



Elimination of Barriers against People with Disabilities towards Access to SRHR in Uganda

FINAL PROJECT REPORT



2011



SECTION 1: Project Summary (as described in Project Application)

Project title: Elimination of Barriers against People with Disabilities towards access to SRHR in Uganda

Name of organization: ACCESS FOR ACTION UGANDA (ACFA UGANDA)

Project summary (max 150 words). This summary should reflect the specific nature of the project and what it is intended to achieve.

It is incorrectly assumed that individuals with disability are sexually inactive, unlikely to use drugs, alcohol and are at less risk of violence or rape than their non-disabled peers. Stigma and marginalization, poverty, illiteracy, unemployment and the lower probability that individuals with disability will be considered eligible marriage partners, significantly diminish the ability of many individuals with disability in Uganda to participate in SRHR programmes. The belief that PWDs will not become sexually active results in little or no sex education for adolescents and adults with disabilities, severely limiting their ability to understand safer sex messages and to negotiate safer sexual behaviors. Without deliberate efforts to address specific challenges faced by vulnerable groups, the Berlin call to Action and the MDGs will never be achieved. This project was intended to target relevant policy makers and stakeholders to come up with inclusive policies and practices that would guarantee PWDs' access to SRHR programmes in Uganda

Project start date: (day/mth/yr)	30 th October 2010
Project end date: (day/mth/yr)	30 th October 2011
Total Duration	1 Year
Total approved funding US\$	US\$11,760

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SECTION 2: Purpose and Outline of the Project

State the overall goal of the project as described in the project application.

Overall goal was to contribute to the elimination of barriers against people with disabilities towards accessing SRHR in Uganda

Define the primary beneficiaries as stated in the project application.

The primary beneficiaries of the project included: Persons with disabilities, Sexual Reproductive Health service practitioners, policy makers, relevant government departments and ministries.

Project objectives and expected outcomes: Specify the objectives and anticipated results for your organization(s) and primary beneficiaries as described in the project application.

Project objectives:

- Influence policy outcomes to ensure SRHR for all.
- Popularize the activities of ACFA Uganda as an advocate for SRHR for all among reproductive health service providers in Uganda

Outcomes:

- Institutionalized mechanisms for people with disabilities to gain access to SRHR
- Recognized status of ACFA Uganda, as advocate for SRHR among reproductive health service providers in Uganda

SECTION 3: Achievements to Date

Project description: Please describe the activities you undertook as part of the advocacy project – please include date, location and people in attendance as well as activities undertaken.

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|-----------|---|
| 3/12/2010 | Presentation on the International Disability day national celebrations on the urgency to mainstream the sexual and reproductive health needs of persons with disabilities in the relevant mainstream community programmes. |
| 3/1/2011 | Meeting with Dr. Zainab Akol; Aids Control Program Manager in the Ministry of Health to discuss how mainstream HIV/AIDS programmes could integrate the special health needs of Persons with disabilities. The meeting was attended by four (4) people. An agreement was reached to work together in future projects in order to come up with innovations that could ably integrate the needs of people with disabilities |
| 3/2/2011 | Meeting with Martin Babu; Programme Officer in charge of HIV/AIDS, at the National Union of Disabled Persons of Uganda (NUDIPU). Meeting was attended by three (3) officers, and discussed possible joint action to eliminate exclusion of PWDs towards mainstream programme service provision. Discussions also highlighted on how the two organisations would collaborate to provide training skills for professionals in government departments and ministries on how to handle and involve issues concerning persons with disabilities. |
| 10/2/2011 | Meeting with Apollo Mukasa Kyanjo; Officer in charge of Accessibility Standards Project, at the Uganda National Action on Physical Disabilities (UNAPD). He formally worked with the Ministry of Health under the section of Disability. The purpose of the meeting that was attended by three officers, had intended to seek information on how the Disability section had fronted the health interests of PWDs for inclusion into the mainstream health programmes offered by the Ministry. |
| 15/2/2011 | Meeting with Khaemba Richard, Project officer: “Sex by Choice, NOT Chance”, a related project by the National Union of Women with Disabilities of Uganda (NUWODU). Meeting was attended by four (4) officers and was intended to identify areas of joint action and advocacy. Ms. Beatrice Guzu, Director of NUWODU was happy to learn that |

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the two organisations pursued related objectives and expressed greater need for cooperation on issues of similar concern for greater impact.

