

Evaluation Report on ‘Meeting The Practical Needs Of Disabled People Displaced By Conflict In Sub-Saharan Africa’ (UGANDA)

‘I have a future’

(Michael Bongomin, peer training beneficiary)

Project period: 03/2008 to 02/2010

Donor: The Baring Foundation and The John Ellerman Foundation

Implementing Organisations: Motivation Africa and Gulu Disabled Persons Union (GDPU)

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List of Abbreviations

ADL	Activity of Daily Living
CP	cerebral palsy
CWD	Children with Disabilities
DPO	Disabled People's Organisation
FGD	Focus Group Discussion
GDPU	Gulu Disabled Persons Union
HC	Health Centre
IDD	International Day of the Disabled
IDPs	Internally Displaced Peoples' Camps
KII	Key Informant Interview
LC	Local Councilors
MGLSD	Ministry of Gender, Labour and Social Development
NAADS	National Agriculture Advisory Service
PGT	Peer Group trainers
PMC	Project Management Committee
PWD	Person with Disabilities
PwSCI	Persons with Spinal Cord Injury
SCI	Spinal Cord Injury
TFI	Tools for Inclusion
UBOS	Uganda Bureau of Statistics
UNCPRD	UN Convention on the Rights of PWDs
UNPD	Uganda National Organisation of Physically Disabled

Executive Summary

Background and methodology

The project, 'Meeting The Practical Needs Of Disabled People Displaced By Conflict In Sub-Saharan Africa', which was commonly referred to as Internally Displaced Disabled People (IDDP) project in Uganda, was implemented in Gulu and Amuru districts from March 2008 to February 2010. This is the period that saw massive return and resettlement from internally displaced people's camps where the Acholi people had lived for almost two decades. The IDDP project was designed to promote the inclusion of Persons with Disabilities (PWDs) in post war development efforts. The project had six objectives that addressed: research on the extent of inclusion of (PWDs) in development organisations' work, capacity building of Disabled People's Organisations, provision of emergency health care needs to persons with severe mobility disability, training a network of peer group trainers for clients with spinal cord injury (SCI), developing tools for inclusion of PWDs in development organisations and capacity building of Motivation Africa. The project was implemented by Gulu Disabled Persons Union (GDPU) in partnership with Motivation Africa. The project evaluation was carried out in February 2010 in Gulu and Amuru district. The evaluation objectives were:

- To assess the project's achievements
- To analyse the evolvement from initial design
- To assess the strengths, weaknesses and contribution of key stakeholders
- To examine the extent to which the project has changed the lives of the target population
- To make recommendations for the next project.

Qualitative approach was used to collect and analyse data. Information was gathered using document review, observation, key informant interviews and focus group discussions from beneficiaries of the project, key implementers and the board of GDPU. It was analysed according to the six objectives.

Key Finding

Main Project Achievements

The research into the extent of disability mainstreaming by development organisation in Gulu and Amuru revealed that only 1 organisation out of 24 had mainstreamed PWDs. Government tended to have inclusive policies and guidelines but NGOs practiced inclusion more. The research helped Motivation Africa develop a training manual that would be used to train organisations in disability inclusion.

The manual, usually referred to as 'tools for inclusion' (TFI) was marketed to 22 organisations with good response. It was applied to World Vision who despite the short

implementation period took steps to include PWDs in their programmes. The external partner (Motivation Africa) trained 4 people to use the TFI.

Capacity building of sub-county GDPU executive was successfully completed. The main strategy used was training of the executive in leadership, data collection and in the roles of sub-county board secretaries.

300 Sub-county technocrats, politicians and PWDs were sensitised on disability issues and 6 sub-county Governments committed office space to the disabled. More PWDs were purposively selected to benefit from Government's prosperity projects and PWDs gained prominence at the sub-counties. One sub-county committed 20% of slots for selected farmers for a Government agriculture project to PWDs. Community sensitisation of 1200-1400 people resulted in children with disabilities getting enrolled in schools and better treatment of PWDs by the family members and the community.

The capacity of GDPU was built through training of the board and mentoring of the project staff that formed the organisation's secretariat. Motivation compiled a manual on organisational development which was used to train the board.

As a result of the capacity built, GDPU successfully bid for a Disability Rights Fund project and also received funding for an HIV & AIDS project. A five year strategic plan was also developed.

One of the aims of the project was to provide emergency health care needs to persons with severe mobility disability and to provide them with training for independence. Fifty five persons with spinal cord injury were identified and of these, 32 received training in independent living using a tool that was developed by Motivation in collaboration with a network of DPO partners in East Africa including GDPU. 6 clients were trained as trainers and were confident they could conduct peer group training. A manual on training parents of children with CP based on the South Africa context was used to train 22 parents with good results. The manual was translated to Acholi. Nurses in Lacor hospital also gained skills in caring for persons with spinal cord injury through a mentoring training by volunteers attached to the hospital by Motivation and GDPU.

The emergency package for the clients with spinal cord injury was extended from medical supplies to include beddings, accessible bath-shelters and latrines and accessible huts. This was done to prevent pressure sores which persisted despite the peer group training because of lack of accessible and appropriate facilities in the homes.

The capacity of Motivation Africa was built through its development of the various training manuals and also through its relationship with GDPU. Motivation Africa gained experience in partnering and mentoring DPOs and other partners in Africa.

Evolvement from Original Design

The project was implementing a number of tools and strategies for the first time in a post war sub-Saharan setting. The project extended the emergency list for persons with SCI from medical supplies to include beddings and accessible homes especially bath-shelters and latrines. This change helped prevent pressure sores and the clients lived in dignity. The target for sub-county sensitisation was originally planned for PWDs only. During

implementation, the approach was modified and stakeholder meetings that included disabled and non-disabled were held. The joint meetings were effective in bringing about mainstreaming. Another major change in strategy was the utilization of board members to make up for acute staff shortage that occurred after two senior project staff left the project. This helped complete most project activities despite the delays in the early phase.

Strengths, Weaknesses and Contribution of Key Stakeholders

The key stakeholders to the project are Sub-county associations of GDPU, the district association, Motivation Africa and clients with spinal cord injury. The clients helped Motivation complete several training manuals and develop one for children through their participation in training workshops. The sub-county associations provided information on clients' homes so identification was made easier. They provided experience for sub-county capacity building. The sub-counties also provided space and good will for the community sensitisation. GDPU contributed office space and a frame work for project supervision. The secretariat was the main implementer of the project while Motivation contributed funding, training of the board and mentoring/monitoring of the secretariat.

The strengths of stakeholders were complimentary. Motivation's main strength was its expertise in development of training in management of spinal cord injury and in organisational management and capacity building. The secretariat and GDPU board were committed and willing to learn. The project coordinator has spinal cord injury and this was an added advantage that led to the project success. Some of the sub-counties had committed leaders who had good grasp of development issues.

The main weaknesses were the low capacity of sub-county disability associations to absorb and utilise the training they received. The secretariat also had a weak reporting monitoring system that collected process data.

Change in the Lives of the Target Group

The target groups were PWDs in Gulu and Amuru and clients with SCI. Children with disabilities were enrolled in schools a health centre constructed ramps to its buildings while another modified a steep ramp and PWDs gained respect in the sub-county councils. World Vision, the organisation that was trained to include disability in its programmes, identified and worked with PWDs. For persons with SCI, the project turned around their lives. Many were depressed and contemplating suicide, had pressure sores on buttocks and knees, had broken wheel chairs and were abandoned in huts. The project trained them to be mobile, clean, independent and provided accessible homes. The clients are now living in dignity as part of the family and community and some are providing for their families.

Conclusion and Recommendations

To a great extent the project achieved what it set out to do. Most planned activities were successfully carried out and have yielded inclusion of PWDs in families, communities and in post war development programmes. The project has also set the stage for further inclusion through its work with sub-counties, and World Vision. Tools have been developed and tested for strengthening disabled people's organisations, peer group training for persons

with severe mobility disability and for training development partners in inclusion of PWDs. The 'out-reach' of the project was planned to reach 12 out of 24 sub-counties and 35 of the 55 persons with SCI received the formal peer group training. Only one hospital had nurses trained in management of SCI, which was a need identified during the implementation of the project. In order to build on the successes and the lessons learnt and to benefit more PWDs, GDPU and Motivation should consider replicating the positive aspect of the project on a broader scale:

- Implementing a five year project that has more structured mainstreaming into existing NGO and Government programmes. The sub-county stakeholder meetings should target the dialogue stage of the Government planning cycle,
- skills for management of SCI should spread to Gulu referral hospital and to large health centres
- 5 or more organisations should be targeted annually with inclusion training.
- The association for SCI could be supported to carry on the peer group training.
- Expansion to more districts in Northern Uganda that were affected by the war with the Lord's Resistance Army through the respective district disabled people's unions.

1.0 Introduction

This is a report of the evaluation of a project entitled 'Meeting The Practical Needs Of Disabled People Displaced By Conflict In Sub-Saharan Africa', which has been referred to as the Internally Displaced Disabled People (IDDP) Project in northern Uganda implemented by GDPU and Motivation from March 2008 to February 2010. The report has a brief background and the method used. The findings from the evaluation have been presented by project objectives and discussed under four sections: process used to implement the activities for the objective, the main achievements, the challenges and recommendations. The recommendations at the end of the report are strategic while those listed under each objective can be at activity/approach level. The report could not include all the findings but the most relevant information has been included. Each objective is a sub-project with different players both locally and abroad hence the need for an in-depth assessment of each objective.

2.0 Background

The arena that the IDDP project was conceived and implemented together with the reasons for the evaluation are described below under the following headings.

- Resettling process from Internally Displaced People's Camps
- Disabled People in Internally Displaced People's Camps
- Inclusion of Persons with Disability in Development
- The Internally Displaced Disabled People's Project
- Objectives of Evaluation

2.1 Resettling process from Internally Displaced People's camps

One of the longest conflicts in Africa, which lasted twenty years, was between Lord's Resistant Army rebels and the Government of Uganda. Over 1.7 million people of the Acholi tribe were displaced to Internally Displaced Peoples' Camps (IDPs) where life was lived in squalor regulated by looking for bare necessities, alcohol and fear of getting attacked. The cessation of hostilities in 2006 did not result in dissolution of camps since the population did not believe Joseph Kony, the leader of the rebels was committed to peace. The return and resettlement from IDPs has therefore been a protracted process spanning four years.

2.2 Disabled People in Internally Displaced People's Camps

Many disabled people were left at the mercy of the rebels when families moved to IDPs during displacement. Those who moved into IDPs, or were born in the camps or became disabled as a result of the war lived on the margins of an already vulnerable population. They found difficulties accessing food, shelter, sanitation, education and clothing and had no rehabilitation services^{1,2,3}. A study commissioned by Motivation UK found that PWDs

¹ Namalere, Situation Analysis of PWDs in IDPs. 2005. NUDIPU P.O. Box 8567 Kampala.

although listed among vulnerable groups did not access available assistance for return and resettlement. They were often left out of the registration process and could not access the service delivery points in the camps. The extension workers of humanitarian and development organisations working in Gulu and Amuru districts did not have tools and skills to include PWDs in development assistance⁴. An early response to this situation was the formation of the Gulu Disabled Persons Union (GDPU) in 1984 which was formed to voice the needs of PWDs living in the war situation of Gulu, which has now been divided into two districts, Gulu and Amuru. Other responses came from AVSI and CPAR who provided rehabilitation services, livelihood and sanitation to a limited number of PWDs. They, however, reached a small fraction of PWDs and did little for persons with severe mobility disability. Motivation Joined hands with GDPU to facilitate the inclusion of PWDs in post war development programmes focusing on people with mobility disabilities through a project called Meeting The Practical Needs Of Disabled People Displaced By Conflict In Sub-Saharan Africa, or commonly referred to as Internally Displaced Disabled People's (IDDP)project

2.3 Internally Displaced Disabled People's Project

This two-year project that ran from March 2008 to February 2010, had 6 objectives that all aim at inclusion of PWDs in post war development initiatives. The objectives are:

<p>Objective 1: To identify the extent to which development organisations are including people with mobility disabilities in their programmes.</p> <p>Objective 2: To build the capacity of DPOs to raise awareness of, and advocate for, disabled people's rights and inclusion.</p> <p>Objective 3: To address the emergency healthcare and mobility needs of the most marginalised people with mobility disabilities in IDP camps.</p> <p>Objective 4: To train a network of 'Peer Group Trainers' to offer a practical, grassroots rehabilitation approach that promotes self-esteem, health and mobility, and greater participation of mobility disabled people.</p> <p>Objectives 5: To develop tangible tools and training to enable identified development agencies to include internally displaced people with mobility disabilities in their programmes.</p> <p>Objective 6: To build the capacity of Motivation Africa to respond to a range of partnership requests from across sub-Saharan Africa to meet the practical needs of marginalised disabled people, drawing on the tools developed through this project.</p>
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The main structures implementing the project were, GDPU Board, GDPU Secretariat, GDPU sub-county structures, the Project Management Committee and Motivation Africa Office. The evaluation was done by Dr Alice Nganwa of Ways for Inclusive Development (WIND) Consult Ltd guided by evaluation Terms of Reference (TOR) that are shown in appendix vii.

² Rossini, Report on the Gulu Regional Orthopaedic Workshop (GROW), 2006. AVSI Gulu, P.O. Box 758 Gulu.

