



MINISTRY OF HEALTH

ACCESS FOR ACTION UGANDA



*Promoting Sexual Reproductive Health for Women and Youth with Disabilities in Wakiso District of Uganda*

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**ACCESS FOR ACTION UGANDA AND MINISTRY OF HEALTH JOINT EFFORT TO MAKE REPRODUCTIVE HEALTH BARRIER FREE FOR WOMEN AND YOUTH WITH DISABILITIES IN WAKISO DISTRICT**

## PRE-AMBLE

*Recalling* the World Programme of Action concerning Disabled Persons,<sup>1</sup> the Standard Rules on the Equalization of Opportunities for Persons with Disabilities<sup>2</sup> and the Convention on the Rights of Persons with Disabilities,<sup>3</sup> in which persons with disabilities are recognized as both development agents and beneficiaries in all aspects of development,

*Recalling also* its previous resolutions on the internationally agreed development goals, including the Millennium Development Goals, in which it recognized the collective responsibility of Governments to uphold the principles of human dignity, equality and equity at the global level, and stressing the duty of Member States to achieve greater justice and equality for all, in particular persons with disabilities,

*Reaffirming* its previous resolutions, in particular resolution 64/131 of 18 December 2009 on realizing the Millennium Development Goals for persons with disabilities and resolution 63/150 of 18 December 2008 on realizing the Millennium Development Goals for persons with disabilities through the implementation of the World Programme of Action concerning Disabled Persons and the Convention on the Rights of Persons with Disabilities,

*Gravely concerned* that persons with disabilities are often subject to multiple or aggravated forms of discrimination and are still largely invisible in the implementation, monitoring and evaluation of the Millennium Development Goals,

Aware that the Government of Uganda is a signatory to the world development agenda enshrined in these international development frameworks, and hence the need for a re-commitment of the effort,

The Ministry of Health, department of Sexual Reproductive Health; in partnership with Access For Action Uganda (ACFA Uganda) do present this proposal to promote sexual reproductive health for women and youth with disabilities in Wakiso district of Uganda

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<sup>1</sup> A/37/351/Add.1 and Corr.1, annex, sect. VIII, recommendation 1 (IV).

<sup>2</sup> Resolution 48/96, annex.

<sup>3</sup> Resolution 61/106, annex I.

## **Description of the Organisation:**

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### **HISTORY OF ACFA UGANDA**

ACFA-Uganda is a not-for-profit Non-Government Organisation founded by a group of disabled and non-disabled professionals, to bring about practical inclusive development through promoting inclusive policies and practices. ACFA Uganda emerged as a result of informal discussions and sharing of experiences between disabled and non-disabled professionals who then were attending a training course at the Institute of Adult and Community Education, Makerere University in 2009. The disabled participants testified to the extent the development effort had failed to respond to the development needs of the disabled community. One of the reasons for the lack of disability programming was attributed to lack of appreciation of the role and impact that this distinct vulnerable population—people with disabilities and their families—had on advancing the development process. It was observed that development partners in Uganda required support for including the marginalized communities in decision making, strengthening management capacity, and accessing current information on disability and development trends and best practices. It was further noted that given the opportunity, development partners could advance an inclusive development process by providing the marginalized groups and their communities with the opportunity to participate and be engaged as leaders in the development process. This opportunity had yet to be offered to the majority of communities in Uganda.

In February 2009, a defining moment in the structuring of the ACFA Uganda was the establishment of the Working Group composed of representative members from the marginalised groups. Since the original initiative, ACFA Uganda has evolved into a legally registered Non-governmental organisation under the Non-governmental organisation's Registration Statute 1989. And it is incorporated under the companies Act, Cap. 110 as a company limited by Guarantee; to combat the social and economic exclusion and impoverishment of the marginalised groups in Uganda

### **Description of Key Programme Areas**

The work of ACFA Uganda is divided into four (4) complementary and mutually supportive goals related to the primary means of action: capacity building, Networking, Health, and education and training,

#### **Goal 1:**

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#### **GOAL 1 – CAPACITY BUILDING**

Build the capacity of all stakeholders to promote, guide, and facilitate the inclusion of disability issues and the participation of people with disabilities in national and community-level development policies and programmes

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#### **OBJECTIVE 1.1 – NATIONAL CAPACITY BUILDING**

Facilitate and contribute to the drafting and implementation of national disability framework agreements and other macro instruments to advance the inclusion of people with disabilities in mainstream programmes.

