



THE REPUBLIC OF UGANDA

NATIONAL POLICY ON DISABILITY IN UGANDA

Ministry of Gender, Labour and Social development,
P.O Box 7136,
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NATIONAL POLICY ON DISABILITY

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FOREWORD

Government through the Ministry of Gender, Labour and Social Development has a mandate to promote and protect the rights of persons with disabilities (PWDs). According to Uganda Population and Housing Census(2002), one in every 25 persons has a disability and hence making it a development concern. Some of the disabilities include difficulty in seeing, hearing, speech, moving and learning. The underlying causes of disability include but not limited to communicable diseases, congenital abnormalities and injuries. The situation has been exacerbated by poverty, illiteracy and varying degrees of negative attitudes.

The Government is mandated to promote and protect the rights of persons with disabilities and the Constitution of the Republic of Uganda stipulates the need to empower and provide equal opportunities to PWDs. Government has focused on provision of health services, community based rehabilitation, vocational training, Universal Primary Education as key measures to empower PWDs.

This policy on disability will contribute to the improvement of the quality of life of People with Disabilities (PWDs) through expanding the scope of interventions. The interventions will necessitate PWDs themselves to participate in designing, managing, monitoring and evaluating initiatives that are meant to improve their well-being. It will also ensure that the central government, local authorities, CSOs, parents and caregivers involve PWDs.

Disability issues transcend all sectors. Therefore, the Public sector, Ministries, Local Governments, CSOs, NGOs and other actors should use this policy as a framework to guide planning, resource allocation and implementation of interventions of PWDs.

The process of developing this policy has been consultative and participatory involving cross-section of policy makers, implementers and beneficiaries. I would like to extend my appreciation to all, Government Ministries, Local authorities, Private sector, Civil Society Organisations, Communities and persons with disabilities for their contributions to this process. I wish to acknowledge the logistical support of development partners especially the Norwegian Association of the Disabled and International NGOs. I am convinced that the zeal exhibited during the development of this policy will continue into the implementation phase.

This policy is an inherent of the Social Development Sector Strategic Investment Plan (SDIP) which is itself a framework for operationalising the Poverty Eradication Action Plan (PEAP). Support and participation by all stakeholders is critical for successful implementation of this policy. I have no doubt therefore, that the policy address and redress the inequalities that PWDs experience in the society .

For God and my country.

Bakoko Bakoru Zoë

MINISTER OF GENDER, LABOUR AND SOCIAL DEVELOPMENT

TABLE OF CONTENTS

Foreword	i
Table of contents	ii
1. Introduction	1
1.1 Background	1
1.2 Disability	1
1.3 Causes of Disability	2
1.4 Situation Analysis	2
1.4.1 Demography	2
1.4.2 The vulnerability of PWDs	2
1.4.3 Poverty	3
1.4.4 Education and Skills	3
1.4.5 Conflicts and Emergencies	4
1.4.6 Employment	4
1.4.7 Social Security	5
1.4.8 Health	5
1.4.9 HIV/AIDs	5
1.4.10 Gender	6
1.4.11 Accessibility	6
1.5 Legal and Planning Framework	7
1.5.1 National Legal Framework	7
1.5.2 National Planning framework	8
1.5.3 International Legal framework	8
2. Principles	10
3. Vision, Mission, Values, Objectives and Strategies	12
3.1 Vision	12
3.2 Mission	12
3.3 Values	12
3.4 Objectives	12
3.5 Strategies	12
4. Policy priorities	14
4.1 Accessibility	14
4.2 Participation of PWDs and Caregivers	14
4.3 Capacity building	15
4.4 Awareness raising	15
4.5 Prevention and Management of Disabilities	16
4.6 Care and support	16
4.7 Research	17
4.8 Communication	17

5.	Institutional framework	...	...	...	...	...	...	...	18
5.1	Ministry of Gender, Labour and Social Development (MGLSD)...	...	...	...	...	...	...	...	18
5.2	Other Government Ministries, Agencies and Departments	...	...	...	...	...	...	...	18
5.3	Local authorities	...	...	...	...	...	...	...	18
5.4	The private sector	...	...	...	...	...	...	...	18
5.5	Disabled Persons organisations	...	...	...	...	...	...	...	18
5.6	Other Civil Society Organisations	...	...	...	...	...	...	...	19
5.7	The Community	...	...	...	...	...	...	...	19
5.8	Parents and other caregivers	...	...	...	...	...	...	...	19
5.9	Persons with Disabilities	...	...	...	...	...	...	...	19
5.10	National Council for Disability	...	...	...	...	...	...	...	19
6.	Monitoring and Evaluation Arrangement	...	...	...	...	...	...	...	20
7.	Financing of the Polity	...	...	...	...	...	...	...	20
Annex 1	List of Abbreviations	...	...	...	...	...	...	...	21
Annex 2	Glossary	...	...	...	...	...	...	...	22