- 16/2/2011 Meeting with Martin Babu; NUDIPU, for activity follow up.
- 17/2/2011 Meeting of the Project team at ACFA Uganda Headquarters in Kiteezi – Bbamba to evaluate the activities and forge a way forward.
- 18/2/2011 Meeting Bongole Rose; Senior Physiotherapist, Disability section; Ministry of Health. Meeting was attended by four people, at the Ministry of Health, Section of Disability Prevention and Rehabilitation. This meeting aimed at laying possible strategies through which the Disability Section would expand its focus to include lobbying and advocacy work for disability socio-economic and para-medical services, other than her current orthopaedic interests.
- 4/3/2011 Meeting with Balyahebwa Herbert, the Commissioner in-charge of Disability; Ministry of Gender, Labour and Social Development (MGLSD) at the Ministry. The Disability Section under this Ministry is responsible for policy formulation and guidelines on disability issues. The meeting was attended by five (5) officers from the Ministry and two from ACFA Uganda. Issues discussed included the disability policy environment and implementation with a specific focus on the challenges.
- 7/3/2011 Meeting held with Amoni Mulyowa, officer in charge of training; Young Empowered And Health (Y.E.A.H). Meeting was attended by four (4) officers and sought to lay strategies for inclusion of interests of PWDs in the YEAH programme activities. Y.E.A.H is a multi-channel communication campaign for young people that combine mass media, person-to-person, and community media to stimulate a national movement against transactional sex. It is an initiative by Communication for Development Foundation in Uganda (CDFU)
- 8/3/2011 Meeting with Dr. Peter; Head of Programmes, at Reproductive Health Uganda (RHU). Meeting had intended to establish strategies through which RHU meets the health interests of persons with disabilities. It later came out that RHU though being the main reproductive health service provider in the country, did not target the reproductive health needs of persons with disabilities. There had once been a project on sexual minorities but this did not include PWDs either. No concrete action point was drawn

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between ACFA Uganda and RHU as the later demanded some more time to follow up on the authenticity and prior activities of the former before they would get into a formal working relationship.

11/3/2011 Meeting with Ndagire Florence, Policy Analyst, at the Uganda Society for Disabled Children (USDC). The intention of the meeting was to enable the two organisations to analyze policies for gaps that have undermined the accessibility of reproductive health services for persons with disabilities.

22/3/2011 Meeting with Dr. Wanyana, Commissioner in charge of Sexual Reproductive Health; Ministry of Health. Dr. Wanyana is in charge of Community Health in the ministry of Health. The meeting intended to establish the extent to which the reproductive health services met the needs of clients with disabilities. This meeting resulted into a joint development of a proposal where ACFA Uganda and the Ministry of health would carry out programme activities to specifically target the reproductive health needs of persons with disabilities, and to train reproductive health service providers on how to handle clients with disabilities.

23/3/2011 Meeting with Kamya Julious, Secretary; National Council for Disability (NCD). The NCD is a governmental department responsible for monitoring all programme activities in the country for the inclusion of interests for persons with disabilities. The meeting highlighted the context of accessibility of public services to persons with disabilities analyzing the challenges involved.

1st/4/2011 Meeting with Kimuda Alice; Ministry of Gender, Labour and Social Development. The meeting had been meant to identify some of the draft social policy bills and to establish how much they offer for persons with disabilities, and to make contributions to the same.

18/4/2011 Meeting with Director of Sexual Reproductive Healthy; Ministry of Health. This meeting was meant to further discuss the joint proposal developed by ACFA Uganda and the Ministry of health.

20/6/2011 Meeting with the District Inspector of Health services, at Wakiso district Headquarters. This meeting included ACFA Uganda staff and the office of the District inspector of health services at Wakiso District headquarters. The objective was to establish the

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extent to which the reproductive health services in the district responded to the needs and interests of persons with disabilities, and thereafter lay strategies to address the gaps.