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#### OBJECTIVE 1.2 – ORGANIZATIONAL & INDIVIDUAL CAPACITY BUILDING

Facilitate and contribute to the capacity building of development partners and decision-makers in the realm of disability and development

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#### OBJECTIVE 1.3 – ACFA UGANDA CAPACITY BUILDING

Develop the organizational capacity of ACFA Uganda

### GOAL 2:

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#### GOAL 3 KNOWLEDGE SHARING THROUGH NETWORKING

Serve as a resource bank that provides opportunities and the necessary expertise for inclusive design, implementation and monitoring of disability specific and mainstreamed policies and programmes

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#### OBJECTIVE 3.1 RESOURCE BANK

Create and manage a mechanism for Resource Bank operations

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#### OBJECTIVE 3.2 PARTNERSHIPS

Facilitate partnerships that enhance the design and implementation of development projects including persons with disabilities at the national level and engage diverse partners in development

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#### OBJECTIVE 3.3 EXCHANGES

Facilitate the exchanges between ACFA Uganda with national and international networks that exert influence on key decision-making processes impacting disability and development

### GOAL 3:

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#### GOAL 4 PROMOTE ACCESS TO HEALTH SERVICES

Increase access to appropriate health information, knowledge, learning materials and facilities, to address the basic health needs of the disabled and other marginalized groups

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#### OBJECTIVE 4.1 SENSITISATION ON HIV/AIDS

Facilitate the design and implementation of Projects to sensitize the Youth with and without disabilities about issues on HIV/AIDS and reproductive health

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#### OBJECTIVE 4.2 IMPLEMENT A CBR PROGRAMME

Design and implement a CBR Programme to provide appropriate community interventions to address challenges of disability and development

### GOAL 4:

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#### GOAL 5 EDUCATION AND TRAINING

Provide educational and training opportunities to the Children, Youth, and young adults with or without disabilities and those under difficult circumstances to give them knowledge and skills for self-sustenance.

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#### OBJECTIVE 5.1 EDUCATION

Develop and facilitate a child-sponsorship programme to give chance to children from disadvantaged families to attend school. Convert into open educational resources and disseminate material information considered important for improving livelihoods of the marginalized groups.

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#### OBJECTIVE 5.2 TRAINING

Facilitate the training of Youth, and young adults with or without disabilities and those under difficult circumstances to give them skills for self-sustenance.

# **The Sexual Reproductive Health and Persons with Disabilities**

## **Background**

Over the past twenty years, Uganda has made significant strides in decreasing HIV prevalence and in improving reproductive health indicators particularly among its youth. Today, Uganda is widely recognized as the most successful sub-Saharan African example of population-wide HIV prevalence reduction. Addressing reproductive health issues is an important element in the Uganda's National Health Sector Strategic Plan (HSSP II). The Uganda demographic and health survey 2006 established what improvements had been made in the area of reproductive health in the previous five years (MMR from 505 down to 435/100,000 live birth; teenage pregnancy from 31 to 25%; use of family planning from 18.6 to 24.4%; four and more ANC visits from 42 to 47%; assistance by skilled providers during birth from 39 to 42%) among others. Strong government leadership, broad-based partnerships and effective public education campaigns all contributed to a decline in the number of people living with HIV & AIDS and sexual reproductive health complications.

## **Problem Statement**

Despite the above scores, the Sexual Reproductive Health (SRH) of persons with disabilities has been overlooked by both the disability community and those working on SRH. This leaves persons with disabilities among the most marginalized groups when it comes to SRH services. Yet they have the same needs for SRH services as everyone else. In fact, persons with disabilities may actually have greater needs for SRH education and care than persons without disabilities due to their increased vulnerability to abuse.