1. Introduction

1.1. Background

World Health Organisation estimates that approximately 10% of any population is disabled¹. It also estimates that of the 10% only 5.8% of persons with disabilities need to be provided with services. The United Nations Standard Rules on Equalisation of Opportunities for PWDs (1991) urges all nations to show strong commitment on equalisation of opportunities for Persons with Disabilities (PWDs)².

The National Policy on Disability in Uganda therefore, aims at promoting equal opportunities for enhanced empowerment, participation and protection of rights of PWDs irrespective of gender, age and type of disability. This is in recognition that PWDs can perform to their full potential given the same conditions and opportunities irrespective of their social, economic and cultural backgrounds.

The Policy is to guide and inform the planning process, resource allocation, implementation, monitoring and evaluation of activities with respect to PWDs concerns at all levels.

1.2. Disability in Uganda

Disability is defined as permanent and substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participations³. Over the years definitions of categories have changed from the impairments approach to limitation in participation. This policy will focus on the following disabilities;

- i. Difficulty in hearing;
- ii. Difficulty in speaking and conveying messages;
- iii. Difficulty in moving around and using other body parts;
- iv. Difficulty in seeing;
- v. Strange behaviour;
- vi. Epilepsy;
- vii. Difficulty in learning;
- viii. Leprosy;
- ix. Loss of feeling.
- x. Multiple disabilities (*A combination of any of the above disabilities*)

¹ World Health Organisation, 1991

² UN Resolution 76/A, 1991

³ National Council on Disability Act 2003

1.3 Causes of disability

The leading causes of disability include congenital or peri-natal disturbances (*mental-retardation, somatic hereditary defects and non-genetic disorders*), communicable diseases (*polio, mylites, trachoma, leprosy*), non-communicable somatic diseases, functional psychiatric disturbances, alcoholism, drug abuse, wars and civil-strife, trauma, injury and accidents (*traffic, occupational and home accidents*) and malnutrition⁴.

1.4. Situation Analysis

1.4.1 Demography

According to the Uganda Population and Housing Census Report (2002), four out of every 25 persons in Uganda are persons with disabilities. The report continues to mention that the prevalence rate in 2002 was higher than 11% obtained from the 1991 Census. The prevalence of disability increased with age from 2% among children aged less than 18 years to as high as 18% among the elderly. The prevalence was not even throughout the country. In the central region, it increased from 1.0% to 3.1%, Eastern region from 1.2% to 3.6%, Western region from 0.9% to 2.9% and Northern region from 1.9% to 4.4%.

The prevalence increase was partly attributed to the improvement in the methods of data collection in the census. This increase may further be attributed to improved service delivery in health care better nutrition, sanitation and community based rehabilitation services which have improved on public awareness, change of attitudes leading those with disabilities living longer. At 3.4% annual growth rate, the population of PWDs is estimated to have increased to-date.

The most commonly observed disabilities were loss and limited use of limbs 35.3%, spine injuries 22.3%, hearing difficulties 15.1%, seeing difficulties 6.7%, difficulty in speech and conveying messages 3.9%, mental retardation 3.6% mental illness 3.6% and others at 9.6%. The Northern Region has the highest rate incidence of disability rate at 4.4%.⁵

1.4.2 The Vulnerability of PWDs

Generally, PWDs are vulnerable by virtue of their impairment and negative societal attitudes arising from fear, ignorance, superstitions, neglect and lack of awareness. As a result, PWDs have inadequate access to services, information, resources as well as limited participation in the socio-economic development process. Consequently, the majority depend on their families and communities for survival.

⁴ Ministry of Health – Government of Uganda

⁵ The 2002 Uganda Population and Housing Census

Nevertheless, PWDs are often of low priority in society. They receive less education, skills training and medical attention, which reduces their employment opportunities and may even result in secondary disabilities and sometimes early death. Consequently, this discrimination and neglect erodes PWDs self esteem and confidence to the extent that they cannot voice their needs.