³ Research by Motivation Africa into the needs of People with physical disabilities Living in Post conflict refugee camps in Northern Uganda. 2007. Motivation

⁴ Motivation UK, GDPU P.O.Box...gulu; 2008; Inclusion of Persons with Disabilities in Return, Recovery and Development Programmes in Gulu and Amuru Districts, Uganda

2.4 Objectives of Evaluation

The evaluation exercise set out to:

- To assess the project's achievements
- To analyse the evolvement from initial design
- To assess the strengths, weaknesses and contribution of key stakeholders
- To examine the extent to which the project has changed the lives of the target population
- To make recommendations for the next project.

3.0 Method of Evaluation

The TORs were interpreted by the consultant and a proposal developed to carry out the evaluation. Qualitative methods were used to collect data, mainly **interviews and focus group discussions** (FGD) with project secretariat staff, the GDPU board, Motivation Africa staff and primary and secondary beneficiaries. Data collection guidelines were developed and are in appendix vi of the report. The detail of persons interviewed is in appendix vii of the report. The primary beneficiaries interviewed included persons with spinal cord injury and other PWDs while the secondary beneficiaries were the service providers and Disabled People's Organisation (DPO) leadership at district and sub-county levels.

Each objective had its stakeholders and these were interviewed as shown below:

Objective	Persons interviewed specific to objective	Level	Method
Obj 1 Research	Board, staff, Motivation, Project Management Committee (PMC)	District level	Key Informant Interviews (KII), FGD
Obj 2 DPO capacity	Sub-county association executive, Local councilors(LC) representing PWDs, sub-county chiefs	Sub-county-Anaka, Alaro, Bobi Koro, Odek	KII, FGD
Obj 3 health care & mobility needs	Peer Group trainers (PGTs),	District	FGD
Obj 4 Network of PGTs	PwSCI, family members, Sub-county DPO	Sub-counties/division-Pabbo, Palaro, Layibi, St. Judes home	KII
Obj 5 Tools for Inclusion(TFI)	TFI trainers World Vision regional and district staff	District	KII FGD
Obj 6	Ag Project coordinator, Accountant,	District	FGD, KII,

Motivation's capacity	PMC, Board, Motivation staff,		email
Cross-cutting all objectives	Ag Project coordinator, Accountant, PMC, Board, Motivation, DRO	District level, South Africa	KII, FGD, email

Data was collected from Gulu and Amuru district from the 21st-28th February 2010 from GDPU offices, partner organizations such as St. Jude and World Vision and from the sub-counties of Alaro, Anaka, Palero, Odek, Pabbo and BobiKoro. Eleven of the 55 persons with spinal cord injury (SCI) whom the project has reached, their family members, 4 sub-county association members and technical persons were interviewed. The sub-counties that were visited to assess capacity building of DPOs were selected according to the progress they had made in project outcomes as shown below:

District	Strong sub-counties	Weak sub-counties
Amuru	Alaro	Anaka
Gulu	Odek	Bobo Koro

The evaluation was limited to project objectives and did not delve into financial inputs. Assessment of objective 6 was limited to an interview with one member of staff from Motivation, the documents that were developed by Motivation and questions that were sent to the Motivation Africa Office; Although the project was working with more men than women, and the women lived in remote parts of the districts, attempts were made to interview men and women, girls and boys. Among the 11 Persons with SCI that were interviewed, 4 were women and 3 were children.

Several **documents** including project reports, the project workplan and tools were reviewed and the list is in appendix v of the report.

Observations were made for physical accessibility of structures, hygiene of persons with Spinal Cord Injury(SCI), pressure sores, wheelchairs, level of independence of beneficiaries and attitude of family and service providers.

Verification Meeting

Preliminary impressions from daily summaries were presented to GDPU staff, the board and one staff from Motivation Africa. The report generated a lot of discussion which was captured and added to the raw data.

Data Management

The data was analysed in 7 windows being the 6 objectives and administration. Emerging themes and subthemes within each window were identified. Collation across the different windows was done. Conclusions were then drawn. Some of the recommendations are modified or direct raw data arising from interviews. The report was then written, a section for each objective.

Challenges encountered:

- The clients (beneficiaries of the SCI interventions) are scattered and reaching them consumed a lot of time but this also helped the evaluation appreciate the challenge of reaching and following up persons with SCI.
- 8 days were not adequate to meet all the intended participants to the evaluation.

- The interviews were in Acholi with interpretation to English. The interpreters were encouraged to make verbatim interpretation and interpret along with the questions and responses.

4.0 Findings

4.1 Research into the Extent to Which Development Organisations are Including People With Mobility Disability in Their Programmes

Key Achievements	Challenges
<p>Research revealed only 1 development organisation out of 24 (4.2%) included people with mobility disability in their programmes.</p> <p>Some organisation have weak inclusive policies but are strong when it come to practice (such as AVSI), some were strong in policy but weak in practice (World Vision).</p> <p>Research guided the project to identify organisation to target for inclusion.</p> <p>Research provided information for development of the Tools For Inclusion (TFI)</p> <p>Research provided testing for inclusion audit tool</p>	<p>The variables in the inclusion audit tool need to be weighed by their importance to PWDs in Gulu and Amuru.</p> <p>The research was disseminated late and did not guide implementation except for selection of the development organisation that was included in the project.</p> <p>The first dissemination was to an ineffective audience (regarding the purpose of the research). It was to PWDs instead of development organisations.</p>

4.1.1 Purpose of Research and Approach Used

The research on the extent of inclusion of persons with mobility disability in the programmes of development organisations aimed at assessing the inclusion of PWDs in post war recovery programmes. The research reviewed policies of various development partners and agencies for inclusion of PWDs in development aid. The study also assessed the inclusion of PWDs in development organisations in Gulu and Amuru in the domains of policy, project implementation, physical accessibility and attitude. The study found that Government departments were strong on policy but weak regarding actual inclusion of PWDs at implementation level. On the other hand, some NGOs were weak in policy but had made deliberate effort to include PWDs in their projects. None of the organisations scored inclusion levels of 100%. However, AVSI was found to be the most inclusive organisation, next to GDPU. The factors used in the rating were inclusiveness of policies, programmes and physical accessibility. GDPU did not have an inclusive disability policy (which it has since developed through the IDDP project).

The approach used for the research was appropriate especially in the application of a similar tool to all the organisations. The tool could quantify extent of inclusion and identify areas of weakness. Despite using a semi-structured tool, the approach used was participatory with many organisations learning for the first time (and often to their surprise) that they were not including PWDs in their programmes.

Two major gaps were noted in the approach used for the research. The first gap was identified during the workshop with PWDs who identified the organisations to include in the study. To the participants of this workshop, attitude toward PWDs by workers of the organisations was very important and an attempt was made together with the department of psychology, Gulu University to develop a quick attitude test. Attitude was also looked out for during data collection using the inclusion audit tool.

The second gap was the western orientation of the tool. Physical accessibility scores were the same for ramps, switches and toilets and yet if these had been scored for importance by PWDs, light switches may not be as important as accessible latrines and toilets. This made organisations score artificially high physical accessibility scores.

4.1.2 Achievements

The research achieved the following:

- ✓ Organisations that are of most importance to PWDs in Gulu and Amuru were identified.
- ✓ Organisations that were to be supported by the IDDP project to be made more inclusive were identified.
- ✓ The organisations' inclusive profiles were drawn.
- ✓ For two organisations, 1.4% of their beneficiaries are PWDs; approximately 10% of the PWDs.
- ✓ The inclusion audit tool was tested.
- ✓ GDPU was introduced to these organisations.
- ✓ Awareness was raised on holistic inclusion of PWDs. (For most organisations a ramp was equal to inclusion).

4.1.3. Utilization of Research

This evaluation assessed the utilization of the research and found that the research was used to identify the development partner that Motivation chose to work for greater inclusivity. The research findings were presented to partners and two (War Child and Malaria Consortium) showed interest in receiving support to become more inclusive in their work. The research provided needs assessment which helped in the development of the training material for inclusion (Tools for Inclusion) and improvement of the organisational audit tool.

The research could have been used to support more organisations become more inclusive especially since their inclusive profiles had been done. It could also have feed into the dialogue with the organisation as no two organisations were similar. Early feedback of scores (as requested by some organisations) may have resulted in more organisations approaching GDPU for assistance in becoming more inclusive.

The research also had figures of PWDs in all the sub-counties based on the 2002 household census. These figures could have been used by the IDDP project to calculate targets and provide denominators for project monitoring.

4.1.4 Challenges

The challenges given below are not difficulties found while carrying out the survey; (these are fully discussed in the report).⁴ The challenges presented are about the research providing information for IDDP project implementation. One major drawback was the final report was submitted six months into project implementation. This delayed dissemination and the research feeding into project implementation. Another setback was the dissemination process. GDPU's first dissemination workshop attracted PWDs who already were aware of the content of the report since they had contributed to factors affecting their inclusion in development programmes. The second dissemination meeting, however, targeted development organisations and was held in an appealing venue conducive for senior managers. This attracted many organisations that could potentially be future candidates for GDPU's inclusion activities.

4.1.5 Recommendations

The research needs to be revisited and more NGOs selected for training in inclusion.

4.2 Capacity building of DPOs to raise awareness of and advocate for disabled people's rights and inclusion

Key Achievements	Key Challenges
<p>GDPU has a secretariat and strong board that meets regularly and in accordance to its constitution.</p> <p>GDPU has improved ability to fundraise</p> <p>Disability, human resource and financial policies were developed</p> <p>Awareness on disability was raised to 300 sub-county leaders</p> <p>3 out of 12 sub-counties responded very positively to the stakeholder meetings</p> <p>All 12 sub-counties have great awareness on disability issues.</p> <p>The stakeholder meetings and community sensitizations have paid off with more PWDs participating in Government prosperity programmes,</p> <p>6 sub-counties have allocated offices to PWDs and GDPU & Motivation have provided basic furniture.</p> <p>Sub-county PWDs are advocating for inclusion successfully</p>	<p>Loss of staff and subsequent reorganization delayed project implementation. The staff lacks skills in some of their new roles.</p> <p>Workshop-based capacity building did not build the intended capacity.</p> <p>The capacity of sub-county executives was still low.</p> <p>The term of office of the sub-county committee was over.</p>

4.2.1 Capacity building process

One of the gaps identified in the 'needs assessment'³ by Motivation and in the 'baseline study'⁴ was the weak voices of DPOs and the lack of systemised disabled people's organisations (DPOs) in Gulu and Amuru. Capacity building of DPOs was a major activity of the project and was carried out at four levels:

- district union
- project secretariat
- sub-county associations of GDPU
- Sub-county stakeholders.

According to the project coordinator, the capacity of the district union was built to enable it do the same at sub-county. The sub-county associations then carried out awareness raising and advocacy for the issues that concerned them most.

4.2.1 .1 Capacity Building of the District Union (GDPU)

(i) Training

The board of GDPU was the main beneficiary of the training activities for GDPU. Local experts were identified who carried the board through two courses; one on leadership and another on monitoring and evaluation. The board reported to the evaluation that they gained understanding on their roles and responsibilities as leaders, how to motivate, managing an NGO and the importance of leading by example. Monitoring and evaluation has given them skills to constructively comment on secretariat reports but also to support sub-counties. Two quotes from the FGD with board members are given below to illustrate the enhanced capacity.

'for me monitoring and evaluation assisted me when I went to Atiak sub-county. When I asked them what is in their plan (for PWDs) they promised to provide wheelchairs. Now we are waiting to see them delivered.' **Carol Adong Board member.**

'we thought the project officer's report was final but through training we realized we are final. I remember the board throwing reports back to the secretariat'. **Santos Okumu, Board member.**

'It has helped us to see what is good and bad and to discuss with donors without fear.before we used to fear to disagree with donors but now we discuss'. **Santos Okumu, Board member**

(ii)Board Meetings

The IDDP project facilitated board meeting which were previously irregular, from once or twice a year to quarterly. The board meetings were not limited to IDDP issues but served all the interests of GDPU. The board members learnt to receive reports and were confident enough to provide direction to the project implementation. Especially commendable was

the strong stand and decisive actions taken by the board when it learnt of mismanagement of funds at the secretariat.

(iii) Interacting with Sub-county leaders

The IDDP project has provided several forums for the board to meet with the sub-county members. Before the project this interaction rarely happened and the board members were not able to meet the people they represent.

(iv) Wide Knowledge about GDPU

The IDDP project, through implementation of this and other objectives has raised the profile of GDPU in Gulu and beyond. The chairperson and staff are often invited to development meetings by partners. An example is the amnesty commission which decided that only GDPU should represent interests of PWDs and a partnership has been established. Other organisations that have approached GDPU are Survivor Coops and International Rescue Ireland.

(v) Development of the Third GDPU Five Year Strategic Plan

The IDDP project has facilitated the development of a GDPU's strategic plan For 2010 to 2014. This plan will contribute to sustainability of the organisation.

4.2.1 .2 Capacity Building of Project Secretariat

In reality, the IDDP project secretariat served as a GDPU secretariat. It carried out activities beyond the mandate of the IDDP and in so doing exemplified the extent the IDDP project had built capacity of GDPU. A few examples of this capacity building are discussed below.

(i) Training

The secretariat was scheduled to have training in project management including monitoring and evaluation. Unfortunately due to severe staff shortage and delay in the workplan, this did not happen. The Acting Project Coordinator and the Project Accountant, however, learnt a lot; more through practical application and apprenticeship training with Motivation Capacity Building Officer than through institutional based workshops. They respectively learnt monitoring, development of indicators and human resource management and preparing accounts reports. This mentoring was useful and unlike the formal training that follows a set manual, this answered needs as they arose in a practical way. Both, the project coordinator and accountant, however, wished for formal training in project management and for the accountant, how to use an electronic accounting package which could then be used as GDPU's general accounting system.