Persons with disabilities face many barriers to care and information about SRH, and other violence, and abuse. First is the frequent assumption that persons with disabilities are not sexually active and therefore do not need SRH services. Research shows however, that persons with disabilities are as sexually active as persons without disabilities (WHO, 2009; World Bank, 2004). Despite this, too often their sexuality has been ignored and their reproductive rights denied. At best, most existing policies and programmes concentrate on the prevention of pregnancy but ignore the fact that many persons with disabilities will eventually have children of their own. At worst, forced sterilization and forced abortion often have been imposed on persons with disabilities. Furthermore, SRH services are often inaccessible to persons with disabilities for many reasons, including physical barriers, the lack of disability-related clinical services, and stigma and discrimination.

WHO, 2009; observes that the challenges to SRH faced by persons with disabilities are not necessarily part of having a disability, but instead often reflect lack of social attention, legal protection, understanding and support. Persons with disabilities often cannot obtain even the most basic information about SRH. Thus, they remain ignorant of basic facts about themselves, their bodies, and their rights to define what they do and do not want. (They may have little experience relating to and negotiating with potential partners.) Persons with disabilities may be denied the right to establish relationships, or they may be forced into unwanted marriages, where they may be treated more as housekeepers or objects of abuse than as a member of the family. As a group, persons with disabilities fit the common pattern of structural risks for HIV/AIDS and other sexually transmitted infections – e.g. high rates of poverty, high rates of illiteracy, lack of access to health resources, and lack of power when negotiating safer sex.

It is not unusual to have policy makers suggest that time, energy and resources should first be devoted to non-disabled populations, with the assumption that disabled populations will receive attention as soon as the problems with the non-disabled population are solved. This is unacceptable. The lives of individuals with disability are no less valuable than the lives of those who are not disabled - there is no reason why the millions who live with a disability should delay or deny their needs and wait for an unspecified point in the future. The health of women and youth with disabilities is a human right issue and is a fundamental pillar for progress on the road to achieving the Millennium Development Goals.

***“Unless disabled people are brought into the development mainstream, it will be impossible to cut poverty in half by 2015”***

James Wolfensohn, Former President of the World Bank, 2002

**Organizers of the 2011 International Conference on Family Planning held in Dakar, Senegal;** observed that Women and Men (including those with disabilities) wish to experience parenthood responsibly and desire their experience to be enhanced by reliable and accurate information (services). It is hoped that delivering these services and working in partnership with others to discover new evidence as well exploiting the synergies, is far more effective.

This joint project aims at addressing gaps in providing sexual reproductive health for women and youth with disabilities in Wakiso district.

## **Project Goal**

Promote sexual reproductive health knowledge and services for women and youth with disabilities in Wakiso district

## **Objectives**

1. 85% of Women with disabilities in Wakiso district sensitized on family planning issues by the end of project
2. 89% of Youth with Disabilities and their families in Wakiso district sensitized on the sexual reproductive health issues by end of project period
3. 90% of health workers in Wakiso district sensitized on the sexual reproductive health needs and services for women and Youth with disabilities by end of project.

## **Wakiso District Profile**

Wakiso lies in the Central region of Uganda, bordering with Mpigi, Luwero and Kiboga districts in the North; Mukono in the East, and Kalangala district to the South and covers a total area of 2,704.55 square kilometres.

### **Political and administrative structures**

Wakiso District is divided into 13 sub-counties, four town councils (Kira, Nansana, Kakiri and Wakiso) and two Municipal Divisions. It has a total of 139 parishes and 688 villages of which some are semi-urban. The administration headquarter is located in Wakiso Town Council, 16 km along Hoima Road from Kampala. There is a proposal to form more town councils and town boards in the District.

### **Demographic and socio-economic characteristics**

According to the 2002 Population and Housing Census, the population of Wakiso district stood at 907,988 people with a growth rate of 4.1% compared to 562,209 people and a growth rate of 3.7% in 1991. Wakiso was ranked third in the country after Mbarara and Kampala. The population density has reached 323 persons per square kilometre. The population is unevenly distributed in the district. Makindye - Ssabagabo had the highest population size of about 136,300 people as compared to Wakiso Town Council with the lowest population of 14,600 persons.

