

# **GUIDELINES**

## **FOR COMMUNITY BASED REHABILITATION SERVICES**



The Republic of Uganda

Vocational Rehabilitation Section  
DEPARTMENT OF COMMUNITY DEVELOPMENT



**Guidelines**

**for**

**Community Based  
Rehabilitation Services  
1992**

# Guidelines for CBR in Uganda

## 1 Introduction

The last decade has been described as a period in which new social policies, awareness and adjustment programmes were needed to prevent disability and equalize opportunities for disabled persons.

At the global level, the year, 1981 was declared the International Year of Disabled Persons (IYDP). This was followed closely by the adoption of the world programme of action concerning Disabled Persons in December 1982. The purpose of the world programme of action was to promote effective measures of prevention of disability, rehabilitation and realization of the goals of "full participation" of disabled persons in social life and development of "equality". Consequently the United Nations declared 1983 - 1992 the Decade of Disabled Persons. Since then, several United Nations resolutions on the implementation of the programme of Action and the Decade have repeatedly called for the establishment, and strengthening of national priority actions.

The impact of these global actions have been felt in Uganda in the form of rejuvenation of services for Disabled Persons. The main effort was put on the revitalization of the vocational rehabilitation services that were once a pride of the nation. Various International NGOs approached Ministry of Local Government with proposals for assisting Government in this effort. At the same time a number of indigenous organizations both of and for the disabled sprang up to help support the development of services for the disabled.

The main International NGOs currently involved in working with the disabled in the country are:

- The Norwegian Association of the Disabled
- Uganda Society for Disabled Children
- Action on Disability and Development and
- Action Aid

Other organizations which have also supported programmes for the disabled are:

- OXFAM
- International Service Volunteers Association (AVSI)
- British Red Cross and
- USAID

Local NGOs like Community Based Rehabilitation National, (CBR-N), Community Based Rehabilitation Alliance, (COMBRA), Kisumba Foundation for the Handicapped, National Union of Disabled Persons, NUDIPU, Foundation of People with Disabilities, (FPD) and several others have equally in one way or another contributed to the development of services.

Since the closure of the past decade, (1980s) most developing Nations like all other countries are gradually beginning to move away from the traditional institutionalized services to the disabled, and adopting the Community Based Rehabilitation (CBR) approach. The main argument advanced is that institutionalized services are becoming increasingly expensive for governments to manage. At the same time they remove the disabled away from their home environments. It is therefore cost effective and more feasible to support disabled persons within their homes with the involvement of their families and local community members.

The Ministry of Local Government through the Department of Community Development shares and supports this view and is therefore re-orienting the services from purely vocational rehabilitation approach to Community Based Rehabilitation. A number of NGOs too are concentrating on community based rehabilitation methods. Community Based Rehabilitation requires for its success appropriate planning, intersectoral approach, and co-ordination.

It is therefore in this context that the Ministry of Local Government, through the Department of Community Development convened a meeting of all agencies working on Community Based rehabilitation programmes. The purpose of the meeting was to discuss co-ordination and collaboration between the various agencies and in general the best approach to Community Based Rehabilitation in the country. The meeting in the end proposed the development of guidelines for Community Based Rehabilitation (CBR). These guidelines state in clear terms among other things:

- Government policy and legislation in this area
- Procedures for planning CBR programme
- Strategies for Community Based Rehabilitation
- Implementation framework and
- Monitoring, Review and Evaluation procedures.



The Department of Community Development feels that these working guidelines will help to give a sense of direction to different agencies working on Community Based Rehabilitation Programmes in the country.

For clarity purposes the guidelines will be built on WHO's definition of CBR.

World Health Organization has defined Community Based Rehabilitation in the following terms, "Community Based Rehabilitation involves measures taken at the community level to use and build on the resources of the community, their families and their community as a whole".

## **2 Background**

### **A. Background**

Prior to Independence in 1962, services for the education and rehabilitation of disabled persons in Uganda were provided primarily by missionary societies and voluntary organizations. Such services were mainly concerned with the treatment of leprosy and polio victims, and the care and education of blind and physically disabled children.

Following Independence, the Government of Uganda decided that vocational rehabilitation services were necessary to assist disabled youth and adults to learn vocational skills and become productively employed. Acting on the recommendations of an ILO technical advisory mission, the Government approved an ILO technical assistance project to establish a national vocational rehabilitation programme. This project, ILO/TAP/UGANDA/R.3 was ILO's first technical co-operation project in the field of vocational rehabilitation in sub-Saharan Africa, and was implemented under the direction of Mr. E.G. Johnson, ILO Vocational Rehabilitation expert, between March 1965 and June 1969.

The Project produced a National Vocational Rehabilitation Scheme that included facilities for the assessment, training and employment of primarily physically disabled persons, as well as an administrative framework within the then Ministry of Culture, Rehabilitation and Community Development. At the conclusion of the Project, the following facilities were operational: an Industrial Rehabilitation Center outside Kampala, 6 Rural Rehabilitation Centers, 2 Resettlement camps, 4 Sheltered Workshops, a mobile Rehabilitation Unit for disabled women residing in rural areas, and a retail shop in Kampala for marketing goods produced in the rehabilitation centers and sheltered workshops.

