

**NATIONAL COUNCIL FOR DISABILITY REPORT ON COMMUNITY DIALOGUE  
SESSIONS HELD IN KAMPALA DISTRICT FROM 9TH – 12 TH , FEBRUARY, 2016**

**PROMOTING RIGHTS AND ACCOUNTABILITIES IN AFRICAN COMMUNITIES  
(PRAAC) PROJECT COORDINATED BY PLAN UGANDA**

**Compiled by**

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FACILITATORS  
FROM NATIONAL COUNCIL FOR DISABILITY**

**List and contacts of Facilitators from NCD who participated is provided as below:**

- |   |            |
|---|------------|
| 1) Beatrice Guzu Executive secretary NCD                                  | 0772643084 |
| 2) Mari Samuel (Programme Officer- NCD)                                   | 0772660809 |
| 3) Tumwesigye Benson –Sign language interpreter                           | 0772315525 |
| 4) Adima Moses (Beatrice Guzu’s Guide as a Person with Visual Impairment) |            |

## **1.0 Introduction:**

The National Council for Disability (NCD) is a public institution established by Act of Parliament in 2003 and inaugurated in August 2004 as a National body charged with monitoring the extent to which Disabled Persons benefit from existing legislation, policies and programmes. Its establishment was jointly initiated and supported by Government and Uganda's Disability fraternity as a means of monitoring and setting standards for Disability-related interventions in the country. The work of the NCD is conducted within the context of the international and national legal regime on human/disability rights, as well as the country's Social Development Sector Investment Plan (SDSIP) that complements ongoing Government Poverty reduction initiatives elaborated in the National Development Plan (NDP). In its work, the NCD monitors Government institutions, civil society and the private sector. This is made possible through its structure that runs from the national to the sub-county level.

### **1.1 Functions**

The NCD operates on the basis of the National Council for Disability Act 14, 2003 with clearly stipulated functions, mandating it to:

Monitor and evaluate the extent to which Government, NGOs and the private sector include and meet the needs of PWDs in their work;

Act as a national body through which the concerns of PWDs can be communicated to Government and non-government actors for action;

Advocate for the promotion of activities undertaken by institutions, organizations and individuals for the promotion and development of programmes and projects designed to improve the situation of PWDs;

Carry out or commission surveys and investigations in matters or incidents relating to violation of PWDs' rights and take appropriate action;

Consider and recommend ways and means of controlling the unnecessary increase of disability in Uganda;

Assist the Electoral Commission in conducting free and fair elections for Parliamentary and Local Government Council Representatives of PWDs;

Identify and give guidelines on disability interventions and mainstreaming to organizations working for PWDs;

Hold representatives' annual general meetings for review and planning purposes;

Mobilize resources for use in the performance of the Council's work.

## **2.0 National Council For Disability Engagements with Plan Uganda and lessons learnt from the PRAAC Project Community Dialogue Meetings.**

In fulfillment of its mandate to mobilize resources, in the mid 2013, National Council for Disability officials approached Plan Uganda and held several consultations for closer working relationships. The discussions were fruitful and the two important output to note are:

(i) Plan Uganda supported National Council for Disability in terms of funding the development of NCD five year (20-15-2020 Strategic plan, and

ii) Plan Uganda engaged NCD officials in the community dialogue meetings under the PRAAC Project in districts where Plan already had its presence for purposes of capturing and documenting issues for follow up, policy development and advocacy to promote disability sensitivity and disability mainstreaming by duty bearers and other stakeholders.

The report provides a written account of the community dialogue meetings organized by Plan Uganda in the PRAAC project districts of Kamuli, Lira and Kampala Districts with National Council for Disability officials engaged to interface with the Persons with disability in order to capture concerns on violations of their rights, understand and document issues for follow up, and advocate for policy developments and disability mainstreaming.

The opportunity for Plan Uganda and National council for disability to engage together in community dialogue meetings under the PRAAC Project in three districts already highlighted above was kick-started when the Project officer in charge PRAAC Project, Jacqueline held some consultative meetings with the National Council for Disability senior officials at the NCD Secretariat (Ntinda) and agreed on carrying out joint community dialogue meetings in the three districts/areas of Kawempe division in Kampala, Kamuli district and Lira District in line with a drawn Terms of Reference (TOR). The original plan was to carry out the activities in the second quarter and the third quarter. However after one meeting was held in Kawempe in the second quarter, the rest of the programme was rescheduled for Third quarter to cover Kamuli district, Lira District and Kawempe division. The terms of reference (as attached) specified the detailed expected output, duties and roles of the different parties.

It is upon that background that National Council for disability staff conducted the Community dialogue meetings in the specified districts and areas stated in the body of this report for purposes of carrying-out and engaging in dialogue with different communities including Persons with Disabilities, their parents, caregivers, leaders and community volunteers. The community dialogue meetings also enabled

the Trainers/ facilitators from the National Council for Disability to identify and highlight advocacy issues, policy issues, and make recommendations for follow up by the PRAAC project managers , NCD as well as different Stakeholders- Including the Disabled persons organizations, the district organs and leadership.

### **3.0 The methodology:**

The methodology for conducting the community dialogues were more or less similar, as below:

**3.1** Opening key note Presentation by Resource persons –especially the police officers, on the positive and negative trends regarding the cases of protection and violations of rights of Persons-women, men, youth, the elderly and children with disabilities. Followed by complements ,questions and clarifications by the members present.

**3.2** Specific questions and responses regarding challenges facing PWDs directed to Persons with disability, the care-givers , community leaders guided by the Facilitators from National council for disability facilitators.

**3.3** Experience/information sharing by Different resource persons/leaders/ PWDs/care-givers

**3.4** clarifications made on issues affecting PWDs and status of Service delivery to PWDs by Sub-county leaders, Project facilitators/ PWD Leaders and National Council for Disability facilitators

**3.5** Note –taking exercise by the NCD facilitators for purposes of documenting issues that need follow up by different stakeholders, recommendations for policy development, issues of advocacy, etc. to be submitted in a report to Plan Uganda.

### **4.0 Recommendation For Follow Up By PRAAC Project Team, District Officials & Other Stakeholders For Purposes Of Policy Formulation, Follow Up On Identified Issues And Advocacy.**

#### **4.1 On Issues Of Programming & Advocacy**

4.1.1. National council for disability to include programming for capacity building for targeted District councils for disability committee members information Sharing on approaches of Community Based Rehabilitation – focusing on transfer of skills and knowledge to parents and care givers of Persons and children with disability from within their home /community settings, among others.