The major concerns of PWDs, are poverty, education and skills, employment, conflicts and emergencies, social security, health, HIV/AIDs and accessibility. Gender and age in disability exacerbates their situation in accessing services.

1.4.3 Poverty

Poverty and disability are closely interlinked. Disability is both a cause and consequence of poverty. Disability exposes people to limited livelihood opportunities which consequently lead them into a state of poverty and vulnerability. To implement the Poverty Eradication Action Plan, Government has put in place measures to eradicate poverty which include, Promotion of Investments, Expansion of Markets, Universal Primary Education (UPE), Uganda National Minimum Health Care Package (UNMHCP); Community Mobilisation and Empowerment Programmes; Land Reforms, Road Sector Reforms, micro finance initiatives and Modernisation of Agriculture.

However, the socio-economic situation of most PWDs is still characterised by abject poverty. With 46% of their population living in poverty, PWDs are over represented among the 38% of Ugandan population affected by poverty⁶

1.4.4 Education and skills

Under UPE policy, government provides free education to all children in primary schools. There are 150,559 children with disabilities under this programme, of whom 82,537 are males and 68,022 are females⁷. Approximately 4500 PWDs have been trained in Vocational skills in the Vocational Rehabilitation Institutions since 1967.

The Special Needs Education (SNE), under Ministry of Education and Sports addresses issues of children with learning difficulties. The programmes under Kyambogo University play a key role in training teachers and other professionals in special needs education and rehabilitation. Furthermore, Government put in place a rehabilitation and resettlement scheme that includes vocational rehabilitation services, sheltered workshops that focus on employable skills training and orthopaedic workshops for provision of assistive devices to PWDs.

⁶ The SDIP, 2003, Ministry of Gender, Labour and Social Development

⁷ Ministry of Education and Sports, Government of Uganda - 2002

Despite the above existing programmes, scarcity of appropriate educational, scholastic and instructional materials, inadequate training staff handling concerns of PWDs, outdated and limited skills in vocational rehabilitation centres, inaccessible physical structures at schools, high costs of assistive devices and assistive services such as guides, helpers as well as interpreters are major factors which hinder PWDs education and skills training.

Therefore, poor access to education in childhood means that a high proportion of PWDs remain illiterate and unskilled. Issues relating to PWDs are not well highlighted in education and training curricula at all levels. Furthermore, public education programmes often use languages and images that are not comprehensible to most PWDs. Physical accessibility and affordability to programmes are major to education and skills training limitations that constrain participation of PWDs.

1.4.5 Conflicts and emergencies

Insurgency and civil strife that has been prevailing in some parts of the country has left some people with varying degrees of disability. Urban crime, domestic violence, cattle rustling, terrorism and proliferation of small and light weapons have contributed to increasing disabilities among communities.

During conflicts and emergencies PWDs not only suffer the brunt of the calamity as a direct consequence of their vulnerability, but also are often powerless, excluded and marginalized in accessing emergency assistance. Emergency situations often undermine social patterns that support PWDs.

The Government has endeavoured to address this by supporting efforts to prevent and resolve issues of conflict using peaceful means. Pertinent initiatives include programmes of family tracing and resettlement to re-unite displaced family members. Despite these efforts, Government still lacks strategies, which address the particular needs of PWDs during conflicts and emergencies.

1.4.6 Employment

With limited skills characteristic of most PWDs, accessing employment is a major challenge. Most potential employers do not give chance to PWDs to compete for employment even where they have the necessary qualifications and experience. Consequently, the majority of PWDs are unemployed.

In an effort to address the employment problem among PWDs, Government established a vocational training programme to equip PWDs with employable skills. However, these programmes are limited in scope and no longer meet current market employable skills requirements. Government has also started a programme to sensitise employers to recruit qualified and skilled PWDs. Consequently, some of PWDs have got stable employment.

However, absence of a national employment policy has precluded affirmative action for the majority of PWDs who remain unemployed and underemployed.

1.4.7 Social Security

Most PWDs in Uganda do not have access to regular incomes due to inadequate employment opportunities. Those that earn income are largely in the informal sector.

Existing social security schemes such as pension, provident fund and insurance services cover only PWDs in the formal sector. Where informal social security mechanisms exist, they are weak, unstructured, unsustainable, operate on a voluntary basis and are in any case inaccessible to most PWDs.