The programme prospered until 1973, when economic constraints produced reductions in rehabilitation centre operating budgets, resulting in shortages of food, and training materials. Maintenance of buildings and equipment declined, trained staff left the programme and the number of trainees and the quality of training steadily declined. The centres suffered additional physical damage and extensive looting during the liberation war in 1979.

However, the organizations structure of the programme remains basically intact, administered by the Rehabilitation section of the Department of Community Development, now located under the Ministry of Local Government.

### **B. Rehabilitation services since 1986 to date**

■ With the emergence of the national resistance movement (NRM) administration, measures have been taken to rejuvenate services to the disabled people. In its rehabilitation and Development plan (1987/88 - 1990/91) the government of Uganda included a project for the rehabilitation of training institutions, and sought for funding. In 1989, Government had started planning for a community based rehabilitation programme and this was to be its new policy. In 1992 Norwegian Association of the Disabled agreed to fund the Community Based Rehabilitation Programme by the Government. As of now Government has included in its National Plan and budget, a programme for Community Based Rehabilitation.

■ Apart from the government efforts, some International Non-Governmental Organizations (NGOs) came up with intentions to assist in reviving the programmes and services to the disabled. The Norwegian Association of the Disabled (NAD) committed itself to a programme for the renovation and rehabilitation of 3 rehabilitation centers operated by the Department of Community Development, and for the resettlement of disabled trainees. With this assistance, Kireka, Lweza and Ruti Centers have been rehabilitated. The association is now assisting in resettling trained disabled persons and facilitating training seminars for government staff involved in disability services. The organization has further committed itself to supplement on government's efforts in establishing a Community Based Rehabilitation Programme in the country.

■ Apart from the NAD project, there are other agencies at work in Uganda. The Uganda Society for Disabled Children (USDC), a UK-



based NGO, is facilitating Community Based Rehabilitation activities in 6 districts of Uganda - Masaka, Luwero, Masindi, Nebbi, Arua and Moyo. It has helped to renovate and refurbish Ocoke Rural Rehabilitation Center in Arua and the Masaka Sheltered Workshop. A number of other institutions-annexes, physiotherapy units and training institutions - have benefited from the activities of the society. In addition the society runs an individual grants programme that benefits a number of disabled children for educational and medical purposes and has facilitated training seminars for government staff and NGOs involved in disability services.

Another UK based NGO, Action on Disability and Development (ADD) is supporting the initiation of income generating activities by local groups of disabled persons. Action Aid also UK based facilitates a Community Based Rehabilitation Programme in Mityana, Mubende District.

Four organizations are active in the field of prosthesis/orthotics and orthopaedic surgery. These organizations are OXFAM, British Red Cross, USAID and AVSI. Through the work of these organizations, the main orthopaedic workshop at Mulago has been fully renovated and now provides technical aids and appliances for the physically handicapped. In addition orthopaedic surgery has been re-introduced at Mulago with the renovation and refurbishment of the main orthopaedic theatre. AVSI has also supported training at the Mulago School of Physio-Therapy.

In the field of education and training, DANIDA is helping to restructure special education in the country. This includes support to teacher training, strengthening of special education department, and the provision of Educational Assessment and Resource services.

■ Several Uganda NGOs are also actively engaged in providing services to disabled persons. These include the National Union of Disabled Persons of Uganda (NUDIPU), Community Based Rehabilitation National (CBR-N), Community Based Rehabilitation Alliance (COMBRA), Kisumba Foundation for the Handicapped (KFH) involved in initiating Community Based Rehabilitation activities in various parts of the country and several others including Uganda Foundation for the Blind, Foundation of People with Disabilities etc. which are mainly interested in the training and employment of disabled people.

■ Ministry of Local government, through the department of community development is responsible for vocational rehabilitation, resettlement, and community based rehabilitation services. It has also taken on the role of co-ordinating all activities concerning disabled persons. The Ministry of Education through its Special Education unit is responsible for the education of disabled children, the Ministry of Health through its chief orthopaedic surgeon is responsible for the production and provision of technical aids and appliances and provision of orthopaedic surgery. The Ministry of Labour through its employment exchange is responsible for the placement and informal employment of disabled job seekers.

Despite the numerous actions aimed at benefiting disabled persons in Uganda, much remains to be done to provide adequate educational vocational training and employment opportunities. In addition there exists a clear lack of planning and co-ordination among those engaged in programmes for disabled persons in the country, and an absence of national policy, guidance and direction from the government. The National Disablement Advisory Committees, once charged with providing measures of guidance and co-ordination, are dormant at present.

### C. Government Intention

Given the scenario described in the background above, it is the intention of government now to adopt Community Based Rehabilitation as the main means of providing services for the disabled in the country. The institutionalized rehabilitation programme is restrictive and limited in capacity while CBR offers the opportunity to extend effective services to a large proportion of people with disabilities and to do so in the foreseeable future. In that respect an integrated CBR programme is being developed starting with Mbarara, Bushenyi and Kabale Districts. With Norwegian Association of the Disabled as the major funder encourages NGOs to participate in the implementation of the programme. Ministry of Local government is willing to work hand in hand with NGOs and other government departments and ministries in trying to develop a National Integrated Community Based Rehabilitation Programme.