4.1.2. Community development officials need to work with the community leaders to arrange special programmes for sensitizing deaf youths in communities to understand issues of sexual and reproductive health, as well as legal implications associated with pre-marital sex.

4.1.3 PRAAC Project to contact existing FM Radio stations to popularize best practices in management of disability conditions & parenting.

4.1.4 PRAAC Project to advocate for formation of parental support groups for purposes of establishing peer counseling platforms & Village savings and lending Associations (VSLA) ,targeting PWDs and Parents of CWD, etc.

4.1.5 Members agreed to hold a meeting and were eager to get the date for such meeting fixed; however due to the various election meetings/campaign meetings the days were overcrowded and could members promised to arrange later on.

4.1.6 Advocacy to be made by the project and other stakeholders for Government to subsidise taxes /remove taxes on certain drugs and assistive devices.

4.1.7 Members requested that mobilization for the community dialogue meetings should be done in time to avoid late information which does not favour PWDs.

4.1.8 Organisations and groups that only get to parents to photograph CWDs for their on ends should be challenged

4.1.9 One of the leaders cautioned the members to note that any meaningful change/ group formation requires time, patience and tolerance.

4.1.10 One of the leaders advocated that the existing government programmes of PWDs should incorporate Participation of PWD care givers and parents as core members and beneficiaries because they also suffer discrimination from the wider community/society in one way or the other. They should be allowed to be voted and vote as any other PWD. ( Matovu Israel)

4.1.11 The PRAAC Project to advocate for inclusive programmes that takes care of the learning needs of the blind and other catergies of PWDs

4.1.12 The project to sensitize Existing economic empowerment organizations /schemes to be disability friendly and offer some affirmative action-measures for PWDs.eg on the issue of queuing for services, lowering interest rates for PWDs who borrow, Factoring in disability gap-filling incentives eg transport refund, providing pay for Personal Assistants for wheel-chair users/guide to the blind ,sign language interpretation services to the deaf, etc

4.1.13 Project to lobby other stakeholders for disability mainstreaming /sensintivity so that persons with different disability types can be enabled to participate in all community programmes and roles, by

i) ensuring signlanguage interpretation are provided in all meetings for access to information by the deaf

ii) ensuring all or written documents / materials are brailled for the blind to read.

iii) ensuring all or written documents / materials are printed in largeprint for people with Low Vision to read.

iv) ensuring provision of affordable Mobility appliances to all persons /children with severe disabilities to go to schools /health centres and so on.

v) ensuring health centres should have facilities that are accessible to all PWDs, eg. Accessible beds to pregnant mothers, among others.

vi) ensuring schools are accessible in terms of having accessible toilets, classrooms, learning and teaching materials, etc

**5.0 For purposes of clarity and ease of following the challenges identified and the recommendations proposed by the participants are highlighted in a tabular form:**

DAY ONE /REPORT ON KAMPLA DISTRICT COMMUNITY DIALOGUE SESSIONS 9.02.2016-12.02.2016			
Community volunteers:			
1. Namakula Christine Lutunda zone, Kanyanya parish-0778161333			
2. Nakuwanda Florence Lutunda zone, Kanyanya parish-0772190142			
3. Sekajugo Samuel –Kiyanja Zone, Kanyanya parish- 0782396818/ 0751480229			
4. Kyewalabye Gerald –Kitambuza zone, Kanyanya Parish –o777612760/0704408589			
Details of attendance:			
Number of Persons and children with disability:			
Number of Men with disability: 12			
Number of Men with disability:08			
Number of boys with disability: 05			
Number of girls with disability:12			
Number of parents /care-givers of persons/children with disability:18			
Helpers /guides – not counted.			
DAY ONE/ COMMUNITY DIALOGUE MEETING HELD AT: LUTUNDA ZONE , KANYANYA PARISH, KAWEMPE DIVISION, ON 09.02.2016			
SN	CHALLENGES IDENTIFIED	CASES FOR FOLLOW UP	RECOMMENDATIONS
1.	the generic community/ government training /programmes do not cater for the training needs of the blind. The materials are not brailled and the blind	• Case of namatovu Luke (Kyanja Zone),blind; separate training centre for the blind on Business	The PRAAC Project to advocate for inclusive programmes that takes

	people are left behind.	skills and government programmes; Issue: the generic community training /programmes do not cater for the training needs of the blind. The materials are not brailled and the blind people are left behind.	care of the learning needs of the blind and other categories of PWDs.
2.	The Existing SAACOs do not favour PWDs because of the negative attitudes and conditions for accessing funds	Case of kabanda Steven ; physical disability /paralyzed and weak on left side; requested the project to advocate formation of a specific SAACO for PWDs/for PWDs to be able to able to easily acquire capital for starting and growing the Income generating groups.	The project to sensitize Existing economic empowerment organizations /schemes to be disability friendly and offer some affirmative action-measures for PWDs.eg on the issue of queuing for services, lowering interest rates for PWDs who borrow, Factoring in disability gap-filling incentives eg transport refund, providing pay for Personal Assistants for wheel-chair users/guide to the blind ,sign language interpretation services to the deaf, etc
3.	Persons with disability doing business in Kampala area are greatly affected by the prevailing KCCA taxes and are finding it hard to cope.	Case of Semakula Khalild, blind elderly man, requested the Project to lobby KCCA to offer reduced taxes for businesses of persons with Disability	The project to organize a team to advocate for affirmative action /reduced taxes for businesses of PWDs.
3.	Lack of transport incentives for PWDs who are interested in participating in / attending community meetings. Hence the problem of long distances to meeting centres coupled with lack of transport facilities negatively affects	Case of Nsubuga Mike ; with speech impairment; Government reduces the bureaucracy for PWDs to access the special grant	The project should lobby for Community mobilization programmes targeting PWDs in communities for purposes of sharing of

