ANNUAL REPORT

THE REPUBLIC OF UGANDA

Disability and Rehabilitation Section
Ministry of Health

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From the Director General, Ministry of Health

Disability is one of the outcomes of the disease process. The Ministry of Health in its effort towards Health For All 2000 is responsible for providing promotive, preventive curative and rehabilitative health service that are accessible and of acceptable quality. The Disability and Rehabilitation Section was established to strengthen the rehabilitation component of PHC using the CBR approach and in line with the 22 standard rules for equalization of opportunities for PWDs, the convention of the Rights of the Child and the Constitution of the Republic of Uganda.

Health is an important prerequisite for growth and development. The first step in tapping the potentialities of PWDs for community and national development is providing rehabilitation services.

This however must be done in close consultation with the users so that the service meets the needs of the PWDs and not the dreams of the service provider.

We congratulate the Disability & Rehabilitation Section on its achievements during 1997 and encourage the section staff to continue in the same spirit.

Dr. Kihumuro-Apuuli
DIRECTOR GENERAL

ANNUAL REPORT
DISABILITY SECTION, MINISTRY OF HEALTH

1.0 INTRODUCTION

1.1. About this Report

The Disability and Rehabilitation Section presents its Annual Report 1997.

You may not find it necessary to read the whole report; therefore it has been designed to give you an overview of important issues.

The **Objectives** are presented in rectangles, followed by the activities and the ***achievements*** are in bold italics.

The Report concludes with major challenges facing the section and objectives for 1998.

Your comments/suggestions are welcome.

1.2 Towards establishing the section

The section was established in 1996. The need for the section was first identified by the Educational Assessment and Resource Services (EARS)/Special Education Programme of Ministry of Education (MOE) and the Community Based Rehabilitation Programme (CBR) of Ministry of Gender and Community Development (MG&CD). The two programmes started intervening in educational and socio-economic needs of people with disabilities (PWDs) respectively. One of the major hurdles their Field Officers identified was the lack of comprehensive input from the health sector.

The rehabilitation services offered by Ministry of Health (MOH) were often vertical and highly centralized. Secondly, these services rarely went beyond the hospital fence.

The MOH was also challenged by several UN documents Uganda government was committed to. The most important of these is the 'Standard Rules for Equalization of Opportunities for PWDs' which calls upon governments to offer health services that include medical rehabilitation to all PWDs through all levels of health care.

The MOH submitted a proposal to the Norwegian Association of the Disabled (NAD) for support to draw a National Plan for Medical Rehabilitation for PWDs. Funds and technical advice from NAD/NORAD played a pivotal role in establishing the Disability & Rehabilitation Section and facilitating consultations that led to the development of the National Plan.

1.3 Achievements - 1996.

The following were the Section's major scores in 1996

- *Section was established, staff recruited, oriented, office space and equipment acquired.*
- Standards and guidelines for visual impairment, communication difficulties, epilepsy, mental health, orthopaedic appliances and aids were developed.
- Channels of collaboration with relevant PHC programmes in MOH and line ministries in disability were put in place.
- A Child Development Screening Instrument using the Young Child Card was developed.

2.0 OBJECTIVES - 1997

a) To develop policies, guidelines, standards and action plan for:

- Non Communicable diseases (NCD)
- Cerebral Palsy (CP)
- Other movement disabilities
- Children's Mental Health (CMH)

b) To complete the standards, policies and guidelines for:

- Mental Health
- Epilepsy
- Orthopaedic Appliances and Aids
- Visual Impairment
- Hearing Impairment/communication difficulties

c) To develop a District Rehabilitation Package.

b) To develop Training material for the Child Development Screening Instrument.

c) To improve staff performance.

d) To include disability and rehabilitation in OPL Training Manual.

e) To sensitize senior and top managers in MOH on disability and rehabilitation.

f) To initiate ear care services in one district.

i) Reactivate regional orthopaedic workshop.

j) To establish at least 10 physiotherapy units that target children with neuro-development problems.

2.1 *To develop Policies, guidelines, standards and an action plans for Non Communicable diseases, Cerebral Palsy, other movement disabilities and Children's Mental Health*

The development of standards and guidelines for various disabilities was the first step towards developing a National Plan. As mentioned in Section 1.2, this activity started in 1996.

