the similarities in activities between this and previous phases. This phase is crowned by a project review, which provides an external eye to the rehabilitation services and advice on the way forward. May this report serve to inform and highlight to the reader on the progress of rehabilitative health care within the health sector and the challenges that need to be addressed by the next phases and by various partners.

2.0 TRAINING OF HEALTH WORKERS

2.1 Training of Frontline Health Workers

During the first phase of the project, a manual was developed for the training of primary/frontline health workers. These are nurses and clinical officers. The manual addresses the identification and management of common disabilities using the CBR approach. 200 health workers were trained in phases I and II of the project. During this phase, 140 health workers were trained in the districts of Bundibugyo, Kisoro, Kamuli, Kayunga, Tororo, Kapchorwa and Mubende. In all the training, health workers improved on knowledge on disability. Central supervision was provided by the core team who also provided back-up facilitation. The DDHS were all exceptionally cooperative and participated as resource persons.

The Table below shows the in service- training of the health workers in the 7districts

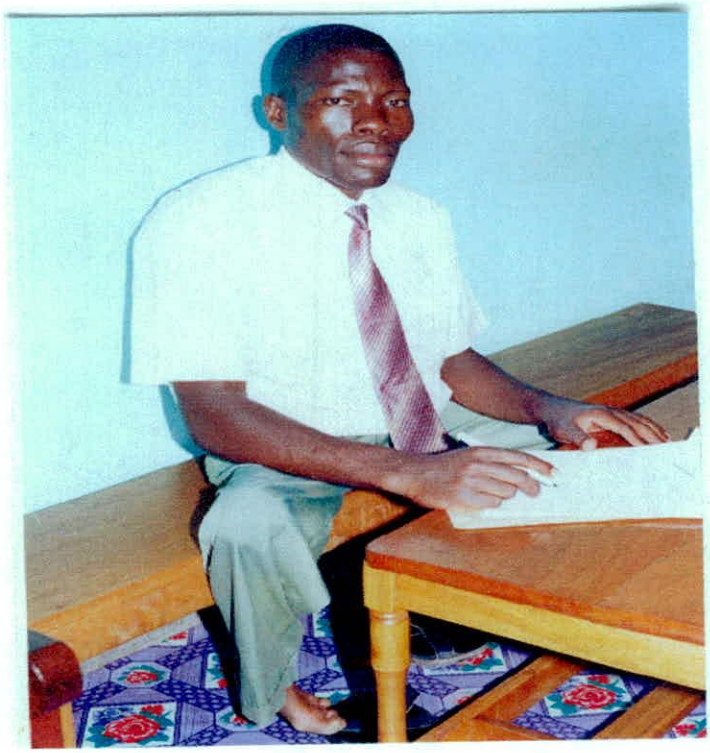
DISTRICT	DATE/MONTH	OFFICERS
Mubende	3rd March 2003	Sr. Nakayenga C Dr. Bubikire S
Tororo	January 03	Mrs. Ofubo L Mrs. Wakidda D
Kapchorwa	9th December 2003	Dr. Walugembe P Dr. Karongo S Mr. Dan Sebadukka
Bundibugyo	January03	Mrs. Kabango M
Kamuli	June 2003	Mrs. Ofubo L Dr. Kiiza Peter
Kayunga	24th – 30th Aug	Dr. Kiiza Peter Josephine Nalugo
Kisoro	23rd – 30th June o3	Mr. Ndaziboneye Dr. Bubikire S

The photos below show one of the training sessions carried out in Mubende districts.

MUBENDE DISTRICT TRAINING WORKSHOP FOR THE FRONT-LINE HEALTH WOKERS

Facilitator Carolin Klotz (left) being introduced to the workshop by the Focal Person. Right is Central Facilitator Ms. Nnakayenga.

One of the facilitators for the training of the health workers has a movement disability and either used a wheel chair or moves himself on the ground with the aid of his hands.



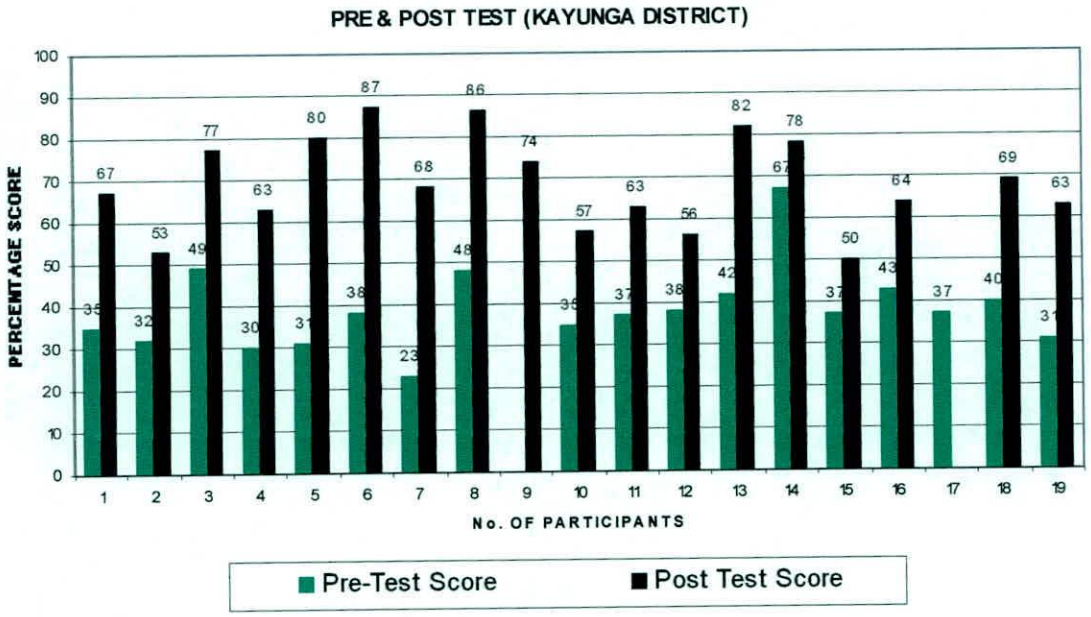
Participation of the LCV for the persons with disabilities in the training of the frontline health workers in Mubende district,

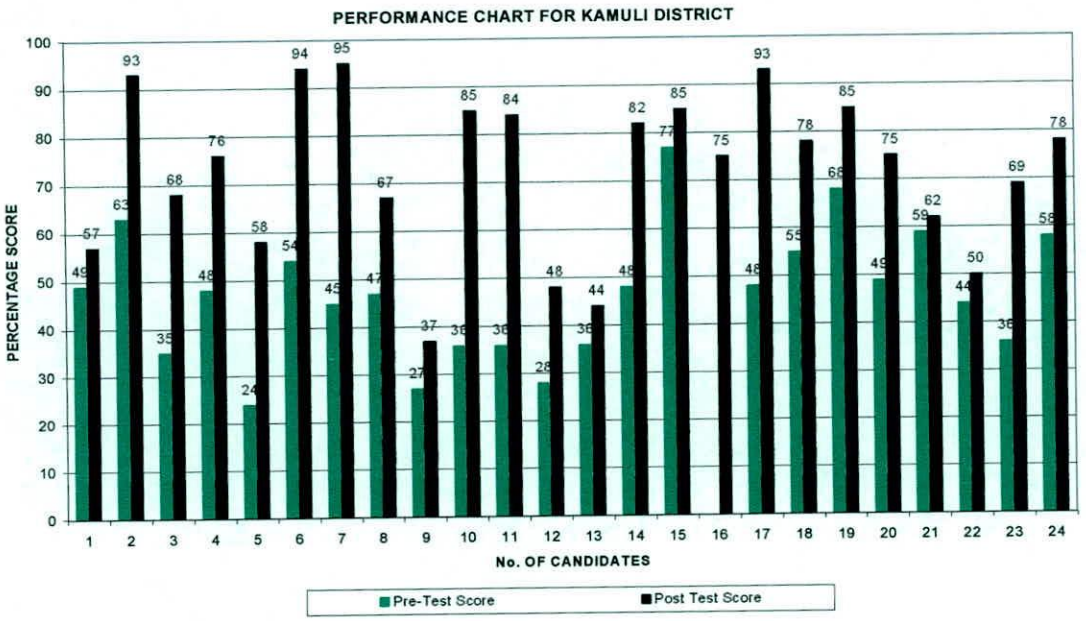
Mr. Busulwa Gabriel.

The project felt it was not cost effective to hold a TOT course for only seven focal persons. It was hoped that they would learn through supervision and close support from the centre.

Below are two graphs showing the pre and post tests for the last two districts that trained which demonstrate improved knowledge after the training.

The graphs below show the pretest and post tests for the health workers trained in Kayunga and Kamuli district.





2.2 Editing of the Training Manual

The training manual continued to have errors despite the efforts by a team of two members of the core team to correct it. This delayed the printing the manual but double efforts have been engaged to ensure the manual is ready for printing by end of October 2003.

2.3 Ear Nose and Throat Clinical Officers Course

The project spearheaded the establishment of a diploma course ENT. The aim of the course was to provide skills at HCIV and district level so that the referral gap between the community and ENT surgeons at regional and National level could be covered.

During this reporting period, 22 students completed the course, 21 successfully completed internship at various referral hospitals and have reported at their previous stations. A second set of 20 students was successfully admitted, trained and are currently carrying out their intern-ship. The course is well established and Ministry of Education has taken 90% of the financial and organizational responsibility for the course. Two of the best students from the first batch are currently attending a tutors course and will hopefully transfer their service. The role of Ministry of Health has been that of support supervision of ex-students and initiating occasionally coordination meetings.

Administration

The Section has continued to support the course with the stationery, facilitation allowances to the tutors and attending the meetings for the general administration of the course.

2.4 2 week course in Prevention of Deafness

In order to order expand prevention of deafness a two week course was designed and over 120 health workers have been trained. During this period 42 health workers were trained and provided with basic ear care equipment.

2.5 Writing Workshop

Lack/poor documentation has been cited on several occasions as the reason for there being little information on rehabilitation services in Africa. A lot is going on but this does not go beyond the government or NGO gates. A new NGO that aims at increasing information sharing on CBR organized the above course and one participant was sponsored by the project (physiotherapist Kabale). The second participant was paid for by the hosting NGO. The participants gained skills in writing and produced articles that will be published soon; one on Reproductive health of women with disabilities and another on improving accessibility in highlands.

2.6 Power point

The senior staff of the section received training in using power point. This has improved the staff presentation of papers in seminars and conferences.