### **Fertility rate**

Wakiso District has a high fertility rate of 7.2 which has contributed to the existing youthful age structure and rapidly growing population growth rate. The high fertility rate is a result of low levels of education, low social status especially of women, early marriages, low contraceptive use, high infant mortality rate, poor health seeking behaviour especially among the rural population, as well as cultural and religious beliefs (UDHS 2000/01).

### **Population Size and Growth**

The district has experienced a rapid population growth rate over the past years. There was a population increase of 345,500 persons from 1991 to 2002, which gives a population growth rate of 4.1 percent higher than the national growth rate at 3.2 percent. Considering the annual growth rate (4.1%), by the year 2012 Wakiso district is expected to have a population of about 1.4 million people, which will increase by a margin of around 450,000 persons by the year 2012 and the female to male ratio will also increase.

The sex ratio was 94 males per 100 females, implying that the number of females is more than that of males. This is also in line with the findings of the Uganda National Household survey (UNHS) 2002/2003 where the female proportion stood at 51.6 % and the male at 48.4 %. Out of the 218,142 Households in the district, 60,915 were female headed, while 157,227 were male headed.

### **Age Composition**

In Wakiso, 16% of the total population is children of less than 4 years of age. This is followed by age groups of 5-9 years (15%) and 10-14 years, (15%) Only 8 % of the population is above age group 45 years. This means that about 46 % of the district population is young (aged below 15). This is slightly lower than the national proportion of about 50 percent. Approximately 2 percent of the district population is elderly (65 years and above) and it is in line with the UNHS findings where the elderly constituted 2 percent of the total Ugandan population.

### **Access to Health facilities**

Health is a major factor in improving the quality of life and enhancing the human capital as a key element to achieving goals in the Poverty Eradication Action Plan (PEAP). The district has a total of 99 health

units of which 60 are government and 39 affiliate NGO/PNFPs that offer curative services. In addition, there are over 400 registered private clinics. The majority of the households in the district (85%) can access health facilities within a radius of 5 km, while slightly more than half (52%) travel a distance of 1km. There are however, some parishes without any health facilities (**Source: District Health department**).

**Table 1: Other Demographic, Socio economic and Geographical distribution characteristics**

<b>Indicator</b>	<b>Wakiso Value</b>	<b>Indicator</b>	<b>Wakiso Value</b>
Infant population ( under 1 year)	47,864	Disability (hearing)	2,146
Population under 5 years	142,995	Disability (speech)	838
Population 6-12 years	190,095	Disability (sight)	5,259
Population under 18 years	479,721	Disability (mental retardation)	993
Adolescents (10-14)	134,591	Disability (mental illness)	904
Population 15-24 years	216,713	Disability (others)	1,722
Population above 18 years	428,267	Distance to the nearest health facility (Up to 5 kms)	186,128
Youth (18-30) years	248,050	Distance to the nearest health facility (Over 5 kms)	32,014
Elderly	32,447	Distance to the nearest water source (Up to 1km)	174,597
Orphans (less than 18 years old)	81,467	Distance to the nearest water source (Over 1 km)	18,541
Orphaned children (father deceased)	64,014	Distance to the nearest primary school (5 kms)	208,891
Orphaned children (mother deceased)	38,057	Distance to the nearest primary school (Over 5 kms)	9,251
Orphaned children (both parents deceased)	20,604	Access to Hydro Electric Power	21%
Disability (physical)	8,563	Trading centres [other]	38

Source: UBOS, 2002 Final Population Census Results



### Schedule for the Programme and Each Task

Activities	1 <sup>st</sup> Year												2 <sup>nd</sup> Year												3 <sup>rd</sup> Year													
	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12	1	2	3	4	5	6	7	8	9	10	11	12		
Project Initiation	█																																					
Procurement of resources & equipment	█	█																																				
Train WWDs on family planning issues		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Sensitize YWDs on reproductive health issues		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Train Health Workers on the SRH of PWDs		█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Coordinate the Project & motivate the Staff involved.	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Monitoring & Evaluation	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	█	
Reporting				█							█					█							█					█								█		