(ii) Training tools; The capacity building manual

Motivation has developed a manual for capacity building of young organisations build their capacity. The manual is simple, comprehensive has addressed many of the challenges the project coordinator and accountant meet. Most of the content has been passed to the project leadership through mentoring. A structured course that was scheduled did not

happen due to time constraints. The coordinator, the accountant and the chairperson have found the manual useful especially for reference for specific challenges.

(iii) GDPU Policy Documents

Policy documents provide standards and procedures which in turn lead to stability of an organisation. Although mentioned under the secretariat, these documents have built the capacity of GDPU as a whole. The human resource policy, financial policy and disability policy are three documents that the project Motivation helped to develop. The processes were highly participatory which has increased ownership.

(iii) Functional Secretariat

One of the outputs of the IDDP project is a functional secretariat. The board was proud that they have a functioning office with staff who is not volunteers as was the situation before. The equipment and vehicle have especially raised the profile of GDPU and other funders are now confident to entrust projects with GDPU. An impact of a functional secretariat was the Disability Rights Fund, for which GDPU secretariat submitted a proposal and was selected. Other projects attracted by the functioning secretariat are the HIV prevention project and the Livelihoods project. Amnesty Commission, Survivor Coops are among the organisations that are working with GDPU because of its profile in the district.

4.2.1 .3 Capacity Building of Sub-county Executives of DPO Associations

(i) Training

Three trainings stand out for the sub-county executive. One was training in **leadership**. This included topics such as causes of disability, types of disability, disability prevention, managing parents of children with disability, participating in sub-county planning and advocacy skills. The trainers were Ugandan which was cost effective. 39 participants from 12 sub-counties attended the training. 23 were female and 16 male. The second was limited to **sub-county secretaries** who were taught how to carry out their role especially that of writing minutes. It was carried out by the board secretary and district council secretary. The third was training in **data collection** for 66 males and 57 females representing 23 of the 24 sub-counties and municipal divisions. The use of local facilitators is not only cost effective but for this level, the training is usually in Acholi.

The courses were found to be very useful but rather heavy and packed in content, so most executives the evaluation met recommended longer and simplified training. Board members, however, felt, that the training of executive secretaries was not very useful since it assumed all secretaries could write which was not the case. They suggested that to qualify as an executive, one must at least know how to write. The training in data collection faces a similar fate since it was an overcrowded course of 121 adults trying to learn a complex process but for some with little basic education.

All the training workshops held lacked practical training for example data collection practice for at least a day. The training reports were equally weak and they seem to have set precedence for the secretariat stakeholder meeting reports at sub-county. The most

prominent gap in the reports is the content of the training which is usually just listed. The training timetable was not included in the report so practical time could not be known. Pre and posts test, training evaluations were not done to objectively measure participants' improvement and the training process. The training reports will not adequately provide information for improvement of the next courses.

(ii) Utilisation of Training

The training provided by the IDDP project was among many workshops that the sub-county leaders are accustomed to. Although the vice chairlady for Layibi division DPO said the training builds on another for bigger capacity, it was difficult for her to recall the different trainings and who the hosts were. After clarifying this in her mind, she said the training (by COMBRA/IDDP) gave her courage to face the health centre staff and show them accessibility gaps in their service. As a result, the health unit had built ramps to its outpatient department and to the maternity ward. She also challenged the administration of Techo Primary School to build accessible latrines and to correct its steep ramps. Like the Layibi vice chairperson, other executive confused the different trainings but more importantly few followed the training with action. The chairperson of Bobi Koro sub-county association had attended very many workshops but was vague about the output. He did not even a feed back to his executive.

The vice chairlady in Layibi and the Alero executives were the only examples found of attempting to collect data after the data collection training. Layibi was collecting data before the training but the format was improved by the training. As GDPU attract more projects, there is need to identify an alternative to Gulu-based workshops. They may seem to be cost-effective and impressive but may not yield as much as expected.

(iii) Post training support

The training of sub-county executives was not followed up systematically to concretise the knowledge learnt. The support supervision of sub-counties executives may have been carried out simultaneously with the stakeholder meetings, but this was not evident in the reports or in the discussions with the executives.

The training in data collection was organized in a vacuum because no system/data bank had been prepared to receive sub-county data. The absence of a cohesive system from sub-counties to GDPU and linking to the district planning office was absent. GDPU needs to study existing data collection systems such as the one by Uganda Bureau of Statistics and identify what works for Gulu and Amuru communities.

(iv) Persistent Weakness of Sub-county associations

Despite the capacity building of Sub-county associations, they remain weak. The board members found some of their counterparts at sub-county unable to articulate disability issues. In Anaka and Odek, this was an issue raised by the leadership. The chairman of the Odek DPO complained that PWDs do not utilize services even when accessibility has been provided. This, he observed makes service providers ask, 'why all the struggle to make places inclusive?'. He also noted the non-participation of PWDs in development forums especially at parish level. Several members of the board too felt that there were opportunities at the

parish and sub-county which the DPO leadership was not taking advantage of. The persistent weakness at the sub-county, despite the investment made by IDDP and several other projects probably arises from:

- The low level of education of disabled sub-county leaders so that they are not able to engage the non-disabled leaders and technocrats at this level. Some members of the board felt that if sub-county disabled leaders are to be effective, they must have some level of education.
- The 'workshop' method of building capacity for very weak individuals who are mixed with more educated PWDs does not help them grasp issues. Sub-county level mentoring may be more appropriate. Secretariat needs to help in the selection of the participants to ensure that people of the same level of understanding are brought together.
- The lack of more structured follow-up similar to the support Motivation has been providing to the project staff. This is linked to the need for mentoring mentioned above.
- The term of the sub-county committee members expired in 2006. Many of the sub-county executive positions are not filled.
- The sub-county associations had formed during the war in IDPs. The return and resettlement had scattered the members some into different sub-counties. This makes it very difficult for executives to meet.

4.2.2 Sub-County Stakeholder Meetings

(i) Process of Stakeholder meetings

The IDDP project used multiple strategies to include PWDs in development programmes and services. The stakeholder meetings, held in 12 sub-counties targeted PWDs as rights holders, service providers in technical offices and politicians as duty bearers. Invited to these meetings were the sub-county chief, Sub-county chairperson and technocrats from health, education, land committee, community development, local council court and police. Other participants included traditional elders and the Local Councilors for PWDs. The half-day meetings which were held at the sub-county headquarters reached 300 people. GDPU board members and the secretariat led a discussion on rights of PWDs and provided examples of how the sub-counties could be more inclusive using the UNCRPD, national policy on disability and the UNPD manual on accessibility. At each sub-county, Gulu Union demanded for an office space and managed to get allocations for six. The strategy of using stakeholder meetings, though not in the original project plan⁵ was found to be very effective in advancing the mainstreaming of PWDs in sub-county programmes.

(ii) Outcome of stakeholder meetings

⁵ IDDP Project summary 2008; Motivation Africa

As a result of these meetings, 6 sub-counties committed themselves to provide an office each for PWDs in the sub-county headquarters building. Alero sub-county resolved that for every five people who benefit from National Agriculture Advisory Services (NAADS) (Government agriculture programme) at parish level, one must be a person with a disability (if they qualify). Layibi also committed two PWDs in the division to benefit from NAADS. Odek and Layibi reported an example each where a land disputes had been solved in favour of PWDs. Previously, they would have been ignored. The chief in Layibi told the evaluation of a defilement case of a girl with disability which was taken seriously and justice achieved. Layibi and Alero committed more funding for International Day of Persons with Disabilities, and in addition, the sub-county chief said,

‘we realized (after the stakeholder meeting) that in each programme PWDs must benefit. Like the last selection for NAADS, one PWDs had to benefit from each parish. For the president’s pledge, it is every two PWDs-a man and a woman. The CDO will follow up (to ensure this happens). (Later in the interview), We realized disability is not only about celebration (IDD) so this year we will commit 1 million (Uganda shillings) to PWD programmes’.

Chairman Alero Sub-county.

The sub-county had increased the International Day of the Disabled (IDD) fund from 300,000 to 500,000 (Uganda shillings) so the disability programme will receive 1.5 million next financial year which has already been included in the budget.

In Odek, the meeting carried out an accessibility audit of the health centre and found steep ramps to some of the latrines. During the evaluation we found builders adjusting the ramp of a new latrine, an action resulting from the stakeholder meetings. The health centre staff was challenged about sign language and accessible delivery bed. One of the inaccessible latrines with an extremely steep ramp was closed by the meeting. Unfortunately, the stakeholders did not observe the lack of accessible seats on the latrines, or the lack of rails on the new latrines. According to the in-charge of Odek Health Centre(HC) III, he lacks the resources to make the health unit more accessible but was willing to commit members of staff to learn sign language. A delivery bed in Odek HC that had been reported by board members to be adjustable was found not to be so. The outcome of the stakeholder meetings in Odek, Alero and Layibi was remarkable while in Bobi, Palaro and Anaka it was less impressive.

The disabled leaders in Odek and Layibi, hailed the stakeholder meetings as very effective because when officials come from the district, the sub-county officials listen. But if it is the local sub-county disabled people demanding their rights, no one pays attention. Infact in Anaka, the disabled people were being punished for reporting the council for issues regarding funding, so the council had resolved not to allocate funds to PWDs for three years. This issues needs to be delicately followed up so that the PWDs do not suffer further wrath from the sub-county leaders.

Stakeholder meetings, both in weak and strong districts, provided a forum for PWDs and the sub-county technocrats to meet in an atmosphere of respect because of the presence of district level GDPU officials who were more authoritative and external. The issues raised by PWDs were then taken seriously.

(iii) Factors behind successful sub-counties

Three reasons were identified for the success scored in the three sub-counties. The first reason which applied to all three was the Local Council chairmen were very innovative and development oriented, not only for disability but for all the people they led as a whole. They spoke with pride and great knowledge concerning their sub-county/division. The chairman in Alero showed several awards his sub-county had won in various development competitions.

Secondly, the stakeholder meeting was supported/supplemented by the Disability Rights Fund (DRF) which carried out parish level sensitisation through drama groups of PWDs. This project was being implemented in six sub-counties including Alero and Odek. In Odek, the chairperson of the DPO, reported that the drama groups receive technical guidance from the sub-county technocrats, who also use the interlude in the drama to talk on disability. The DRF project also had a weekly radio programme which relied on information received during the stakeholder meetings. Whether the corporation between the two projects is active as in Odek or passive as in Alero, it has resulted in greater impact for the IDDP project. It will be difficult to separate the impact of IDDP from that of DRF.

The third reason was found in Layibi only. Layibi is a suburb of Gulu Municipality and the leaders we met reported that proximity to GDPU helped them get expert advice, information about projects and support visits whenever they are required. They could easily organize district level leaders to talk to the nondisabled sub-county leaders.

Successful sub-counties were already mainstreaming PWDs. For example Layibi and Alero sub-counties, were already budgeting for disability issues. Some of the sub-counties such as Anaka and Palaro are inherently weak and this is reflected in under-development in other spheres of economic and social growth such as health services⁶ and primary school performance.

4.2.3 Community Sensitisation

(i) Process of community sensitisation

Sensitisation of the community was another strategy the project used to mainstream PWDs in family, community and development activities. Called community sensitisation, it took place at the sub-county headquarters. Mobilisation of the community was carried out through verbal notice by the parish chiefs and councilors for PWDs. Radio announcements were also made. On the sensitization day, a vehicle with loud music announced the meeting. Of the three mobilization methods used, this was found to be the most successful. In order to motivate the community to attend meetings a bottle of soda was served. This was found to be very expensive and was stopped. The other reason was that it was difficult to measure if people came for the soda or for the message. Community sensitisation was carried out by the sub-county executive with support from the District Union. Attendance was between 80-100 people. The aim was to build the confidence of the sub-county executive by giving them an opportunity to talk to the community about disability rights. Among the discussion was the importance of sending disabled children to school. The community was urged not to hide PWDs and was called upon to use the correct language and include PWDs in family and community activities. In the districts of Alero and Odek, this was combined with the drama

⁶ Health Management System (HMIS) assessment Report, Ministry of Health, P.O.Box 7272, Kampala.

groups and community sensitisation was taken to parish level. This ensured wider coverage since most communities are within an hour's walk of the parish headquarters.

(ii) Outcome of Community sensitisation

Most of the outcome mentioned at this level was on education. Although actual figures were not available, all sub-county executives and the chairmen of Alero and Layibi mentioned increased enrolment of children with Disabilities in school. Some of the executive committee members new of parents who took children with disabilities to school this year as a result of the community sensitisation. More examples of acceptance came from the Alero executive FGD.

'In Alero a boy of 11 years who could not hear used to be abused at school and kept changing schools. Since the community sensitisation, he has settled in a school. Although he cannot follow in class he is at peace and free'.

Member sub-county executive

'A girl with disability in Alero Primary School was always punished for coming late (because she had no appliance). So she decided to stop going to school. After sensitisation, the situation was understood and the child has returned to school. She is given extra time to get to school'. **Secretary sub-county executive**

Unfortunately the evaluation could not get school data to demonstrate the increase in enrolment as a result of community sensitisation. Although the sensitisation was not able to improve the quality of education for children with disability, it did improve their enrolment and the school social environment.