2.7 Out put

- About 175 frontline health workers trained in rehabilitative health care in Kayunga, Kamuli and Kisoro districts.

- 22 ENT clinical officers completed their course and are ready for internship.
- Received ENT kits for the officers who completed their ENT course.
- Training manual received final editing
- Tutors for ENT course equipped to teach course
- 5 central staff trained in the computer packages i.e. power point.
- Sponsored 7 ENT trainees in audiological maintenance technology at UNISE training school.
- 43 ENT clinical officers trained in Primary Ear Care for 2 weeks
- Equipment and furniture purchased for ENT Diploma course.

2.8 Challenges

One challenge sited by the core team was the course arrangements for these courses were less standardized than the previous ten.
This was because the focal persons for the new districts did not undergo the extensive training of trainers that the other focal persons went through.

The current challenge for some of the ENT clinical Officers is deployment to ENT work with their health facilities/districts. This cadre has not yet received recognition by Ministry of public service and their deployment depends on the appreciation of the new skills by the various health heads of health facilities. The Prevention of deafness committee discussed this and has used a strategy of dialogue between its members and the heads a of health units where ENT CO are stationed.

Lack of the demonstration room for the practicals has continued.
Insufficient teaching aids and materials, poor report writing has continued as another challenge for which guidelines have been issued to the focal persons of the project districts to improve in this area.

2.9 Future activities.

- Train 40 people in tutorship in school health in disability.
- Participate in curriculum review for the training of nurses, midwives, clinical officers and health assistants
- Train artisans in making of simple assistive devices in 16 districts.
- Refresher course in sign language for health workers who were trained during the previous four courses.

3.0 ESTABLISHMENT of REHABILITATION UNITS

3.1 Phase I - Ten Districts

The services established in the first phase continued to be provided during this phase albeit with difficulties. Rehabilitation units such as the physiotherapy unit in Iganga were strengthened with semi-formal employment of a physiotherapist.
The ENT unit was also staffed and the diploma holding ENT CO has been supported with space and furniture.

The physiotherapy units Mbale and Soroti hospitals continue to be a sore point with equipped departments and unqualified staff.

Both departments are run by physiotherapy aides that are doing a commendable job but cannot offer the services of a physiotherapist. In Soroti the loss of the physiotherapist and occupational therapist greatly affected the quality of the service and may have contributed to the halting of the outreach programme.

Although static services continued in all the districts, out reach services to health sub-districts halted in some districts. Kabale and Adjumani continued to conduct outreaches using district PHC funds, Bushenyi, Kibale and Mbarara continued outreach but this was limited to the health sub-districts covered by the hospital. In Iganga, Mbarara and Soroti outreach activities stopped until more funds were remitted to the districts from the project.

The purchase of equipment was completed in i.e. Iganga, Soroti, Kabale, Kasese, Yukon, Adjumani, Bushenyi and Mbale. The districts of Mbarara and Kibale are still battling the district red tape. A possible solution is to use the funds for equipment to purchase drugs as this item is more familiar to the district purchasing process than rehabilitation equipment and assistive devices.

3.2 Phase II-Seven Districts

Pre-visits to five of the seven districts were done in Phase II of the project. During this reporting period, one-day planning meetings were held with all the seven districts and training of health workers carried out.

Rehabilitation units were strengthened, however, some districts such as in Kamuli district, not much could be done in form of equipment because the construction of the hospital is still on going. This district and Kapchorwa on the initiation of the project took steps to employ physiotherapists.

Mubende district has two hospitals and would like to purchase enough equipment to establish two physiotherapist units so that the physiotherapist spends a day once a week in the second hospital until the district recruits a second therapist.

Tororo and Kapchorwa districts purchased furniture and some equipment to strengthen the physiotherapy units.
In all the districts, prevention of blindness and deafness services are ongoing; provided by ophthalmic clinical officers (OCOs), ENT CO and CO with two –week training in Primary prevention of deafness.

The table below shows the funds that were remitted to the 17 districts during this reporting period.

INSTITUTIONS							
DISTRICT	**In-service training seminars for health workers**	**Purchase of physio, O.T & ENT equipment**	**Sensitization of district leaders**	**Drugs and assistive devices**	**Planning meetings with districts**	**Support supervision / Initiate /strengthen static & out reach services for ear, mental & epilepsy**	**Total**
1. Iganga		-		2,000,000 =		1,500,000=	**3,500,000=**
2. Mukono		-		2,000,000 =		1,500,000=	**3,500,000=**
3. Adjumani		-		2,000,000 =		1,500,000=	**3,500,000=**
4. Kasese				2,000,000 =		1,500,000=	**3,500,000==**
5. Kibale		-		2,000,000 =		1,500,000=	**3,500,000=**
6. Bushenyi		-		2,000,000 =		1,500,000=	**3,500,000=**
7. Kabale				2,000,000 =		1,500,000=	**3,500,000=**
8. Mbarara		-		2,000,000 =		1,500,000=	**3,500,000=**
9. Mbale		-		2,000,000 =		1,500,000=	**3,500,000=**
10. Soroti		-		2,000,000 =		1,500,000=	**3,500,000=**
11. Bundibugyo	5,500,000 =	1,000,000= 200,000= 800,000=	3,000,000 =	2,000,000 =	1,500,000=	3,300,000=	**16,800,000=**
12. Tororo	6,000,000 =	1,000,000= 200,000= 800,000	3,000,000 =	2,000,000 =	1,500,000=	2,800,000=	**16,800,000=**
13. Mubende	6,000,000 =	1,000,000= 200,000= 800,000	3,000,000 =	2,000,000 =	1,500,000=	3,300,000=	**16,800,000=**
14. Kisoro	5,500,000 =	1,000,000= 200,000= 800,000	3,000,000 =	2,000,000 =	1,500,000=	2,500,000=	**16,000,000=**
15. Kapchorwa	5,500,000 =	1,000,000= 200,000= 800,000	3,000,000 =	2,000,000 =	1,500,000=	2,300,000=	**15,800,000=**
16. Kayunga	5,000,000 =	1,000,000= 200,000= 800,000	3,000,000 =	2,000,000 =	1,500,000=	2,300,000=	**15,800,000=**
17. Kamuli	5,000,000 =	1,000,000= 200,000= 800,000	3,000,000 =	2,000,000 =	1,500,000=	2,300,000=	**15,800,000=**
Total	**44,500,000=**	**14,000,000 =**	**21,000,000=**	**34,000,000=**	**10,500,000 =**	**33,800,000=**	**157,800,000 =**

Although the central team was keen to supervise and all members are well skilled technically, the Project implementation unit noted that there was some laxity had entered the team in terms of thoroughness of the visit and in submission of reports. For example few teams reached the health sub district. This will be addressed in the next meeting of the core committee.

The table below shows the teams that carried out support supervision in the districts.

TEAMS/ DISTRICTS	NAMES OF OFFICERS	DATES FOR TRAVELS.
Team 1 Mbarara & Bushenyi	Dr. Walugembe & Dr. Karongo	24th June 2003
Team 2 Soroti & Kapchorwa	Mrs. Kabango & Dr, Kiiza	23rd June 2003
Team 3 Mbale & Tororo	Dr. Bubikire & Mr. Benon Ndaziboneye	7th June 2003
Team 4 Kibale & Mubende	Sr. Nakayenga & Jessica N	1st July 2003
Team 5 Mukono, Iganga & Kamuli	Dr. Nganwa & Josephine	14th July 2003
Team 6 Bundibugyo & Kasese	Mrs. Wakida & Mrs. Ofubo L	24th August 2003
Team 7 Kabale & Kisoro	Dr. Karongo & Mr. Kiguli	29 Sept 2003
Team 8 Adjumani	Dr. Bubikire & Sr. Nakayenga	14th Aug 2003
Support supervision for administrators and accountant		
Team 9	Mr. Balisunyuka Herbert Kigali, Naluzze Jessica, Serwanga Henry and Lydia Nalwanga	June – July 2003

3.4 Prevention of Deafness

Prevention of deafness is one of the least developed services; therefore, this project laid special emphasis on this aspect of health care. During this reporting period, over 2285 patients were examined for ear disease and those who required treatment received it.

This was done through the Hearing assessment resource Centre (HARK), a vehicle with ear equipment on board that conducted outreach in 10 districts. Support Supervision of Primary ear care workers in 33 districts.

The table below shows the total number of patients seen during HARK out reach visits from May 2002- August 2003

Month	District	Total Number of Patients seen
August 2003	Tororo	263
July 2003	Tororo	255
May 2003	Kiboga	88
May 2003	Kapchorwa	293
April 2003	Kabale	195
March 2003	Kibale	466
November 2002	Kisoro	251
August 2002	Kabarole	217
July 2002	Bushenyi	423
May 2003	Mukono	98
Total	**10**	**2285**

Key Findings

Health providers for Ear, Nose and Throat (ENT) services were grossly inadequate. There are only 10 ENT surgeons, only three of whom work upcountry. Trained ENT clinical officers are only twenty, as the course has been in existence for only 2 years. The second lot of twenty one is about to finish their course and commence internship.

Primary ear care workers trained for two weeks in Mbale, Mbarara and Hoima are scattered all over, but some districts have none at all. It is expected that with this newly introduced post basic diploma, almost all districts will be covered in the next 3 years. The 2 weeks training if supported will also solve the human resource problem at lower health units.

Lack of equipment is paramount. Other than the diagnostic kits offered by donors after each training, the health units were not procuring ENT equipment. Some of the kits are too old and require replacement.

Low level of awareness of the services even when the personnel were available. There is therefore great need for enhanced community senstisation.
Poor referral system due to long distances to travel.

Records were very scanty.

Way Forward

- Increase capacity building through further training of ENT workers at all levels.
- Enhanced community sensitization to raise awareness and profile of ENT care.
- Develop and promote a good record system and referral.

3.5 Epilepsy

Epilepsy continues to be the biggest disabling problem in the districts. Some clinics register 70 patients in one day. The biggest challenge facing the clients with epilepsy, their family and the health worker is the irregular supply of drugs. Most health sub districts do not adequately cater for epilepsy; the drugs provided through this project are inadequate and finally heads of health facilities are not aware of the burden of epilepsy in their catchment's area.

The irregular drug supply is very dangerous to the patient and the family as this may result in increase of fits. In Kabale during this reporting period, a child is reported to have died due to status epilepticus (prolonged and frequent fits without a break) because of interruption of drug supply.