To achieve effectiveness and sustainability government plans to adopt a systematic approach both at the planning and implementation stages, and will co-ordinate its activities fully with those of other agencies participating in the programme. It is therefore in view of this that the present



guidelines have been laid down to guide implementation and co-ordination.

### **③ Situational analysis of Disability**

#### **❑ Statistics**

Statistical information on the number of disabled people is sparser and virtually unavailable in the country. WHO estimates that disabled people are 10% of the total population. In Uganda 10% would be equivalent to 1.66 million people. It is believed that the figure is even higher given our poor political background and the wars which have left a large number of disabled persons.

The Ministry of Local Government/Department of Community Development in conjunction with National Union of Disabled Persons (NUDIPI) tried to include a question in the 1990/991 census. This should not create high hopes to the minds of the people concerned because the method was poor. There is still need for a survey and the method of conducting this should be determined by disabled persons and Ministry of Local Government, Department of Community Development.

#### **❑ The National Budget and Disability**

The Department of Community Development faces a number of financial constraints as it tries to work out the programme of the disabled. This is because the disability issue ranks bottom in government priority. Funds released to cater for disabled needs are inadequate.

#### **❑ Education**

Education opportunities for the disabled have been very limited. This can be reflected in the type of schools the government has constructed. Nothing has been done to cater for the accessibility of the disabled children.

The few primary schools like Kampala school for the physically handicapped, are privately owned. Apart from the blind annexes there are no secondary schools for the disabled. It is important to note that at least there has been a move towards establishing special units in schools of normal children by the Ministry of Education and an integrated policy on primary education has been advocated for.

Lack of education opportunities become even more intricate due to the negative attitudes held by the communities. Parents have tended not to send their disabled children to school with a belief that they are useless. Some Headmasters even if the child has school fees may not tolerate the inconvenience caused by disabled students.

#### **❑ Job Opportunities**

Job opportunities too are very few for disabled people. They tend not to qualify for most jobs because of lack of education. Those who tend to achieve the educational qualification are discriminated against in job opportunities.

#### **❑ Economic Status**

The disabled suffer from absolute poverty. They do not have clothes, food, medical treatment, property and are considered the "poorest of the poor". This has caused very high mortality and morbidity rates amongst the disabled.

#### **❑ Lack of access to community services**

The disabled suffer from lack of access to normal community services and facilities. This is reflected in social and architectural barriers. Most of the houses, roads, public utilities have not catered for the special needs of mobility for the disabled.

#### **❑ Segregation at all levels**

The disabled are segregated upon all levels. They have been known by their disabilities and not by their individual names or other identities.

#### **❑ Exploitation**

There has been a tendency to exploit the disabled in terms of labour. They are paid meager salaries as compared to the able bodied. This exploitation is worse with the mentally handicapped, who are extremely under paid for the services they render.

#### **❑ Marriage opportunities**

Marriage opportunities are few for disabled people. The able bodied up to now don't believe in the disabled getting married or even falling in love. With a decline in morality standards in the country, sexual exploitation among the disabled women has increased and this has left a number pregnant but with no fathers to the children. The disabled women undergo double exploitation, that is exploitation as disabled and exploitation as women.

#### **❑ The Dependency Syndrome**

The disabled have been turned into objectives of pity, charity and sympathy and this has created a dependency syndrome. The disabled have lost hope and have self-contempt. They believe that they were meant to be given and not to give. This dependency syndrome is exhibited to government, the community, friends and family.



## **❑ Segregation of Disabled from Non-Disabled**

The disabled have segregated themselves from the non-disabled. This has been mainly a reaction to the negative attitudes portrayed in the different communities. Programmes of disabled have been designed to suit the interest of the designer especially the donors. No wonder the disabled feel that it is high time they managed their own affairs.

## **④ Objectives of the Guidelines**

The guidelines for CBR have been developed with the following objectives in mind:

- ❑ To help outline clear CBR strategies for the country and therefore streamline planning of CBR programmes.
- ❑ To identify a feasible framework of implementing CBR programmes including clear roles for the various agencies involved in the programme.
- ❑ To outline clear and appropriate systems for co-ordination and co-operation among the various agencies involved in the programme.
- ❑ To develop appropriate procedures for monitoring and evaluation of CBR programmes.
- ❑ To ensure development of feasible and sustainable CBR programme.

## **⑤ Potential of Communities**

### **❑ Structure**

(a) There are already a number of existing structure which have been created by government. These include:- District Disablement Committees, the Resistance Council Committees, Government Departments, Local authorities or municipalities and the churches. There are also various levels in our society that could be used to serve disabled persons. These levels can be grouped as follows:

- Village level
- Parish level
- Sub-county level
- County level
- District level
- National level

At each of the levels, there should be an elected committee to serve the needs and requirements of Disabled persons. The formed committees should have a minimum of 7 members and a maximum of eleven people which should include; Disabled persons, RC's, traditional leaders, a woman representative, parents of disabled children, youths and religious leaders.