During 1997, 4 Task Forces of four people each were identified and facilitated to develop standards and guidelines for the four disability areas. The Task Force members were drawn from various interveners in health care and experts in special fields. For example, the Task Force for NCD had physicians, a paediatician, nursing officer and a pharmacist; CP Task Force had physiotherapists and a paediatrician; movement disabilities (other than CP) had an orthopaedic officer, orthopaedic surgeon, and a physiotherapist. The CMH Task Force had a psychiatrist, a psychiatric clinical officer, a psychiatric nursing officer, psychologist and special education teachers.Each Task Force has representation from national as well as district levels of health care.

The task forces through 4 workshops developed the standards and guidelines. The task force for non communicable diseases, however, require more time to complete guidelines for the district hospital.

Achievement:

Standards and Guidelines were Developed for:

- ***Non Communicable***
- ***Cerebral Palsy'***
- ***Movement Disabilities***
- ***Children's Mental Health.***

2.2 *To complete the standards, policies and guidelines for:*
-Mental Health
-Epilepsy
-Orthopaedic Appliances and Aids
-Visual Impairment
-Hearing Impairment/communication difficulties

5 Task Forces of 4 people each developed the standards, policies and guidelines for the areas of disability listed in the box above during 1996. Their outputs were circulated to experts in and outside Uganda.

This group of Task Force members met again during the first quarter of 1997 to study the comments/suggestions their work had received from the experts. They then reviewed their earlier document in light of the comments and made relevant adjustments. *The comments/suggestions* were very pertinent. However, the response from local (Ugandan) peers was *disappointing*.

The Task Force that prepared standards on orthopaedic appliances and aids had a number of problems because of the wide area of work, the different possible actors in appliances and aids industry and the recent management snags faced by government workshops. Their first draft of standards had several contentious sections.

The section requested NAD for an external expert in appliances and aids to guide the Task Force review its document. Gunner Larsen was the consultant identified to assist the Task Force. His input coupled with comments from WHO technical advisor on assistive devices greatly improved the document.

Achievement:

Standards and Guidelines were completed for:

- ***Adult's Mental Health***
- ***EpilepsyOrthopaedic Appliances & Aids***
- ***Visual Impairments***
- ***Hearing Impairment/Communication difficulties***

Facilitation of the 9 Task Forces included:

- Training in the development of standards and guidelines.
- Provision of literature from the national and international arena.
- Seclusion in a quiet setting.
- Provision of attractive professional allowance.
- Close support supervision by the Section.
- Provision of guidelines for more focused output shown below

Level of care	Services	Staffing	Equipment & Supplies	Management & Support	Health Management Information System
Community Health Care District Level					

This guide had earlier been distributed by the Planning Department of MOH to help units develop their standards and guidelines in preparation for a MOH essential health service package.

The Task Force members were hard working, committed to their task and had technical knowledge and experience in their particular area of expertise. This resulted in our achieving the first 2 objectives, although the output was 2 months beyond the planned schedule

2.3. To Develop a District Rehabilitation Package

The standards drawn by the Task Forces were quite detailed and used technical terms. Although the standards would assist rehabilitation experts, they would not communicate to administrators in the health care system.

The nine sets of standards; non communicable diseases, cerebral palsy, movement disabilities, children's mental health, epilepsy, mental health, orthopaedic appliances and aids, visual impairment and hearing impairment/communication difficulty, also had substantial repetitions especially for community and health centre levels.

There was need therefore, to revisit the 9 sets of standards and crystallize them into a smaller, simpler document that describes the standards required yet does not bog down administrators and planners with heavy technical details.

A final reason for the need to develop a district rehabilitation package was the policy of integration. The ministry was moving away from vertical programmes that addressed single diseases to a more comprehensive and integrated approach, hence the need to merge the 9 sets of standards into one document.

This was one of the biggest challenges the Section faced during 1997. At first, it was felt that an external expert in PHC and standard development would be objective and also have an outsider's independence to perform the task. Unfortunately, the person identified was too expensive.

The approach used finally was to call on the ministry's Quality Assurance Unit and together with the Mental Health Division and Disability and Rehabilitation Section develop the Rehabilitation Package.