3.6 The new disability form

During the consultative meeting, focal persons from the project districts noted that the disability form was quite time consuming, very expensive to photocopy and recommended that a new and simpler disability form should be developed and distributed. Drastic action was taken whereby a meeting with resource centre staff was held. This involved the review of the 2 old disability forms and a new disability form and guidelines similar to that one for Ministry of Gender Labour and Social Development was developed.

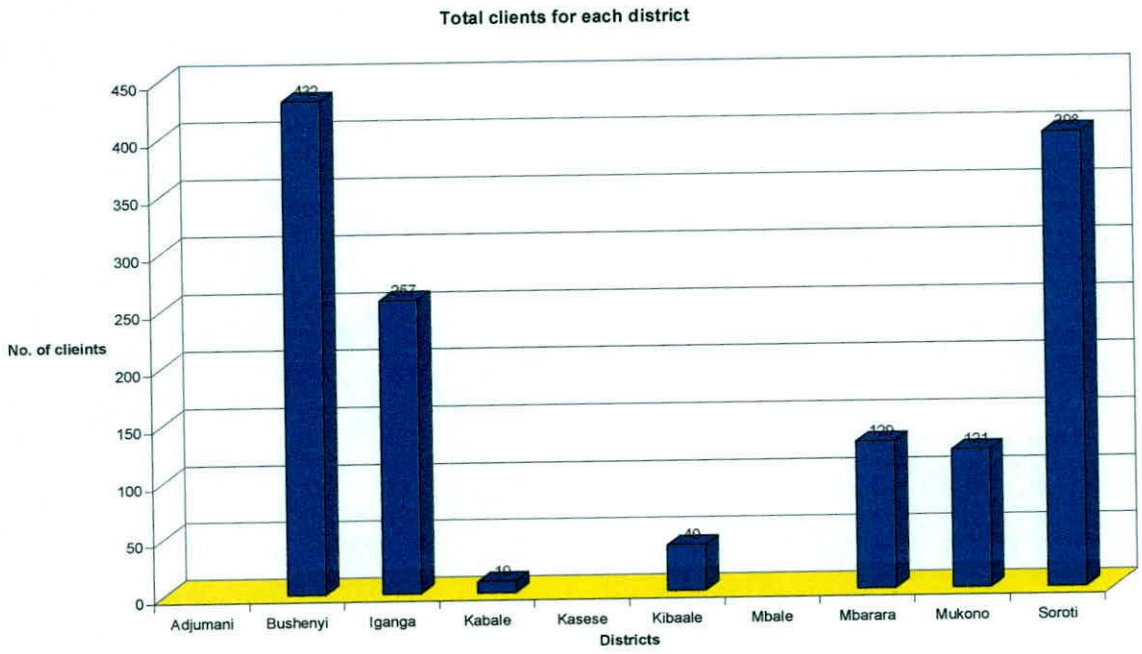
The central support supervision teams explained to the focal persons on how to use the new disability form.

There has been a positive response since the distribution of the new disability form and Mubende district has submitted part of the data collected and it is in data entry and analysis process. (see appendix).

The 2 graphs and pie charts below show the data collected in the old districts in this phase using the disability forms.

Using the old form the following data was submitted to the DPAR Section.

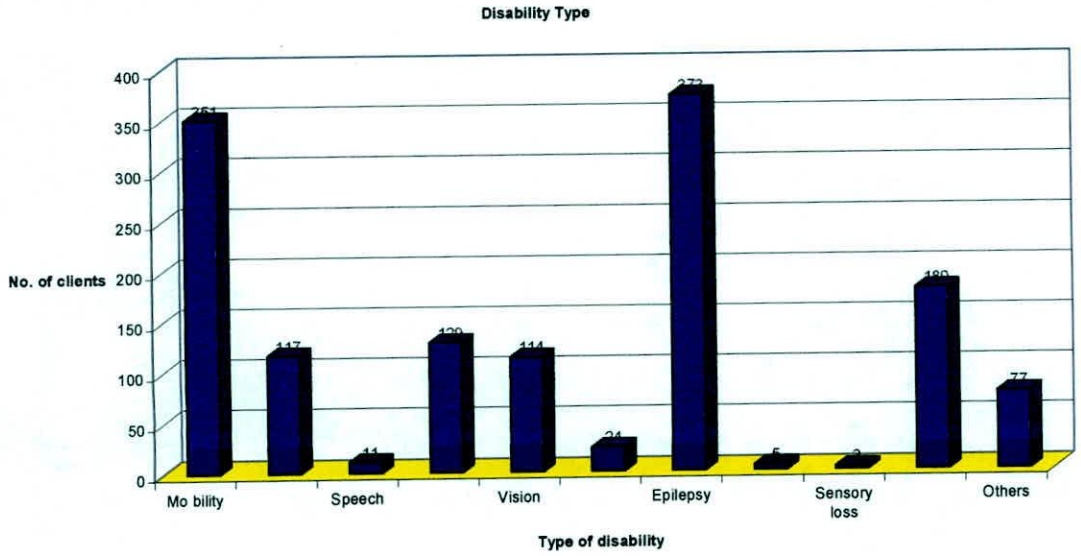
The graph one below shows the total number of disabilities in the project districts.



At the time of compiling this information, little /no data had been received from Adjumani, Kabale, Kasese and Kibale and Mbale districts.

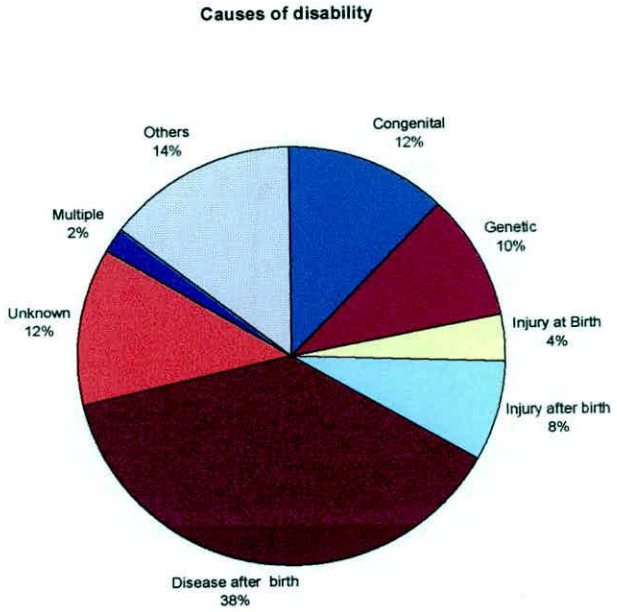
Graph TWO.

This shows the types of disabilities in the project districts.



Pie chart

This shows the causes of disabilities in the project districts.



As mentioned earlier, epilepsy is a big challenge for the community and where a health service is provided, its utilization is overwhelming.

4.0 ESTABLISHING A SYSTEM FOR PURCHASING AND DISTRIBUTING REHABILITATION DRUGS, EQUIPMENT AND ASSITIVE DEVICES

Considerable progress has been made in this area, which was of much concern and frustration in the previous reporting period. The tendering process was long and laborious, however, at last a firm has been identified to supply the items and on an excellent note, the Ministry of Health is committed to provide funding for the purchase. It is hoped that this long awaited supply will reach the country within the 3rd quarter of this financial year.

The section, nonetheless, needs to reopen dialogue with National Medical Stores and or Joint Medical Stores for the supply of these items in future.

5.0 SENSITISE CIVIC AND POLITICAL LEADERS AND THE PUBLIC ON DISABILITY AND REHABILITATION

5.1 District Level Sensitization.

Sensitization is both important at the centre and at the district level. Leaders who are aware about the needs of the PWDs will be more sympathetic in allocation of resources by taking into account the needs of the PWDs.

District level sensitization was carried out in Kibale and Kabale alone in October 2002. All the new districts have not been sensitized because funds were released late thus sensitization will be carried out later since districts have now received funds.

During the consultative evaluation meeting (see section 6.8) and support supervision, it was reported that they was need to carry out sensitisation of the district leaders even in districts that had carried out sensitisation of their leaders during phase I and II. The reasons for this are:

- Sensitisation is not a one off activity and needs to be continued as long as the issue being addressed is still pertinent to the community.
- National elections brought changes in district and sub-county level leadership, who needed to be informed on disability issues.

Funds were therefore remitted to district s to carry out a fresh sensitisation exercise. The Central core team will continue to provide technical and supervisory input. No district had utilized this fund at the time of report writing.

5.2 At the Centre

Sensitization is both important at the centre and at the district level. Leaders who are aware about the needed of the PWDs will be more

sympathetic in allocation of resources by taking into account the needs of the PWDs.

During world health Day celebrations, the section in conjunction with the school of Occupational therapy displayed how the environment can be made more accessible to disabled people.

For World Malaria Day, the section prepared a stall sensitising the public on the disabling complications of malaria. A public campaign on diabetes mellitus was carried out in and around the world diabetes day. Newspaper articles, pamphlets on diabetes and eye care were developed and disseminated. Experts in diabetes and eye care also run discussions on television and radio. On the actual celebrations, blood sugar testing and eye checks were carried out.

3 programmes on 2 radio stations were done. The two radio stations include

1) Top Radio
2) Central Broad Casting Station

The topics covered are in the table below.

DATE	TOPIC	GUEST
Aug 4, 2002	Alcohol and drug abuse relationship with added effects on disability	MOH and DPO Dr. Mungerera
Sept 1 2002	Disability and sexuality sex as a right, an abuse , the right to partners	MOH,NUDIPU Hajati Safia Nalule
Oct 6th 2002	Epilepsy causes manifestations prevalence, prevention ,management personal experiences	MOH and Patient Sr. Segwanyi Mulago

Presenters were drawn from different levels of service delivery and included PWDs. The coordinator of this programme who carried out all the interviews is a PWD. The entire programme was in the local language.

It is difficult to assess the impact of such a short programme, however, some programmes resulted in the organizer receiving calls and questions. The leprosy and mental health programmes were particularly popular.

5.2 Out put

- radio programmes were conducted
- Sensitized the support staff at the MOH headquarters.
- Political leaders and councilors sensitized in Kibale and Kabale district.

5.3 Challenges

National elections especially the delay in electing representatives of PWDS delayed the sensitization exercise.

The new political leaders are not aware about disability issues and require sensitization.

6.0 PROVISION OF BACK-UP SUPPORT TO THE CENTRE

6.1 Organizational

The section continues to be understaffed with only 3 technical people; a principal medical officer, a senior medical officer and a principal physiotherapist. In order to overcome this, the section has utilized fresh graduants who are having a prolonged internship in the section. Two of these have been instrumental in bringing the project this far and their support is appreciated.