4.2.4 Timing of Stakeholder Meetings and Sub-County Sensitisation

Community sensitisation and stakeholder meetings were carried out one year later than planned due to changes in core project staff in the third quarter of the first year 2008. Although remarkable results are evident in a few sub-counties, the evaluation occurred before the impact of these two activities was evident. The delay in implementation of these activities does not allow for observation of short and long term effects of the meetings and sensitisation sessions. Does the effect diminish over time? Are the sub-county executives able to sustain the recognition of the rights of PWDs by the Sub-county leadership, teachers and families? In all the sub-counties visited, it was felt by both PWDs and the non-disabled that a single meeting and sensitization was not enough. The chairperson of PWDs in Odek recommended that the stakeholder meetings should be held at least twice a year and the community sensitisation once a year. He suggested this should happen at the time of drawing parish and sub-county plans. Another alternative is to ensure disability continues to be discussed in the sub-county technical meetings. This option increases sustainability. This should be carefully thought out because disability could lose the special position it has in stakeholder meetings. GDPU and Motivation cannot sustain the stakeholder meetings despite the achievements the meetings have yielded. An option is to continue annual stakeholder meetings that are synchronized with district and sub-county planning cycles. The sub-county leadership of PWDs can be strengthened to continue lobbying throughout the year. As pointed out earlier the district level DPOs and technocrats have a strong influence on the sub-counties and advocacy visits from this level should continue until disability is fully mainstreamed or the sub-county disabled people are confident and effective in engaging the sub-county technocrats.

4.2.5 Tools for Guiding Stakeholder Meetings and Sub-County Sensitisation

The team from GDPU that facilitated stakeholder meetings and supported sub-county associations focused on a few priority areas which was very strategic considering the short time given for these events. The topics covered include the UN Convention on the Rights of PWDs (UNCRPD), infringement of rights and what can be done about it at this level. Although the topics and programme is lined up, the actual content is left to the facilitator to decide. More structured tools that have flexible application so that similar information is given to the sub-counties need to be developed. The information to the sub-counties could be in the form of a booklet which is distributed to stakeholders for quick reference and reminder. This will meet the need for copies of accessibility guidelines. A board member reported that stakeholders wish to remain with a copy of the accessibility guidelines yet GDPU has only one copy. Flexibility is important to cater for the different needs and the level of inclusion/awareness the sub-county people are at. The stakeholder meeting reports were not very clear on the commitments made by the sub-county authorities to enable acknowledgement and follow up.

4.2.6 Supervision, Monitoring and Evaluation

Follow up of stakeholder meetings, community sensitisation and capacity building of sub-county association was carried out in a few sub-counties and was noted to be weak. It seems not to have been built into the activities of capacity building and yet it contributes to ensuring delivery of goods and services. For example, the chairman LC III Anaka and the in charge HC III in Odek said they have inadequate resources and that “disability will be included in the next budget”. This may have been a means of escape, confident that the fuss will blow away⁷. No supervision reports for this objective were seen, although a format was available. A sub-county monitoring tool that provides information on mainstreaming on areas such as: Capacity building of DPOs, access to education, access to health care, access to livelihood and to Government and NGO programs, budget allocation and expenditure could be developed. The current tool focuses on processes but GDPU should be focusing on outcomes. To avoid reinventing the wheel, indicators for sub-county inclusion could be borrowed from the sub-county disability council and adopted for the purpose of IDDP project. A sub-county ought to be visited within a month of sensitisation.

4.2.7 Challenges

Key challenges faced during capacity building of the DPOs included:

- Understaffing and change of staff
- There was no formal training done of the secretariat, in project management and accounting but in terms of their abilities to manage and account, Motivation has no complaints.
- The delay in project implementation delayed capacity building.

⁷ The consultant has no proof of this but this was the attitude shown in the interview.

- The workshop style of capacity building of sub-county associations has not been effective.
- The low level of education of sub-county PWDs limits capacity building and constructive dialogue with sub-county NGO and government service providers.
- Tools for Stakeholder meetings and community sensitisation are not structured for expansion and replication of the intervention and for its monitoring.
- Weak monitoring, supervision and follow-up of sub-county capacity building of DPOs, of stakeholder meetings and of community sensitisation erode the progress made.

4.2.8 Recommendations

Capacity building of the sub-county association should be resumed after election of new office bearers by the National Union of Disabled Persons of Uganda (NUDIPU). This is expected to take place before June 2010.

The capacity building should be more of apprenticeship/mentoring with regular follow up rather than using workshops in Gulu. If workshops are to continue as a cheaper training option, then pre-selection of participants should be done to ensure uniformity in grasping what is taught.

Stakeholder meetings and sensitisation meetings need to be followed up, regularly, systematically and with a tool. The tool should include commitments made by the sub-county during stakeholder meetings.

The core project staff needs training in project management especially in monitoring and also in electronic accounting.

4.3 Emergency Health Care and Mobility Needs of the Most Marginalised People with mobility disability in IDP camps

Key Achievements	Key Challenges
<p>55 PWSCI had been reached with important health care kits and beddings.</p> <p>6 PWSCI and their families had appropriate bath shelters and toilets.</p> <p>Pressure sores among clients who had received mobility training reduced due to the provision of mattresses, soap, accessible huts and latrines/bath shelters.</p> <p>Cost sharing construction of huts and bath shelters</p> <p>Unforeseen needs of rural PWSCI were identified</p> <p>The mobility of 55 PWSCI and 9 with cerebral palsy was improved.</p> <p>ARC has adopted the accessibility hut modal</p>	<p>The current arrangement of provision of wheelchairs, health care supplies and beddings was not sustainable.</p> <p>There is no system for minor repair of wheel chairs at community level.</p> <p>Most of the imported four wheelers were not appropriate for the terrain.</p>

The needs assessment carried out by motivation³ found severe and wide spread mobility needs in the IDP camps. Persons with spinal cord injuries in particular were confined to their beds and lacked the basic health care needs that people with this injury require. The project aim was to provide emergency health care and mobility needs to persons with severe mobility disability, as well as to establish a system with Lacor Hospital for sustainable support. The implementation of this objective is closely linked with Peer Group Training (PGT).

4.3.1 Provision of Emergency Health Care Needs

4.3.1.1 Expansion of Items Provided to Meet the Emergency Health Care Needs of PWSCI

The emergency health care package that was originally planned consisted of intermittent urinary catheters, gloves, lubricating jelly, cotton wool, plaster and antiseptic. This was distributed to Persons with Spinal Cord Injury (PwSCI) during the Peer Group (PG) training or in their homes.

Despite the PG training, provision of the health care kit and wheelchairs, pressure sores on buttocks and knees did not reduce. Post-training follow up visits found the clients with fresh pressure sores, poor sleeping conditions such as using the traditional sleeping mat made from reeds or using a bed with springs and thin mattresses. They were often found lying on wet beddings. One of the reasons for pressure sores on knees and buttocks was because wheelchairs could not enter the hut due to narrow doorways so the client had to crawl to and from the wheelchair. Another unforeseen challenge was toileting. Most Persons with SCI lived with their families and with the disbandment of IDP camps, the family together with the Person with SCI had relocated to either a satellite camp near the original home or had resettled back home. The new homesteads had no latrines so Persons with SCI like the rest of the family had to defaecate in the bush. Although the clients could get to parts of the bush in the wheelchair, they still had to crawl to use the bush. On one visit, the project field officer found a woman with SCI who did not wash her hands before inserting her catheter and she kept it in her dirty beddings. Because wheelchairs were kept outside, one PWSCI found his wheel chair vandalized. For all these reasons, the project team reviewed the health care kit and expands it to a package of services that included the following:

- The original supply of medical supply -gloves, catheters, cotton wool, plaster, hydrogen peroxide and lubricants
- Bedding material –Mattress, blanket, plastic sheet and bed sheets
- soap
- Construction –Toileting facility with accessible and smooth latrine, bath shelter and path to bath shelter and a hut with a wide door way for wheel chair access and with cement floor which helped keep it dry.

4.3.1.2 Managing the Expansion of Services to PSCI

The unforeseen but necessary changes to the basic kit put pressure on the budget. Savings made from cheaper source of medical supplies supplemented the supply of bedding material. IDDP project together with Survivor Corps fundraised from business and banks in Kampala through a dinner and this has provided funds for construction. The cost of construction of structures is shared between GDPU and the family, with the former providing cash and the latter materials and labour for the construction of pit latrines and widening of doors. To date, 6 latrine/bath shelters have been constructed

4.3.1.3 Establishment of Supply System

At project inception, the plan was to collaborate with Lacor's and AVSI so that medical supplies could reach clients through an agreed system. Unfortunately it was not possible to use Lacor Hospital's supply of health care products because it is limited to the hospital and Gulu Municipality. Another challenge is the AVSI/Lacor Hospital project for SCI had an outreach arm which was limited to Gulu Municipality. The IDDP project staff explored alternative supplies and found that quality supplies could be provided by Joint Medical Stores at an affordable cost. The project therefore purchased and supplied SCI clients with medical supplies at no cost to the client. This is fully dependant on the IDDP project and therefore not sustainable. All the clients at the start of the project were not earning an income. At the time of the evaluation some were earning a living but the income may not be able to cover the full cost of the required medical supplies as aptly said by one Peer Group Trainer;

'At least for me, I am better off (he has a shop, apartment that he rents and a 'special hire car'), I can survive and afford some of the medical expenses.. In far villages from poor families and they are seen as a burden, they will not survive'. **Benson Oyat Peer Group Trainer**

The project team has discussed the challenge of the unsustainable supply chain for medical essentials. It was concluded that there is need to approach the Government referral hospital and the District Health Office to explore the possibility providing medical supplies and providing medical care for Persons with SCI. Another possibility that was suggested, though it too is donor dependant, is to strengthen Gulu Spinal Cord Injury Association so that it provides supplies to its members.

4.3.1.4 Outcome of Package of Services and Supplies to Persons with SCI

In an interview with Margaret Odong, grandmother and guardian of Sarafina (girl with SCI), she kept referring to the latrine.

I used to beg AVSI for a toilet.It was a struggle for her to enter the toilet and a struggle to go back in the house. If I was away, the latrine would be very dirt and she would be forced to do it outside.....we are so grateful for the toilet.....come and see the toilet..... it has really changed Sarafina's life.

From the project accountant who occasionally doubles as a field officer

'This (providing latrine) has changed the whole family because most did not have latrines.'

The combination of medical supplies and the structural additions to homes, have greatly improved the quality of life of people with SCI. They sleep well and bed sores are prevented. They can also use the latrine, some like Sarafina without assistance and others like Michael

Bongomin (quadriplegia with one strong arm) with assistance. They did not have to bathe in their huts anymore which were found dry and clean. Urinary tract infections were prevented partly because of the soap to wash hands before using the catheter and also due to the training in catheterization. Bathing and toileting in a private but accessible place was one of the greatest provisions the clients appreciated.

Poverty, greed and the low status of PWDs, has often led to family members taking what has been given to their disabled members and selling it or using it. A common example is using wheelchairs for bicycle spares. All the Persons with SCI who were visited were sleeping in their huts, using mattresses and bedding provided by IDDP. Even the soap seemed not to have been taken from the client. Proscovia, though still a child was proud of her hut which she kept clean and locked. The fact that the whole family benefited from the assistance given to the PWDs could be one of the reasons this assistance has not been stolen.

An important impact of the project is the adoption of the accessible hut design by organisations such as America Refugee Committee (ARC) who while resettling Persons with Physical Disability are constructing huts designed like the GDPU huts. Unfortunately GDPU does not have a design of an accessible homestead that shows accessible huts, bath-shelter/latrine, paths and compound. This could be distributed to NGOs that are involved in return and resettlement.

4.3.5 Provision of Mobility Aids

4.3.5.1 Supply of Wheelchairs

New wheelchairs have been distributed to 6 children and 3 adults. 16 were repaired, a few several times. The wheelchairs were bought by the wheel chair fund⁸ and by the IDDP project. The wheelchairs are produced locally in Uganda by Gulu Youth Development Association (GYDA) or Katalemwa Leonard Cheshire in Kampala. Clients do not contribute at all to the cost of wheel chairs. Once a wheelchair has been given to a new client, they receive mobility training at home until a course is organized to which they are supported to attend.

4.3.5.2 Challenges of Wheelchair Service in Gulu and Amuru

Persons with SCI in Gulu and Amuru face similar challenges like other users in Africa. These include:

- Supply of donated wheelchairs from NGOs which are inappropriate for our terrain. This was especially so for clients receiving wheelchairs from Lacor. They were not robust, were four wheelers and could not be maneuvered in sandy soil. One client was even noted to have a hospital chair. Of the 11 clients interviewed only 3 had appropriate wheelchairs for the rural sub-Saharan terrain.

⁸ The wheel chair fund was established by the Ministry of Health to provide wheelchairs especially to those who cannot afford to buy them. It is managed by committee.

- Drop in quality of wheelchairs from Katalemwa⁹, Kampala since the technician who was trained at TATCOT Tanzania left.
- Hard covers for cushions for wheelchairs from GYDA causing pressure sores. The evaluation found a school boy with a pressure sore on the buttocks as a result of the cushion that came with his wheelchair.
- Lack of a repair system. In the field visit in Pabbo, of the five People with SCI visited, two had malfunctioning wheelchairs due to broken brakes and poorly fixed foot rest. Welding services were not available in sub-counties far from Gulu town. If a client had a problem, they rang the office and the wheelchair is picked and repaired in Gulu town. The peer group training workshops are also used as an opportunity to repair wheel chairs.
- The system for supply of wheelchairs that the project was relying upon was not functional so the project had supply wheel chairs to the clients that were in need.

4.3.5. 3 Outcomes from Wheelchair Provision

The Provision of wheelchairs greatly improved the quality of life of Persons with SCI. It increased their mobility, socializing and helped reduce pressure sores.

4.3.6 Recommendations

Lacor Hospital is still a possible conduit for supplies to reach Persons with SCI. Linkages with health centres, both Government and NGO could also provide basics medical supplies such as catheters and lubricant and antiseptics. The hospital could provide supplies that are not available in lower health facilities.