11/7/2011 Meeting with the District Health Team (DHT) AT Wakiso district headquarters. This is the District health planning team for the Health Department within Wakiso District. The team consists of about 45 heads of Health Institutions and departments. The aim of the meeting was to communicate the reproductive health needs and interests of persons with disabilities for their inclusion in the district health programmes.

20th/7/2011 Press conference with different media groups. The objective of this sought to communicate the sexual and reproductive health needs and interests of persons with disabilities, exposing the inadequacy of current programmes and to call upon stakeholders to take immediate action as sexual and reproductive health services to PWDs was not only a matter of necessity, but an issue of human right. The media would also further play down the attitude that had for long regarded PWDs as asexual.

24th/8/2011 Stakeholders' workshop at Kabanyolo. This meeting was attended by 35 participants that included Person with Disability fraternity, Legislators, Sexual reproductive health experts, the project beneficiaries, among others. The objectives for this training included: sharing experiences and best practices on making SRH accessible for PWDs; Exploring challenges and opportunities on how SRH could be made accessible for PWDs; and Exploring the role of government and what partners could do to promote access to SRH for PWDs.

10th/9/2011 Meeting with Members of Parliament representing PWDs and Disabled people's organisation, and the social services committee of parliament. This meeting was attended by about 35 stakeholders drawn from different sections to put together their expertise and experiences in drawing a checklist for Ministries and government departments for the indicators of inclusiveness of their services for persons with disabilities.

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Overview of accomplishments: Please describe the accomplishments of the project objectives.

Results: Please describe the impact of your advocacy activities in bringing about expected outcome.

The project implemented a survey that culminated into a research brief which highlights the challenges facing PWDs in accessing Sexual reproductive health services, and the proposed recommendations. This is especially handy for the legislators to think through the concern that PWDs still face such marginalisation despite the existence of specially enacted provisions/Acts.

The project resulted into a concerted effort by the disability fraternity, members of parliament representing PWDs, and the entire social service committee of parliament; to develop a checklist that would be used to evaluate current and future programming for accessibility and inclusion.

The project has been awake up call to many sexual reproductive health service providers, many of whom have expressed interest in adjusting existing programmes, while others have preferred to collaboratively implement specially targeted programmes for PWDs. For example, the ministry of health has jointly developed a proposal to implement sexual reproductive health activities for PWDs and to enhance the health workers awareness of the needs of PWDs. Though ACFA Uganda is yet to identify funding for these activities, at least there is some degree of willingness and commitment to that end.

Unexpected developments, issues, results and changes: Please report any unexpected developments, issues and results that have arisen when implementing activities. If these events have caused you to change your activities please report how and why they changed

The project started with an intention of analyzing the available legal documents and provisions about PWDs in order to come up with policy briefs that would highlight the gaps. However, further action into the project activities identified many specific Acts and provisions for persons with disabilities already in place, and some policy briefs highlighting potential areas of concerns had been crafted. Unfortunately, the challenge of inaccessible SRHR remained for people with disabilities, the specially adopted Acts and provisions notwithstanding. With such a disturbing question in mind, the project adjusted accordingly and sought to understand the degree, nature and cause of the challenge in order to come up with practical recommendations to the stakeholders in form of a Survey Report Brief.

The increased inflation rates affected the planned project budget which in turn had an impact on the

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project activities. For example, the project had expected to conduct at least two stakeholder workshops to share views on issues relevant to the sexual reproductive health and rights for persons with disabilities. Unfortunately, the planned budget could only facilitate activities for one workshop.

Challenges: Roadblocks and barriers and actions to overcome problems encountered

The project faced a few challenges some of which had been anticipated:

In the first place, particular agencies conceived as relevant stakeholders would not readily give audience to the project personnel. This was mainly a result of the unfavourable attitudes towards PWDs who had hitherto been regarded asexual. Incidentally, our project coordinator Mr. Kasule Ronald; is a person with disability who moves around in a wheelchair. His confident articulations about the project objectives and activities did not only interest stakeholders, but left many of them in disbelief. A case in point is Dr. Peter, the Head of Programmes at Reproductive Health Uganda (RHU) who did not believe Mr. Kasule Ronald until the former contacted IPPF. This only demonstrates the fact that in many advocacy projects for PWD, the beneficiaries (PWDs) would be represented by able-bodied counterparts which does very little in breaking the (status quo) stigma.