In a similar manner, arrangements have been made to provide adequate drivers for the challenge for working in 17 districts. The project has continues also with the support staff who are doing a lot to help with overwhelming work for the project and the Section at large.

6.2 Core Committee

At the beginning of the project implementation, the section established a core committee of 11 health workers and 1 PWD drawn from various professions. Their role is to provide guidance and technical support to the project.

During this reporting period, the core committee met four times. The first was to analyse past project activities and prepare a supervision guide. A debriefing on supervision was carried out and teams for supervision formed.

The second meeting was combined with the district focal persons. It is fully reported upon in the next section of this report.

The third was in preparation for support supervision. Guidelines for this activity were explained. The teams were also to introduce the new disability form to the districts.

The fourth time was when the core committee has a meeting with the consultants who carried out the project review in July 2003.

The purpose was the presentation of the findings from the districts by the consultants and provides input into the review process. These meetings have provided an insight into the challenges and provided very useful advice for project implementation.

6.2.1 out put

- Project continued to be guided by the core committee.
- Training of the district front health workers and district activities supervised.
- Carried out the support supervision in the 16 districts with the central staff.

6.2.2 Challenges

The support supervision visits need to be oriented to a point beyond reporting the positive and negative in the district to facilitating dialogue between the focal person and the district leadership for resolving the many challenges facing the project.

There is need to pair the core team so that a clinician travels with an administrator or manager.

The poor remuneration affects the quality of the supervision.

6.2.3 Section Staff Meetings

The Section staff continue meeting every Mondays of the week. These still involve all the staff including the office drivers and the messenger.

During the meetings administrative and technical issues are discussed. The quarterly work plans are either reviewed for progress and/ or new plans are developed.

6.2.4 Staff Retreat.

This activity took place after the consultative meeting that took place in November 2002 and a second meeting was conducted to respond to issues that were raised by both the support and technical staff. The staff were able to analyse themselves through the SWOT analysis method which helped them to improve very much thus leading to effective organizational performance and behaviour change.

6.3 Vehicle Operation and Maintenance

Vehicles continue to be well maintained and serviced; however, the old vehicle of the Section acquired at the inception of the project had an engine overhaul so that it can help in the field visits that have increased.

6.4 Staff Exposure to Outside Rehabilitation Programmes

The Section staffs were privileged to attend the national and international conferences in the different parts of the world.
This exposed them to a wide area of disability issues and how these can be prevented thus reducing a number of disabilities in the country.

The table below shows the exposures to the outside rehabilitation programmes

International Conferences/Meetings
National Prevention of the Blindness committee (NPBC) meeting 11th /4/2003 12/9/2003
National Prevention of the Deafness Committee (NPDC) 17/ 4/2003
Physiotherapy Conference Swazi land Oct- November 2002
Writing workshop held in Oct in Nairobi Kenya in August 2003

6.5 Equipping the centre

As mentioned earlier, the Section has received new furniture for the officers as planned for in the work plan. Due to the bureaucracy of the MOH, the Section has not yet acquired a power point projector as it had been planned. We hope in future we will find a soft sport to acquire this equipment because it will serve the ENT diploma school as well as ease the delivery of information during strategic planning, developing guidelines and sensitisation.

6.7 Counter Part Funding

The government of Uganda committed its self to contribute 10% of the project budget as reflected in Article IV under contributions and Obligations of Uganda as counter funding. This was further clarified in Annex I of the agreement as noted "... ***in addition the government of Uganda will contribute Ushs.183, 916,000= towards project activities for the entire 5 year project".***

Unfortunately, the Section received these funds quite late and not as stipulated to be received at the project inception. However it should be noted that despite the above the counter part funding helped the project in the period that the donor funds were depleted until an advance was remitted in June 2003 after the annual meeting held in April 2003.

The counter funding therefore provided a timely bridge between the first and second disbursements from NORAD.

6.8 Consultative meeting with partners

The Section held a consultative meeting from 20th – 22nd November 2002 with the stakeholders in the various district, focal person and the MOH officials to review the 5 year strategic plan for the disability Section, find a way forward with the districts of operation and presentations from the focal person from the project districts.

From the presentations of the focal persons, it was noted that several districts had made considerable progress in the strengthening of health care services for PWDs.

A number of challenges and recommendations were identified as indicated in the table below.

Challenges	Recommendation
Tendering process that results into the delay of activities.	Districts should submit their requisitions in advance. (2months early)
High prevalence of epilepsy	Research on the causes of epilepsy.
Lack of a format for report writing	Centre to develop a format and send to the districts.
Limited numbers of rehabilitation personnel	MOH District and should train, deploy and recruit rehabilitation personnel.
Lack of epileptic and mental health drugs.	District, HSDs and Focal person should order for the drugs in time.
Expensive and time consuming disability forms.	Review and make a new disability form.
Lack of assistive devices	Train local artisans in making appliances, make ear mould materials available.
Poor coordination	Strengthen coordination with all stakeholders.
Support supervision	Quarterly support supervision
district not honouring accountability	Write to CAO and Visit Kasese
Public still unaware about disability issues.	Continue with sensitisation.

The central team held a meeting to review the above challenges and recommendations and a way forward was reached. Action has been taken where by, a new disability form and a format for report writing were developed and distributed, a letter was sent to the CAO and a central team visited Kasese district, policy on assistive devices is close to completion, a meeting on how to carry forward on epilepsy is due for October 2003 and several activities are in progress as mentioned in the report.

On the 5 year strategic plan (1998- 2002), It was noted that

- Progress had been made towards achieving the strategic objectives
- Provision of assistive devices continues to be an enormous challenge.
- Senstisation is far from reaching the critical mass that is needed to make a difference for PWDs.

6.9 Project monitoring and Data Collection

Monitoring and Evaluation was built into the project. During the consultative meeting that reviewed the project, it was recommended that this aspect be strengthened. One of the interns was given this responsibility. The monitoring tools were reviewed and special monitoring and data collection visits to the districts instituted.

The table below shows the Current Rehabilitation Services in the Project District. (At Report Writing)

District	Focal Person	Rehabilitation Personnel					20 H/Ws trained	Static Clinics		
		PT	ENT COs 2wk course	OCO	PCO	PNO		Orthop officer	Orthop tech	Orthop w/shop
Adjumani	√	√	√ O	√	√	√	√	√	√	√
Bundibugyo	√	-	√ O	-?	√	√	√	√		Static clinic
Bushenyi	√	√	√ O				√			
Iganga	√		√ O	√	√		√			-
Kabale	√	√	√ O	√ (DR)	√	√	√	√	Soon	√
Kamuli	√	-	√O				√			
Kapchorwa	√O	√ O	√O	√			√			
Kasese	√ O	√	√ O	√	-	-	√			-
Kayunga			√O				√			-
Kibale	√ O	√	√ O	√	-	-	√	-	-	-
Kisoro	√	-	√ O	√	√	√	√	√	-	-
Mbale	√	-	√O				√			√
Mbarara	√	√	√O				√			√
Mubende	√	√ O	√ O	√	-	-	√	-	-	-
Mukono	√	√ O	√ O	√			√			-
Soroti	√	-	√O				√			-
Tororo	√	√	√ O				√			√

Key to the above table.

√	Yes
-	No

PT	Physiotherapist
OCO	Ophthalmic Clinical Officer
ENT CO	Ear, Nose and Throat Clinical Officer
O	Position at project initiation

The above table demonstrates the progress made in developing rehabilitation services as well as the gaps that need to be addressed.

The Table below Showing Project Monitoring of key secondary indicators.

District	Activity report 2002/03	Accountability Completed 1st batch	Submission second batch	Coordination meetings	Submission of district data forms	Sensitisation of community leaders.
Adjumani		√				√
Bundibugyo	√	√				√
Bushenyi		√				√
Iganga						√
Kabale	√	√		stakeholders	Collecting data	√
Kamuli		√				
Kapchorwa		√				√
Kasese	√					√
Kayunga	-	-				
Kibale	√	√		Starts 22/09/03	Collecting data	√
Kisoro		√				
Mbale		√				√
Mbarara		-				
Mubende	√	√		√	√	√
Mukono	√	√		√	√	√
Soroti		√				
Tororo						

Central

District	Support data (form)	Support supervision reports	Core team support supervision	Pre-visit	One-day planning meeting	MOU signed	Workplans for districts
Adjumani		√	√	√	√	√	√
Bundibugyo		√	√	√	√	√	√
Bushenyi		-	√	√	√	√	√
Iganga		√	√	√	√	√	√
Kabale		-	√	√	√	√	√
Kamuli		√	√	√	√	√	√
Kapchorwa			√	√	√	√	√
Kasese		√	√	√	√	√	√
Kayunga		√	√	√	√	-	√
Kibale		√	√	√	√	√	√
Kisoro		-	√	√	√	-	√
Mbale		√	√	√	√	√	√
Mbarara		-	√	√	√	√	√
Mubende		√	√	√	√	√	√
Mukono		√	√	√	√	√	√
Soroti		-	√	√	√	√	√
Tororo		√	√	√	√	√	√

6.10 Project review

Following the annual meeting that took place on 9th April 2003 between the Ministry of Health, Ministry of Finance, planning and economic development and the Royal Norwegian Embassy, it was agreed to have an external review of the project, "Assistance to Strengthening Essential Health Care for Persons with Disabilities in Uganda – NORAD No. UGA 2843" to better understand its progress and challenges. Ministry of Health was assigned the responsibility to be the secretariat. This review took place between July and August 2003. It sought to address the following terms of reference:

1. Assess the progress made in meeting the project objectives and outputs
2. Identify the challenges facing the project
3. Assess the impact of the challenges on project implementation
4. Make recommendations for the project completion particularly for steps to be taken to sustain services and support once project funding ceases

The methods included

- Interviews with Ministry of Health Headquarters' staff including core team, District leaders (CAO, Secretary for Health), health technical staff (DDHS, Focal Person), councilors for PWD
- Focus group discussions with district rehabilitation staff (list of persons interviewed is also included in this document)

- Document review (list of documents reviewed is included in this document).

The review covered Ministry of Health Headquarters and seven districts selected for in-depth study on the basis of:

- Regional representation
- All "old" districts
- Strong performers or those who had marked progress in implementation of project activities
- Weak performers or those who had limited progress in implementation of project activities

Districts included Kasese and Kabale in the west, Iganga and Mbale in the east, Mukono and Kibaale in central and Adjumani in the north. The other districts were covered through document review and discussions with the DPAR section.