**The project is expected to start as soon as funds are secured to facilitate the activities**

#### Monitoring arrangements

Basically, the monitoring system will be inbuilt where diversions will be identified as soon as they occur. Monitoring tools such as reporting, monthly meetings, project visits and advisory meetings will be held regularly and information will be channelized to review the progress of the project with all stakeholders including the primary beneficiaries and the donor. Further, a deliberate effort will made to make reports quarterly about the progress of the project, and these will be shared among project stakeholders especially the Ministry of Health and other supporters.

**THE THREE YEAR PROJECT BUDGET IN UGANDA SHILLINGS (UGX) AND US DOLLARS (US\$) Ex.Rate: 1US\$=2300UGX**

<b>Activity ID</b>	<b>Activity Title</b>	<b>Activity Description</b>	<b>Sub-total (UGX)</b>	<b>Sub-total (US\$)</b>
1	<b>Training women with disabilities on family planning issues</b>			
Activities		Venue x 250,000x1dayx4trainings x 19 divisions	19,000,000	8260.869565
		Communication x 100,000 x 4 trainings x 19 divisions	7,600,000	3304.347826
		Facilitators' costs x 200,000 x 1Facilitator x 4trainings x 19	15,200,000	6608.695652
		Lunch & Refreshments x 30members x 8000 x 4trainings x 19	18,240,000	7930.434783
		Stationery x 4trainings x 19 x 200,000	15,200,000	6608.695652
		Learning Materials x 4trainings x 19 x 200,000	15,200,000	6608.695652
		Transport refund for participants x 30mbrs x 4trainings 19 x 10,000	22,800,000	9913.043478
		Staff transport x2 staff x 4trainings x 19 x 50,000	7,600,000	3304.347826
		Staff Subsistence x 2staff x 4trainigs x 19 x 50,000	7,600,000	3304.347826
		Documentation & sharing of best practices x 4 x 19 x 300,000	22,800,000	9913.043478
<b>Sub-total</b>			<b>151,240,000</b>	<b>65,757</b>
2	<b>Sensitize Youth with disabilities on sexual reproductive health issues</b>			0
Activities		Venue x 250,000 x1day x 4trainings x 19 divisions	19,000,000	8260.869565
		Communication x 100,000 x 4trainings x 19 divisions	7,600,000	3304.347826
		Facilitators' costs x 200,000 x 1Facilitator x 4trainings x 19	15,200,000	6608.695652
		Lunch & refreshments x 30 members x 8,000 x 4trainings x 19	18,240,000	7930.434783
		Learning materials x 4trainings x 19 x 200,000	15,200,000	6608.695652
		Stationary x 4trainings x 19 x 200,000	15,200,000	6608.695652
		Transport refund x 30mbrs x 4trainings x 19 x10,000	22,800,000	9913.043478
		Staff transport x2 staff x 4trainings x 19 x 50,000	7,600,000	3304.347826
		Staff Subsistence x 2staff x 4trainigs x 19 x 50,000	7,600,000	3304.347826
		Documentation & sharing of best practices x 4 x 19 x 300,000	22,800,000	9913.043478
<b>Sub-total</b>			<b>151,240,000</b>	<b>65,757</b>
3	<b>Train health workers on SRH needs of Persons with disabilities</b>			0
Activities		Venue x 250,000 x1dayx2trainings x 19 divisions	9,500,000	4130.434783
		Communication x 100,000 x 2trainings x 19 divisions	3,800,000	1652.173913