	PWDs	and other government programme funds like YLF.  Secondly PWDs have travel long distances to points of their meetings /platforms for apart and find it difficult to form groups , hence mobilization of be PWDs be supported by the project.	information on all government programmes should factor in transport incentives for PWDs.
3.	Existing generic HIV/AIDS Programmes are not disability sensitive.	Mbusi Bashir; with physical disability ( left leg paralysed), requested for a special programme on voluntary HIV/AIDS Counseling and Testing to be designed and operationalised	The project should lobby the Government and Other organizations handling HIV/AIDS Programmes to cater for the special needs of PWDs, the deaf to be provided with signlanguage interpreters for accessibility to information, the fact sheets to be brailled, and so on ,among others
4.	One of the Project facilitators/coordinators who is a person with a physical disability summarized situation facing PWDs in the area, as the need for mainstreaming disability in all sectors	Case of sekajugo Samuel ; a leader with a physical disability;  Deaf people lack sign language interpreters,  The parents and care – givers and leaders need training in Signlanguage to communicate with the deaf,  The blind need Braille papers and Braille	Project to lobby other stakeholders for disability mainstreaming /sensitivity so that persons with different disability types can be enabled to participate in all community programmes and roles.  i) signlanguage interpretation services provided in all meetings for access to information



		<p>materials for CWD,</p> <p>Persons with physical disabilities need to be supported to get mobility appliances like wheel-chairs/tricycles and other mobility appliances which are very expensive.</p> <p>Children with severe physical disabilities cannot go to school without the appliances.</p> <p>Most health centres accessible facilities in health centres-eg. Accessible beds for pregnant mothers, buildings with ramps.</p> <p>Poor accessibility in schools for children with disabilities- lack of accessible toilets in schools-teachers need to be trained how to counsel their children with disabilities.</p>	<p>by the deaf</p> <p>ii) all or written documents / materials should be brailled for the blind to read.</p> <p>iii) all or written documents / materials should be printed in largeprint for people with Low Vision to read.</p> <p>iv) Mobility appliances to all persons /children with severe disabilities to go to schools /health centres and so on.</p> <p>v) health centres should have facilities that are accessible to all PWDs, eg. Accessible beds to pregnant mothers.</p> <p>vi) schools to be accessible in terms of having accessible toilets, classrooms, learning and teaching materials, etc</p>
		WOMEN	
	<p>A similar challenge was mentioned</p> <p>In number (2 above)</p>	<p>Case of Justine Nakiboneka ; hard of hearing ; requested for the Project to form a SAACO for women with disability to be established at parish level where women with Disability can get capital to run their businesses.</p>	<p>Same as recommended in number( 2) above</p>

		The same case was earlier mentioned (above by a man with physical disability called- kabanda Steven.	
	Lack of information on existing government special grant programmes for PWDs and other government programmes	Case of Namasale Justine; with a physical disability ( a metal fitted on her left leg) requested to be supported with financial capital to start up a small business enterprise/ Hawking Business.	The Project to collaborate with community Development officers to get information on how PWDs can be mobilized /assisted to form groups to be able to get access to government grants/ CDD,YLP, Special grant for PWDs, among others.
	Lack of convenient business space for the growing numbers of PWDs in the City.	Namuddu Lillian ; with physical disability ; requests government to gazette more areas for business for PWDs, like the park area in Kampala.	Project to lobby KCCA and the Ministry of Local Government to open up/provide more business space for PWDs in Kampala.
		PARENTS:	
	Lack of information on existing parental support groups and lack of knowledge on how to form such groups.  Lack of support from line department like the department of community development which is charged with providing information on community based rehabilitation /counseling services for families of children with severe disabilities.	Nsubuga mike f/o cwd – name-Vincent Mubiru 10yrs ; with cerebral palsy/ physical disability.  Challenges mentioned:  His wife /the mother of the child divorced the father and the burden of care is upon the father.  Lack of school fees bursaries for school going age children.	Project to lobby and train CDOs and other stakeholders to support parents of people and children with severe disabilities to provide counseling and CBR Support. Also to help mobilize parents and PWDs to form groups for purposes of- creating a bigger voice of advocacy lobbying influence Starting village saving and lending association Providing peer-counseling among themselves
	Lack of information on existing resource	Case of Nalaki Alice m/o	The project to popularize

	<p>persons within the community to be contacted for relevant course of action</p>	<p>Mbabazi Immaculate, severe physical disability; lacks wheel chair</p> <p>Requested for the project to link her to a SAACO or A Village Savings and Lending Association(VSLA)</p>	<p>the important resource persons like (Namakula Christine-)The community volunteer who is a trained person on issues of formation of Village Savings and Lending Association(VSLA), to provide guidance to the PWDs and their Parents.</p> <p>The community volunteer called on the Parents and PWDs present to respond to her call when she sets a day for a meeting for the formation of a VSLA in the near future.</p>
	<p>Lack of assistive devices and funds to purchase and repair the appliances as well as</p> <p>Lack of funds for schools fees for children with disabilities.</p>	<p>Case of Nanono Kiragia m/o Senyonjo Johnson ,17yrs- with a physical disability ( left leg paralysed)</p> <p>Voiced;Lack of a wheel chair for her CWD in P.6. and school fees for the child.</p>	<p>The project community volunteers and community development officers to draw a list of PWDs with severe physical disability and link them to organizations that provide such appliances/ as well as other stakeholders, including the liason officer at the Mulago orthopaedic Workshop.</p> <p>The possible wheel chair/tricycle donor organizations are;</p> <p>i) Fathers’ Heart mobility Ministries</p> <p>ii) Missonaries of the</p>

			<p>poor</p> <p>iii) the End times International church</p> <p>Advised to support the idea of forming or join the Village Savings and Lending Association(VSLA) that was in the pipeline to start up some IGAs.</p>
	<p>Lack of money to provide adequate care for severely disabled children, especially children with cerebral palsy; weak, not able to do any of the basic life activities independently, and requiring close care all the time.</p>	<p>Case of Nabukenya Edith, (kiyanja Zone) m/o two children with cerebral palsy</p> <p>i) Naluyinda Phiona 6yrs &amp;</p> <p>ii) Nagawa Desire 4yrs</p> <p>challenge: lacks time for doing work to earn money since she has to attend to the two CWD-who have Cerebral Palsy; cannot talk, cannot stand :do not toilet, eat or do anything independently, cannot do any exercises. No wheelchairs, no standing frames,</p> <p>Requested for means of generating income and CBR Services.</p>	<p>The project to lobby ministry of health to gazette hospital mobile clinics to identified/ mapped places for support to families with Children with severe Mental Retardation, cerebral palsy, and Epilepsy.</p> <p>The project to lobby Ministry of gender, labour and social devt- as the lead social sector agency of government to train all Community development officers in charge disability and elderly affairs in Community based rehabilitation for support of families of PWDs.</p> <p>As an immediate follow up measure in the case of the mother of the two children with cerebral palsy, the project to link with trained CBR Workers and medical personel for parental counseling and construction of corneseats.</p>