The major limitation faced by the review team was that the review was designed to take place at district level and yet implementation had included sub-district and community levels. This limited the level of objective analysis required by the TORs.

Key findings were organized according to the project objectives and outputs. The review team noted that variable progress has been made for each of the project objectives and outputs. The main challenges faced by the project are related to wider health sector systematic set-up.

The review team concluded that the project has been particularly useful in raising the profile of medical disabilities and rehabilitation in the health sector. However, with the challenges faced, it will be necessary to continue further support in terms of dedicated funding and/or technical assistance for a limited period. (See evaluation report forwarded)

Several recommendations were given by the review team. The most fundamental are:

- Need to streamline funds to district along with other MOH funds to health sub districts.
- Inclusion of the disability dimension in basic training of health workers
- Systems need to be established to access PWDS with assistive devices and essential rehabilitative drugs.

6.11Meeting with Min of Finance and Economic Development, Royal Embassy of Norway and Ministry of Health

The meeting was successfully held in April 2003 with all partners accepting to support the completion of the project. The remaining funds will be remitted in two installments. Another review meeting will be held in October 2003. (See attached minutes Appendix VII)

7.0 RESEARCH

The section supervised a research into the enquiry on a comparative study on knowledge, attitude and practice of deaf and hearing adolescents towards HIV/AIDS. The study revealed that deaf adolescents had first sexual encounter earlier than the hearing children, had more unprotected sex and less knowledge on the spread of the disease. Communication channels were noted to be one of the hindrances to knowledge about HIV/AIDS. The study recommended that parents of the deaf, their teachers and peers should be trained to deliver information on HIV/AIDS to the deaf.

A meeting of stakeholders was held to discuss how to carry forward the study on the utilization of the Young Child Card by health workers to monitor child development. The proposal will be discussed the month of October, improved upon and implemented in November, December and January.

8.0 Activities beyond the Project Focus – From August 2002 – September 2003.

Other than the project activities the section is involved in other activities. Some of the activities that the Section has carried out since August 2002 to date are summarized in appendix **IX**.

9.0 CONCLUSIONS AND RECOMMENDATIONS

9.1 Conclusions

The project, 'Strengthening Essential Health Care for Persons with Disabilities' has made considerable progress over the past one year of implementation. It was successfully initiated in 7 districts and the 'older districts' continued providing services even with little or no funding project funds. The centre has strengthened the monitoring of the project. The ENT diploma course has reached a point of sustainability using funding from Ministry of Education and Private Scholarships.

Challenges are similar to those experienced in the previous two phases. The major trials include:

- Weak information management system at district and central level. This is compounded by the isolation of the disability from HMIS.

- Low absorption of funds due to bureaucracy at district and central level. The unique and unfamiliar equipment and other items required in rehabilitation contribute to this problem because they are not included in district purchasing lists neither are they available in the stores that supply hospitals.

- Implementation of research has delayed due to lack of funds of priority to fund research. More emphasis on research rather than sub contracting.

- Most of the districts have not yet reached a point of sustaining the rehabilitation programme using PHC and other funds because disability is still considered a foreign concept that should be addressed by charity organizations.

- Epilepsy is a much bigger problem than was envisaged and needs national strategic intervention.

6.2 Recommendations

The final project phase should concentrate on the support systems at district and national level to enable the smooth purchasing of rehabilitation activities. This calls for closer working with the district tender boards and the financial officers. The project will therefore, call on the MOH Finance and Health planning departments to assist her address these challenges. This does not mean that technical aspects of the project will be ignored; however, both arms need to be equally strong if meaningful results are to be achieved.

The project should be extended three more years to enable adequate time for initiation of rehabilitation services in a critical number of districts. Focus should be on districts that do not have strong NGO support in the rehabilitation of PWDs.

The extension will also provide adequate time to wean off older districts and to allow the purchasing systems to accommodate rehab items. The policy that the section is developing on assistive devices will support both the **technical** aspect and **supportive** arm of the district rehabilitation service.

The next phase should also put an emphasis on establishment of a viable information management system that does not burden the health worker and yet collects information on disability that is critical for planning. Developing a system that answers these two needs is delicate and a 'win –win' compromise will have to be reached.

As recommended in the review there is need for the section to exert pressure and possibly fund the process of bringing about the implementation of the curriculum that was submitted to MOE &S so that basic training of health workers includes rehabilitation of PWDs. Since most frontline health workers are supervised by medical doctors and nurses who have bachelors and master's degrees, it is important that these courses have a component on disability.

Research is another area that has lagged behind and contracting this out will take considerable pressure from the section staff.
The section staff appreciates the role of NORAD in supporting the development of rehabilitation services in Uganda. A further two years of project funding followed by basket support will ensure that what has been started over the last three years is not lost because of 'letting go before the baby learns to walk.'

APPENDIXES

APPENDIX I

Breakdown of funds to the districts (the second and third)

The table below shows the details of the funds that were sent to the districts for the second year implementation and support to the project districts.

INSTITUTIONS							
DISTRICT	In- service training seminars for health workers	Purchase of physio, O.T & ENT equipment	Sensitization of district leaders	Drugs and assistive devices	Planning meetings with districts	Support supervision / Initiate /strengthen static & out reach services for ear, mental & epilepsy	Total
18. Iganga		-		2,000,000=		1,500,000=	**3,500,000=**
19. Mukono		-		2,000,000=		1,500,000=	**3,500,000=**
20. Adjumani		-		2,000,000=		1,500,000=	**3,500,000=**
21. Kasese				2,000,000=		1,500,000=	**3,500,000==**
22. Kibale		-		2,000,000=		1,500,000=	**3,500,000=**
23. Bushenyi		-		2,000,000=		1,500,000=	**3,500,000=**
24. Kabale				2,000,000=		1,500,000=	**3,500,000=**
25. Mbarara		-		2,000,000=		1,500,000=	**3,500,000=**
26. Mbale		-		2,000,000=		1,500,000=	**3,500,000=**
27. Soroti		-		2,000,000=		1,500,000=	**3,500,000=**
28. Bundibugyo	5,500,000=	1,000,000= 200,000= 800,000=	3,000,000=	2,000,000=	1,500,000=	3,300,000=	**16,800,000=**
29. Tororo	6,000,000=	1,000,000= 200,000= 800,000	3,000,000=	2,000,000=	1,500,000=	2,800,000=	**16,800,000=**
30. Mubende	6,000,000=	1,000,000= 200,000= 800,000	3,000,000=	2,000,000=	1,500,000=	3,300,000=	**16,800,000=**
31. Kisoro	5,500,000=	1,000,000= 200,000= 800,000	3,000,000=	2,000,000=	1,500,000=	2,500,000=	**16,000,000=**
32. Kapchorwa	5,500,000=	1,000,000= 200,000= 800,000	3,000,000=	2,000,000=	1,500,000=	2,300,000=	**15,800,000=**
33. Kayunga	5,000,000=	1,000,000= 200,000= 800,000	3,000,000=	2,000,000=	1,500,000=	2,300,000=	**15,800,000=**
34. Kamuli	5,000,000=	1,000,000= 200,000= 800,000	3,000,000=	2,000,000=	1,500,000=	2,300,000=	**15,800,000=**
Total	**44,500,000=**	**14,000,000=**	**21,000,000=**	**34,000,000=**	**10,500,000 =**	**33,800,000=**	**157,800,000=**

APPENDIX II

FUNDS SENT TO THE OLD DISTRICTS FOR SENSITIZATION

It was noted later that the old districts needed to sensitize the political leaders and for the new districts funds were advanced to them to purchase drugs and assitive devices.

DISTRICT	Sensitization of district leaders	Drugs and assistive devices	Total
▪ Iganga	4,000,000=		4,000,000=
▪ Mukono	4,000,000=		4,000,000=
▪ Adjumani	4,000,000=		4,000,000=
▪ Kasese	4,000,000=		4,000,000=
▪ Kibale	4,000,000=		4,000,000=
▪ Bushenyi	4,000,000=		4,000,000=
▪ Kabale	4,000,000=		4,000,000=
▪ Mbarara	4,000,000=		4,000,000=
▪ Mbale	4,000,000=		4,000,000=
▪ Soroti	4,000,000=		4,000,000=
▪ Bundibugyo		2,000,000=	2,000,000=
▪ Tororo		2,000,000=	2,000,000=
▪ Mubende		2,000,000=	2,000,000=
▪ Kisoro		2,000,000=	2,000,000=
▪ Kapchorwa		2,000,000=	2,000,000=
▪ Kayunga		2,000,000=	2,000,000=
▪ Kamuli		2,000,000=	2,000,000=
Total	**30,000,000=**	**14,000,000=**	**44,800,000=**

APPENDIX III

Letter to CAO no how to spend funds

DD/ADMIN.3.2003

28th March 2003

The Chief Administrative officer,

.....District.

RE: GUIDELINES FOR EXPENDITURE OF FUNDS FOR MEDICAL REHABILITATION OF PERSONS WITH DISABILITIES PROJECT.

Following our recent Training of Health workers in the Districts, it has been discovered that the districts needed guidance on how to pay out the money remitted to the districts.

The purpose of this letter therefore is to provide your district with guidelines on how to spend the funds which are remitted to the districts for the activities concerning medical rehabilitation for People with Disabilities.

The details for the expenditure refer to the following;

1. **Training of health workers**

- Transport
  - Public means for the participants
  - Fuel to facilitators depending on the distance.

- Safari Day Allowance to
  - Drivers 3,000=
  - Nearby facilitators 5,000=
- Facilitation Allowances 20,000=
- Out of pocket 4,000= for the participants only (trainees).

- Per diem at a rate of 30,000= for only distant facilitators and who are required to spend a night at the workshop venue.

- Accommodation, Meals and the workshop Venue;

- Accommodation, meals and venue expenses to be settled by the focal person using funds remitted for training.
- Feed every body including the facilitators.
- The focal person should identify a decent venue for the workshop.

2. SENSITIZATION OF DISTRICT LEADERS.

- Transport refund
  - Public means to the participants
  - Fuel to facilitators and the departmental heads depending on allocation of the sensitization venue.
- Out of pocket at a rate of 4,000=/ participants
- Venue and the meal to be covered by the focal person.
- Drivers to the departmental heads to be paid SDA @ 3,000=.

3. INITIATE /STRENGTHEN STATIC&OUT REACH SERVICES, ESTABLISH SECONDARY AND OUT REACH PROGRAMMES AND SUPPORT SUPERVISION.

- Fuel to one vehicle per out reach depending on the distance to the out reach destination.
- Safari Day Allowance to the personnel conducting out reach/ support supervision programmes at a rate of 5,000 per day.
- Safari day allowance to drivers at a rate of 3,000= per day.