1.4.8 Health

The 2002, Uganda Population and Housing Census results revealed that 35.3% of PWDs had loss or limited use of limbs, 23.3% spinal injuries and 15.1% hearing difficulties. Persons 60 years and above are 1,101,039 of which 18% have chronic diseases associated with old age and disability.

Government has put in place the Uganda National Minimum Health Care Package (UNMHC) to ensure that the people of Uganda receive essential services. In addition, Government has put in place primary health care package, regional referral hospitals, built new and upgraded existing health centres and trained medical staff.

Despite the above scenario, high cost of health services and assistive devices, negative attitudes of some health staff, unfriendly infrastructure and equipment designs, and long distances to the health facilities are still challenges. The major concerns of PWDs therefore, remain their inability to access basic health services and assistive devices to enable them lead independent and productive lives.

1.4.9 HIV/AIDS

The HIV/AIDS pandemic has destabilised the socio-economic fabric of the country by reducing incomes at household level, increasing the number of orphans and straining health services. Persons with Disabilities are sexually active. Because of their vulnerability, they stand a higher risk of contracting as well as transmitting HIV/AIDS. Unfortunately, they are not targeted by most programmes on HIV/AIDS. For instance, PWDs have limited access to information, education, counselling services and ARVs. As a result the impact of HIV/AIDS on PWDs remains unknown.

Government has mobilised resources and put in place the Uganda HIV/AIDS Partnerships to minimise duplication, maximise learning and enhance peer support to fight HIV/AIDS. It has also put in place programmes focusing on public awareness, community mobilisation and empowerment.

Unfortunately, PWDs especially those with hearing and seeing difficulties do not benefit from these interventions. This is partly because information targeting PWDs often lacks instructional materials, which are printed into large prints or braille, or personnel who know sign language for interpretation. Low levels of literacy among PWDs exacerbates this situation.

1.4.10 Gender

Disabilities affect men and women differently, but impact more on females than males due to social and cultural roles. Discriminatory cultural practices on property inheritance and property ownership affect the livelihoods of women with disabilities more adversely than men with disabilities. This is compounded by inadequate programmes that focus on women with disabilities during service delivery, which makes it even more difficult for them to improve their livelihoods.

Government has put in place affirmative action to benefit all PWDs particularly women and girls. Other steps taken by Government include the land policy, laws on marriage and divorce, inheritance, domestic violence and other forms of violence against women and girls.

In spite of the above, lack of public awareness, negative community attitudes, cultural beliefs and lack of programmes on specific concerns of women with disabilities are still challenges.

1.4.11 Accessibility

In Uganda, PWDs face difficulties in accessing education, health and sports facilities, places of employment, cultural sites and other physical infrastructure. They are denied access to most buildings such as schools, hospitals, courts of laws, stadias. This is due to the fact that many buildings do not have facilities such as ramps and lifts. The existing lifts do not have talking devices to enable the blind to access information. Roads do not have facilities for PWDs. In most cases, PWDs cannot access information provided by both electronic and print media.

Government has put in place mechanisms to improve and enhance access of services through policies, plans and programmes. Unfortunately, PWDs continue to experience physical barriers, inadequate information, rehabilitation and unfriendly services. Limited accessibility to such services has contributed to social exclusion of PWDs.

1.5 Legal and Planning Framework

Uganda has demonstrated its commitment to the promotion and protection of the rights of PWDs through adoption and implementation of national and international policies and legal (well being) instruments that concern PWDs.

1.5.1 National Legal Framework

The Uganda Constitution (1995) recognises the rights of PWDs and provides the basis for the enactment of laws and development of policies that address their concerns. The Constitution provides for fair representation of marginalized groups on all constitutional and other bodies, recognition of the rights of PWDs to respect and human dignity, and promotion the development of a sign language for the deaf. Furthermore, it enjoins the country to take affirmative action to redress the imbalances that exist against PWDs. Other laws include:-