Another challenge was to do with the high inflation rates. According to the Uganda Bureau of Statistics (UBOS), the headline inflation rate rose to 18.7 percent from a revised 15.7 percent in June. The monthly headline index jumped 2.2 percent in July compared with 0.1 percent a month earlier. This was the highest (inflation rate) since February 1993, when it was 24.9 percent. The UBOS report said the rise was due to the escalating food prices as a result of increased transport and reduced supplies to the market. Prices of petrol and diesel went up in most centres thereby leading to increased costs of commodities and facilities. This drastically challenged the project budget and hence affected the number and scope of some project activities as a strategy to cope with the condition.

It was also a challenge that the project budget did not provide enough opportunity for some activities to be pursued further. In addition, more time was also necessary to facilitate the development of collaborative programmes/projects with relevant mainstream service providers. Some stakeholders still requested for some more time while discussing with a number of their relevant staff, but neither this would be within limits of the project in terms of the budget and time. In all, greater impact could have been realised if the project had been meant for at least two years.

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Lessons learned: Please describe any lessons learned about undertaking advocacy that you will incorporate into future advocacy work.

The success of this project has brought to bare many important lessons for us and many other stakeholders:

We have learnt that some relevant service providers could be willing and ready to adapt their services to the needs of PWDs, but sometimes they lack adequate knowledge and guidance on how to proceed:

Young Empowered And Health (Y.E.A.H) is a multi-channel communication campaign for young people that combines mass media, person-to-person, and community media to stimulate a national movement against transactional sex. Until then, it had never considered the implication of the campaign goals, objectives, and activities for persons with disabilities. However, when our project approached them, they regretted the oversight and promised to work together in order to incorporate the interests of PWDs in both, their activities and in adjusting their training manuals and materials to reflect sensitivity to disability-reproductive health interests.

The Ministry of Health; department of community health, is responsible for sexual reproductive health in communities. However, according to Dr. Wannyan; the commissioner in-charge, PWDs had not been deliberately targeted partly because some planners did not consider them as sexually active, and partly because many health service providers did not know how to handle clients with particular disabilities. Though ACFA Uganda has not secured funding to implement the proposed activities, but at least there was a degree of willingness and commitment to take up the challenge, when the ministry jointly developed the proposal to implement sexual reproductive health activities for PWDs and health workers in Wakiso district.

There is also a lesson that much greater impact/results can be achieved if project beneficiaries were empowered to take on effective roles during the project activity implementation. In most places that our project coordinator reached and discussed the project goal and objectives, many people would quickly appreciate and regret the omission, while quite a few could not readily believe the feasibility of the project (since they had regarded PWDs asexual). However, in such circumstances, it helps for PWDs to come up and challenge the allegation by pressing demand for the services.

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Plans for Dissemination: How do you plan to share your accomplishments and results and with who?

In the first place, the findings of the survey that we carried out to understand the degree, nature and cause of the challenges that PWDs faced in accessing SRH will be shared with all the relevant stakeholders, where individual agencies/departments and/or individuals will have a copy to help them appreciate the challenges and take note of the recommendations.

ACFA Uganda is currently working on updating the website; we expect to upload all the important information about the project for easy access by all stakeholders who may need it for continued advocacy.

We have already developed a group e-mail to serve as a communication platform, to help foster mutual support, guidance and advice among stakeholders; with the aim of establishing collective effort towards lobbying and advocating for the sexual reproductive health interests of persons with disabilities. We hope this will be a very important dissemination channel of crucial information not only to advocate individuals and agencies but also to mainstream reproductive health service providers and policy makers who will be interested to join the platform with time.

Project sustainability/expectations: Describe your expectations for replication, scaling up and lasting impact of the project's results to date.

The implementation of this project has enabled the project team to acquaint it self with the nature of challenges facing persons with disabilities in accessing sexual reproductive health services. ACFA Uganda is now mobilising resources to scale up the project achievements registered. The opportunity is that most stakeholders have now appreciated the need for sexual reproductive health services for PWDs, what is most urgent now is for ACFA Uganda to secure resources to follow up on the activities and plans agreed upon by stakeholders. This would also enable her to play her assigned role where the memoranda of understanding are adopted.