## **(b) Coordination, Monitoring and Implementation**

The Chairman of each of the committees from village to National level should be charged with the responsibility of coordinating the affairs and activities of his group. The RC Secretary for Information and Mass Mobilization from RC 1 to RC 5 together with the Director of Mass Mobilization at the NRM Secretariat should be utilized to gather and publicize information on disability. Monitoring and implementing the activities of disabled persons should be done by community development workers in the district i.e RO, CDO, CDA, and ARO. However, there is need to review and strengthen the structure of community development workers so as to cope with the number of disabled persons in our community e.g the Rehabilitation Section could be up graded into a department of its own.

### **❑ The Family**

Attitudes of the families vary from community to community. In some communities the families show special care for disabled children and in others they don't. The family must bear the responsibility of its disabled child, catering for his needs and requirements as well as teaching morals.

Government, NGO's or a third party should only come in where the family fails to meet the needs of the disabled child.

Integration of disabled children in all family and societal activities should be stressed, segregation and over protection of disabled children should be avoided as it leads to dependency on part of the disabled.

### **❑ Community**

In our traditional education the community was responsible for bringing up the children i.e it was responsible for the moral behavior of the children.

But today most institutions and families are responsible for good up bringing of the children and this should be reinforced CBR programme where by the community is to give guidance to Institutions and families in teaching good morals. The village are endowed with a number of skills. There are already a number of skilled personnel from institutions and traditional existing technologies as well as Rehabilitation centres. In CBR the use of these institutions should be reinforced for further training and referral purposes.



## ⑥ Factors contributing to disability in Uganda

### □ Introduction

In order to understand the government programme and guidelines, a study of factors contributory to disability in Uganda is inevitable. This is because, some cases of disability can be prevented and disability once recognized at earlier stages can be managed. Therefore, it is important that we learn and know about some of these causes and where possible try to prevent them.

There are a number of causes of disability in Uganda i.e. physiological, psychosociological, theological/religious.

### □ Traditional Beliefs on Causes

Different regions in Uganda have different views on disability. There are four major regions in Uganda i.e. Northern, Eastern, Southern and Western. Examples have been drawn from all these regions in order to get common characteristics of the traditional beliefs in Uganda.

#### *Suspect and Guilt*

Most of the disability caused in Uganda is based on suspect and guilt. Some of these examples given are the explanations of why a family may get a disabled in their home.

- a) Had sex during pregnancy with another man
- b) During breast feeding the husband slept with another woman
- c) If you laugh at a disabled person when you are pregnant, you may deliver a disabled child
- d) When a woman's legs are stretched and a disabled moves across, she will get a disabled child
- e) Killing a snake by a pregnant woman makes her get a disabled child
- f) If a family does not perform rituals it gets disabled children
- g) Looking at a roof of a house few days after delivery may cause the child to be disabled
- h) If you steal a cucumber you get elephantiasis

#### *Witchcraft*

Another common belief on disability is witchcraft. This is common in Uganda where most misfortunes are associated with witchcraft. Some forms of witchcraft associated with disability are as follows:

- Sending of spells

- A prolonged pregnancy beyond normal time
- Actual bewitching
- Witchcraft is usually associated with the mental or physical handicap, difficult labour, abnormal children, accidents and long illnesses

#### *Food and Taboos*

Food taboos are associated with the type of foods which are not supposed to be eaten. When a child is born disabled, it is believed that the mother might have eaten the forbidden food stuffs i.e. eggs, chicken, fish, grasshoppers etc

Totemism e.g. among the Baganda, one who belongs to the Ngabi clan (Uganda Cob) should not eat this animal, if he does so, it is believed that he will become disabled etc

#### *Heredity*

Mental disability has been associated with heredity. In Uganda culture families which had specific disorders were singled out. Nobody was supposed to marry from these families. Disability is further associated with inferior tribes or neighboring countries.

#### *Divine Punishment*

All Ugandans believe in certain gods or super power who make decision. It is common in Acholi to find most disabled named after, 'jok' a spirit or creator who decides on how one is created. 'Jok' is a name given to children, whose eternal part of the body is missing. In Busoga, the term "Isegya" refers to a god. Disabled children are called "Isegya". It is believed that if that child goes to school or leaves the home the "Isegya", the god will pick on another member of the family and will make him crippled.

Measles referred to as "Mulangira" in the Kiganda Culture cannot even be called by name in case they annoy the super power and the child dies. These beliefs have a tendency of making disability acceptable to the family.

#### **Observation**

Any comprehensive community Based Rehabilitation approach to take off should respect community beliefs and try to build on the good ones. However, there are some obvious negative beliefs which ought to be avoided in order to accomplish the goals of CBR and this could be done by educating the masses on the effects of the beliefs.