		Facilitators' costs x 200,000 x 2 Facilitators x 2 trainings x 19	15,200,000	6608.695652
		Lunch & refreshments x 30 members x 8,000 x 2 trainings x 19	9,120,000	3965.217391
		Learning materials x 2 trainings x 19 x 200,000	7,600,000	3304.347826
		Stationary x 2 trainings x 19 x 200,000	7,600,000	3304.347826
		Transport refund x 30 members x 2 trainings x 19 x 20,000	22,800,000	9913.043478
		Staff transport x 2 staff x 2 trainings x 19 x 50,000	3,800,000	1652.173913
		Staff Subsistence x 2 staff x 2 trainings x 19 x 50,000	3,800,000	1652.173913
		Documentation & sharing of best practices x 2 x 19 x 300,000	11,400,000	4956.521739
		<b>Sub-total</b>	<b>94,620,000</b>	<b>41,139</b>
4		<b>Coordination/ Employee Cost</b>		0
Activities		Programme Coordinator x 1 x 900,000 x 36	32,400,000	14086.95652
		Health Workers x 2 x 600,000 x 36	43,200,000	18782.6087
		Accountant x 1 x 600,000 x 36	21,600,000	9391.304348
		Support Staff x 2 x 400,000 x 36	28,800,000	12521.73913
		<b>Sub-total</b>	<b>126,000,000</b>	<b>54,783</b>
5		<b>Project Overhead Cost</b>		0
		Rent x 1 x 400,000 x 36	14,400,000	6260.869565
		Utility bills x 200,000 x 36	7,200,000	3130.434783
		Auditing (Internal & External) x 850,000 x 3	2,550,000	1108.695652
		<b>Sub-total</b>	<b>24,150,000</b>	<b>10,500</b>
6		<b>Project Equipments</b>		0
1		Computer/Laptop x 1 x 2,500,000	2,500,000	1086.956522
2		Projector x 1 x 2,000,000	2,000,000	869.5652174
3		Scanner x 1 x 1,200,000	1,200,000	521.7391304
4		Digital Camera x 1 x 900,000	900,000	391.3043478
5		Printer x 1 x 800,000	800,000	347.826087
		<b>Sub-total</b>	<b>7,400,000</b>	<b>3217.391304</b>
				0
7		<b>Contingencies</b>	55,465,000	24115.21739
		<b>Sub-total</b>	<b>55,465,000</b>	<b>24115.21739</b>
				0
		<b>Grand-total</b>	<b>610,115,000</b>	<b>265,267</b>

## **BRIEF DISCRPTION OF PERSONNEL RESPONSIBLE FOR THE IMPLEMENTATION OF THE PROGRAMME**

### **Mrs. Ssentamu Dorothy Makanga (Programme Coordinator)**

She is a staff of ACFA Uganda in charge of Reproductive Health and HIV/AIDS. Dorothy is a candidate for a Bachelor's degree in Social Worker and Community Development (BASWCD) of Kyambogo University. She has a Diploma in Community-Based Rehabilitation of Kyambogo University. A Certificate in Voluntary Counselling and Testing (VCT) in HIV/AIDS of the Institute of Advanced Leadership Nsambya, A Certificate in Paediatric HIV/AIDS of Mulago Hospital, A Uganda Certificate of Education (UCE), and she is an enrolled Mid-wife who trained in Nsambya Hospital. She has vast experience in Mid-wifery having worked in Nsambya Maternity and Antenatal section for seven (7) years. Ms. Dorothy Ssentamu will be responsible for coordinating all programme activities with assistance from the Administrator ACFA Uganda.

### **Ms. Auyat Jenipher Sophie (Health Worker)**

She is an enrolled Mid-wife who trained in Nsambya training school of Mid-wifery and nursing. Has a Uganda Certificate of Education and vast experience in her profession. She worked with Nsambya hospital as a mid-wife in Maternity and Antenatal departments for seven (7) years, and with BM Clinic located in Kamwokya for two (years) where she was exposed to a lot of challenges, thus, helping her to gain vast experience in her profession. Auyat later started own facility called God's Grace Medical Centre in Kawempe Mbogo, where services offered were appreciated by AFFORD and hence, the clinic became an affiliate member of UHMG (Good Life Network). She started community work as a Community Health Educator with Kawempe Caring Support Centre in St. Kizito Bwaise Parish, and later Access For Action Uganda (ACFA Uganda) to extend health services to people with disabilities. She will be part of the team to implement the programme activities.