GYDA is a training centre and provider of wheelchairs. The market for wheelchairs in Gulu and Amuru is large. Various organisations could be encouraged to purchase GYDA wheelchairs instead of importing in appropriate ones.

There is need to advocate for the central, district and sub-county governments¹⁰ to provide wheelchairs.

The sub-counties could also be in a position to take on IDDP's contribution for construction of huts and bath shelters/latrines.

The current health care package that includes medical, beddings and construction for Persons with SCI should be continued by the next phase of the project but with activities to mainstream the supply into existing health and social services.

GDPU needs to provide guidelines to development organisations; the organisations that are supporting resettlement of the vulnerable. The guidelines could be distributed through

⁹ Katalemwa is a rehabilitation centre that provides post surgical care to children with orthopaedic conditions. It has an orthopaedic workshop that makes wheelchairs.

¹⁰ Government of Uganda is preparing the Sub-counties to be the service delivery points which also handle funds as part of further devolution of power (decentralisation).

leaflets or posters to sub-county offices, councilors for PWDs, Persons with SCI and to development partners.

Development partners such as ARC, AVSI, WV should be approached to support the construction of huts, bath shelters and latrines and provide beddings to PWDs until sub-counties and the family can shoulder this responsibility.

4.4 Training a network of peer group trainers to offer a practical, grassroots rehabilitation approach that promotes self-esteem health, mobility and greater participation of disabled people.

Key Achievements	Key Challenges
<p>The quality of life of 32 trainees was greatly improved some are earning an income or have gone back to school.</p> <p>The family members had better quality of life since they were less burdened by care and worry. They had more time to get involved in income generating such as farming.</p> <p>The PGT manual that was adopted for Africa has been tested.</p> <p>A manual for training children with SCI has been developed.</p> <p>6 peer group trainers with skills to conduct peer group training for persons with SCI .</p> <p>Skilled nurses for SCI in Lacor Hospital.</p> <p>Hambisela training localized to Acholi institutional setting.</p>	<p>The Persons with SCI are scattered across the two districts and reaching them is very expensive and difficult especially by their peers who are themselves, wheelchairs users.</p> <p>The PG Trainers can only reach a 1/3 of their clients.</p> <p>The follow up teams of trained persons with SCI, lack professionals to advise clients on emerging needs ; some of these new needs arise as a result of the peer group training.</p> <p>PWSCI are discharged prematurely before they are ready to live in the community. Their families are not prepared to live with them.</p>

4.4.1 Process of developing network of peer group trainers

4.4.1.1 Training

(i) Institution based training

The training of peer group trainers was meant to create local capacity within the community for training of persons with severe mobility disability with a focus on SCI. Five training workshops were conducted: 2 for older children and adults with SCI, one for children with SCI and another for parents of children with cerebral palsy. The fifth training which directly addresses the objective was the training of peer group trainers.

Peer group training for Adults

Two workshops were held for 17 and 15 participants in September 2009. They were facilitated by internal (GDPU) and external facilitators. The external facilitators were from UK, South Africa and Spinal code Injury Association (SIA) Uganda. Out of the 55 persons with SCI, 32 have been trained through workshops in Gulu. Out of this trained cohort, 6 were

selected to be trained as trainers. Although 10 trainers was the project target, only 6 were identified because most persons with SCI could not meet the criteria to be trainers. The criteria included exemplary lifestyle and character, good self-care and mobility skills and ability to communicate.

Training of trainers

The trainers were taught how to communicate to adults, address problems that clients may present with and were also given some counseling skills. They were then allocated clients whom they were responsible for. Unfortunately, of the 6 only 3 trainers are active. The inactive Peer Group trainers are currently not available because: one developed a bad pressure sore and misbehaved while in hospital, the woman trainer returned to school and is only be active during the holidays and the third lives far away. The evaluation found Jackline Lakot, the female trainer still active as a trainer in the boarding school she attends. She was one of the trainers for the children's training which was hosted at her school. All the four trainers interviewed felt they were well equipped to train Person with SCI and if paired up could conduct a workshop. The PGT training workshops covered various topics including mobility, self-care and positive living. Assistants were discouraged from attending the adult training in order to enhance independence.

Training of children with SCI

The workshop for children with SCI was held in December 2009 and was attended by 9 children and their 8 family members. 3 GDFU trainers and an external facilitator from Motivation facilitated the workshop. It not only benefited the children and family members but increased the confidence of Peer group trainers. The facilitators learnt a lot on how to help children learn. The children were shy and non-responsive as individuals but worked best as a group or in groups. Training through games and drawings was found to be among the most effective approaches to children.

Training of Parents and Carers

The training for carers of children with cerebral palsy (CP) addressed understanding cerebral palsy, stimulating development, communication and caring for a child with CP. 27 caretakers were trained and 21 of them brought their children.

(ii)Community-based training

The 6 PG trainers as was intended started home-based training of clients, but because of the distance they had to cover they failed to reach all the people they were supposed to follow up.

The training of parents in cerebral palsy was a trial of the training material. According to the Acting Project Coordinator, a by-product of the training could have been the initiation of parent support groups so that the trained carer could transfer her skills to a cluster of

families and children with CP. Parent groups have been found to be an important conduit for attitude change, service provision and a strong lobby group¹¹.

According to the manager of St. Jude and the Acting Project Coordinator IDDP project, the trainees were not followed up which could have compromised gains made in the workshop. The follow up could also have identified training needs that needed to be included in subsequent trainings. If St. Jude Home had a resident or visiting physiotherapist, they could have participated in the training and continued with home-based support. Another problem the manager noted was mothers were trained in a setting foreign to them. For example, they trained children on toilets yet at home they have none. He emphasized the need to follow up in order to affirm what was learnt.

4.4.1.2 Training Manuals

A peer group training manual developed by Motivation UK had been adapted for Africa by a group of peer trainers. The topics covered include self respect and confidence building, mobility, exercises, prevention of pressure sores, bladder, and bowl management and disability rights. According to all the Persons with SCI interviewed who had attended the PGT, the content of the manual and training were very appropriate, practical and applicable to their lives. The most appreciated topics that were mentioned by all persons interviewed were bladder and bowl management followed by mobility training. Other important topics are self-view/esteem and disability rights. When asked about a concern that was not addressed, one of the peer trainers said he thought (before the training) that sex and reproduction may have been left out but found these topics to have been well addressed. Peer Group Trainers noted that there was great need to emphasis management and prevention of pressure sores throughout the course. This, they said is an area that Persons with SCI tend to forget or take lightly because of lack of sensation and feeling of being invincible to pressure sores. They also recommended more case studies from Uganda.

'For example Fred's story was good and then you are able to interact with him'. Enos Santos PGT trainer

The trainers also felt that they need more counseling skills because their clients and other PWSCI have many problems most of which can be traced to the impairment.

The accreditation of the PGT manual was questioned by the rehabilitation professionals of Lacor Hospital. Its accreditation to universities or training colleges of health workers was required before they could accept its utilization by the hospital workers. Since the training does not lead to a professional qualification, it may not be necessary to seek accreditation, but the manual could be an important resource to nurse and rehabilitation professional training schools. In order to ensure its acceptability with Lacor Hospital and other health institutions a foreword written by the Director General of Ministry of Health may need to be attached. A highly publicized launch may also contribute to its acceptance.

The manual for training children with SCI was useful but incomplete. The training was supposed to provide information for its completion. Children such as Simon from Pabbo

¹¹ USDC baselines study in 23 districts 2005/06

learnt activities of daily living. His sister who accompanied him gained better understanding of the impairment.

The training manual on CP for family members was useful and comprehensive. It was translated into Luganda and will be a useful tool for peer parent-to-parent training. The manager of St. Jude Home, Odwar Samuel, said this training unlike others they had received, went deep into how to sit, eat, walk and toilet.

All the training manuals provided interactive and participatory learning. The atmosphere created an opportunity for Persons with SCI and for parents to freely interact with people with similar challenges. All the Persons with SCI interviewed found the interactions very encouraging and motivating. They found they were not alone in the world. They recommended that more workshops of a similar nature should be organized because there is still much more to learn about SCI.

4.4.1.3 Trainers

The Ugandan PG trainers were found to be skilled and exemplary. They were clean, neat, positive and confident. The main challenge was there was only one woman trainer. Male peer trainers reported that women and girl clients raise issues that the male trainers cannot handle. They also felt that the women were not at ease to discuss all their problems with men.

‘counseling the opposite sex is difficult because female clients close up and become shy on reproductive health issues’ **Patrick Okullo PGT trainer**

The only female trainer, Jackline decided to resume her education after rehabilitation so she was not available for the women with SCI.

The PG trainers said their role was not limited to training of PWSCI but to sensitise the family and community. Theirs was to,

‘create awareness about PWDs so that they do not feel they are out of place and not to be dependant’ **Eno Santos**

‘We are to sensitize the community to have a deeper understanding and also to be role models’. **Patrick Okullo**

They had not done much in community sensitisation but have worked with families and PWSCI.

The PG trainers found it difficult to link with each other for support, sharing experience and to plan for programme expansion and improvement. They worked as individuals unless they were brought together for training or meetings such as during the evaluation. Lack of funds restricted the functionality of the ‘network’. The project coordinator felt that reviving Gulu Spinal Injury Association (GUSIA) would help not only for a functional network but for providing more sustainable services and a strong advocacy voice.

The external trainers from the UK and South Africa had immense effect on the trainers and clients. They were highly skilled and professional. Their presence motivated the clients who

got hope. One motivating factor that several clients mentioned was that a white man could have the same disability as black person. As Benson a PG trainer put it,

‘when I saw the white man with the same disability like us and yet he was living well, it gave me courage.’

Although the external trainers were experts and their presence brought hope, they did not live their expertise behind except in a diluted form with clients. This was especially so for the Occupational therapist (OT) who could have passed on some skills to OTs in Gulu. External trainers will be needed in future but they need to divide their time between training local experts and using the PG training as practical for both clients and therapists.

4.4.1.4 Follow up of clients

The clients with SCI have all received home visits by GDPU. The common problems clients have are: pressure sores, urinary tract infections (UTI) and broken wheel chair. For pressure sores and urinary tract infections, clients are referred to Lacor Hospital. Minor infections are managed at home with the help of the family.

4.4.1.5 Professional input

Field visits during the evaluation revealed several clients who needed professional advice and training in order to improve independence. A need was identified for rehabilitation and other clinical professionals to be more involved in the project (or for the project to be more integrated with existing rehabilitative health services). The Ag Project Coordinator identified the need and tried to get an Occupational Therapist from Gulu Hospital as a visiting expert. The allowance she asked, Ug sh 20,000(£6) per day, was beyond the project’s budget. The examples seen in the field also serve to underline the project’s anchor in GDPU with no linkages to NGO or Government health care delivery system. One of the clients with a pressure sore could not get help from the nearest health unit even when it was less than 500 metres away from home.

Lack of skills to provide medical care for PWSCI is not limited to the project. Hospitals too have failed especially in preparing the clients to live with the impairment. Currently hospital care even in Lacor Hospital does not address rehabilitation and preparation for return to the village setting. Yokoyadi who has TB of the spine, while in Lacor Hospital received a one day orientation in using a wheelchair. The cause and implication of the impairment on his life was never explained to him. He returned to his home resigned to die and even distributed his children among his brothers. The hospital had clearly not prepared him for return to his home. Francis Nyeko who had SCI in 2006 was discharged with a wheelchair but was not trained how to use it. He learnt by watching other wheelchair users. His first training was in September 2009. The lack of knowledge about SCI is emphasized by the Ag Project Coordinator, who said,

‘Some of the health workers had expressed surprise at what the project could do to improve the health of PWSCI. After the first training some people with pressure sores ran away from hospital. What is lacking in the hospitals is that care.’

While the project seeks to include clinicians in its outreach work and institutional training, it should also train the health facility based health workers improve care of admitted PWSCI.

Motivation Africa sent two spinal injury nurses to train nurses in Lacor SCI unit. They carried out a needs assessment which included visiting nurses in the National Teaching Hospital in Kampala. The nurses in Mulago had received training in management of SCI two years ago and the team was pleased to find that the nurses still recalled a lot of what was learnt. The training in Lacor, helped to improve nursing care. It was more of a mentoring training while assessing for training needs. A training of trainers needs to be done either in Lacor hospital or Gulu referral so that the skills the nurses receive can be extended to new nurses on the ward and to nurses at health centres.

4.4.1.6 Linkages with Related Organisations

At project design, the need for linking with experts was appreciated and among the project activities was the establishment of partnership with Lacor Hospital through an MOU. The arrangement was for the hospital to provide professionals and medical supplies for the project while GDPU and Motivation mobilize clients, carry out peer group and individual training. Several attempts at establishing the linkage with the hospital failed partly because the hospital and AVSI are implementing a SCI project in the Gulu town and this strains their human capacity.

The project has formal working relationship with St. Jude Home. This is an institution that takes care of orphans and children with disabilities and provides an inclusive school.

GDPU needs more partners to help complement the projects effort. These may not be limited to health care but can include income generation and other social needs because as the PWSCI learn to be independent, needs change from the medical focus to socio-economic integration. Michael Bongomin is ready to start an income generating project which IDDP does not have the skills for but the LC for PWDs and other NGOs could work with him on a project. Proscovia is ready to resume school. Simon Ojok returned to school but has been receiving trouble from the music teacher who does not want a wheelchair in his class. He insists that Simon leaves the wheelchair outside. The project will overstretch itself if it addresses issues like these but can link with LCs or NGOs because the lives of Persons with SCI do not belong to IDDP project.