## 7 Scientific Causes of Disabilities

### Types and Causes of Disabilities

#### Development Classification of the Causes of Disability

<i>Timing</i>	<i>Causes</i>	<i>Explanation</i>	<i>Type(s)</i>
Preconceptional and at conception	Genetic-single or multi-factorial genes	Genetic diseases leading to down syndrome in the child. Old-age bearing parents	Mental retardation
Prenatal or before birth	Viral, bacteria Protozoa, Anoxia Drugs, Nutritional	Rubella, AIDS, Venereal disease Hypertension and Diabetes in mother	-Blind Birth Defects -Physically disabled -Deaf
Perinatal (During delivery)	-Anoxia -Birth trauma	From long, difficult labour, forceps delivery	-CP -Physically handicapped
Neonatal (Immediately after birth)	Prematurity Infection- Low weight Anoxia		
Postnatal	Infectious diseases Malnutrition Poisoning Head injuries Wars	Poliomyelitis, Dehydration Measles, Whooping cough	Physical visual
Adult, Youth	Accidents, Wars Poison Malnutrition Environmental Retardation	Lack of vitamins "A" Iodine Stimulation in the Environment Poor government policies (tribal or sectarian) Drug abuse Alcohol consumption Reckless driving	All categories  -Physical -Visual -Mental -Deaf & Dumb

## 8 Attitudes on Disability

To understand further the disability problems in Uganda, attitudes must be addressed. One of the greatest problems of alleviating disability is overcoming the negative attitudes portrayed by the communities to the disabled. Negative attitudes involve bad feelings, labelling eventually the negative caused by the community too, create specific attitudes of disabled people towards themselves and non disabled.

### Labelling by the Community

The disabled are given a number of labels by the community. Some of these are:

- Lame, Patients, Incapable
- Lepers Cases, Helpless

- Burden, Clients, Blind
- Crippled, Victims, Deaf
- Handicap, Stupid, People with special type of language
- Beggars-Invalids

### Labelling by Professionals

This has been because of specific disability for special needs and services. The physically handicapped, deaf, blind and mentally retarded have been placed in different homes. This labelling has been encouraged because it is easier to handle people with similar disabilities than many types put together.

Labelling again has been put across for fund



raising purposes. So that the disabled are labelled as the helpless or deprived so as to win sympathy from donors.

### ❑ Feelings

Feelings towards disability can be categorized in two forms. Feelings of the able bodied towards the disabled and feelings of the disabled towards themselves.

#### *Feelings of the Able-bodied*

Some people feel guilt or ashamed when they meet disabled people. This is why they tend to give some money to them. Others feel fearful. Other feelings include sympathy, superiority (especially when they see disabled crawling and they are walking). Some feel sorry, rejection or feel like taking positive action and warmth towards the disabled.

#### *Feelings of the Disabled*

Some disabled have evolved certain characteristics after undergoing a lot of stress from the able-bodied. The fear one another that is, they do not want to be associated with other disabled people. This is because, they feel that if the able-bodied saw two similar people (disabled), the reaction towards them would be worse. The disabled further feel an object of pity, they have developed self denial and feel that they have a right to depend on others and thus beg. They now feel that other people should do work for them, dress them and cater for all their physical and economic needs. They feel God has rejected them and that is why some of them resort to heavy drinking.

Some disabled have created a World of their own. They are aggressive and are over reactive on normal issues, this is more of a defence mechanism towards the negative attitudes. With all this kind of atmosphere some disabled have lost hope, are depressed, have a suicidal tendency, they are desperate and withdrawn. The problem of the disabled are further made worse by the effects of Institutionalisation which crates dependency and over protection on the part of the disabled.

### Conclusion

There is need for a situation in which all these are reduced and at the same time there is need to identify the differences in attitudes between those born disabled and those who have just acquired it. Also to over come the problem of negative attitudes towards the disabled and among the disabled themselves, CBR Programme should organize seminars and workshops in which the masses could be organized and taught on the

problems of disability.

### ❶ What should be involved in CBR

#### ❑ Addressing all types of impairments, disabilities and Handicaps

##### *Objective*

To address all forms of physical, mental, sensory and behavioral disorders including the aged.

##### *Rationale*

Most emphasis in the disability process has been centered on the physically handicapped. It is now time to lay emphasis on all kinds of disabilities so that for example the epileptic, mentally retarded, mentally ill and others would be considered in a similar perspective to reduce stigmatization.

##### *Strategy*

To identify all forms of disabilities and provide the best Rehabilitation services with full community participation.

#### ❑ Marry the old and new Rehabilitation methods

##### *Objectives*

To identify and adopt the best methods used in the old system and incorporate them into the new Rehabilitation process.

To identify the good traditional methods of looking after the disabled people and build on them or even revive them if they have died out.

##### *Rationale*

If Uganda is to develop an indigenous type of Rehabilitation service, it cannot discard completely all the old methods of rehabilitation such as institutions. The scientific system should be integrated as much as possible with the traditional system.

##### *Strategy*

- To identify the old methods of caring for the disabled people and give them scientific explanations if and where possible.
- To introduce C.B.R. into institutions for the best service to the beneficiaries and community as a whole.

#### ❑ Prevention of disability process

##### *Objective*

To identify all methods of prevention in disability and utilize them to the maximum.

##### *Rationale*

To minimize the occurrence of incidence, preva-



lence and impact of disability.

### **Strategies**

- Prevention at primary level that is prevention before the occurrence of disability.
- Prevention at secondary level that is prevention to safeguard against complications.
- Prevention at tertiary level that is intervention when there are complications already established.

### **□ Provide information at all levels**

#### **Objectives**

To spearhead and encourage publications Exchange of information through discussions, practices and experience, sharing reports with agencies involved in Rehabilitation work.