			Community volunteers to mobilize willing community family members to provide helping hand in matters of washing and cleaning the children's clothes/wears for some selected days..
	Parents of children with disability Lack of finances to support their children with mobility appliances, medical care and school fees.  The children with disability drop out of schools early due to long distances to school which makes it hard for them to get anywhere without mobility appliances	Case of harriet Nabanoba m/o child with disability called Senyonjo Ian-14yrs, deaf with a hunchback; and also with a heart problem.  Requested for school fees Bursary for the child with disability	Community volunteer to follow up with the Mother of the child to be part of the parental group to be formed. Mother of the child to take advantage of the special grant scheme and other government programmes. The project to support the CWD with mobility appliances

**DAY TWO /REPORT ON KAMPLA DISTRICT COMMUNITY DIALOGUE SESSIONS 9.02.2016-12.02.2016**

Community volunteers:

1. Ssentongo Sinani, Bishop Mukwaya zone, Bwaise parish-0758526932
2. Nakawesa stella Lule zone, Bwaise parish -0773414663
3. Nakito Molly –Kiyaga Zone, Bwaise parish - 0773045736
4. Magala Justine –Kisenyi zone Bwaise parish –o779579608
5. Remmy Kasule – Industrial , Bwaise parish- 0772995938
6. Sekajugo Samuel – Kanyanya parish, Kiyanja zone- 0751480229/ 0782396818

Details of attendance:

Number of Persons and children with disability:

<p>Number of Men with disability: 07</p> <p>Number of Women with disability:16</p> <p>Number of boys with disability: 02</p> <p>Number of girls with disability:00</p> <p>Number of parents /care-givers of persons/children with disability:</p> <p>Men- 00 Women - 07</p> <p>Helpers /guides – not counted.</p>			
<p>DAY TWO/ COMMUNITY DIALOGUE MEETING HELD AT: INDUSTRIAL AREA(FORMER AMDAT P/S) ZONE , BWAISE 1 PARISH, KAWEMPE DIVISION, ON 10.02.2016</p>			
SN	CHALLENGES IDENTIFIED	CASES FOR FOLLOW UP	RECOMMENDATIONS
1.		<p>Case of Musoke Mike , with a physical disability – stroke-paralysed on right side-</p> <p>Challenge: discriminated in Employment and yet possessing a certificate in computer science.</p> <p>Even denied treatment in health units and not attended ; told he needs to wait longer.</p>	
2.	<p>.</p> <p>.</p>	<ul style="list-style-type: none"> <li>• Case of Flagia Musisi with physical disability- one leg much shorter; requires a raised/ special shoe on one side.</li> <li>•With one shoe which he uses for special occasions.</li> <li>•When he stands for long at his business place ( meat roasting) he feels pain on his side.</li> </ul> <p>Project Community Volunteer a follow up with</p>	

		him on advise given for him to get another special shoe to be able to use the special shoes even when he gets to the place of business, in order to avoid secondary disability.	
3.		Case of Muhwezi Sulaiman with physical disability /left hand paralayed, weak and is a P.3 drop out. Does not have a formal employment and any Source of income.	
4.		Case of Matovu Henry, 24yrs, with physical disability- S.4 Drop out: Lack of school fees for vocational training made him to drop out from the Vocational training course at Richmond college where he was paying 300,000/- per term.	
		WOMEN WITH DISABILITY	
		Case of Lasia ( Mama Africa) with Severe physical disability- challenge voiced: lack of capital to start up kneading and weaving	
		Case of Namakula Proscovia: with physical disability  Challenges voiced:  Lack of drugs in hospitals  Recommendation expressed:  The project should advocate for special mobile outreach clinics	

		<p>targeting PWDs</p> <p>Also for special guides in Hospitals for patients with visual impairments</p>	
		<p>Namialo Justine ; with physical disability ; ( make marts with local materials and bags with beads, member of Mulago Disabled Womens' Association, -they got some special grant as a group – made their products but have not been able to sell their products)</p> <p>Challenges voiced:</p> <p>Lack of capital for small retail trade business.</p> <p>Lack of market for products made.</p> <p>Need for re- training of PWDs who are doing crafts like her so that she can improve the quality of her art and craft products.</p> <p>She noted that the special PWD grants are little</p> <p>And also that the preconditions for accessing grants/ application criteria are very stringent/ long;</p> <p>-one needs to have a business</p> <p>- be in a group of atleast</p>	<p>Project to lobby KCCA ,the Ministry of Local Government and other stakeholders to provide capital and supportive policies for business for PWDs.</p> <p>NCD Facilitators pledged to contact BETTY Kinene –a lady with crafts shop in Kampala business park area for PWDs to support Namialo Justine and other Women with disabilities engaged in art and crafts business in the area to oppotunities for training and marketing.</p>



		<p>10 people</p> <ul style="list-style-type: none"> <li>- attend meetings of the group regularly</li> <li>- pay registration fee</li> <li>- be in position to carry out some community work.</li> </ul>	
		<p>Case of Robinah Namutebi ; with physical disability ( doing retail/hawking business but policy passed by KCCA prohibiting hawkers from operating in the city .</p> <p>Challenge:</p> <p>Lacking school fees for child joining S.5.</p> <p>Their efforts for group formation hit a snag when their chairperson died.</p>	
		<p>Case of Mirembe Ruth Victor,with physical disability;</p> <p>Challenges:</p> <p>High taxes for businesses Premises by KCCA., which forces Landlords to hike the rental charges on business owners.</p> <p>Has a child with epilepsy – Nakalema Harriet Rebecca -19yrs- dropped out from school in P.3.</p>	