Using local experts had the following advantages:

- They fully understood the new political/administrative setting the rehabilitation services package would have to operate in.
- Uganda's MOH had set the pace for Africa's health ministries in Quality Assurance of health care delivery. The Quality Assurance Unit was responsible for this positive development.
- Local experts within the health sector if used in development of the rehabilitation services are sensitized in the process and could later promote the implementation of the package.From the financial angle, the local experts were five times cheaper than their European counterpart.During a five day retreat, the 9 sets of standards were merged and compacted into a document called *'Essential District Services for Medical Rehabilitation of People with Disabilities (PWDs).*

Achievement:

Document "Essential District Services for Medical Rehabilitation of People with Disabilities"

2.4. *To include Disability and Rehabilitation in Operational Level (OPL) Health Worker's Training Manual*

Three major activities led to partial achievement of the above objective.

2.4.1 Environmental Health Workers.

The Section learnt that the Environmental Health Workers often found the OPL in-service course irrelevant. These workers had therefore developed their own in-service curriculum.

The Disability and Rehabilitation Section added an extra unit to this curriculum that covered identification of disabilities and follow-up of rehabilitation programmes. The environmental health staff are an important resource in rehabilitation because they are the health cadre that is closest to the community and is most accessible to homes:

2.4.2 The Operational Level (OPL) Health Workers Training Manual.

The second activity under this objective was the development of sections and"supplements to existing sections of the OPL Training Manual. This was done in partnership with the Training Department. It is planned that the proposed additions will be adopted during the major review of the OPL Manual by all programmes during 1998.

In preparation for inclusion of disability in in-service training, one of the section staff attended Training of Trainers (TOT) course of Mid Level Managers (MLM).

2.4.3 AMREF Distant Learning Course

The section participated in an extensive exercise that revised the content of the AMREF distant learning materials for health workers. More information on identification, management (including referral) were included. Specific disabilities that had been omitted such as children with behavioural problems were added.

Achievement:

- ***Disability component developed for:***
  - OPL Manual
  - Environmental Health Workers OPL Curriculum
- ***Disability & Rehabilitation included in AMREF Distant Learning Manual***
- ***One of the Section staff received training in Training of Mid Level Managers'***

2.5 To Sensitize Senior and Top Managers in MOH on Disability and Rehabilitation

It is difficult to measure the extent to which this objective was achieved. During 1997, the Section presented its achievements and future plans to senior and top managers of the MOH on two occasions. These meetings included all MOH programmes.

The Section staff have also visited several senior staff in an effort to solicit partnership and support. This form of sensitization however, does not provide a clear picture of the extent of the problem of disability.

The Section therefore with support from UNICEF, developed a sensitization booklet that targets managers at the Headquarters and at the district. The booklet is called 'Making a Positive Difference' and will be completed during the first half of 1998.

Achievement:

- ***Top and Senior Managers Partially sensitized***
- ***Sensitization booklet written***

2.6 To initiate Ear Care Services in One District

This was one of our most challenging objectives. A vehicle with equipment to assess hearing impairments and make hearing aids was donated by Glaxo Wellcome through the Commonwealth Society for the Deaf. Several problems faced the operationalizing of this vehicle. Among the internal problems was lack of funding for the project from MOH and poor collaboration between the ENT Department Mulago, and the District Rehabilitation Section. These two hurdles were eventually overcome. Accessing funds committed by UNICEF was also extremely difficult. As a retrospective observation, these difficulties arose because the SectionÀ's staff were new to the procedures of UNICEF Country Programme.

The Hearing Assessment Research and Centre (HARK) project was also a new project to UNICEF. It is hoped accessing funding for HARK from UNICEF will be smoother during 1998.

Despite the hurdles, the vehicle with an outreach team started work in Iganga. This included sensitization of district administrators and selected health workers through 2 separate workshops. A Clinical Officer was also identified and trained in Primary Ear Care in Mulago ENT Department for three weeks. In November, the first batch of people were assessed for hearing impairments.

Achievement:

- ***HARK Project transferred to Mulago Hospital***
- ***Project Coordinator was identified***
- ***Regular funding was secured from consultants outreach programme***
- ***Iganga District sensitized to ear care***

2.7 To Reactivate Regional Orthopaedic Workshops
To Establish a Northern Region Orthopaedic Workshop in Gulu

Accessing and provision of appliances and assistive devices is one of the major activities that the Disability and Rehabilitation Section actively pursued since its establishment 2 years ago.

Provision and accessibility of orthopaedic appliance and assistive devices is one of"the main aims of the Section. For it to achieve this goal, the Section worked in collaboration with International Services Volunteers (AVSI) to make the workshops functional. This was done by:

- Firstly, the Disability and Rehabilitation Section placed personnel in the three regional workshops namely: Mbarara, Mbale, and Fort Portal Orthopaedic Workshops.
- Secondly, by ensuring that the equipment and machines are in a functional condition and,
- Thirdly, by initiating the formation of workshop Management Committees. This committee is comprised of selected members from the stakeholder districts of the respective regions.
  The purpose of this committee was to involve the stakeholders in identifying strategies for financial support to the workshops and their activities.