4. PURCHASE OF PHYSIOTHERAPIST, OCCUPATIONAL THERAPIST& ENT EQUIPMENT.

- This equipment is about what can be acquired locally by the districts.
- In all cases ensure that 3 quotations are secured, evaluate them and buy from the best depending on cost and quality.
- The original receipts, invoices should be attached to the accountability for the funds advanced for these activities.

NOTES

- In all cases original receipts /signature should be availed while making accountabilities to the centre.

- Efforts should be made to make savings for each activities, which can then be applied to purchase of Occupational Therapy, Physiotherapy and ENT Equipment with clearance from the Disability & Rehabilitation Section, Ministry of Health.

- The 2 Originals of Memorandum of Understanding should be signed by the CAO in presence of the prominent district official and returned to the center before the funds are remitted to the districts.

- It should be noted that support supervision starts immediately the funds are remitted to the districts.

I look forward to your continued cooperation and positive response.

Dr. Alice Nganwa,
For: PERMANENT SECRETARY
Ministry of Health.

C.C : The District Director Health Services

C.C : The Focal Person Disability & Rehabilitation

Methods of data collection

•-user friendly information system
•-+Trained health workers in using the MIS
•-operational research
•-data bank
•-+HMIS with disability component

Build local capacity of health workers
•200 health workers trained
•NCD guidelines available but not distributed
•Medical rehab introduced into OPL and propasal ready for pre-service
•ENT CO's course in place
•Regular consultative meetings
•Early identification of CWDs partially in place
•-public awareness on NCDs
•-+ System for supervision
•Increased utilisation of rehab services

Integrate disability into relevant programmes
•Disability mainstreamed in school health programme
•Aspects of Reproductive health(adolescents health policy)
•Collaboration with relevant ministries(MGLSD & Education), NGOs

Raise awareness among PWDs and public
•Increased campaigns for reducing occurrence of disability
•1/3 of districts providing comprehensive rehab service
•+increased awareness on disability and -on NCDs
•-initiative to reduce RTAs
Guided intervention in disability and management of NCDs
•+Rehab pkg distributed to all districts
•+600 district authorities sensitised(1999-00)
•-Raw material accessible through NMS
•-Referral system 1/3 of the districts
•-strategy to mobilise funds to deliver pkg
Capacity of the DPAR to implement plan
•Central team expanded from 2 to 3 people

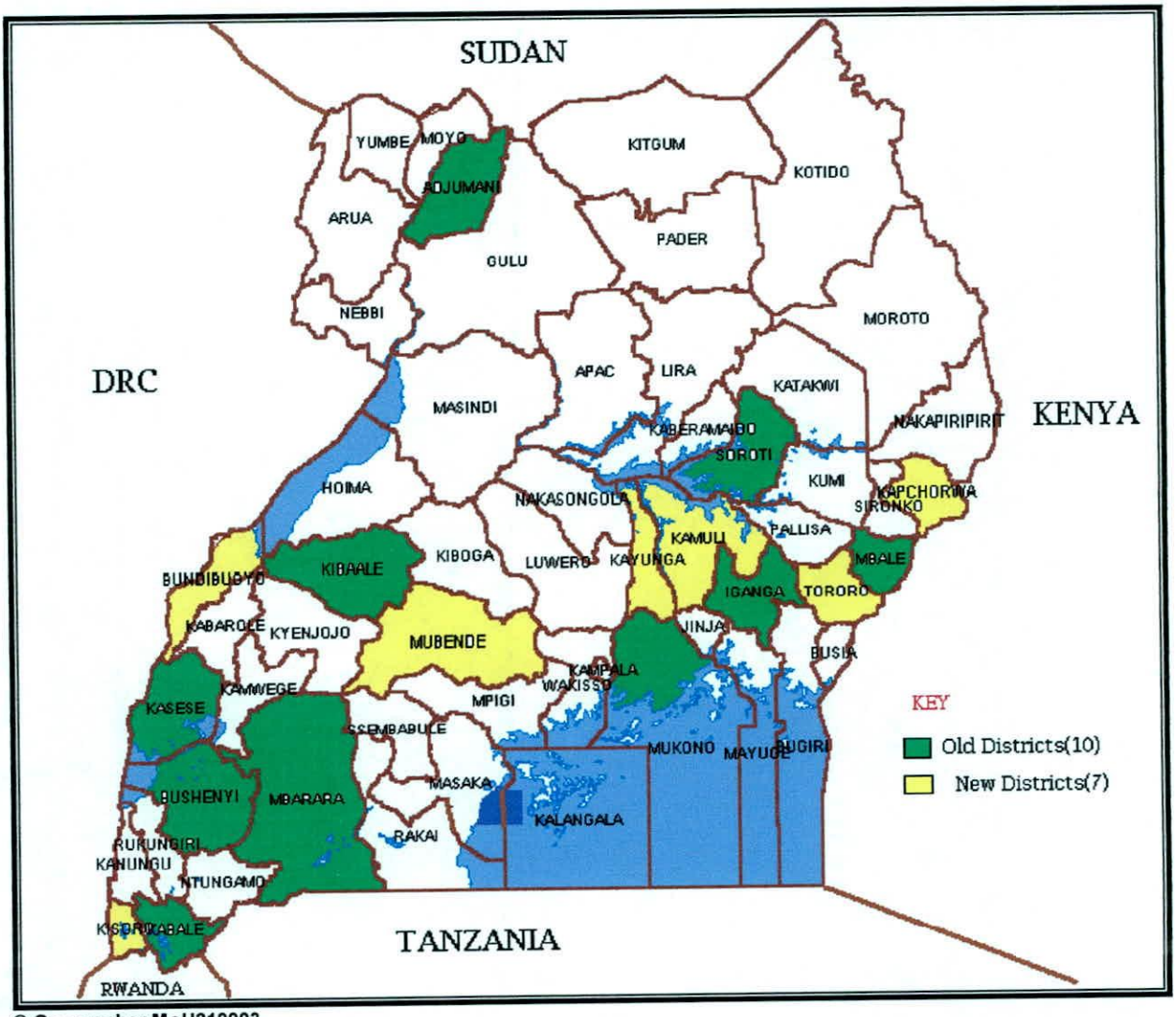
•TA committee expanded to include technical personnel in rehabilitation
•Administrative, managerial and supervision capacity built
•-+mobilise resources nationally and internationally
•Collaboration and cooperation with different sectors increased

Factors affecting implementation
Positive
•Willing staff, supportive partners
•Availability of funds
Negative
•Bureaucracy
•Bureaucracy
•Understaffing

APPENDIX V

DISTRICT PROJECTS

(Assistance to Project on strengthening Health Care Services to Persons with Disabilities)



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APPENDIX VI

Work plan for this reporting period

MIS 020: **WORKPLAN**

Page 1 of

Year 2002/03

Programme Area or Specialty: **STRENGTHENING ESSENTIAL HEALTH CARE FOR PWDs FOR YEAR May 2003 - Sept 2003 (NORAD FUNDS):**

General Objective: Specific Objective:

Indicator for specific objective:

ACTIVITY NUMBER	DESCRIPTION OF ACTIVITY /TARGET	OUPT PUT	TIMING												VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET AMOUNT ('000 US
			M	J	J	A	S	O	N	D	J	F	M	A			
1	**TRAINING OF HEALTH WORKERS**																
1.1	▪ In - service training of health workers on disability in Kayunga district	20 health workers trained on disability		x											Training reports Properly completed disability forms	Documentation of reports Surveys	7,000
1.2	▪ Training of 20 ENT Clinical Officers for Diploma	20 ENT clinical officers trained	X	X	X	X	X	X	X						Student's examination results		2,000=
	▪ **SUB TOTAL**																**9,000**
2	▪ **ESTABLISHMENT / STRENTHENING OF REHABILITATION SERVICES IN THE 16**																

	DISTRICTS															
2.1	▪ Pre- visits and planning meeting to Kayunga district	DDHS &CAO informed about the project, work plans	x											Reports of pre –visit and work plans	Study of the work plans and report	1,500
2.2	▪ Purchase of equipment for ▪ Physiotherapist ▪ Occupational therapy ▪ Ear, Nose and Throat	Basic equipment for the 6 new Districts purchased		X	X	x								Availability of equipment in the 6 district	Study of the inventory of the existing equipment.	12,000 2,400 3,600
2.3	▪ Support supervision and data collection with in the 16 districts	Support supervision carried out & data collected		x	x	x								Presence of the reports of the visits at the centre	Study of the reports	16,000
2.4	▪ Central support supervision and data collection in the 16 districts	Support supervision carried out and data collected		x	x	x								Presence of the report of the visits at the centre.		10,000
2.5	▪ Establish /strengthen the out reach & static services for Ear disease, movement disability and epilepsy 16 districts	16 hospitals with functional rehabilitation												Presence of units for hearing impairment, epilepsy & movement disabilities	Survey /study reports	25,000
	▪ **SUB TOTAL**															**70,500**
3.0	▪ **STRENGTHENING THE PRODUCTION AND DISTRIBUTION OF ASSISTIVE DEVICES FOR MOVEMENT DISABILITIES**															
3.1	▪ Procurement of the ENT, Physiotherapy	Equipment bought	x	x	x	x	x	x						List of equipment in place	Procurement procedure taken	75,000
	▪ **SUBTOTAL**															**75,000**
4	▪ **SENSITIZE CIVIC & POLITICAL LEADERS AT THE DISTRICT LEVEL**															
41	▪ Develop & deliver sensitisation messages to the civil society, political & administrative leadership in 16	The civil society , political & administrative leaders sensitised	x	x	x									Reports in place	Survey	26,000

	districts & through mass media	on disability																
	▪ **SUB TOTAL**																	**26,000**
5	▪ **PROVISION OF BACK UP SUPPORT TO REHABILITATION SERVICES IN THE COUNTRY & EQUIPING THE CENTRE WITH CAPACITY**																	
5.1	▪ Vehicle maintenance, operations & office running	Vehicles well maintained & office running smoothly	X	X	X	X	X	X	X	X	X	X	X	x	Well maintained vehicles & office functional office		25,000
5.2	▪ Consultancy fee and honorarium	Consultants hired Honorarium paid													Payment vouchers	Presence vouchers	28,000
5.3	▪ Review of the project activities in July 2003																10,000
5.4	▪ Equipping the centre with office equipment & stationery	Office adequately equipped	x	x	x	x	x	x	x	x	x	x	x	x	Presence of the functioning equipment	Observation of equipment	10,000
5.5	▪ Completing a 5 year strategic plan on injury	Workshop held													Presence of the workshop report and completed documents	Ready documments	5,000
	▪ **SUB TOTAL**																	**77,000**
6	▪ **DEVELOP OF THE DISABILITY INFORMATION SYSTEM**																	
6.1	▪ Data collection, analysis & dissemination from health centres 111 to the district and National level	Data collection system in place	X	X	X	X	X	X	X	X	X	X	X	x	Presence of the completed forms at all levels	Survey reports	10,000
	▪ **SUB TOTAL**																	**10,000**
7.0	▪ **SITUATIONAL ANALYSIS ON EPILEPSY DESK REVIEW**																	
	▪ Paralysis from injection	Burden & cause identified		X	X	X	x								Research reports	Study report	10,000
	▪ YCC in the 16 districts	YCC introduced in all the operational districts			X	x									Research reports	Study report	10,000

	▪ **SUB TOTAL**				**20,000**
	▪				**288,50**
	▪ **MISILLINEOUS 5%**				**2,885,**
	GRAND TOTAL				**291,38**

Budget Notes

Although some activities go beyond September 2003, the budget only addresses activities up to September2003.