### **Mr. Were David (Health Worker)**

He will be part of the implementing team of the programme.

David trained for a Certificate at Mildmay Uganda, having obtained a Uganda Certificate of Education (UCE). He has worked with Kikyusa Health Centre III, St. Joseph's Clinic, and Kairo Medical Centre – as a Clinical officer.

### **Mr. Kasule Ronald (Assistant Programme Coordinator)**

He is the administrator of ACFA Uganda. He is a graduate of Makerere University with a Bachelor's degree in Adult and Community Education; he has a Diploma in Community Based Rehabilitation from Kyambogo University department of community disability studies, a Uganda Advanced Certificate of Education, and Uganda Certificate of Education. He has worked for Nkokonjeru Cheshire Services as a Community Based Rehabilitation Worker (CBR Worker), Worked with Action on Disability and Development (ADD), has worked as a Research assistant and Material Developer for both; the Life Long Learning for Farmers (L3F) Project funded by Commonwealth of Learning (COL), and the sub-Saharan African Challenge Programme (SSA-CP): Lake Kivu Pilot Learning Site (LKPLS) funded by Forum for Agricultural Research in Africa (FARA). He is a member of Open Distance Learning Network team (ODLN) initiated by

Makerere University and supported by Commonwealth of Learning to improve the livelihoods of poor farmers in South Western Uganda through innovative use of Information Communication Technologies (ICTs), and Open Distance Learning (ODL). Mr. Kasule Ronald together with the Programme Coordinator shall be responsible for monitoring and evaluation to ensure that the programme activities are implemented in accordance to the plan.

**Ms. Batangira Agnes (Accountant)**

She is the Director of Finance of ACFA Uganda. She is a student for a master's degree in Business Administration at Makerere University Business School (MUBS), graduate of Makerere University with a bachelor's degree in Adult and Community Education, has a Uganda Advanced Certificate of Education, and highly computer literate with skills in statistical packages such as SPSS. She has worked for Baylor College Uganda as Data Clerk, worked on Kampala Community Empowerment Project (KCEP) as assistant Project Officer from Concern World Wide. Agnes will be a member of project committee and will particularly be concerned with the financial management.

NB: Specialist services of other experts will be sought as need arises.

**Declaration of commitment**


We the undersigned vow to commit our efforts and services for the implementation of the activities indicated in this proposal for the accessibility of reproductive health services to persons with disabilities in the area of our jurisdiction.

 6/6/2011


Mrs Ssentamu Dorothy Makanga  
Programme Coordinator

 6/6/2011

Ms. Auyat Sophie  
Health Worker

 6<sup>th</sup>/6/2011

Mr. Were David  
Health Worker

 31<sup>st</sup>/05/2011

Mr. Kasule Ronald  
Assistant Programme Coordinator

 31<sup>st</sup>/05/2011

Ms. Batangira Agnes  
Accountant

ACFA UGANDA CURRENT TECHNICAL MANAGMENT

**Mr. Bagonza Paddy (BACE, Dip)**

Executive Director

**Mr. Kasule Ronald (BACE, Dip)**

Administrator

**Ms. Batangira Agnes (MBA, BACE)**

Director of Finance

**Mr. Zizinga Alex Muyingo (MSc, BACE)**

Head: Community Livelihood

**Ms. Dorothy Makanga (BSW, DIP, Midwifery)**

Head: Reproductive Health & HIV

**Mr. Lukenge James (BACE)**

Head: Education & Training

**Ms. Nandutu Janet Sarah (BACE, Cert. Secretarial)**

Head: Lobbying & Advocacy

**Ms. Auyat Jenipher Sophie (Mid-wife)**

Dept of Reproductive Health & HIV

**Ms. Nakaziba Sarah (BBA)**

Dept of Accounts

**Ms. Nandozi Carolyn (MSc, BIT)**

Information Communication Technology

**Mr. Muwawu Samuel (BSS)**

Lobbying & Advocacy

**Mr. Kaluya John**

Support Staff

**Mr. Were David**

Reproductive Health

ACCESS FOR ACTION UGANDA

Block 118, Plot 202 KITEEZI-BBAMBA WAKISO  
P.O BOX 4209, KAMPALA-UGANDA  
E-mail: accessforaction@gmail.com  
info@acfauganda.org  
Website: www.acfauganda.org