4.4.2 Outcomes of Peer Group Training

- ✓ Changed lives

This objective had the most dramatic outcomes and the title of this report is a quote from a PWSCI whose life was turned around by the project. **‘I have a future.’** The training changed lives of people who had lost hope as shown in the box below.

‘if it was not for the project many of us would have died’ **Eno Santos PGT trainer.** ‘I had the accident in 2004. I was alone and given up hope. I thought of killing myself. ...But after training I repaired my car and started driving.’ **Benson Oyat.** ‘I used to think we were only two. But during the training I saw I was not alone’, **Benson Oyat, Layibi.** ‘I learnt how to put myself in the wheelchair.....now I go to school’, **Simon Ojok, Pabbo.** ‘since 2001 after I left Lacor (hospital), no one came to see me. Gulu Union took me(for training). I learnt how to remove faeces and urine, how to live in the community and to use a wheelchair. I learnt I have a right to be a leader. Before training I would fear if someone pushed me (shows distance of 5 m) but now I even push myself. I used to think of dying but now I have hope; I have a future’. **Michael Bongomin.** ‘I could not leave the house because of the urine and smell but now I earn a living (selling grocery) and I go out in the evening with friends’.

Francis Nyeko. 'I used to lie on the mat the whole day, waiting for people to do everything for me, even to bathe me. But now I do these things myself. I no longer smell'. **Atto, Palaro**

Better quality of life was not limited to PWDs only. The family members were less burdened by constant care of the PWSCI. Michael Bongomin's mother said she can now go to the gardens for long periods because Michael was no longer dependant on her. Michael can also be left in charge of the homestead taking care of the children. Sarafina's grandmother said she can travel to the village for many days without having to worry about Sarafina. Atto's sister-in-law no longer has to bathe her or wash her cloths. The children bring her water and she does the rest. The peer group training has therefore had a positive impact on the whole family.

- ✓ The project did not only change lives but many clients who would have died from the complication of ignored SCI survived and are contributing to the wellbeing of their families. The outcome that summarises all the voices is freedom to participate even though for many it is limited to the family. To demonstrate this future, Sarafina at 17 years decided to go back to school after dropping out for 8 years and she is now in Primary five.
- ✓ Another outcome is the tested PGT manual which with recommendations from the evaluation can be further adapted to Uganda.
- ✓ An important output is the cerebral palsy manual for training of carers and
- ✓ the 6 confident, model peer group trainers.

4.4.3 Challenges

- The Persons with SCI are scattered across the two districts and reaching them is very expensive and difficult especially by their peers who are using wheelchairs.
- The Peer Group Trainers can only reach a 1/3 of their clients.
- The training and follow up teams lack professionals to advice on emerging needs of Persons with SCI; some of these as a result of the impairment and for others because of improvements made after training. For the majority of clients, skills are available in Uganda and could be improved through in-service training.
- Persons with SCI are discharged prematurely from Lacor Hospital before they are ready to live in the community. Their families are not prepared to continue the rehabilitation service from home.
- The active PGT have dropped from 6 to 4.
- The great success scored by the peer group training has led to emergence of new challenges. Clean, mobile Persons with SCI need to earn an income and to go to school. They need to socialize. Earning an income may, in future contribute to the cost of their medical supplies. The challenge is linking the rehabilitated clients with income generating activities or employment. This challenge is a result of the positive impact of the project.

4.4.4 Recommendations

There is need to develop a large pool of peer group trainers and have them participate in the follow up visits carried out by IDDP staff. At least 1/3 should be women.

The project needs to integrate itself more into existing health services so that clients start receiving medical attention at their nearest health facility. Though the health facilities will have much limitation, it may ease complete dependence on the project. .

Each client during training and at least twice a year should be reviewed by professionals like nurses, physiotherapists and occupational therapists. If they have an issue requiring continual care from these professionals it should be provided.

The project needs to explore the possibility of partners beyond Gulu to enhance its referral network, source of equipment and complimentary professionals. A spinal ward or section should be developed in partnership with the Gulu hospital to ensure sustainability

The training manual for children with SCI needs to be completed. The learning from the first training needs to be included especially successful approaches with children.

There is need to explore communication system between the clients, GDPU and the proposed SCI unit that respond quickly to the needs that arise and yet are not dependent on one person.

The project needs to link PWSCI to other NGO and Government programmes to enhance their quality of life especially earning an income.

4.5 Developing Tangible Tools and Training To Enable Identified Development Agencies to Include Internally Displaced People With Mobility Disabilities in Their Programmes

Key Achievements	Key Challenges
<p>Tangible tools were developed.</p> <p>WV was trained approximately ¼ of the targeted staff and for ¾ of the TFI course.</p> <p>The tool was marketed to 22 organisations</p>	<p>Only one organisation was targeted</p> <p>The targeted organisation failed to fence off time for the training.</p> <p>Policies of organisations cannot be reviewed by district offices but by national and international headquarters. This limits the designing of inclusive policy at Gulu district level.</p> <p>WV had inclusive policies but these were not being implemented</p>

This objective had two elements to it. The development of inclusive tools and their application to development organisation to increase inclusiveness.

4.5.1 Development of Inclusive tools

The tools for inclusion were developed by Motivation with input from the research (objective 1) and from tools created by other development organisations to mainstream

disability in development. GDPU had opportunity to modify the tools to the situation pertaining in Gulu and Amuru.

4.5.2 The tools

Four tools were developed and are described below. The description was given by the Tools for Inclusion (TFI) trainers.

Tool	Content
Accessibility tool	Why and how an accessibility environment can be created, legal provisions, accessibility audit with action plan. General awareness on accessibility using the UNPD guidelines.
Policy tool	Guides organisations in reviewing its policies to make them inclusive. It includes reviewing targets and indicators
Awareness tool	Helps individuals understand rights of PWDs, procedures for inclusion, interacting with disabled people, language to use, obstacles to participation. The game of life role play is used to demonstrate gap between PWDs and non-disabled. The UNCRDP, language and communication are addressed.
Marketing tools	To support GDPU to market the TFI to development partners.

TFI are highly developed with guidelines and time frame for training sessions. They are very participatory and bring the real life situation of PWDs to the audience. Unlike most sensitisation sessions on disability inclusion, they are structured and result oriented. A comprehensive action plan is required by the end of the training sessions.

5 TFI trainers who included 2 IDDP staff and 3 board members were trained by the Inclusion Officer, Motivation UK. The trainers are confident and were able to describe the tools in detail.

4.5.3 Working with Organisations to Make Them Inclusive

World Vision (WV) was selected by Motivation Africa to try out the Tools for Inclusion (TFI). WV was selected because it has a 10 year strategy for Northern Uganda which had just started; it was already attempting to become inclusive by having disability as one of its cross-cutting issues in its programmes. WV has stable funding and could invest in becoming inclusive.

The WV regional office welcomed the inclusive exercise and made arrangements for meetings with its staff. A participatory assessment of the organisation was carried out in February 2009 including the new office that was still under construction. This was followed by a workshop with regional office staff and two with Area Development Office of Paichoo Bungatira and Bobi Koro. The regional workshop and that for Paichoo Bungatira were supervised by Motivation Africa staff. The third workshop (for Bobi Koro) was conducted by GDPU trainers in February 2010.

The WV staff appreciated, enjoyed and learnt many new things about PWDs. They expected lecture sessions but found the workshops highly participatory.

The IDDP project introduced the TFI to 14 organisations at a dinner. The short exposure prompted 2 organisations to approach GDPU. War Child's first step was to make its employment opportunities open to PWDs by posting notices for jobs on the GDPU's notice board. They lived up to their word. The second was Survivor Coops who invited the board chairperson to discuss support to GDPU.

4.5.4 Output of the TFI Training

- ✓ 26 Members of staff from the regional and programme area offices of WV were trained.
- ✓ The WV staff learnt their projects were not including PWDs, how to include them and to communicate with different disabled people

'Although we were working with PWDs, we were not deliberate in bringing them in. the staff did not understand fully. We are not different (in attitude) from the community'. **Paul Aboke, Programme Manager Gulu**
- ✓ TFI have been developed
- ✓ The tools successfully achieved raising awareness and changing attitude about PWDs with the WV staff.
- ✓ The output for GDPU is a team of confident trainers is in place.

4.5.5 Outcome

4.5.5.1 In the office

- ✓ Greater outcome was reported from the field staff than from the regional office. They reported greater confidence in working with PWDs and that they are communicating better with disabled clients.

4.5.5.2 In the Field

- ✓ As they work in the field, they are noticing more disabled people, which was not the case before the training. For some attempts to include them in the programmes have been hindered by lack of assistive devices so they have referred the PWDs to GDPU.

4.5.5.3 Country Office

- ✓ Although WV has a desk officer for mainstreaming disability, it recognized the special approach used by GDPU. WV invited the Project Coordinator to a WV regional meeting in Ethiopia on inclusion. The coordinator was able to share with the meeting on how inclusion can be done. Most participants thought that if they had a project targeting PWDs, they were including them in the organization's work.

- ✓ **4.5.5.4 Inclusion Score**

The tools that were used to assess inclusion in the research (section 4.1) were applied to WV regional and field office staff. The following scores were recorded.

Table with scores for WV 2008 and 2009

	Regional Office		Field Office	
	2008	2010	2008	2010
Organisation's policies and plans	14	15	Not available	17
Projects	15	12		12
Accessibility	13	8		7
Total	42	35		36
Maximum possible score	48	48		48
% level of inclusion	86%	73%		75%

The drop in score for the **regional office could be** due to the awareness raised by the training. WV realized they are not including PWDs as they had perceived themselves to be doing so before the training. The delay in the training shortened the time between training and evaluation. WV did not have time to modify projects and accessibility during the life span of the IDDP project. The organisation's policies are more difficult to change since they are developed at international and national offices.

4.5.5.5 For GDPU

- ✓ For GDPU, a disability policy has been developed and WV UK has recognized GDPU as an important partner for mainstreaming disability.

4.5.6 Challenges

- The main challenge mentioned by both TFI trainer and WV staff is that the busy workplan of WV delayed the implementation of the TFI activities. During the evaluation an on-going workshop for Bobi Koro staff on TFI was discontinued because the regional office (which was aware of the training) called participants to an urgent meeting.

The WV staff also said despite the agreed dates, they were squeezed in a tight schedule and as a participant in the FGD said,

'you are in the training but your mind is on a report with a deadline'

- The training did not provide opportunity for field application. The field staff said, it would have been helpful if field-based practical sessions were included so that WV can work with the trainers in homes or during community sensitization. This, they suggested, should to be extended into follow up after the training to see how disability is being included. Infact the regional manager said the inclusion of

disability should not have a point in time when GDPU withdraws its support. There is so much to learn so the partnership should be more of a programme than a project.

- Both the regional and field office felt that the TFI training should be extended to Government departments, other NGOs and churches. These organizations have great leverage on the community and the impact will be greater. The tools had been applied to only WV.
- A major challenge that GDPU encountered with WV and which was raised by several organisations during the marketing dinner for TFI was the inability of district level offices to influence policy. District offices have no authority to change policy, although they may be able to make recommendations. This, however, does not limit district and sub-county level projects from including PWDs in the organisations' development work.
- Focusing on one organisation by the IDDP project for inclusion limited the success that could have been scored with this objective. The board and project secretariat felt they could have trained and supported 5 or 6 organizations simultaneously.

4.5.7 Recommendations

TFI training methodology should include either practical field sessions and/or follow up support of the organisation at district and field office to ensure inclusion.

There is need to plan with the targeted organisations while it is developing its annual plan rather than trying to fit the GDPU's plan into a fixed plan of the trainee organisation.

The next inclusion project needs to consider training more organisations. These could be drawn from the promising organisation identified at the marketing dinner or from those recommended in the research. In view of the experience with WV, the identified organisations could include 'light' organisations that have head offices in Gulu but are well funded with widespread activities such as Gulu NGO Forum and 'heavy' organisations where GDPU has to work with national office in Kampala and in some cases an international headquarters. ARC is an organisation that has adopted IDDP project hut designs and is continuing to work in the field with special focus on orphans, disabled and older persons. It is very keen to include disability.

4. 6 Building Capacity of Motivation to respond to a range of partnership requests from across sub-Saharan Africa to meet the practical needs of marginalised disabled people, drawing on the tools developed through this project.

The views given in this section of the report are from the perspective of partners in Ugandan and an interview that was made with one member of the Motivation staff from the Africa office. Data was also collected from the reports and manuals that were developed by Motivation and through responses to written questions that were sent to the Motivation Africa office.

Key Achievements
Tools for inclusion, for management and for peer group training developed and tested.
Motivation gained experience and learnt lessons in building the capacity of a sub-Saharan DPO.

Key Challenges
Two years is too short for Motivation to establish permanent positive change in post war Gulu and Amuru.

The project aimed to contribute to the building of the capacity of Motivation to be able to respond to the needs of persons with mobility disability in other parts of Africa. For the project in particular, motivation planned to develop tools that could be used in post conflict zones. The tools that were planned are:

- Capacity building package
- Peer Group Training for children and adults
- Tools for inclusion for mainstream development agencies in post conflict environments.

4.6.1 Process of developing tools

The tools were developed externally and brought to GDPU as drafts. They were presented to IDDP staff and some board members and through this process they were discussed and localized to the Ugandan environment. For example, the TFI used the disability act and the UNPD accessibility guidelines. The IDDP project has also served as a trial for the peer group training for adults and children in a very low income-post conflict setting. The capacity building manual was based on the needs and challenges the secretariat met not only for this project but the content was gathered from other projects in Africa and will be used in different countries.