Promote Community Consultation and provide feed back to government.

To introduce a communication network in and between the districts where CBR has been established.

Encourage exchange programmes between communities, NGO's and government agencies.

#### **Rationale**

Community based Rehabilitation will involve numerous activities hence the need to share experience with government taking a right hand in organising fora. If CBR programmes are to become self sustaining there is a need to incorporate as many interested people in the disability issues as possible and to appreciate each others efforts.

#### **Strategies**

- To organize meetings and seminars for sensitization of professionals, Community leaders and the entire community.
- Optimum utilization of talents and professional skills available within and without the country.
- Prompt preparation of publications both in local languages and English to the recipients.
- Mobilize resources in the District so as to encourage information publications.

### **□ Promotion of Social integration of disabled people into the main stream of community life**

#### **Objective**

To ensure that the disabled people are accepted and integrated in normal community life as much as possible.

#### **Rationale**

Social integration of disabled people into the main stream of community life has become a vital component in the rehabilitation process of the disabled people.

#### **Strategies**

- Analysis of disability issues and their implication on communities.
- Integration of disabled persons into normal schools employment and other community activities.
- Empower the disabled persons to participate in community activities.

### **□ Bridging the gap between needs and available services**

#### **Objective**

To utilize all the available resources in assisting the disabled people to develop maximum potentials.

#### **Rationale**

Bridging the gap between the needs and available services calls for needs assessment, setting priorities and goals according to available resources.

#### **Strategies**

- A comprehensive study of problem identification and solutions given according to the resources available.
- Efficient service delivery
- Prioritization of needs between the beneficiaries and service providers.

### **□ Income Generation**

#### **Objectives**

- To facilitate the disabled people to become self reliant
- To promote integration between the disabled and able bodied people in income generating activities and community level.

#### **Rationale**

If the disabled are to be recognized in their respective communities, they must be economically self reliant. Income generation projects and skills in managing them should be priority in the CBR Programme.

#### **Strategies**

- Mobilize resources for integrated income



generating projects at grass root level.

- Establish training in employable skills and training packages geared to effective project management.
- Identify business strategies which are viable in rural areas.

### **□ Appropriate technical appliances**

#### **Objectives**

- To produce technical appliances for people with disabilities that are realistic to the economic and geographical conditions of Uganda.
- To encourage technical ideas based on the traditional appliances adopted to suit their specific needs.
- To modify on the building structures, roads to suit the appliances of the disabled people and increase accessibility.
- To liaise with specialist at available paediatrics, therapists through referral system for technical advice.

#### **Rationale**

There is need to involve the disabled people in designing and production of appropriate, affordable and realistic appliances to suite their needs.

#### **Strategies**

- Identify already locally available appliances and improve on them.
- To identify local materials that can be used in making technical appliances.
- To produce local technical appliances suitable to their specific needs.
- Training of disabled people and other interested community members in simple appliance technology.

### **□ Promotion of available local resources (where possible)**

#### **Objective**

- To establish a rehabilitation process which is permanent by utilizing as much as possible the available resources.

#### **Rationale**

If Uganda is to establish a sustainable development programme for the disabled people it should try as much as possible to promote the locally available skills and integrate them in the new scientific methods for suitable aids and appliances.

Uganda is endowed with many facilities and professionals which can be utilized to develop and sustain the relevant CBR programmes.

### **Strategies**

- Utilization of local resources where possible in the rehabilitation process.
- To promote inter-sectoral linkages.

### **□ Empowerment**

#### **Objectives**

- To enable disabled persons to handle their respective problems.
- To convince the disabled people that they are the ones to liberate themselves from all hindrance.

#### **Rationale**

The disabled people should be able to have self confidence to speak for their rights without shame and fear.

#### **Strategies**

- To establish counselling units in the given communities.
- To invite qualified personnel to assist in the empowerment process.
- To establish special evaluation units since this is a qualitative change.
- To train personnel in simple empowerment and counselling methods.
- To encourage the formation of associations and unions of and for the disabled people.

### **□ Community participation and Community Education**

#### **Objectives**

- To introduce a strategy which will reach grass root clients by means of popular participation of the disabled people, their families and the community at large.
- To sensitize the community about problems of the disabled people and their families and how to assist them collectively to solve their problems.
- To make the disabled people realize their potential value by conscientizing them.
- To identify the problems facing the disabled people in their communities and seeking to improve their lives both individually and collectively.

#### **Rationale**

Community Based Rehabilitation projects should maximize community participation in decision making, implementation, management, monitoring and evaluation. This can be achieved only if communities are educated about the problems and are aware of this existence, gravity and can try to solve them collectively.



### Strategies

- All social work training institutions at all levels should include a disability component in their syllabi.
- Non-formal basic education sector should sensitize the political leaders, elders, religious leaders, influential people and the whole community on disability issues.

### □ Training of CBR Trainers

#### Objective

To develop a CBR training programme that will aim at achieving social integration through training of staff, disabled persons, families and communities in order to serve and integrate majority of disabled persons in Uganda.