- i.* The Parliamentary Elections Statute of 1996 provides for 5 representatives of PWDs in Parliament, at least one of whom should be a woman and the use of a sign language where applicable;
- ii.* The Children's Statute of 1996 stipulates early assessment of disabilities among children for appropriate treatment, rehabilitation and education;
- iii.* The Local Governments Act, of 1997 provides for representation of PWDs (female and male) at all local government levels;
- iv.* The Uganda Communications Act of 1997 provides for development of techniques and technologies that facilitate accessibility to communications services by PWDs;
- v.* The Universal Primary Education Act of 1997 commands families with CWDs to give them priority at the time of enrolment;
- vi.* The Uganda Traffic and Road Safety Act of 1998 stipulates that PWDs shall not be denied driving permits on the basis of their disability etc. by reason of his or her disability;
- vii.* The UNISE Act of 1998 provides for establishment of the Uganda National Institute of Special Education, training of teachers for children with special needs as well as special education teachers;
- viii.* The Land Act of 1998 provides that any transaction on customary land that discriminates on PWDs shall be null and void;
- ix.* The National Council for Disability Act of 2003 mandates the Council to bring PWDs' issues to the attention of Government, NGOs, private sector and individuals so as to improve the lives of PWDs.

1.5.2 National Planning Framework

This policy is consistent with the Uganda Vision 2025 which is the long-term national development framework in Uganda. Pertinent aspirations of Vision 2025 are that PWDs will have easy access to basic infrastructure and other social amenities. This policy will therefore ensure that technology, information, basic infrastructure and other social facilities are user-friendly to PWDs.

The Poverty Eradication Action Plan (PEAP), provides an over arching framework to guide public action to eradicate poverty, spells out priority action areas to support, mobilise and empower vulnerable groups to participate in the economic growth and social development process. This policy will ensure that PWDs fully participate and benefit from the PEAP initiatives.

The Social Development Strategic Investment Plan (SDIP), addresses major challenges of inequality, inequity, exclusion, unemployment and low productivity among the poor and vulnerable. It articulates interventions for promoting their participation and ability to access basic services. In order to achieve this, the SDIP ensures that vulnerable groups are protected from risks and repercussions of livelihood shocks by overcoming constraints that impede the development of their productive capacities.

This policy will promote inclusion and participation of PWDs in order to achieve equitable human progress.

1.5.3 International Legal Framework

This policy is consistent with the following:

- The Alma Ata Declaration of 1978, which emphasises inclusion of the rehabilitation approach into the primary health care system;
- The International Labour Organisation Convention No. 159 and Recommendation 168 on vocational rehabilitation and employment of PWDs;
- The World Programme of Action 1983, which advocates for full participation of PWDs in the development process;
- The World Declaration on Education for All, 1990;
- The Vienna World Conference on Human Rights 1993 Resolutions, which stipulate promotion of rights of PWDs;
- The UN Standard Rules for Equalisation of Opportunities 1993, which guides policy making;
- The UNESCO Salamanca Framework of Action on Special Needs Education 1994, which emphasises promotion of education and inclusion of all CWDs.

2. PRINCIPLES

The policy provides the framework for responding to the concerns and needs of PWDs which will be guided by the following principles;

i. *Family and community based care:*

The family is the basic unit for providing care and support to PWDs. PWDs should benefit from the family and community care and protection. It is therefore, the responsibility of the parents or caregivers to PWDs to provide food, clothing, housing, love, care, education, health and other basic services that promote and protect the rights of PWDs.

ii. *Human Right's Based approach*

The policy is based on the human rights approach to programming by seeking to minimise stigmatisation and discrimination, which act as a barrier to PWDs and their families in accessing services. Promotion and protection of the rights of PWDs will be upheld at all time by all service providers.

iii. *Participation*

This will involve full participation and representation of PWDs and their caregivers in planning, implementation, monitoring and evaluation of their programmes at all levels. Every intervention by stakeholders should bring PWDs and their caregivers on board to be able to take informed decisions and influence the environment around them.

iv. *Multi-sectoral collaboration:*

Disability is a crosscutting concern requiring the concerted effort of all stakeholders. Every stakeholder should undertake the responsibility of mainstreaming disability concerns in the respective sectoral plans. This will involve building and strengthening partnerships and networks with households of PWDs, communities, private sector, CSOs and development partners for sustainable service delivery to PWDs at all levels.

v. *Capacity building*

Capacity of PWDs, caregivers, communities and service providers shall be enhanced for effective planning, implementation, monitoring and evaluation of development programmes at all levels.

vii) *Decentralised service delivery:*

The policy will be implemented in the decentralised environment. Decentralised structures at the district and lower levels will be strengthened to ensure quality and sustainable delivery of service to PWDs. Local Government however, have the primary responsibility for putting in place appropriate interventions.

viii) Good Governance

Good Governance is a prerequisite to National Development. This principle will promote effective governance through democratic processes at all levels. It will also encourage co-existence that promotes social inclusion and integration of PWDs among the people of Uganda. It will promote equal opportunities, empowerment, economic prosperity and a health well-educated PWDs who will lead a high quality of life.