4.6.2 Relationship with GDPU and IDDP secretariat

GDPU board members felt that Motivation had not only benefited through the tools but had also learnt how to relate to a growing African DPO. The relationship has had its challenges but both organisations have learnt how to support and respond to each other's needs. The

board members appreciate Motivation building their capacity even when this empowered GDPU to question the approach Motivation used. They noted that Motivation over time has shifted from a top down organization to one that listens to and respects the views of GDPU as the implementation of the project progressed. One board member said, 'we now work as equals.'

Motivation needs to build on this reputation especially when designing the next the project. The project under review was developed by motivation and then discussed with GDPU for implementation. Over time, Motivation has agreed with GDPU and the secretariat over changes that had to be made. Most of these were proposals from the board or secretariat. The expansion of the emergency health care supplies to include beddings, construction of huts, bath shelter and toilet came from the secretariat and has contributed to the successes the project and Motivation have scored. Another example is the sensitisation of stakeholders rather than limiting capacity building to DPOs. The original plan aimed at working with DPOs only. A third change that originated from the board was to use its members to implement some of the secretariat's activities. This has further built the capacity of the board and contributed to the completion of most of the planned activities.

Motivation was reported to have supported the streamlining of the secretariat when the project lost two staff. The Ag project coordinator was a field person who preferred working on the front line. The new accountant had been a field person on a previous project. Both of them learnt from the Motivation's capacity building officer about human resource management, proposal writing, monitoring and evaluation, report writing and office practices such as filing. The accountant said he was helped to revise accounting. The apprenticeship training has been extremely useful, so has the capacity building manual which they use as reference material, dipping for what they need. The project coordinator's only request was for the capacity building officer to visit the project more frequently until he (the coordinator) is confident to steer the secretariat. It is important to note that the support from Motivation was often requested by the secretariat, with Motivation responding to the needs of the staff.

4.6.3 Achievements

- ✓ Tools were developed and tested for
 - Capacity building package
 - Peer Group Training for children and adults
 - Adaption of tool for training of parents of children with cerebral palsy.
 - Tools for inclusion for mainstream development agencies in post conflict environments.
 - Motivation staff were trained in project management and the use of Excel software
- ✓ Capacity of GDPU and IDDP secretariat was built by Motivation. GDPU is able to write successful and competitive proposals.

- ✓ Motivation changed from a top down organisation to one that was bottom up.
- ✓ The capacity of Motivation to partner with Sub-Saharan DPOs was built.

4.6.4 Challenges

- Funding for the future activities has not been secured

4.6.5 Recommendations

Motivation continues to partner with GDPU for a post recovery and post reconstruction project to one on development.

Motivation should expand the project to other districts in Northern Uganda. The first project was a learning and preparatory phase. The next should focus on mainstreaming and expansion.

Motivation should continue to learn from its partners.

4.7 Project Administration

Key Achievements
<p>Strong project secretariat</p> <p>Functional supervision from Motivation and from Board</p>

Key Challenges
<p>Weak monitoring system between the sub-counties and GDPU and within the secretariat .</p> <p>Overworked staff.</p> <p>Developing a new partnership between GDPU and Motivation</p>

Administration formed the backbone of the project and without it; the 6 objectives will never have been met. The key inputs for the IDDP project include human resource followed by finances. The office space, equipment and vehicle are important but secondary. They only enable the human resource utilise the funds in order to get output.

4.7.1. Human Resource

The project has only four employees, the project coordinator, programme officer, project accountant and driver. The departure of two officers left a gap which was covered in an innovative way by bringing in 3 members of the board to implement technical non-administrative activities such as capacity building of sub-counties and tools for inclusion. Using this strategy did not increase salaries and taxes and yet the tasks that were planned were completed. Despite the capacity built, the coordinator could benefit from a short formal course on project planning and management and in monitoring and evaluation.

The members of staff were advised by the Project Management Committee (PMC) that reports to the board should go through the PMC. Motivation Capacity Building officer liaises

with the project coordinator and accountant directly. Below is a description of the roles and responsibilities of the key actors that was gathered from the interviews.

Position	Role and responsibility
Motivation	Liases with secretariat, ensures project is implemented as planned, provides funding, monitors expenditure.
Project secretariat (including 3 board members)	Implements activities, prepares reports to Motivation, to PMC and to Board
PMC	Advises the secretariat on technical issues.
GDPU Board	Provides policy framework to GDPU, provides direction for project implementation and supervised the secretariat.

The chairperson of GDPU has kept harmony between the different levels. He has the advantage of working with the project from 3 angles; as a member of the PMC, the TFI team chairperson of the board. The open dialogue approach by Motivation has helped to deal with misunderstandings quickly. The financial and human resource policies and the guidelines to board members implementing project activities have all helped to keep the relationship positive and cohesive. The weekly office meetings, regular email communication between the secretariat and the capacity building officer, the bimonthly PMC meetings and the quarterly board meetings keep everyone informed and served as part of the monitoring system.

The secretariat felt some of the members of the PMC were not helpful but very critical. This, they felt was because some PMC members were of the same capacity as the secretariat. Only two members provided constructive criticism.

The many successes the project has scored are as a result of committed project staff, corporation between Motivation, the project management committee and board and support from the Member of Parliament for PWDs. The biggest factor is the capacity built in the staff and board by Motivation.

4.7.2 Finances

The current financial system meets the needs of Motivation and fits well into the reporting system of Motivation. Hard and soft financial records are kept. The soft version is on excel and could be open to fraud. Although the accounts were audited by Motivation, an external audit has never been done. A partner TDH said that they could not partner with GDPU because of its weak financial systems. GDPU needs to develop a recognized and trusted financial system that meets the needs of GDPU but can also provide space for Motivation and the other projects. Motivation has already supported the development of a financial policy. It should continue the empowering role and help GDPU develop a financial system that can serve the needs of GDPU and her partners. Along with this system, the accountant needs training in an electronic financial package.

4.7.3 Reports and monitoring systems

The IDDP secretariat prepares concise monthly reports to Motivation that are informative, evaluate achievement and are forward-looking to the next month. The reports of field visits to clients are also informative and short. The sub-county capacity building reports are too brief to provide adequate information on the processes and output of the training. Lists of participants and the programme are not attached. The data collection training report did not even include recommended tools in the appendix. The facilitators are not providing GDPU with adequate information for followup. The supervision reports of sub-counties are equally weak. Stakeholder meeting reports should at least have a list of participants though this list is not necessary for sub-county sensitisation. The questions asked during these sessions are important and should be reported. By contrast, the reports written by external facilitators are informative and provide the secretariat with facts for improvement. A simple rule could be details for rare events/reports, briefs for frequent events/reports.

The secretariat has attempted a monitoring and evaluation system that is based on collecting reports and records of medical items distributed and of other activities. Monitoring frame work was not developed at the project logframe development. The baseline research only covered one objective. The indicators that were developed by the Project Coordinator are based on processes and outputs only. The next project needs to develop a monitoring and evaluation strategy.

4.7.4 Achievements

- ✓ Strong secretariat, functional board,
- ✓ Very useful presence and support from Motivation to the project secretariat
- ✓ Administrative systems in place
- ✓ Functional supervision from Motivation and from Board and from coordinator to rest of staff.

4.7.5 Challenges

- Weak monitoring system
- Over worked staff even with help from the board

4.7.6 Recommendations

The project coordinator should train in project management with an emphasis on monitoring

Adequate staff needs to be recruited but 'borrowing' board members is also very useful and cost effective. Capacity remains in the organisations while employees are not permanent.

5.0 Conclusions and recommendations

The IDDP project's main achievement is the establishment of systems, approaches and tools that will form the foundation for expanded work in Northern Uganda and beyond. This

foundation has been tested, strengths and weaknesses identified some of which were corrected during project implementation. The ground work laid includes:

- tools for project management, for including PWDs in development programmes and for training people with severe mobility disability to live independent productive lives;
- Systems for managing the move from a single project to programming of inclusion in development.
- Approaches to working with sub-county Governments and development organisations to include PWDs.

The project evolved from initial design in order to meet the challenges encountered during implementation. The support to Persons with SCI was expanded from medical supplies to include beddings and an accessible home. Capacity building of sub-county DPOs was expanded to include nondisabled decision makers. The change from original design was necessary and yielded commendable results.

The results from the IDDP project have shown PWDs in Gulu, Amuru and Motivation Africa that it is possible to include PWDs in post war programmes and how this can be done. The process that has been started needs to be supported to continue so that the gains made are not lost but used to include many more PWDs in development.

Recommendations

A five year phase of consolidation, mainstreaming key activities into Government and expansion to greater North should be implemented in order to build on IDDP project for greater inclusion of PWDs in reconstruction and development. Both GDPU and Motivation should seek funding with GDPU focusing on opportunities in Uganda, while Motivation looks farther afield. The planning of the next project should be bottom, starting at least at sub-county level.

With Uganda planning to decentralize deeper from the district to the sub-county, the sensitisation of this level needs to be strengthened by targeting Parish Development Committees, Sub-County officials and PWDs. The sensitisation should take place a few weeks before the planning cycle begins at this level.

GDPU should consider supporting five or six organisations to include PWDs in development programmes.

GDPU with support from Motivation should explore commercializing the training in inclusion. Two packages could be offered to organisations. A basic training and training followed by mentoring. This will promote sustainability of inclusive training.

The support to Persons with SCI has demonstrated that persons with this severe disability can be reached and supported to live quality productive lives. The medical aspects of this service need to be mainstreamed in existing health services. This will require a SCI unit preferably in Gulu regional and teaching hospital that will provide services to Persons with SCI while training health workers. Nurses at Health Centres III & IV in Government and NGOs

and the equivalent in private units need to be trained in the management of SCI so that they can provide support at sub-county level. GUSIA could be responsible for the Peer Group Training and follow up. There is also need to explore the possibility of organizations supporting construction of homes such as Norwegian Refugee Council, ARC, AVSI taking on the building of accessible hut, latrine and bath shelter for PWSCI.

Monitoring for the next project should be strengthened right from project inception to its conclusion. As part of its strengthening, the project coordinator should attend a short course on this.

GDPU and Motivation need to disseminate the work they have done to the Uganda and global audience. The tools, strategies used and lessons learnt could help other organisations reach the severely disabled and succeed in mass inclusion of PWDs in development. The tools could be published and a short film made on PGT and the support package.

Appendices

Appendix i: Indicators for the IDDP project

Objective	Indicators	End project Evaluation
1. to identify the extent to which development organs are including persons with disabilities	Research report	Research report with GDPU & Motivation
	Proportion of PWDs accessing services from development organs	1.4 % of people accessing services from development organisations is PWDs. This is about 10% of PWDs.
	No. of Development organ with Inclusion policies	1 organisation had inclusive policies
2. to develop the capacity of DPOs to raise awareness and advocate for the rights of persons with Disabilities and Inclusion	The no. of DPOs trained in various skills eg Advocacy, economic empowerment, leadership	12 sub-county associations and 1 district association leadership were trained in advocacy, leadership, data collection, board roles & responsibilities.
	No. of DPOs engaging Development Organs and demanding accountabilities	12 sub-county organisations are engaging different Government departments. The District Union is engaged 27 organisation (including marketing TFI meeting)
	No. of training workshop held	3 for sub-county associates, 2 for district Union Board,
	Increase in the level of awareness on the rights of	Substantial increase in awareness on the rights of

	persons with disabilities among development organs and communities	PWDs in 12 sub-counties and in WV. The inclusive score for WV stayed the same.
	The extent to which development organs are including persons with disabilities in their programmes	WV inclusive score has remained static.
3. to address the emergency healthcare and mobility needs of persons with mobility needs	Number of mobility and urinary gadgets procured, distributed and are being used	9 wheelchairs were procured and 16 urinary gadgets(catheters) distributed
	Reduction in the rates of persons with pressure sore and UTIs	SCI admissions for pressure sores at any one time in Lacor SCI unit reduced from average of 8 to 2.
	Increased knowledge of bowel and bladder management	All 17 trainees knowledgeable about bowel and bladder management
	The training workshop held on bowel, bladder and pressure sore for persons with SCI and their families.	3 workshops
	The training with health workers on management of Bladder, bowel, UTIs and pressures and transfer skills	1 training held with health workers.
4. To train a network of 'Peer Group Trainers' to offer a practical, grassroots rehabilitation approach that promotes self-esteem, health and mobility, and greater participation of mobility disabled people.	Number of peer group trainers trained	6 peer group trainers trained
	The number of wheel chair user trained	32 through PGT workshops and approximately 9 children with SCI trained 41 this excludes those trained through home-based training by PGTs.