#### Rationale

- To create a situation that equips each disabled person to live a fulfilling, self-reliant and whole a life harmoniously with the rest of the community.
- To help other people - family, neighbors, school children, members of the community to accept, respect, feel comfortable with, welcome into their lives, provide equal opportunities for, and appreciate the abilities and possibilities of disabled persons.
- The training of disabled persons and family members will be informal and done in their homes by CBR trainers and daily living activities will from the basis of managing disabilities and the use of appliances.

#### Strategies

**Level I** - Training of various level of staff aiming at inter-ministerial, NGO's staff to promote collaboration and minimize resources through duplication of work. To this end Government will arrange seminars/workshops. The officers will then be able to assist in training of CBR workers at a lower level in their respective districts and supervise them.

**Level II** - Training of CBR workers - CDA's, RCs, volunteers, NGO personnel, health workers, teachers, agriculture assistants, etc. The bulk of training will be carried at this level i.e (sub-county level). These are the "agents of change" and in most cases stay in villages, know the traditional customs and bring together people with similar needs, can obtain information and resources they need. These need not be highly trained professionals but should know the basics of rehabilitation process identification, application of simple therapy techniques, construction of low-cost appropriate appliances and home visits and family support. These will in turn train the

disabled, parents of disabled, and the communities and supervise CBR activities at grass root level

**Level III** - Training of disabled, parents and communities by CBR workers at grass-root level.

The training at this level will be informal and done in their houses. Each individual disabled and family know what they want. They know their needs and that is what should be explored and built on. The training should aim at producing disabled persons as leaders and workers in CBR activities as they often have rejection, misunderstanding and unfair treatment by the society.

**Level IV** - To establish an academic course for CBR Teachers and Planners.

**Level V** - Field work.

### □ Placement of disabled persons in employment

#### Objective

- To become self-reliants and achieve economic status in society.

#### Rationale

There hasn't been acceptable open chances of employment to disabled persons irrespective of their qualifications. CBR should provide or explore venues for placing disabled persons into managerial, administrative jobs if they have necessary qualifications.

#### Strategies

- Dialogue with employing agencies-Public Service, Teaching Service, Employers Union, Private Companies.
- Labour to provide Instructors in vocational skills.
- Labour to provide placement officers.

### □ Integrated Education for the Disabled Children

#### Objective

To integrate disabled children into formal education

#### Rationale

Education has always been a privilege to the disabled children but not a right and yet it is an important investment for the future productive capacity of the economy. If social integration is to be achieved the education for the disabled should be incorporated in the national educational system.



### **Strategies**

- To reduce the barriers in schools (accessibility)
- Conscientise teachers to understand issues related to disability
- Introduce and strengthen child-to child programme
- To establish short-term orientation courses for the teachers during holidays
- To strengthen the special education section to provide necessary equipment for the welfare of disabled children
- To encourage schools to provide facilities to cater for disabled persons. e.g play-ground.

### **Implementation**

- It is to be carried out by Government, Disabled peoples' organizations, other Non-governmental organizations and communities.
- All organs are to set up specific terms of reference to guide their operations.

### **Personnel**

- Implementation should be done through indigenous personnel for a successful desired sustainability of the programme. Uganda has a number of qualified personnel. It is necessary to make full utilization of the available manpower in the country because they already understand the beliefs, customs and even life styles of the people.
- Expatriate knowledge and skills will always be welcome whenever possible but this should be more on a consultative basis.

### **Government**

- Government will be a co-ordinator and an implementor at the same time. In addition to highly qualified personnel, government already has existing structures which could be useful in the context of CBR e.g vocational training, special education, immunization programmes, orthopaedists, therapist, counsellors etc.

### **Organizations of Disabled people**

Other NGOs will consult, get advise, plan, implement, monitor and evaluate in conjunction with organizations of disabled people. This is because they are the target group.

### **Other NGOs**

Plan with government and disabled persons organizations, implement on their own, but monitor and evaluate with government.

### **Communities**

Communities should play the role of providing resources like materials, moral support and personnel in the implementation process.

### **Families**

Parents should take full responsibility and should be educated about their potentials and units and where they cannot manage, they should seek for help. Families should further be involved in the whole process of CBR.

## **Methodology**

- Training and supporting parents of disabled persons in the management of their children's disabilities since a family is the first contact level in Community Based Rehabilitation.
- Facilitating disabled persons to form cooperative societies or associations through which they will be trained in activities which can make them self reliant and confident in selfadvocacy.
- Training disabled persons to develop/initiate income generating projects which are affordable and sustainable by the disabled persons.
- Training disabled persons to develop or adopt appropriate technology in skills such as crafts making, leather work, cottage industry, brick making, tailoring and livestock industry. The emphasis should be on small scale/medium scale industries which utilize local resources and promote employment of disabled people.
- Through seminars/workshops assist in the provision of support to the disabled whether in kind or monetary terms in an effort to involve the communities in the disability plight.
- Training the disabled in planning and implementation of programmes/projects which affect their life styles. Emphasis is to be laid on the participation of target beneficiaries.
- Prepare communities initiate changes in physical and psychological environment towards disability.
- Through workshops and information dissemination, encourage integration of the disabled persons or children, in schools. And where possible allow them to study from schools where the non-disabled are trained.
- Fostering a multi sectoral approach in the implementation of CBR programmes both at the district and the vocational centres.