3. VISION, MISSION, VALUES, OBJECTIVES AND STRATEGIES

3.1 Vision

The vision of the Policy is a society where PWDs fully participate in all spheres of development.

3.2 Mission

The Mission is to provide a framework for empowerment of PWDs in the development process.

3.3 Values

The core values of this policy are understanding and empowerment of PWDs to enable them lead independent and productive lives.

3.4 Objectives

The objectives of this policy are:

- i. To create a conducive environment for participation of PWDs;
- ii. To promote effective friendly service delivery to PWDs and their caregivers;
- iii. To ensure that resources for initiatives that target PWDs and caregivers are mobilised and efficiently utilised;
- iv. To ensure that the capacity of PWDs and their care-givers to access essential services is enhanced; and
- v. To build the capacity of service providers, PWDs and care-givers for effective prevention and management of disabilities

3.5 Strategies

This policy will be operationalised through a number of strategies. These are:-

- i. Mobilisation adequate resources to ensure that the policy is implemented;
- ii. Advocating for the strengthening of positive cultural values that foster understanding, care and support for the protection of PWDs;
- iii. Strengthening and empowerment of PWDs and their caregivers;
- iv. Capacity building and enhancing skills development and social support systems so that PWDs participate in and effectively contribute to socio-economic development;
- v. Ensuring participation of PWDs in the planning, implementation, monitoring and evaluation of all relevant initiatives;

- vi. Lobbying all other sectors and stakeholders to appreciate and address the concerns of PWDs;
- vii. Implementing interventions through communities, local authorities, CSOs, the private sector networks and other actors so as to enhance capacity and increase the outreach;
- viii. Developing and promoting PWD cultural activities and sports events to enhance their recreational capabilities and raise public awareness of their abilities;
- ix. Promoting awareness about different impacts of the same disability on male and female PWDs;
- x. Establishing comprehensive databases to generate disaggregated information on disability;
- xi. Developing and implementing media and communications strategy to enhance awareness on PWD issues, including gender concerns;
- xii. Promoting the development of social security for PWDs in the informal sector;
- xiii. Ensuring research, documentation and dissemination of best Practises and experiences for replication and scaling up interventions by all actors, at all levels;

4. POLICY PRIORITIES

The priority areas of focus are accessibility, participation, capacity building, awareness raising, prevention and management of disabilities, care and support, socio-economic security, research, communication (sign language, tactile and Braille literacy) and budgeting.

4.1 Accessibility:

Most PWDs are adversely affected by the conventional design of infrastructure and other facilities. These often act as barriers that hinder their access to and utilisation of these facilities and services. Government shall through this policy, promote user-friendly facilities and infrastructure designs for the benefit of PWDs.

Interventions will include:

- i Putting in place laws and by-laws for promoting user friendly facilities and infrastructure for the benefit of the PWDs;
- ii Promoting use of sign language, Braille, tactile among parents and service providers and communities;
- iii Media campaigns on accessibility;
- iv. Provision of assistive devices and services to PWDs.
- v. Building alliances and networks in information, communication and technology.

4.2 Participation of PWDs and Caregivers

PWDs do not access services because of their exclusion in the design and implementation of interventions. This has greatly contributed to their inadequate participation in the socio-economic development process. Government with other stakeholders will promote full participation of PWDs and caregivers in planning, decision-making, designing and implementing interventions for improved service delivery.

Interventions will include:-

- i. Facilitate the availability and utilisation of assistive devices and services to PWDs to make them independent and productive in development activities;
- ii. Promoting representation of PWDs and caregivers in planning, monitoring and evaluation at all levels;
- iii. Supporting the development and strengthening of Disabled Persons Organisations (DPOs) for a stronger voice;

- iv. Creating enabling environment for effective and equal participation of PWDs.

4.3 Capacity Building:

Most PWDs lack knowledge and skills to effectively participate in and benefit from development. Similarly, caregivers and service providers have low capacity to render adequate services. To this end, the policy will ensure that capacity building for all stakeholders is prioritised in all interventions at all levels.