In order to ensure equitable distribution, the MOH in collaboration with AVSI has constructed orthopaedic workshop at Gulu, which is expected to be operational within the first half of 1998.

Achievement:

- *Construction of Gulu workshop is underway*
- *Regional workshops of Mbarara, Fort Portal and Mbale have been activated.*
- *The workshop have fair staffing.*
- *Collaboration with Rotary Club - a major funder for appliances and aids was established*

2.8 To establish at Least 10 Physiotherapy Units that Target Children With Neuro Development Problems.

Developmental delay is a major cause of concern in Uganda. To reduce the impact of disability due cerebral palsy and other neuro development problems,

the MOH with support from AVSI has established cerebral palsy units, which are effectively functioning. They are located in various physiotherapy departments within the country.

They include:

- Mulago Hospital Physiotherapy
- Mbale " "
- Iganga " "
- Jinja " "
- Soroti " "
- Mbarara " "
- Kitagata " "
- Fort Portal " "
- Gulu " "

Development of skills for daily living

Eleven Physiotherapists were supported by AVSI to operate static clinics and outreach services. Through this service over 1,000 children with disabilities were seen.

Achievement:

Static and outreach neuro development clinics were established in 9 hospitals

2.9. *To Initiate and Maintain High Quality of Production of Assistive Devices and Physiotherapy Services*

In order to ensure high quality of assistive devices, the Disability and Rehabilitation Section put in place a Quality Assurance team which carried out a quality assurance tour of seven orthopaedic workshops during 1998. Three of the workshops are owned by NGOs while the other 4 belong to the MOH.

Mr. Gunner Larsen an Orthopaedic Technician from Norway was consulted and contracted as a consultant to initiate the monitoring process. He was engaged in April - May 1997 and then in November - December 1997. The team made very good recommendations with a number of action points. The Section will implement the action points in the April and May 1998.

Achievement:

- ***Solutions to major problems for quality appliance were identified***
- ***Orthopaedic workshop staff were motivated***
- ***One workshop greatly improved the quality of assistive devices it produced.***

Problems: The major problems hampering the achievement of this activity are lack of funds and materials.

Solutions: The Disability and Rehabilitation Section is planning to lobby for inclusion of 20 million Uganda shillings to each of the 4 regional hospital budgets for purchase of raw materials.

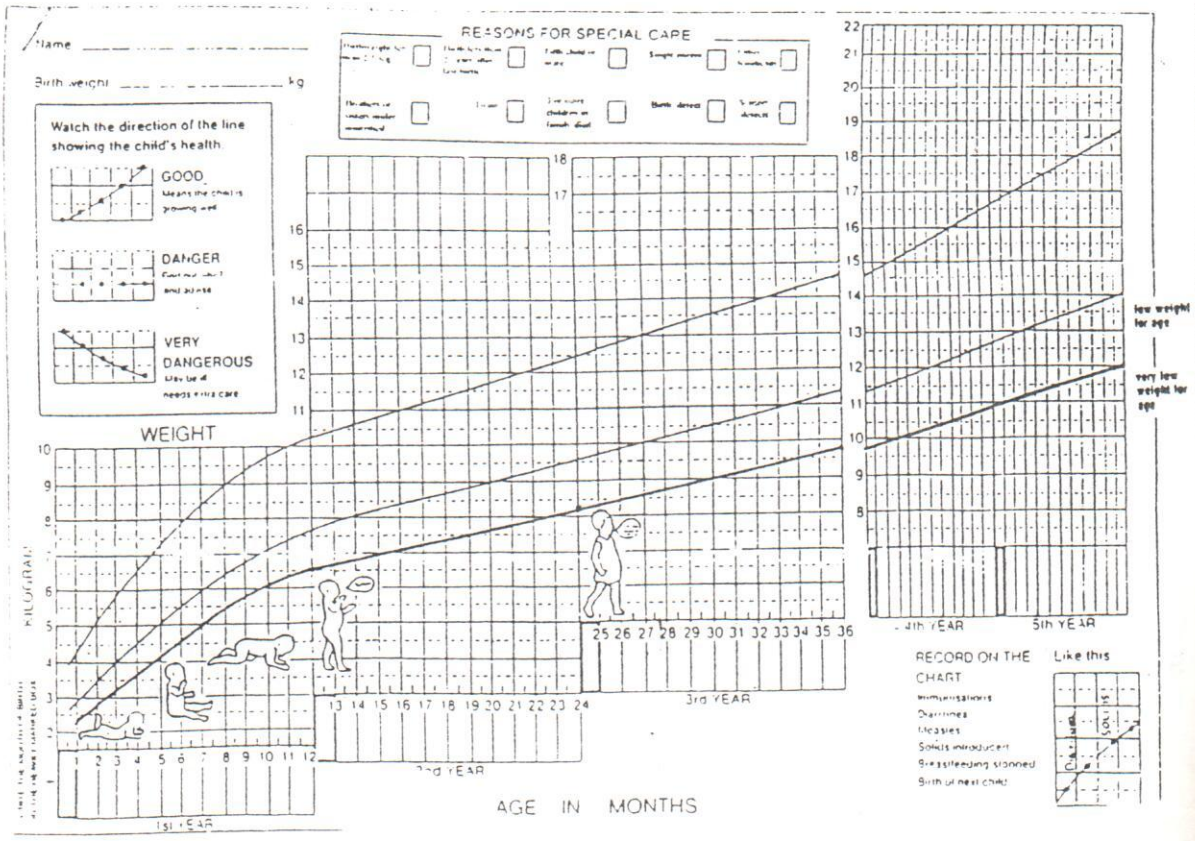
A proposal has been raised for National Medical Stores to include raw materials for appliances and assistive devices in its purchasing and distribution system.