		<p>General problem specific to women with disability:</p> <p>Men produce children with them and refuse to take responsibility.</p>	<p>Recommendation: NCD to promote Advocacy to be carried forward with policy makers to reduce on the abuse /violence against Women with disabilities.</p>
		PARENTS:	
		<p>Nakamya sharifa m/o Taragi Deaf 4yrs,</p> <p>Issues /challenges:</p> <p>Communication difficulties between the parent /care-taker and the deaf child.</p> <p>Special units/shools for deaf are expensive/unaffordable for parents.</p>	
		<p>Edith Nakamya m/o Solomon kyobe 20yrs ,blind.</p> <p>Issues:</p> <p>Dropped out of P.1 from Salaama p/s</p> <p>special Vocational training course/ institutions are not available for the blind youth.</p>	
		<p>Nalubega Hajara- m/o sekawoya Kevin-8yrs.</p> <p>Paralysed on one side.</p> <p>Challenge:</p> <p>Lack of money for medical</p>	

		scan and proper diagnosis	
		<p>Nantongo Hadija m/o Kafero swaibu 5yrs, with severe physical disability/just crawls, cant walk.</p> <p>Challenge:</p> <p>Lack of Mobility appliances / wheel chairs /tricycles.</p>	
		<p>Betty Namusoke M/O Matovu Henry 24 yrs with physical disability , dropped out of S.4</p> <p>Challenge:</p> <p>Lack of school fees for training in computer course.</p>	

		<p>Kigongo Rehema grand mother of Akiramu lutaya 8yrs. With a complication to do with passing out stool as a recurring problem which requires Frequent medical attention/reviews from time to time.</p> <p>Challenge:</p> <p>Lack of money for frequent visit to hospital and</p> <p>Also lack of money for buying pumpers and other cleaning materials/detergents.</p> <p>Lack of proper referral medical centre for palliative care.</p>	<p>Project to support the parents with refeeral costs for medical complications affecting their children</p> <p>Parents to endeavour to join and form groups for parents of children with disibilities.</p> <p>Parents to endeavour to start up Income Generating businesses.</p>
		<p>Stella nakawesa ; with physical disability</p> <p>Challenges voiced:</p> <p>Requires a raised shoe on one leg, but the shoes cost upto 70,000/- in mulago and she cannot afford;hence she is almost developing secondary disability.</p> <p>She also not that drugs are lacking in hospitals.</p>	

Other Reponses to issues /challenges/ recommendations raised for follow up:

1. one of the PWD councilors informed the dialogue meeting that KCCA has changed the way of handling Issues of PWDs , and are becoming more disability sensitive.

Recommendation by NCD; Further advocacy for inclusion of PWDs in all KCCA Programmes to be pursued. One of the areas identified was in the Education and training sector, NCD to lobby the all school management committees to have atleast one PWD representative/member so that decisions made should favour children with disabilities .

2. It was noted that most of the problems facing PWDs and care givers of PWDs arise from lack of money/funds.Hence it was generally agreed by most of the members during the meetings that members pursue the opportunities available within the government programmes like Women fund, Community driven development funds, youth livelihood programmes, skilling Uganda etc.

3. Women with disabilities with art and crafts business to be supported through linkage with other well established PWDs businesses. NCD to explore possibilities and inform the local women groups in the parishes to be linked to Betty Kinene who has been able to help different women with disability groups in terms of training for improvements in quality in crafts and art and marketing their products.

4.In the same vein the community volunteers to register the local pwd groups doing art and crafts/ and other trades to be linked with other available marketing and training opportunities; especially trained youth with disabilities with vocational skills to be linked with the government programme of skilling Uganda.

Other Advocacy issues:

- schools for children with disability should be built in all parishes to reduce on the issue of long distances which make ,most CWD to drop out of school.
- All schools that government is planning to build should be inclusive/ should have facilities for PWDs.

**Relevant Information given by one of the PWD leaders (Mary Kasule: worked with BADCA and COMBRA IN 1992)**

Challenges faced by most of the CWD include; lack of accessible toilet facilities. Unless something is done to address the sanitation facilities in schools , CWD cannot stay in schools.

The orthopaedic workshop in mulago take too long to make mobility aids for PWDs once the order is made.

**DAY THREE /REPORT ON KAMPLA DISTRICT COMMUNITY DIALOGUE SESSIONS 09.02.2016-12.02.2016**

Community volunteers:

1. Ssebuguzi Fred, Kikaaya parish, kikulu zone- 0788902085/ 0703272478
2. Naluwende Martha, Kikaaya parish, Kikulu zone – 0774290456/0703274842
3. Nkuwema steven –, Kikaaya parish, kikaaya zone - 0782396818/ 0751480229
4. Kyewalabye Gerald –kitambuza zone, Kanyanya Parish –0701120201

Details of attendance:

Number of Persons and children with disability:

Number of Men with disability: 06

Number of Men with disability:06

Number of boys with disability: 02

Number of girls with disability:00

Number of parents /care-givers of persons/children with disability:

Women- 02; Men-00

Helpers /guides – not counted.

DAY THREE/ COMMUNITY DIALOGUE MEETING HELD AT: FIRE CENTRE CHURCH, KISAASI , KIKAAYA PARISH, KAWEMPE DIVISION, ON 11.02.2016

SN	CHALLENGES IDENTIFIED	CASES FOR FOLLOW UP	RECOMMENDATIONS
1.	.	<ul style="list-style-type: none"> <li>• Case of SEKINDI ROBERT; severe physical/spastic ; Challenge: Difficulty with mobility/ discriminated /isolated in school Lack of special schools Lack of accessible facilities /Poor accessibility in Schools</li> </ul>	.
2.		Case of Tugume Ibrahim ; both legs paralysed-physical disability; Challenges: Difficulty with mobility. Lack of genuine leaders	

		<p>/political leaders only remember them during times of seeking votes/elections</p> <p>Powerlessness among PWDs/ Lack of self esteem</p>	
3.		<p>Case of Robert Katongole (Dungu Zone ); Physical disability- both legs paralysed;</p> <p>Issues;</p> <p>Lack of mobility appliances-very expensive devices - with old crutches, (new ones rate at 80,000-100,000/-)</p> <p>A trained shoe maker but lacking capital to establish a shoe making /repair workshop/ business</p> <p>Government grants have stringent conditions</p> <p>The orthopaedic services in mulago hospital are not affordable in terms of devices</p>	
3.		<p>Case of Musisi Vincent ; with physical disability – paralysed on both legs with an old tricycle.</p> <p>Challenge/issues voiced;</p> <p>Mobility challenge</p> <p>(with old tricycle which he finds costly to repair/maintain)</p> <p>Needs capital for business</p> <p>Living in a rented apartment with no sure source of in come for paying rent</p> <p>Does not have relatives to</p>	