Interventions will include:-

- i. Promoting apprenticeships, vocational, functional and lifelong skills training;
- ii. Establishing community based networks to access PWDs to services;
- iii. Equipping service providers and communities with appropriate knowledge and skills for effective service delivery;
- iv. Promoting micro-finance education and health initiatives that benefit households of PWDs and their caregivers;

4.4 Awareness Raising:

Communities often discriminate against and marginalize PWDs because of negative beliefs, norms and customs. This is mainly due to the limited understanding by the communities of the causes of disabilities as well as of the rights, potentials and abilities of PWDs.

Interventions will include:-

- i. Promoting and strengthening awareness creation programmes on disability at all levels;
- ii. Designing and developing appropriate interventions by stakeholders at all levels;
- iii. Promoting theatre in development;
- iv. Lobbying for the mainstreaming of disability concerns in sectoral programmes;
- v. Publicity through the media such as radio, T.V, Newspapers, brochures and posters.

4.5 Prevention and Management of Disabilities

Congenital and non-congenital factors are responsible for the impairment of PWDs in Uganda .some of these factors can be controlled and managed, if they

are identified early enough. This policy will support efforts towards strengthening early identification, prevention and management of disabilities. Government will therefore encourage service providers and communities to participate in early detection, assessment, management, referral for treatment and rehabilitation.

Interventions will include:-

- i. Mobilising of resources;
- ii. Promoting information campaigns on prevention and management of disabilities;
- iii. Strengthening community based rehabilitation initiatives;
- iv. Promoting formation of parent and peer counselling support groups;
- v. Promoting translation, transcribing repackaging of user friendly materials in accessible information for PWDs;
- vi. Building and strengthening capacity of service providers;
- Vii Lobbying for the recruitment of appropriate personnel, in health units and retooling of orthopaedic workshops.

4.6 Care and Support

Care and support will include provision of basic, physical and psychosocial needs of PWDs and their caregivers. Psychosocial issues transcend one sector and should be addressed by all sectors.

Interventions will include:-

- i. Increasing awareness on needs and rights of PWDs;
- ii. Strengthening capacities of families communities and service providers to provide counselling and recreational facilities;
- iii. Promoting positive attitudes, cultural values that benefit PWDs;
- iv. Promoting community mechanisms to protect PWDs from abuse and neglect;
- v. Advocating for the availability and utilisation of affordable assistive devices and appliances.

4.7 Research

There is minimal qualitative and quantitative data and information on PWDs. This is an impediment to effective planning, decision-making and targeting of interventions for the benefit of PWDs. Government will put in place mechanisms to collect, analyse, document and disseminate comprehensive information on PWDs.

Interventions will include:-

- i. Promoting research studies in disability areas;
- ii. Capturing data in disability in periodic national surveys and censuses.
- iii. Developing disability-Management Information systems.

4.8 Communication:

The deaf, blind and deaf-blind find it extremely difficult to access services, including information, due to lack of appropriate medium of communication. Interventions will include development and promotion of use of sign language, tactile and Braille literacy.

5. INSTITUTIONAL FRAMEWORK

Since disability issues are multi-dimensional, implementation of the policy will be multi-sectoral at the national, local government and community levels. In addition to the central government and local authorities, other actors will include parents and other caregivers, CSOs, the community, Disabled Persons Organisations (DPOs) and the private sector.

5.1 Ministry of Gender, Labour and Social Development (MGLSD):

The MGLSD is the lead agency and will spearhead the co-ordination of this policy. The Ministry will develop and disseminate guidelines for operationalising this policy.

5.2 Other Government Ministries, Agencies and Departments:

Other Government ministries, departments and agencies will be responsible for effective implementation of the relevant aspects of this policy in their respective sectors within their mandates.

5.3 Local Authorities

- i. Local authorities will coordinate, supervise and mobilise resources and disseminate information at district and lower levels;
- ii. Initiate and implement appropriate interventions;
- iii. Monitor interventions of DPOs, other CSOs and the private sector;
- iv. Specifically local government should ensure that officers are designated to handle disability issues;

5.4 The Private Sector

- i. The private sector will design and construct PWD-friendly infrastructure and other social facilities;
- ii. Efficiently deliver services targeting PWDs;
- iii. Contribute resources for disability interventions.

5.5 Disabled Persons Organisations

- i. Disabled persons organisations will strengthen the capacity of their members;
- ii. Promote the dignity and welfare of PWDs;
- iii. Supplement government efforts in delivery of services to its members.