Problem: 8 orthopaedic technologists in the government hospitals are not employed by the government but are only placed in the hospital and receiving a token allowance.

Solution: Lifting of the ban for these few workers is under discussion.

2.10. To Develop Training Material for the Child Development Screening Instrument

As mentioned earlier the Section in 1996 successfully included a component of child development monitoring/screening on the young child card.



A trial of this instrument is necessary before health workers can be trained on a larger scale in its use. No trial was done as funds were not available. Lobbying continued throughout 1997.

This objective was not met at all due to lack of funds.

2.11. National Survey

This was not a 1997 planned objective but arose as a need during the Section's second consultative meeting in May 1997 (the first was in May 1996). At this meeting, partners pointed out the need for:

- Standard assessment form at community level so that different NGOs and government sectors can compare/exchange data and information.
- Inclusion of disability in the 1998 National Survey
- Prepare early for appropriate questions to enter the census 2000 questionnaire

An inter-sectoral committee was chosen that included Ministry of Education, Ministry of Gender and Community Development, Ministry of Health, Ministry of Planning and Economic Development and NUDIPU. This committee met several times during 1997. It developed a questionnaire and succeeded in including disability among the 1998 National Survey topics. What remained was for the committee to identify funds to gather and analyse data on disability.

Achievement:

The 1998 National Survey conducted by Ministry of Planning and Economic development will include Disability issues.

2.12. To improve staff performance

Effort geared towards improving staff performance have been taken as detailed below:

2.12.1 The Project Coordinator attended the International Rehabilitation Congress in Japan where she presented a paper and was able to receive presentations from other participants and her experience with other rehabilitation workers.

2.12.2 The Field Supervisor had exposure visits to Zimbabwe a country which is relatively ahead of Uganda in CBR, with a view to acquainting themselves with the CBR activities there.

2.12.3 The Project Coordinator participated in a WHO workshop in Zimbabwe on 'Integrating CBR into PHC'

2.12.4 Two officers also started on a two months computer course for skills in MS DOS, MS-Windows and Excel.

2.12.5 The Project Secretary attended a two-weeks 'Effective Secretary' course at the Uganda Management Institute, Kampala.

2.12.6 The Project Administrator/Accountant started the Institute of Chartered Secretaries and Administrators' (ICSA) course by correspondence and his first sitting is in June 1998.

3.0 PROMOTION OF INTERSECTORAL COLLABORATION

This is an important strategy that helps any programme maximise resources. Inter-sectoral collaboration is especially important in rehabilitation because of the multidisciplinary requirements of interventions. This year saw a reduction in inter-ministerial meetings. The Section missed these collaborative meetings and found it difficult to plan district activities without adequate input from older programmes such as the Ministry of Gender and Community Development CBR and EARS programmes. This problem was put to the Section's Technical Advisory committee which promised to follow up partners for revival of inter-sectoral meetings.