		<p>support him</p> <p>Trained in shoe repair /with skill for shoe making /repair</p> <p>Lacks capital to start up a shoe making /repair business</p>	
3.		<p>Case of MUGUKIRIZA Robert; physical disability –one leg amputated</p> <p>Challenge/issue:</p> <p>Desires to start a poultry business but lacks capital</p> <p>He has a fair shelter for the would be poultry house.</p>	
4.			
		WOMEN	
		<p>Case of Nansuna Proscovia(KISOTA ZONE); with physical disability</p> <p>Challenge;</p> <p>Difficult mobility / lacking mobility appliances</p> <p>Lacks capital for starting business</p> <p>She is a vendor /hawker but wishes to expand her business.</p>	
		Case of Margaret Mbabazi	.



		<p>; physical disability –both legs paralysed and weak</p> <p>Challenge/Issue;</p> <p>No body is available to care for her</p> <p>The only carer is a young mother with a child /who gives more attention to her child.</p>	
		<p>Namaga Ruth; with physical disability ;</p> <p>Challenge:</p> <p>Trained tailor but lacking sowing machine.</p>	
		<p>Elizabeth kasande; with physical disability ;</p> <p>Challenge:</p> <p>Divorced by the husband with three children.</p> <p>Lacking school fees for the children</p> <p>Has no capital to do charcoalselling/vending business which she can do.</p>	
		<p>Nansuna Lillian ; with physical disability/ as well as mother of a child with disability whom she had to educate single-handedly ;</p>	

		<p>Challenge:</p> <p>She has lost faith in organizations that make promises of help and never deliver</p> <p>She refused to introduce herself by name , because she vented out a lot of her frustration.</p> <p>She requires financial support to manage her family.</p>	
		PARENTS:	
		<p>Nsubuga mike f/o cwd – name-Vincent Mubiru 10yrs ; with cerebral palsy/ physical disability.</p> <p>Challenges mentioned:</p> <p>His wife /the mother of the child divorced the father and the burden of care is upon the father.</p> <p>Lack of school fees bursaries for school going age children.</p>	
		<p>Case of Nalaki Alice m/o Mbabazi Immaculate, severe physical disability; lacks wheel chair</p> <p>Requested for the project to link her to a SAACO or A Village Savings and Lending Association(VSLA)</p>	

	.	<p>Case of Nanono Kiragia m/o Senyonjo Johnson ,17yrs- with a physical disability ( left leg paralysed)</p> <p>Voiced;Lack of a wheel chair for her CWD in P.6. and school fees for the child.</p>	
		<p>Case of Nabukenya Edith, (kiyanja Zone) m/o two children with cerebral palsy</p> <p>i) Naluyinda Phiona 6yrs &amp;</p> <p>ii) Nagawa Desire 4yrs</p> <p>challenge: lacks time for doing work to earn money since she has to attend to the two CWD-who have Cerebral Palsy; cannot talk, cannot stand :do not toilet, eat or do anything independently, cannot do any exercises. No wheelchairs, no standing frames,</p> <p>Requested for means of generating income and CBR Services.</p>	
		<p>Case of harriet Nabanoba m/o child with disability called Senyonjo Ian-14yrs, deaf with a hunchback; and also with a heart problem.</p> <p>Requested for school fees</p>	

		Bursary for the child with disability	
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**DAY FOUR /REPORT ON KAMPLA DISTRICT COMMUNITY DIALOGUE SESSIONS 12.02.2016-12.02.2016**

Community volunteers:

1. Nathan Sentamu East Nsooba Zone , Mulago III Parish, 0772477100
2. Kayoubo Florence East Nsooba Zone , Mulago III Parish,-0700446916
3. Wavamuno Jenifer Lower Nsooba, Mulago III Parish- 0778281997
4. Isabirye....., Lower Nsooba, Mulago III Parish- 0774761207
5. Bamwiine Joseph , Upper Nsooba, Mulago III Parish- 0752501761
- Sekajugo Samuel –Kiyanja Zone, Kanyanya parish- 0782396818/ 0751480229
6. Kyewalabye Gerald –kitambuza zone, Kanyanya Parish –o777612760/0704408589
7. Msaazi Israel , Kifumbira, Mulago III Parish- 0712922444

Details of attendance:

Number of Persons and children with disability:

Number of Men with disability: 07

Number of women with disability:01

Number of boys with disability: 02

Number of girls with disability:00

Number of parents /care-givers of persons/children with disability:

Men -00 women -04

Helpers /guides – not counted.			
DAY FOUR/ COMMUNITY DIALOGUE MEETING HELD AT: GOOD SAMARITAN ,P/S, NSOOBA EAST, MULAGO III, KAWEMPE DIVISION, ON 12.02.2016			
SN	CHALLENGES IDENTIFIED	CASES FOR FOLLOW UP	RECOMMENDATIONS
1.	Lack of any source of income and yet, weak with spinal injury – cannot do any paying job.	<ul style="list-style-type: none"> <li>• Case of David Musanje with spinal injury;</li> <li>• Issue: without any source of income, yet with a family and children;</li> </ul>	The PRAAC Project to advocate for persons with severe disabilities to be supported by faithbased organisations and charities, as well as duty bearers to lobby for bursaries and special fund for support of persons with severe disabilities and their dependants.
2.	Infrastructural development Stakeholders have ignored the situation of PWDs ; and there are Poor and inaccessible roads e.g the road through Kalerwe was constructed with rails planted on either sides and obstacles placed to prevent possibilities of crossing the road by BODA BODA to prevent accidents. However	<p>Case of Esalu George ; severe physical disability;</p> <p>Issues voiced:</p> <p>Difficulty getting mobility appliances,</p> <p>Lack of employment,</p> <p>Poor and inaccessible roads e.g the road through Kalerwe was constructed with rails planted on either sides and obstacles placed to prevent possibilities of crossing the road by BODA BODA to prevent accidents. However the obstacles placed also hinders PWDs from crossing the road.</p> <p>How can PWDs helped?</p>	The project to lobby the KCCA and the UNRA to I consider PWDs situation and provide them with accessibility alternatives along Kalerwe road.
3.	Lack of drugs for sicklers ; and high cost , if it is found any where.	<p>Case of Kirabo Alex, with Physical Disability and a sickler;</p> <p>Issue: affected by cold weather gets breathing difficulties to frequent attacks;</p> <p>Suffers discrimination by others</p> <p>Suffers lack of drugs due to the high cost of the drugs (Eg. One doze of drugs for cartilage repair drug is 70,000/)</p>	The project to organize a team to advocate for affirmative action /reduced costs for Drugs for sicklers.
3.	Lack of transport incentives for PWDs who	Case of Nsubuga Mike ; with speech impairment;	The project should lobby for Community mobilization