APPENDIX VI I

Workplan for the next year (Sept 03 to August 04)/

HMIS 020: **WORKPLAN**

Year September 2003/2004

Programme Area or Specialty: **STRENGTHENING ESSENTIAL HEALTH CARE FOR PWDs FOR YEAR 2003- 2004 (NORAD FUNDS):**

General Objective: Specific Objective:

Indicator for specific objective:

ACTIVITY NUMBER	DESCRIPTION OF ACTIVITY /TARGET	OUPT PUT	TIMING											VERIFIABLE INDICATOR	MEANS OF VERIFICATION	BUDGET AMOUNT ('000 US
			N	D	J	F	M	A	M	J	J	A	S	O			
1	**TRAINING OF HEALTH WORKERS**																
1.1	▪ Follow up and refresher training in sign language for the trained health workers in the regional hospitals.	Refresher courses in sign language conducted for 40 health workers Net works established with the local UNAD branches.	X												Training reports Proficiency in sign language by the trainees	Documentation of reports Surveys	15,000
1.2	▪ Follow up with MOE&S to authorise the completion of Incorporated Disability & Rehabilitation issues into the curricula for nurses, midwives, clinical officers health assistants	MOE&S followed for the curricula to be incorporated.	X	X	X	X	x	X							Revised curricula	Study of the revised curricula	5,000
1.3	▪ Training120 nurses and COS in the ENT through a weeks course	120 nurses and clinical officers trained in the ENT course		x	x	x	x	x	x						Students' examination results	Visit to the different training schools	10,000

1.4	▪ Training of tutors in disability aspect of new currivlum	40 p health workers trained							x					Students examination results	Certificates awarded	30,000
1.5	Training artisans i.e. a) Carpenters b) Metal workers	80 carpenters trained 16 metal workers			x		x							Reports written	Study off the reports	25,000 15,000
1.6	Follow up and support supervision in the districts for above ex trainees	Visits carried out	X	X	X			x	X	X					Reports presented	20,000
	SUB TOTAL															**64,000**
2	▪ **ESTABLISHMENT / STRENGTHENING OF REHABILITATION SERVICES IN THE 16 DISTRICTS**															
2.1	Establish/ strengthen the out reach & static services for Ear disease, movement disability and epilepsy 17 districts	17 6district hospitals with functional rehabilitation units for hearing impairments, epilepsy and movement disabilities Out reach activity from district hospitals to HSDs in place	x	x	X	X	X	X	X	X	X	X	x	Presence of units for hearing impairment, epilepsy and movement disabilities. Outreach reports	Survey Study of reports	70,000
2.2	Purchase asssistiive devices and drugs for the 17 districts	Assistive devices and drugs purchase for the 17 districts				X	X	x						Presentation of receipts	Verification reports	170,00
2.3	Prevention of deafness in the 17 districts through the out reach programme	Out reach programmes for the prevention of deafness carried out in the 1 districts	x	x	x	x	x	x	x	x	x	x	x	Reports of the out reach	Study of reports	20,000
	SUB TOTAL															**40,000**
3.0	**STRENGTHENING THE PRODUCTION AND DISTRIBUTION OF ASSISTIVE DEVICES FOR MOVEMENT DISABILITIES**															
3.1	▪ Purchase of raw materials & sustaining the production	Raw materials available in the 4				x	x	x	x	x	x	x	x	Presence of the raw materials	Survey	60,000

	for regional workshops for prosthesis, orthotics Aids	regional workshops													in the regional orthopaedic w/shops		
	SUB TOTAL																		**60,000**
4	**PROVISION OF BACK UP SUPPORT TO REHABILITATION SERVICES IN THE COUNTRY & EQUIPING THE CENTRE WITH CAPACITY**																		
4.1	Quarterly meeting for the central staff & core team	Meetings held	x			x			x			x		x	Presence of the minutes	Review of the minutes	5000
4.2	Retreat for the Disability Prevention & rehabilitation staff	Retreat held								x					Presence of report	Study of the report	6,000
4.3	Vehicle maintenance, operation	Vehicles well maintained & office running smoothly.	x	x	x	x	x	x	x	x	x	x	x	x	Well maintained vehicles & a functional office,	Observation of office facilities & vehicles	40,000
4.4	Office running/ imp rest	Ready funds available for the daily running of the office	x	x	x	x	x	x	x	x	x	x	x	x	Daily funds available	Budgets submitted	20,000
4.5	Consultancy fee & Honorarium	Consultants Honorarium hired and paid	x	x	x	x	x	x	x	x	x	x	x	x	Payment vouchers	Presence of vouchers	25,000
4.6	Equipping the centre with office equipment and office imp rest	Office adequately equipped with adequate imp rest			x	x	x	x	x	x					Presence of the functioning equipment	Observation of equipment	25,000
	Support supervision both from the centre and at the district	Support supervision visits carried out			X	X							X	x	Teams for the centre and districts formed for support supervision	Reports form the teams	40,000
	SUB TOTAL																		**95,000**
5	**DEVELOPMENTOF THE DISABILITY INFORMATION SYSTEM**																		
5.1	▪ Data collection, analysis & dissemination from health	Data collection system in place				x	x	x							Presence of the completed	Reports	15,000

	centre III to the district and National level															forms at all levels	Survey	
5.2	▪ Final editing, printing and distribution of the training manual and rehabilitation Package	2000 copies of Training manual printed 4000 copies of the Rehabilitation Package printed														Presence of the training manuals and the Rehabilitation Package in the districts.	Surveys	30.000
5.3	▪ Completion, printing and dissemination of the policies.	Complete policies disseminated to the partners			x	x	x	x	x	x	x	x				Presence of the complete policy document	Study report	15,000
5.4	▪ Printing of the Standards and Guidelines	Finalised documents made				x	x	x	x	x						Presence of the complete documents	Study documents	20,000
	SUB TOTAL																	**70,000**
6.	**RESEARCH IN DISABILITY**																	
6.1	▪ Paralysis from injection	Burden & cause identified				x	x	x	x	x	x	x	x	x	x	Research reports	Study reports	15,000
6.2	▪ YCC in the 17 districts	YCC introduced in all the operational districts														Research reports	Study reports	20,000
6.3	▪ Final Evaluation of the project in the 2003	Evaluation report done											x	x		Presence of the evaluation report	Study the report	20,000
	▪ **SUB TOTAL**																	**70,000**
7	▪ **MISILLINEOUS 5%**																	**397,00**
	▪																	**39,700**
	GRAND TOTAL																	**436,70**

APPENDIX VIII

ANNUAL MEETING ON PROJECT FOR STRENGTHENING ESSENTIAL HEALTH CARE FOR PEOPLE WITH DISABILITIES HELD IN MOFPED ON 9 TH APRIL, 2003

ATTENDANCE:	**NAME ORGANISATION**
1. Mr. Ocailap Patrick	MoFPED (Chairman)
2. Mr. Hlarald Karlsnes	Royal Norwegian Embassy
3. Ms. Raudi Lotsberg	Royal Norwegian Embassy
4. Ms. Olive Bwanika	Royal Nowegian Embassy
5. Ms. Samantha Smith	MoFPED
6. Mr. J. Mukasa	MoH,
7. Mr. Kiguli Norbert	MoH
8. Dr. Alice Nganwa	MoH
9. Mr. Kalanguka-Khayondho	MoFPED
10. Mr. EnyakuRogers	MoPPED
11. Dr. Solome Bakeera	MoH
12. Ms. Naluzze Jessica	MoH
13. Dr. Stanley Bubikire	MoH
14. Mr. Emmanuel Katwe	MoFPED -(Secretary)

Minute 1: Communication from the Chair

The Chairman (C/ALD -MoFPED) warmly welcomed members to the meeting and pointed out issues necessary for the consideration during the annual meeting. These were:

1. Institutional arrangements

2. Procurement

3. Design

4. Submission of Audited Accounts.

The chairman further reiterated that everyone should read the Agreement well and internalize the central activities of the project which include training of health workers on disability and rehabilitation activities, establishment of rehabilitation units in selected districts, ensuring effective distribution of rehabilitative drugs and assertive devises, strengthening service for ear diseases, mental health and epilepsy and engaging in sensitization and research activities.

Minute 2: Comments from the Royal Norwe2ian Embassy *(RNE)*

The Councilor of the RNE out lined the following issues laid down in the Agreement, Article VII Reports as not been fulfilled by Govt. of Uganda. These are:

1. Clause 1: Submission of an Annual Report to Norway within 31ST July 2001 on the implementation of the project for the FY 2000/01

2. Clause 2: In preparation for the Annual Meeting, Uganda shall within 31 July 2001 submit to Norway

(a) Work plans with planned outputs and time schedules for the next FY; (b) a budget for the next FY, showing all income and expenditures;

(c) Budgets for the individual institutions receiving funds under their Agreement, showing all income and expenditures.

3. Clause 3: An audited opinion on the project accounts not later than six months after the FY. The audit shall be performed by the Auditor General.

4. Clause 4: Uganda shall submit to Norway a final report with 31 December 2002. If the activities of the first two years of the project are not completed by 31ST August 2002, a status report shall be submitted to Norway by the said date.

Due to lack of follow up, Norway proposed to terminate the Agreement for the project during the Annual consultations with Uganda held on 23 May 2003.