	The number of white cane users trained	0
	Number of PGT workshops held	3
	Number of home visits	By trainers 96 by project staff 144 =240 visits
	Number of hospital visits	25 visits
	Number of children with mobility disabilities trained	9 with SCI 21 with CP
	The number of family members/ care takers trained	27 for CP 8 for SCI
	The training manure / module	Training manual for adults complete Training manual for children to be finalised
5. To develop tangible tools and training to enable identified development agencies to include internally displaced people with mobility disabilities in their programmes.	Tools developed	4 tools were developed; accessibility tool, policy tool, awareness tool and marketing tool.
	Number of training workshops / meetings organized for Agencies	3 inclusion workshops and 1 marketing workshop
	The number of agencies trained	1 WV regional office and 2 field offices
	Training reports	4 training reports

Appendix ii Programme for evaluation for evaluation of IDDP Project

22nd -28th February 2010

	Morning	Afternoon
Mon 22nd	Fred, Isaac, Hon Norkrach	IDDP staff
Tues 23rd	Anaka & Alero Executive PWDs, Disability Council, S-C chairperson	Laibi PGT Trainer, beneficiary at office of chairperson, family with child with SI, Executive PWDs
Wed 24th	Odek S-C Executive PWDs, Disability Council, S-C chairperson	TFI trainers
Thurs 24th	WV Regional office, district office	WV Area Devt Programme, Koro Bobi Bobi S-C Executive PWDs, Disability Council, S-C chairperson
Fri 26th	Palaro Beneficiary lady with SI	2pm DRO, Board of GDPU
Sat 27th	Pabbo S-C beneficiaries & families	Analysis and preliminary impressions
Sun 28th	10 am Debrief/validation with Board	Travel to Kampala

Appendix iii: Distribution to date of the Packages from IDDP project include:

Item Received	Total
Blanket	4
Bed Sheet	1
Bed	1
Mattress	1
Gloves	600
Soap	30
Condom Catheter	16
Cushion	1
Cotton	4
Plaster	2
Mackintosh	2
Gauze	45
Huts constructed	6
Bath shelter/latrine	6

This data was gathered from monthly reports but the consultants saw about 9 mattresses, bed sheets and 5 beds.

Appendix iv List of Project Documents Reviewed

Developing indicators for the IDDP project

IDDP Project Summary May 2008

Capacity Building, a training tool for Development Organisations

Tools for Inclusion training Pac

Detailed Project plan for IDDP

Disability Inclusion Audit Tool

GDPU Data Collection Training Report

Field Visit to Onen Lala Obora Palenga parish on 20th June 2009

GDPU Field Activity Report format

Guidelines for Board Members involved in the Implementation of Objective 2 of the IDDP Project

Hambisela Course, Gulu, Uganda Report

Report on the Stakeholders Disability advocacy meetings, Palaro, 30th September 2009

Report on Sub-county Associations Secretaries Training Workshop, Sports View Hotel, Gulu, 28th – 30th July 2009

Report for the East African Region Disability Mainstreaming. Panorama Hotel, Addis Ababa, Ethiopia, 25th- 29th January 2010

Training of Board of Directors of Gulu Displaced Person Union, 27th – 28th October 2008

Training of Leaders of Persons with Disabilities in Gulu and Amaru Districts, Sports View Hotel, Gulu, 18th – 19th February 2009

Project Monthly reports for March, April, July, August, September, October, December 2008, January, February, March, April, May, June, July, August, September, October, November, December 2009, January 2010

World Vision Uganda: National Office strategy FY10 – FY12

Appendix v: Data collection Tools

Interview Guides

(a) Persons with Spinal Cord Injury

1. When did you get your injury? ,how?, how was it treated?
2. How were you prepared to return home?
3. What happened when you returned home?
4. How did you get into contact with Gulu Union? Or how did they get into contact with you?
5. What did you learn in the training by Gulu Union?
6. What topics or approaches were missing?
7. How has your life changed after the training?
8. What recommendations do you make for future trainings?
9. What has Gulu Union given you?
10. How useful are these things?
11. What do you plan to do with the rest of your life?

(b) Family

1. How do you assist.....with ADL
2. What difference did the training formake in your lives as a family?

Peer Group Trainers

1. The questions for PWSCI
2. How did you become a peer group trainer?
3. What did you learn in the trainers' course?
4. Having worked as a trainer for some time, what would you wish could be added to the trainers' course?
5. What are your roles and responsibilities as a trainer?
6. What challenges do you meet?
7. How do you network with other trainers?
8. Explore confidence to conduct a PG training.
9. How will your work continue after the project ends?

World Vision

1. The interview/FGD started with the research audit tool.

2. What did you learn from the training?
3. How was the training conducted?
4. What changes have you noted in your work as a result of the training?
5. What changes have you done in your work and work place?
6. How could the training be improved?

Sub-county chiefs, Local council chairmen

1. What is the contribution of LC councilors for PWDs to development programmes and council's decision?
2. What was discussed in the stakeholder meetings
3. Who attended?
4. What has the sub-county done about the issues discussed since the meeting?
5. What changes have happened in the sub-county as a result of the meetings?

Sub-county associations & LC III for PWDs

1. *Most LC III for PWDs doubled as Sub-county executives*
2. What training have you attended organized by Gulu union over the past two years.
3. What did you learn in the training for executives?
4. *To secretaries* What did you learn in the training for secretaries?
5. What did you learn in the training on data collection?
6. What have you done as a result of these trainings?
7. What is the result of the work you have done from ..above?
8. How can the trainings be improved?
9. *On stakeholder meetings*
10. What was your role in these meetings?
11. What was discussed?
12. What is the result of these discussions?
13. *On community sensitisation*

14. What was your role?

15. What is the result of the community sensitisation?

16. *For Odek sub-county* What is the link with drama groups ?

GDPU Board

Modified for Project Management Committee

1. What is your role in the IDDP project?
2. The project carried out capacity building of the board. How was this done?
3. What did you leant?
4. What changes would you wish to see in the training? In the whole capacity building work?
5. How was the project implemented?
6. How has it build the capacity of GDPU?
7. Sub-county executives are still weak despite the capacity building. Why?
8. What challenges did the project face?
9. Which objective was most achieved? Why?
10. Now that the project has come to an end, how can the work began be sustained?

Tools for Inclusion (TFI) trainers

What tools are available for TFI training?

How were you equipped to use them?

What trainings have you conducted with WV

How did the tools work in real situation?

What changes do you wish to see in the tools? In the training?

What were the challenges met?

How did you overcome them?

How can TFI training be expanded?

What are the main results of this sub-project?

How did Motivation support project implementation?

Secretariat Staff

What are the key results from each of the sub-projects (discussed by objective)

What are the main challenges you met?

How was your capacity built to enable you implement this project?

What areas do you feel are still weak?

What can be done about them?

What was the role of Motivation in the project?

How can the project be sustained?

DRO

She did not turn up for the interview

What were the key results of the project?

What were the main challenges?

How were they addressed?

What was the role of Government in the project?

Did the project deviate from Government frameworks? How?

How can the project work be sustained?

Appendix vii Persons interviewed IDDP

Name	Designation	Place of Interview
Fred Semakula	Project Coordinator	GDPU Office
Alfred Ocen Ayella	Accountant, GDPU	“
Hon. Nokrach	PWDs MP representing Northern Uganda	MP’s office Gulu
Isaac Nyati		Kampala, GDPU
Lubai Willy	Vice chairperson, Anaka Sub-county	Anaka Sub-county hqters
Acellam Walter	Parish Chief Ywaya & Ag Sub-county chief	Anaka Sub-county hqters
Okema Dennis	Chairperson, Anaka Sub-county	Anaka Market
Ajok Nova	Anaka Sub-county Executive	“
Adong Magrate	“	“
Hon Akello Santa	Councillor Ywaya Parish	“
Hon Acen Betty	“ Pangana Parish	“
Omoni Julio	Pangana Parish	“
Aber Helen	Anaka	“
Okello Chael	Arai Parish	“
Oluba J		“
Abongo Sebastian	Police Officer	“
Otto Marcello	Anaka Padury Kal	“
Hon Auma Vicentina	Sec Children’s affaires	“
Hon Apiyo Denisa	PWD Councillor Anaka	“
Ojara Justin	Chairperson LC III, Olaro Sub-county	Olaro Sub-county hqters

Name	Designation	Place of Interview
Alanyo Joice	Female PWDs councillor, Olaro Sub-county and secretary for community services.	“
Opira Thomas	Member Sub county executive & stakeholder committee	
Okelokoko Tarish	“	
Komakeka Rachel	“	
Otim A Pat	“	
Ocaya Milton	“	
Labali Paul	“	
Okello Justin	“	
Ojok David	“	
Ojok Richard	“	
Ocan Dick Hilary	“	
Ajok Irene	“	
Ojok	“	
Adong Apio	“	
Opira	“	
Alanyo Joice	“	”
Benson Oyat	Peer Group Trainer	Layibi, Gulu Municipality
Margaret Odong	Guardian Child with SCI	“
Carol Rose Adong	Trainer and facilitator strengthening DPO & district sensitisation & TFI trainers	GDPU
Ojok Simon	“	“

Name	Designation	Place of Interview
Fred Semakula	“	“
Oyat Benson	PGT	“
Eno Santos	“	“
Lakony Paul	“	“
Patrick Okullu	“	“
Adong Lily	Nursing officer	Odek Sub-county
Okello labedo	i/c Odek HC III	“
Olobo Matthew	Chairperson LC III Odek	“
Hon. Otika Quinto	Councillor III for PWDs	“
Hon Lakoch P'Oyoo	Secretary Finance LC III	“
Adong Margaret	LC III	“
Francis Nyeko	Person with SCI	Pabbo Sub-county
Proscovia Parabongo	Sister to Person with SCI	Pabbo Sub-county
Michael Bongomin	Person with SCI	Pabbo Sub-county
Mama Michael	Mother of Person with SCI	Pabbo Sub-county
Okeng Yokoyadi	Person with SCI	Pabbo Sub-county
Simon Ojok	Person with SCI	Pabbo Sub-county
Paul Abok	Programme Manager WV Gulu	WV office, Gulu
Okot Caesar	Community development Facilitator	WV office, Gulu
Awino Susan	Community Development Facilitator	WV office, Gulu
Lamwaka Janet	Child Sponsorship Development Assistant	WV office, Gulu
Odong Walter	Chairman LC III	Layibi Division, Gulu Municipality

Name	Designation	Place of Interview
Albert Okumu Lachen	Chairperson division association of PWDs & male councilor for PWDs	Layibi Division, Gulu Municipality
Hon Lamunu Christine	Female councilor, PWDs	Layibi Division, Gulu Municipality
Obwolo Cosma	Head teacher Techo PS	Layibi Division, Gulu Municipality
Adong Molly	Nurse Bobi HC III	Layibi Division, Gulu Municipality
George Layo	Chairperson PWD association for Bobi S-C	GDPU office
Caroline Adongo Rose	GDPU Board member	GDPU office
Janet Otto	GDPU Board member	GDPU office
Santos Okumu	GDPU Board member	GDPU office
Adong Lucy	GDPU Board member	GDPU office
Alanyo Joice	GDPU Board member	GDPU office
Omona Richard	GDPU Board member	GDPU office
Akena Dicken	GDPU Board member	GDPU Office
Odong Richard	Interpreter	GDPU office

Appendix vii: Terms of Reference for the Evaluation

Terms of Reference for the Evaluation of the Internally Displaced Disabled People (IDDP) Project, Uganda

Project Summary

This Internally Displaced Disabled People's project is a two year project that takes place in Gulu and Amuru in Northern Uganda; it commenced in March 2008. It is funded by the Barings and John Ellerman Joint International Grants Committee. The project's partner is Gulu Disabled Persons' Union (GDPU), and umbrella disability organisation in the region. The project works with disabled people who have been affected by conflict, many of whom are living in internally displaced persons (IDP) camps.

The IDDP project has had six key elements: Research into duty bearers' levels of inclusion of disabled people; building the capacity of local organisations to be more effective and efficient and better able to advocate for the rights of disabled people; implementing wheelchair user to wheelchair user 'peer training' activities and training mainstream development organisations to become inclusive of disabled people through a 'tools for inclusion' programme and building the capacity of Motivation Africa.

General questions to be addressed

1. What was achieved?
2. How and why did activities evolve from the initial design and planning?
3. What were the strengths and weaknesses of all stakeholders (including Motivation and GDPU) working on this project?
4. How has this work improved the lives of the target population?
5. How valuable was the input for GDPU?

6. What are the recommendations for the next phase of the project? What successful aspects of the project should be replicated?
7. What are the conclusions of the evaluator?

When analysing the specific objectives, please investigate

Objective 1: To identify the extent to which development organisations are including people with mobility disabilities in their programmes.

What was this research trying to achieve?

Was the approach taken by Motivation and GDPU appropriate and relevant?

How has it been used and how could it continue to be used?

What were the main challenges if any?

How was research used? By gdpu? By motivation? By govt?

Objective 2: To build the capacity of DPOs to raise awareness of, and advocate for, disabled people's rights and inclusion.

What was the capacity building work done with GDPU?

How successful has it been?

Are GDPU stronger now as a result of the involvement with Motivation – what can GDPU do now as a result of Motivation's input and what will they take forward with them in the future?

What advocacy has been carried out?

Has the advocacy been effective? What are the results in the community?

What were the main challenges if any?

Objective 3: To address the emergency healthcare and mobility needs of the most marginalised people with mobility disabilities in IDP camps.

What was done with this objective?

What was the impact of this objective on the disabled population?

How have activities expanded under this objective (eg through the partnership with Lacor)?

What were the main challenges if any?

Objective 4: To train a network of 'Peer Group Trainers' to offer a practical, grassroots rehabilitation approach that promotes self-esteem, health and mobility, and greater participation of mobility disabled people.

What peer training has been done through this project?

What has been the impact of the peer group training?

What were the main challenges if any?

Objectives 5: To develop tangible tools and training to enable identified development agencies to include internally displaced people with mobility disabilities in their programmes.

What tools and training have been developed?

How successful have the tools and training been?

How relevant are the tools and training to this context and who is using them?

What have been the main challenges with this part of the project?

Objective 6: To build the capacity of Motivation Africa to respond to a range of partnership requests from across sub-Saharan Africa to meet the practical needs of marginalised disabled people, drawing on the tools developed through this project.

How has Motivation Africa's capacity been built?

Is Motivation Africa stronger now as a result of this project?

The main deliverables of the report will be an **executive summary, a full report and recommendations** for a **way forward**.