	<p>are interested in participating in / attending community meetings. Hence the problem of long distances to meeting centres coupled with lack of transport facilities negatively affects PWDs</p>	<p>Government reduces the bureaucracy for PWDs to access the special grant and other government programme funds like YLF.</p> <p>Secondly PWDs have travel long distances to points of their meetings /platforms for apart and find it difficult to form groups , hence mobilization of be PWDs be supported by the project.</p>	<p>programmes targeting PWDs in communities for purposes of sharing of information on all government programmes should factor in transport incentives for PWDs.</p>
3.	<p>Hospital authorities deny PWDs opportunities to utilize facilities constructed and provided for them, as a negative attitude and lack of sensintivity to the rights of PWDs.</p> <p>The DCD Council has no clear information on the available funding from Government which is supposed to be used for their work.</p>	<p>Case of Kitimbo Pau, with severe physical disability:</p> <p>Issues voiced:</p> <p>Wash rooms built by Mulago hospital to cater for PWDs at the Assessment centre was locked since it was built and PWDs with severe disabilities were denied opportunities to use the washrooms that were built for them</p> <p>Kitimbo Paul as a PWD leader /a person with severe physical disability approached Exective directors’ Office on several occasions and was never helped.</p> <p>Secondly health workers lack communication skills to communicate with the deaf.</p> <p>The monitoring fund for District Councils for disability is too small which affects performance of DCDs. In error the former</p>	<p>The project should lobby the Government and Other organizations handling HIV/AIDS Programmes to cater for the special needs of PWDs, the deaf to be provided with signlanguage interpreters for accessibility to , the fact sheets to be brailled, and so on ,among others.</p> <p>The project should support capacity building structures of the District and Subcounty councils for Disability.</p>

		Chairperson of Kampala DCD reported that the funds of the Council is released once I three years.	
4.	Rampant discrimination of PWDs in service delivery  Also lack of affordable assistive devices and mobility aids which makes PWDs immobile and unable to access basic services like education , health, and others	Case of Musisi Jackson, A Person with severe Physical Disability, moving on four-crawling:  Issues:  lacked mobility aids eg. The Knee caps to prevent knee sores.  Lacked Employment due to negative attitude and discrimination by the employers.  Experienced insults from others in schools and community as a growing Child with disabilities.	The project should lobby other stakeholders and the Mulago orthopaedic workshop to provide Assistive Device to PWDs with severe Physical Disabilities.  The project should sentionse employers to give equal employment opportunities to all.  The Schools and other service providing institutions should have effective representation of PWDs in their policy making boards.
		WOMEN	
	Lack of awareness of the rights of PWDS by families, communities and employers which leads to negative attitudes against PWDS , coupled with PWDS' lack of knowledge on their rights which makes them exhibit low self esteem and inability to insists on their rights.	Case of Hajara Kisira ; Physical ; trained caterer  Issues;  Discriminated in family  Makes PWDS powerless and without self-esteem;  Most Employers also discriminate against PWDS	The project too sensitise PWDS themselves to have self esteem;  Also to sensintise Families, Employers and communities to respect and accord PWDS same status with the rest of the society.
		CARE-TAKERS AND PARENTS OF PWDS	
	Lack of information on existing government special grant	Case of Mariam Nabada M/O Milly Namutumbwe-18yrs , with mental retardation (from	The Project to collaborate with community Development officers to get information on how Parents/ care-givers of PWDS can

	<p>programmes for PWDs and other government programmes.</p> <p>Lack of information on Existing Parental support groups / how they can be formed to provide the desirable benefits</p>	<p>NABWERU)</p> <ul style="list-style-type: none"> <li>- Totally dependent on the care of the mother- interms of feeding and cleaning care.</li> </ul> <p>Case of Mariam Nabada Also grandmother of John Sendaula 7yrs with severe physical disability;</p> <p>lacking school fees</p>	<p>be mobilized /assisted to form groups to be able to get access to government grants/ CDD,YLP, Special grant for PWDs, among others.</p>
	<p>Lack of convenient business space for the growing numbers of PWDs in the City.</p>	<p>Case of Nakato Doreen; M/O Kafeero Alex physical</p> <p>10yrs of age;</p> <p>Does not speak, but hears</p> <p>lacking a wheel chair</p> <p>lacking proper toilet with a special toilet seat that is convenient for him.</p> <p>Issues: wants help in vocation skills</p>	<p>Project to lobby KCCA and the Ministry of Local Government to open up/provide more business space for PWDs in Kampala.</p>
		<p>Case of Nasanga Sylvia / w/o Samuel Mugambe</p>	
		<p>With a spinal injury</p> <p>Issues: without a job</p> <p>no wheel chair</p> <p>no drugs ;though with capacity to buy the drugs</p> <p>no drugs in mulago hospital.</p>	
		<p>AISHA Nakazibwe M/O Samila Nabulime 13yrs with physical disability,</p>	



		<p>Issue voiced: lack of transport to school</p> <p>No wheel chair/tricycle.</p>	
		<p>Namutebi Salama M/O Kayemba Nathan , child with Celebral Palsy 9yrs</p> <p>Issue: growth defect, neglected by the husband</p> <p>Too much time for care required for the child</p> <p>Lack of income generating activities</p> <p>She is fade up of shoddy organizations /CBOs who come to promise air and take their time.</p>	
		<p>Case of Nasali Lydia, M/O Enoka Katende 10yrs – child with celebral palsy- with growth defect,</p> <p>Lacking standing frame</p> <p>Lacking wheel chair,</p>	
			<p>General recommendation:</p> <p>Emphasis on the importance of group formation</p> <p>Members agreed to hold a meeting and were eager to get the date for such meeting fixed</p> <p>The concern raised was that the election road map could not allow any meaningful meeting in the</p>