5.6 Other Civil Society Organisations:

- i. Mobilise resources for service delivery;
- ii. Build the capacity of PWDs and caregivers.

5.7 The Community:

The community (local council, clan, traditional, cultural, religious and opinion leaders) will

- i. Identify and strengthen social support networks and mechanisms for PWDs and their families;
- ii. Participate in implementing interventions and link PWDs to service providers;
- iii. Promote understanding, guidance and support, which PWDs need to become fully productive members of the community;
- iv. Identify and address cultural and traditional norms and practices that adversely impact on PWDs.

5.8 Parents and Other Caregivers

Parents and caregivers will still play the primary role of taking care of PWDs. They will therefore identify, provide care and support, and offer psychosocial counselling and guidance.

5.9 Persons with Disabilities

Persons with Disabilities will participate in planning, implementation, monitoring and evaluation of all interventions aimed at improving their welfare.

5.10 National council for disability.

The National Council for Disability will have the role of:-

- i. Resource Mobilisation;
- ii. Coordinating the mainstreaming of the interventions of this policy.
- iii. Advocate for and promote effective service delivery;
- iv. Monitor and evaluate the impact of the policy and its programmes;
- v. Initiate research studies on disability.

6. MONITORING AND EVALUATION ARRANGEMENT

Monitoring and evaluation functions shall be undertaken at all levels to enhance accountability and effectiveness. This will entail developing and establishing monitoring and evaluating mechanisms which will include the following:-

- i. Developing monitoring indicators for every activity;
- ii. Establishing evaluation structure;
- iii. Producing and disseminating of reports on regular basis;
- iv. Reviewing the policy.

7. Financing the policy

The priority areas of focus of the Policy transcend the realms of one single sector. Each sector will come up with relevant plan of action for interventions within its area of mandate and focus.

LIST OF ABBREVIATIONS

CBR	-	Community Based Rehabilitation
CBOs	-	Community Based Organisations
CSOS	-	Civil Society organisations
CWDs	-	Children with Disabilities
DPOs	-	Disabled Persons Organisations
EARS	-	Educational Assessment and Resource Service
FBOs	-	Faith Based Organisations
ILO	-	International Labour Organisation
MP	-	Member of Parliament
NGOs	-	Non-Governmental Organisations
NUDIPU	-	National Union of Disabled Persons of Uganda
PEAP	-	Poverty Eradication Action Plan
PWDs	-	Persons with disabilities
SDIP	-	Social Development Sector Strategic Investment Plan
SNE	-	Special Needs Education
UPE	-	Universal Primary Education
UN	-	United Nations
UNESCO	-	United Nations Educational Scientific and Cultural Organisation
UNMHCP	-	Uganda National Minimum Health Care Package
UNISE	-	Uganda National Institute of Special Education
WHO	-	World Health Organisation

GLOSSARY

- Affirmative Action - Refers to set of public initiatives designed to help eliminate past and present discrimination based on gender, age, disability, race, colour, religion, national origin, or any other reason created by history. In this policy it refers to a positive action favouring PWDs so as to uplift them from their vulnerable situation to a better state.
- Assistive devices - Tools that are designed, fabricated or adopted to assist a person with disability in performing a particular task e.g. calipers, wheel chairs, white cane.
- Braille - Universal form of writing used by and for the blind. Braille consists of characters made up of raised dots in a six-position matrix on all. The characters are embossed in lines on paper and read by passing fingers lightly on the manuscript.
- Community Based Rehabilitation - A strategy within general community development for rehabilitation, equalisation of opportunities and social inclusion of all children and adults with disabilities.
- Disability - Permanent and substantial functional limitation of daily activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation.
- Discrimination - Treating people in a different, usually bad, manner because of their class, race, disability, gender instead of who they are as individuals.
- Impairment - Refers to any loss or abnormality of psychological, physical, neurological or anatomic function or structure.
- Referrals - Places where PWDs can be sent for treatment, education, employment, guidance and counselling, vocational skills and legal advice.

- Sign language - A medium of communication used by people with hearing difficulties.
- Social inclusion - Refers to the multiple and the integrated initiatives resulting into people previously excluded, being included into normal exchanges, practices, interventions in the development process.
- Support Services - Services given to PWDs in order to empower them to make well informed decisions towards their wellbeing and development.
- Tactile - is a language used by people who are deafblind.