MoH were given one week to follow up and report directly to the Embassy. This was not done until communication were received from MoH in August and then from MoFPED in September 2002.

Due to RNE's great commitment to the project aim of developing essential health care for persons with disabilities and mainstreaming them into district and National Health Plans, the Embassy met with MoH Disability Unit in August 2002 and informed them that the

Embassy considered it reasonable to hold an Annual Meeting in order to formalize discussions with Uganda.

The Embassy stressed that it is difficult to understand the reasons for the complications and delays in providing the required documentation for the Annual Meeting, yet the system of reporting follows exactly the same model as all other NORAD supported programmes.

The Embassy reiterated that it is not the duty of the Embassy to ensure proper communication but would expect all the implementing partners to have underst0'0d and adhere to procedures laid down in the Agreement.

The Counsellor pointed out that they received all the documentation for the Annual Meeting which had been scheduled for 19 March 2003 on 4 March 2003, a period not long enough to study them. The meeting was subsequently postponed unti19 April, 2003.

The Counsellor informed that the Annual Meeting should be dedicated to clarifying whether to continue with Norwegian funding of the project or not. The Goal of the project is to strengthen the provision of rehabilitation services to people with disabilities.

Making recommendations from research on improving rehabilitation services is one of the objectives. An underlying rationale for the project is to develop and streamline disability concerns into the health services, both at the national and local level.

Despite the fact that the responsibilities for these concerns were fully taken care of by the sector itself (within the sector programme).

Minute 3: Review of the Annual Progress Report

The RNE had received two progress reports. The first progress report covers September 2000 to August 2001. The second progress report covers September 2001 to August 2002.

According to the agreement, Audited Accounts and Progress Report shall be submitted not later than 6 months after each FY. Delays in reporting were raised as a concern by the RNE.

The RNE commended the reports for being well written and providing a good understanding of the implementation, challenges, lessons learned and solutions sought as well as results coming out of the project.

The progress report was approved.

Minute 4: Review of Auditor General's Report

The Embassy has in Feb 2003 received audited accounts report for two years, from 1st Sept 2000 to 31Aug 2002.

According to the agreement, audited accounts and progress report shall be submitted not later than 6 months after each financial year. The reports submitted covers 1st Sept. 2000- 31st August 2002. The RNE expressed deep concern with regards to the delay of the annual audit reports.

The Auditor General's Opinion reveals the following:

- Counterpart funding; the Ugandan share of the budget; U shs 183,918,000= for the 5 yr project has not been forthcoming.
- Project funds were not put on a separate account but mixed with another project.
- U shs 3,450,475= was paid for insurance for non project vehicles.
- Only 55% of the grant has been utilised as 31st August 2001.

The RNE asked for explanations to the issues raised in the Audit Opinion. The issues of counterpart funding and only 55% of the grant being utilized were not reflected in MoH's response to the Auditor General and was particularly stressed by the RNE.

The meeting provided sufficient explanation and solutions to the issues raised. The Audit Report was approved.

Minute 5: Approve work plans and budgets.

The next Annual Meeting for the Project will take place in September, 2003. All documentation for the Annual Meeting shall be submitted as stated in Article VII, Clause 2 of the Agreement between Uganda and Norway.

.

It was agreed that the project will have an annual progress report prepared by 31st July, *2003* and this will report on progress made in project implementation for the FY 2002/03. The MoH should endevour to have the audited accounts for FY2002/03 available for the next Annual Meeting in Sept. 2003.

As recommended by the RNE, part of the remaining funds to be disbursed is to be used to fund a brief review of the programme so far. The Project Management staffs are to 'prepare a short Terms of Reference for this review. These are to be sent to the RNE through MFPED for comments. This review is to take approx. 30 days, to be conducted by an external consultant, and is to be completed September 2003. .In particular, the review should look at how the project is streamlined with district activities such that there will be a smooth transition to basket funding following the close of the project.

MoH is to ensure that the project receives the counterpart funding due to it, in accordance with the Agreement.

To help ensure smooth operations for the project in the next FY, a separate project code ~ is to be set up and the project will be listed separately in the Public Investment Plan
(PIP).

It was agreed that 50% of the remaining undisbursed NORAD funds will be released now and the other 50% will be released in Sept, 2003. The total amount of undisbursed funds is NOK 2.329.000 approx. Ushs 582,250,000.
The RNE needs to receive an official request for the next disbursement of funds from MFPED immediately.

The work plan and budget presented at the meeting runs from May 2003 to May 2004. It was recommended that this be separated into two periods-from now until Sept. 2003 (including the project review as one of the activities) and then from Sept. 2003 to June 2004.

This is to be resubmitted to the RNE clearly indicating the totals by broad activity e.g. training. It is thus assumed that the project will end by June 2004.

Minute 6: A.O.B.

There being no other business, the meeting ended with the agreement that the Minutes would be forwarded to the RNE within l0 days following the Meeting.

... Signed:

On behalf of Government of Uganda
On behalf of Royal Norwegian Embassy, Kampala.

lHarald Karlsnes,

Counsellor

APPENDIX IX

The table below shows the activities beyond the project focus for the Aug 2002- September 2003 the challenges highlighted.

ACTIVITY	CHALLENGES
EYE CARE: • 3 technical Coordination meetings were carried out • 2 National Prevention of Blindness Committee meetings • 2 meetings between eye NGO and MOH • 1 meeting with the Norwegian delegation • 1 meeting with SSI delegation • 1 meeting with CBM delegation • Support supervision conducted 5 regional eye care centers and districts • Sensitisation of public was carried out with I.E.C materials currently in distribution as well as the policy • National eye survey • Enhance mobilization strategies • Continue training in low vision and refraction • Enhance supervision • Lobby relevant authorities to recruit OCOs	• Lack of baseline data • Lack of adequate funding • Poor uptake of outreach services • Many districts still without ophthalmic clinical officers • Little support supervision due to poor funding

INJURY: • 3 meetings on injury policy carried out • Policy on injury is in the final stage • 85 drivers from the ministry of health trained on road safety and accidents. • 3 emergency meetings on disaster preparedness and landmines carried out • Continue to mobilize funds • Sensitisation of the public • Continue to train the drivers of MOH and UTODA	Poor funding
ENT AND DEAFNESS: • 10 HARK out reach visits carried out i.e. Bushenyi, Kabale, Kisoro,Soroti, Kapchorwa,Kiboga,Mukono,Kibale, Tororo, • Financial support to the ENT Clinical officers course still going on (4million) • 3 meetings for ENT with partners • 1 meeting on the NCPD with all stake holders • Received a donation from the Rotary Club of Canana for ENT activities e.g. computers, equipment to Mbale, Mulago and Mbarara • Conducted a two weeks course for 45 ENT clinical officers • Support supervision carried out in the West Nile, Central, West and South Western districts (40 districts) • Mobilise more resources • Regular supervision • Continue treating ENT staffs for 2 weeks and one year diploma • Procurement underway • Train 120 C.O in ENT	• Poor funding • Irregular support supervision • Few trained ENT staff • Inadequate equipment • Recognition at district and regional level
ORTHOPEADIC ACTVITIES • 3 Orthopaedic committee meetings held • 86 million was given for purchase of orthopaedic equipment to the 4 regional workshops and 3 smaller workshops • Support supervision carried out still going on • Orthopaedic technicians have now been recruited and deployed • Orthopaedic policy • Procure material and equipment for the workshop	• Lack of adequate raw materials for production of appliances • Inability of the PWDs to purchase these appliances • Low priority area for funding as per the MOH budget • Personnel not adequate
GENERAL ACTVITIES CARRIED OUT as	• Inadequate staffing

per the Section's Work Plans • Support supervision of rehabilitation services in the 45 district • Training of health workers in disability in six districts 150 nurses and clinical officers • Sensitized in six districts the civil and political leaders • Follow up of the weak districts i.e. Kasese , Kapchorwa and Bundibugyo noted that improvement was achieved • Disability Forms 1 & 2 merged into one standard form • Central production of the disability forms conducted and distribution is going on. • Rehab package is being updated with the help of the district technical people • Planned a workshop to develop the five year strategic plan for the health needs of older persons • A brochure on disability has been printed and is being districted • Completed the construction of the accessible latrine for the physically disabled children at Kampala school guideline done and supervision going on • Initiated the local procurement of assistive devices by the orthopaedic workshops • Distribution of the club foot posters • Retreat including the core committee • Evaluation of the project in July • Support supervision in collaboration with accounts • Auditing of the Project accounts • Delivery of 2 orthopaedic workshop vehicles • Procurement of the office furniture and equipment. • Train 120 CO in ENT **TRAINING FOR THE CENTRAL STAFF** • One officer completed his course with ICSA • 2 officers currently on masters degree in MBA and diploma in PAM respectively • Officers completed the course on basic computer package	• Limited funds • Congested work plan than make some activities not to be recognized • The available vehicle are not adequate for all the district activities

INTERNATIONAL CONFERENCE AND DAYS • Celebrated world diabetes day on 14th Nov 2002 while preparations are going on for this year's celebrations. • Celebrated world Health day 7.4.O3 • Celebrated world sight and white can day in Hoima & Kampala • Participated in the celebrations of world mental health day • Participated in the celebrations of the older persons day in Iganga • Obtained 150 nets from malaria programe for the older person • Participated in world malaria and Leprosy days in Kumi district • World confederation of physiotherapy Africa regional conference • Women's Regional Health Conference for Women Doctors. • Meeting on different issues within the region • Trachoma conference in Geneva • National Eye conference and National CME for OCO and cataract surgeons ***RESEARCH*** • Access • Injury • Young child card • Injection Paralysis OT regional meetings ***VEHICLES OPERATIONS*** • One vehicles was given to the workshops of Mbale	
ANNUAL MEETINGS, WORKPLANS AND BUDGETS • Drew the districts budgets for 2003/04see budget done and MOH	Accessing funds.

• Drew the Annual NORAD budget see attached • Completed the budget for May – Sept for NORAD funds • Funds from the Embassy have been received • Annual but belated meeting held to discuss project with the donors, MIN of FPED and MOH • Office retreat was held see minutes • Accountability and district reports were received from some districts though some districts have not succeeded in purchasing local materials • Received counter funding from the MOH amounting to 82 million and all spent. • Funded the production of album for the PWDs i.e. Kadongo Kamu • Audit the project accounts for the 1st year funds advanced. **OTHER MEETINGS** • School health • Quality Assurance • Senior management • Health Education Division. • Participated in the training of the Village Health teams	Congested workplan