The gap created by the absence of the above mentioned meetings could have contributed to the many inter-sectoral, single disability committees that were formed.

During the Section participated in:

- Low Vision Initiative
- Mobility and Orientation Committee
- National TB and Leprosy Programme Rehabilitation Advisory Committee
- Interim Committee on Hearing and Impairment and Prevention of Deafness
- Committee to include Disability in National Surveys.

4.0 TECHNICAL ADVISORY COMMITTEE (TAC)

This continued to play an advisory role to the Section. Guidance given in and outside the TAC meetings was extremely useful.

5.0 MAJOR CHALLENGES AND PROPOSED SOLUTIONS

5.1 *Challenge:*
- Overwhelming unplanned activities that are faced by the Section staff.
- Acute shortage of technical staff.

Solution:
- Prioritise and learn to say NO even though the Section is still very much at the lobbying stage of programme development.
- Use field staff in short term 'consultancies'.

5.2 *Challenge:*
- Staff lack skills - example is computer literacy, management skills

Solution:
- Staff training in relevant areas.

5.3 *Challenge:*
- Disability is not an emergency

Solution:
- Continue sensitizing top and senior management.

5.4 *Challenge:*
- Poor Information Management System in the Section.

Solution:
- To train the Section's Secretary in management of information Systems.

5.5 *Challenge:*
- Ban on Recruitment. This has especially hampered the development of up country services as newly qualified and urgently required rehabilitation staff cannot be put in place.

5.6 *Challenge:*
- Lack of Raw Material. Orthopaedic workshops are very far from producing appliances and aids at full capacity due to lack of raw materials. A proposal to use a revolving fund system was floated but seed fund/ raw material is not available. In addition, extremely few PWDs can afford to pay for appliances and aids.

Solution:
- A proposal to purchase raw material through the National Medical Stores is being explored.

5.7 *Challenge:*
- Lack of equipment and supplies (including hearing aids), funds and personnel for secondary and tertiary prevention of deafness and hearing impairment using the HARK project.

5.8 *Challenge:*
- Future funding for implementation of the National Plan so that previous achievement of 1996 and 1997 do not end on paper.

Solution:
- There is need to sensitize and raise resources both locally and abroad.

5.9 *Challenge:*
- The project has had problems with its equipment have persistently broken down. Their repair and maintenance expenses have proved too high. This cuts into project funds meant for other activities.

6.0 OBJECTIVES FOR 1998

- To sensitize senior and top managers on disability and rehabilitation.
- (i) to complete inclusion of disability and rehabilitation in OPL, MLM Manuals.
- (ii) to develop/acquire training material for use in in-service training of health workers.
- i) to develop training material for Child Development Screening Instrument
  ii) to fine-tune the Child Development Screening Instrument.
- To carry out a prevalence survey in Hearing Impairments in Iganga, Luwero district and selected districts.
- To identify reproductive needs of men and women with disabilities.
- To raise awareness and advocate for the implementation of the District Rehabilitation Package in 3 districts.
- Equip at least 1/5 of health workers in 3 districts with knowledge (and skills) for medical rehabilitation of people with disabilities.
- To mobilize resources both locally (within districts) nationally and internationally for the implementation of the District Rehabilitation Package.
- (I) To promote/strengthen specialist orthopaedic and rehabilitation services in 10 health units.
- (ii) To strengthen/start similar services in 3 other health units.

7.0 APPRECIATION

Appreciation go to :

1. The Norwegian Association of the Disabled for the technical and financial support.
2. Donors - AVSI, ICRC, Commonwealth Society for the Deaf ADD, UNICEF, USDC and others whose material and financial support to the Section cannot be underestimated.
3. Task Force members and other technical people whose knowledge and skills have enabled the development of standards and guidelines for medical rehabilitation of people with disabilities and ultimately the District Rehabilitation Package
4. And finally, the team spirit and commitment exhibited by the staff of the Disability & Rehabilitation Section .

To all of you the section say thank you so much.

List of members of staff and titles

1. Dr. Alice Baingana Nganwa	-	Project Coordinator
2. Mr. Herbert Kiguli	-	Project Administrator/Accountant
3. Mrs. Margaret Kabango	-	Field Supervisor
4. Mrs. Audrine Kakuru	-	Project Secretary
5. Mr. Lawrence Irumba	-	Project Driver