			<p>near-future. Hence members agreed to the point that they would respond to the mobilization for the formation of a parental support group /or PWD group formation date as soon as it is called for.</p> <p>Advocacy to be made by the project and other stakeholders for Government to subsidise taxes /remove taxes on certain drugs and assistive devices.</p> <p>Members requested that mobilization for the community dialogue meetings should be done in time to avoid late information which does not favour PWDs.</p> <p>Organisations and groups that only get to parents to photograph CWDs for their on ends should be challenged</p> <p>One of the leaders cautioned the members to note that any meaningful change/ group formation requires time, patience and tolerance.</p> <p>One of the leaders advocated that the existing government programmes of PWDs should incorporate Participation of PWD care givers and parents as core members because they also suffer discrimination from the wider community/society in one way or the other ( Matove Israel)</p>
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- Parents of CWD and PWDs to form groups at parish level and be in a stronger position to: Access government programmes like YLP. Women fund, special grant, CDD
- PWDS can as well join mainstream groups
- At mulago there is a trained HIV/AIDS Counsellor who is a person with a disability. It is not in the working policy of government to create seperate HIV/AIDS Programmes for different groups. Hence PWDs should take advantage of the existing programmes.
- The benefits of being in groups were highlighted:
  - i) stronger voice
  - ii) greater influence for Lobbying and advocacy to be included in government budget processes
  - iii) identification/recognition by different stakeholders
- Government budgeting structures were shared from parish developmetion committees, through s/county development committees to Districts and to the national level. Requires that PWDS Must stand out and speak on issues that affect them to be incorporated in the budget as national priorities. A government budget is a tool that influences allocation of resources.
- PWDs Call for self esteem. PWDs must get out of self pity and be confident to voice/speak out on all matters that affect them in different foras.
- Advocacy area: PWDs to be represented in all public organs/committees and boards, to influence policies in favour of PWDs in all sectors at all levels.

RECOMMENDATION FOR FOLLOW UP BY PRAAC PROJECT TEAM, DISTRICT OFFICIAL& OTHER STAKEHOLDERS FOR PURPOSES OF POLICY FORMULATION, FOLLOW UP ON IDENTIFIED ISSUES AND ADVOCACY.

A) ON ISSUES OF PROGRAMMING & ADVOCACY

1. National council for disability to include programming for capacity building for targeted District councils for disability committee members information Sharing on approaches of Community Based Rehabilitation – focusing on transfer of skills and knowledge to parents and care givers of Persons and children with disability from within their home /community settings, among others.

2. Community development officials need to work with the community leaders to arrange special programmes for sensitizing deaf youths in communities to understand issues of sexual and reproductive health, as well as legal implications associated with pre-marital sex.

3. PRAAC Project to contact existing FM Radio stations to popularize best practices in management of disability conditions & parenting.

4. PRAAC Project to advocate for formation of parental support groups for purposes of establishing peer counseling platforms & Village savings and lending Associations (VSLA) ,targeting PWDs and Parents of CWD, etc.

B) ON ISSUES ON IMMEDIATE FOLLOW UP ( details are captured in the matrix, above):

i) For Children /Persons With Epilepsy Like Kintu Paul

Family counseled for other members to take the responsibilities of caring for the Person with epilepsy, cerebral palsy and cases of the terminally ill, to help the care-givers.

Referral support be availed for children with Epilepsy. Hospital management to be approached by the PRAAC Project to approach and advise for Epilepsy outreach clinics to be initiated and conducted in communities which are far from the Hospitals.

Family and community be made aware of how to provide first aid support to a person with Epilepsy who has fallen in a situation of feating by trained medical practitioners to be organized by PRAAC Project.

The mother and family members encouraged to continue supporting the Person with Epilepsy to take care when there are triggering signs

The Parents mother encouraged to join or form PWD groups of parent groups for children with disability to tap into the special grant/ Government programmes targeting support to PWD groups and other community groups

**ii) For Children /Persons With Cerebral Palsy:**

Families –care-givers and parents be supported to the child stay clean

Family members to love and help train the Child to perform all the Activities of Daily living (ADL) independently

Family counseled for other members to take the responsibilities of caring for the child to help the mother.

The community development workers/ officials and parents and care-givers of Children with disabilities to be trained in Community based rehabilitation skills.( capacity to coordinate different relevant resource persons to transfer Knowledge, skills and professional information to the Parents, family members and care-givers of Children and Persons with Disabilities from within their home environment/settings)

Link the family/child with the Uganda Parents of People with Intellectual Disability (UPPID)

**iii) For Children /Persons who are deaf:**

Parents and care-takers of children who are deaf, or have any form of disability should love their children and give them educational opportunities.

The deaf /PWDs can marry like any other person as a human right issue

The deaf/ PWDs can engage in agricultural activities and participate in all economic / livelihood activities as a human right

The deaf/PWDs have the right to participate in all public / community affairs like any other people in community and should be provided with Signlanguage interpreters to facilitate their communication in all public meetings .

Employers of PWDs have the responsibility to pay them fairly because they have the same rights as any other, including the right to marry and take responsibility of their families.

Awareness raising programmes by both NGO and Government must give information concerning the rights of PWDs of all ages including Children with disabilities, so that the rights of PWDs are protected at all levels.

Seek more information from Uganda Association of the Deaf (UNAD)

iv) For Children /Persons with severe physical disability :

To be supported with appropriate mobility appliances ( crutches, wheel chairs / tricycles)

v) Other Issues are captured in the matrix, above.

**CONCLUSION:**

In all cases medical assessment for children/persons with disability is a must so that the rehabilitation /assistive devices can be acquired early enough to avoid secondary disabilities. There is need for reviews to be made every three months to establish whether the device is still fitting or not

The PRAAC project should support district Associations of PWDs and link them to the office of the District community development officer for sustainability of gains made by the project.

The PRAAC Project needs to target capacity building /training for government and community structures responsible for community mobilization and economic empowerment. The project needs to build media campaign strategies to disseminate information to the community beneficiaries, specifically focusing on persons and children with disabilities