Tel: (Office) +256-414-668920  
Mob: +256-772/701/909835  
+256-774/701/284497  
+256-772/701/431702

22<sup>nd</sup> May 2011

The Permanent Secretary,  
Ministry of Health  
P.O Box 7272  
Kampala - Uganda

*ICTB/CHSC/06/11  
-DIR/RA  
This is a good proposal.  
It could be integrated with (clinical)  
in RH activities. Please forward  
finally sample up  
15/05/11*

Dear Sir/Madam,

RE: TARGETING THE REPRODUCTIVE HEALTH FOR PERSONS WITH DISABILITIES

ACFA Uganda is a non-profit and non-governmental organisation founded by disabled and non-disabled development workers in 2009 to champion advocacy for inclusive programmes and practices that guarantee access to services for the often hard-to-reach communities in Uganda.

We do appreciate the renewed commitment by the government to address issues of Sexual Reproductive Health (SRH) through the Ministry of Health with other sectors and partners as highlighted in: the Ministry's Road Map for Reduction of maternal and newborn morbidity and mortality in Uganda, the National Health Sector Strategic Plan II, the Strategy to improve Reproductive Health in Uganda, A communication Strategy to Accelerate implementation of Reproductive Health in Uganda, the National Family Planning Advocacy Strategy, among other Strategies.

However, despite the significant strides made in decreasing HIV prevalence and in improving the reproductive health indicators particularly among the youth, the SRH of Persons with Disabilities (PWDs) has been overlooked by those implementing SRH programmes. This leaves PWDs among the most marginalized groups in regard to SRH services, yet they have greater needs for SRH education and care than persons without disabilities due to their increased vulnerability to abuse.

Aware of the government's effort to achieve the Millennium Development Goals (MDGs) by 2015, and cognizant of the fact that the MDGs will never be attained unless the special needs of PWDs are addressed, ACFA Uganda hereby seeks to partner with the Ministry of Health to implement a programme addressing the Sexual Reproductive Health needs of PWDs in Wakiso District.

The purpose of this communication is to solicit for your approval, guidance and support so that together, we can ably bridge the gap.

We hope for your positive consideration.

Yours faithfully,

*[Signature]*  
Bagonza Paddy  
Executive Director



*[Signature]*  
Kasule Ronald  
Administrator

*III  
To CHSC Clinical 20/6/2011*

*20/6/11  
ICTB/CHSC/06/11  
Can you include  
this in our  
writing?  
I have looked at the proposal  
and my view is that it will  
help address the most gaps in  
SRH targeting the disabled.  
The project NGO should be approved  
by CHSC/RA*



IN ANY CORRESPONDENCE ON  
THIS SUBJECT PLEASE QUOTE  
NO.



OFFICE OF THE COMMUNITY  
DEVELOPMENT OFFICER,  
P.O. BOX 7218,  
WAKISO

DATE: 6/7/2011

THE REPUBLIC OF UGANDA

## WAKISO DISTRICT COUNCIL

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The Permanent Secretary  
Ministry of Health  
Kampala – Uganda.

### RE: ACCESS FOR ACTION UGANDA (ACFA UGANDA)

This is to introduce to you the above named organization based in Nangabo Sub county of Wakiso District.

The organization is dully registered as a Non- Governmental Organization to target special interest group especially persons with disabilities.

The proprietors have had a long experience in working with persons with disabilities. Their work with this category of people has indicated that persons with disabilities have major issues in the area of reproductive health.

This therefore serves to recommend the organization acquire any possible support from you.

  
Sekagiri Frank



SENIOR COMMUNITY DEVELOPMENT OFFICER.