- Initiate resource centers to improve and revitalize an appropriate referral.
- Providing logistical support to all.
- Training in identification of different kinds of disabilities
- Identifying people to be trained in Community Based Rehabilitation
- Training in community based rehabilitation personnel at all levels:
  - a) Train trainers at intermediate level (district)
  - b) Training of community workers (village)
  - c) Training of change agents

## 12 Monitoring and Evaluation

- Government will utilize and strengthen the capacity of Ministry of Local Government in the monitoring and evaluation unit.
- Government will develop and ensure a system of information flow with grass root committees.
- Government will revitalize and reactivate the existing reporting channels.
- Government will develop a regular reporting system to strengthen the above.
- There should be two major types of evaluation, external and internal, carried out at different intervals.

### *Frequency of evaluation*

- Internal evaluation should be an on-going process with a major evaluation carried out annually at the local committees level.
- After 2 years, a comprehensive external evaluation should be undertaken. Should consider appointing an independent person or organization.

## 13 The Roles of the Agencies working with disability issues

### *The Government of Uganda*

- Government to monitor and supervise CBR activities at all levels.
- Government should adopt a National integrated Community Based Rehabilitation programme.
- Government should develop a workable system that will ensure a uniform specific model and proper co-ordination with NGOs.
- Government should promote public education, on issues concerning disabled people, emphasizing prevention, rehabilitation, positive attitudes and equal rights.
- Government should ensure that the rehabilita-

tion services provided should ensure full participation, equal opportunities and integration of disabled people.

- Government should create an environment that will enable exchange of ideas, information and skills through a legally instituted programme.
- Government should ensure that disabled people be consulted on matters concerning their lives.
- Government through Community Development Department should play a coordinating role between government and non-government agencies.
- Government should restructure and reactivate the role of National Disablement Advisory Committee and District Disablement Advisory Committee.
- Government should develop programmes of research on causes, types of incidents of impairments and disability and CBR approaches.
- Government should provide technical and financial support to efforts of indigenous organizations.
- Government should ensure training in CBR for relevant personnel involved in its execution.
- Government should provide supportive assistance to ensure high standards in all systems in the CBR process.
- Government should emphasize strengthening the workers' position and evolve and concretise systems to ensure efficient service of the new project - Community Based Rehabilitation.
- Ministry of Local Government is to define ways of ensuring Community Based Rehabilitation programme's sustainability and continuity in terms of security and personnel.
- Government is to aim at using NGOs in strengthening the existing structures.

## *Non-Governmental Organizations (NGOs)*

### *International NGOs*

- International NGOs should not create their new structures but link up with the existing government structures.
- Identifying, planning, implementing and monitoring has to be the responsibility of all concerned parties in the project and each is to have its roles defined.
- Reports should regularly be submitted to the Ministry whose planning Department requires



financial reports mainly to be able to defend the NGOs activities and projects with the Ministry of Planning and Economic Development.

- International NGOs should plan along the lines of the Government documents and provisions.
- NGOs should work hand in hand with disabled people about their programmes.
- They should implement in collaboration with government, monitor and evaluate with government and organizations of disabled people.
- NGOs should, when necessary, provide for technical support to government and indigenous NGOs.
- They should submit reports to the Department of Community Development.
- They should encourage sharing of information from their past experience(s)
- All NGOs dealing with disability should register with government and keep government informed about their activities.

### **Indigenous NGOs**

- National Union of Disabled persons (NUDIPU)
- All organizations of disabled people should plan, execute, monitor and evaluate their programmes with NUDIPU's facilitation.
- NUDIPU should be a link between government and organizations for disabled people.
- NUDIPU should consult and be consulted by organizations of disabled people.
- NUDIPU should give advice to government on issues concerning disabled people and should monitor the activities relating to disability services.
- NUDIPU should address the needs of all categories of disability especially those that have been ignored for long.
- NUDIPU should promote interaction with a view to promoting the spirit of social integration in the main stream.
- NUDIPU should represent the views and interests of disabled people in all fora.

- NUDIPU should, in collaboration with government, do a needs assessment on programmes of disabled people and make recommendations.

- NGOs in disability should register with the umbrella organization (NUDIPU) to avoid duplication of services.

### **\*Indigenous NGOs for Disabled People**

- They should work in consultation with NUDIPU and government.
- NGOs should draw programmes based on the needs assessment they carried out with NUDIPU in conjunction with government.
- Submit reports to government, exchange reports with other NGOs.
- NGOs should create necessary environment for self employment.
- They should promote full participation of the Community in their programmes.
- NGOs should be registered with Government under Community Development Department and cleared by NGO Board.
- Every organization has its own needs which need critical assessment at various stages.
- NGOs are to play an active role in Community activities.

### **\*The Community**

- The Community should select and support personnel in the implementation process.
- Should identify and provide available potential resources within the community.
- The spirit of voluntarism should be encouraged in the communities.
- The Communities should form village committees consisting of:-

### **Local Chiefs**

- local council leaders
- disabled persons
- women
- families and parents of disabled children
- youths
- should be part and parcel of the whole system