The most important aim is to build capacity to work in close collaboration with the relevant mainstream service providers for the integration of PWDs' needs and interests since sustainability of such services is most expected in that direction. How specialised programmes are equally important not only for purposes of supplementing mainstream programmes, but also for such community programmes to learn from.

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SECTION 4: Budget Information

Please provide a detailed expenditure against budget for the project in local currency and convert the total to US\$ as outlined in the project proposal.

In addition please complete the two tables below.

REPORT PERIOD: Month/Year to Month/Year

	Local Currency UGX	USD
SUMMARY		
Total Budget approved (local currency) for year 1	23520,000.00	
Exchange rate (Budget rate)	2,000.00	
Total Budget approved (USD) for year 1	11760.00	
Total Funding received (local currency) for year 1	20,070,000.00	
Exchange rate (Actual rate)	2,230.00	
Total Funding received (USD) for year 1	9,000.00	
Date funding received	29 th /10/2010	
Total expenditure to date (local currency)	26,075,000.00	
Exchange rate (Actual rate)	2230.00	
Total expenditure to date (USD)	11693.00	
% of year 1 budget implemented	100%	
Balance of funds on hand or required (local currency)	2,000,000.00	
Balance of funds on hand or required (USD)	1,000.00	

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Where funds have been received and kept in a US dollar bank account please provide the average exchange rate used to convert expenditure. In this situation it is not necessary to report funding received in local currency. The balance of funds reported will be US dollars only.

An example budget is shown below, to indicate the level of detail we require. Please modify the specific line items as needed to match the content of your specific approved project which was attached to the funding agreement.

Where a budget line variance is greater or less than 15% of the total budget a short explanation should be attached to provide justification.

Budget Line Description	Total Budget	Actual Expenditure	Variance %	Variance Ref
A. Administration Costs	1, 311,240	5,596,800		
Office Rent (2500,000.00)				
Electricity (207,000.00)			4,285,560	1
Telephone/Internet (1,225,000.00)				
Stationary (531,000.00)				
Printing (11,800.00)				
Slashing & Cleaning (155,000.00)				
System maintenance (817,000.00)				
Transport (150,000.00)				

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Activity 1:				
Analyze existing policies for gaps and make policy briefs	5600,000	9,031,300	3,431,300	2
Activity 2:				
Mobilize and influence key policy makers and relevant community and local leaders to take action	11,600,000	8,871,000	2,729,000	3
Meeting Expenses	2,944,000	1,052,900	1,891,100	4
Sub-total	21,455,240	24,552,000		
Reports	1,000,000	1,000,000	0.00	
Auditing	1,000,000	500,000	500,000	5
Bank Charges	200,000	23,000	177,000	6
Sub-total	2,200,000	1,523,000		
Total project expenditure		26,075,000		
Overheads (10%) –applied to total project expenditure*		P’s see see Admin costs above (5,596,800)		
TOTAL LOCAL CURRENCY		26,075,000		
EXCHANGE RATE USED		2230		

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TOTAL US\$		11693		

* Please note that overheads cover all administrative costs associated with the project, therefore these must not appear within other expenditure lines. The actual claimed is 10% of column D expenditure and not column C, budgeted expenditure

Variance Explanations:

Ref	Explanation
1	The high inflation caused a corresponding rise in the costs of commodities and services, hence the rise in the project administration. The project team for example found it sometimes cheaper to use teleconferencing, group mailing and other ICT innovations than constant physical contact. The resulted into variance in terms of the projected budget and the actual budget expenditure.
2	A change in the direction of this activity had an implication on the projected budget. This, coupled with the unexpected increase in commodity costs affected the activity budget and hence the variance.
3.	We had expected to organize at least 2 workshops to bring together partners to discuss pertinent issues concerning the provision of sexual reproductive health services to Persons with Disabilities. However, the project team had to plan to organise 1 strategic workshop amidst the financial crisis, and committee the remaining funds to some other equally important activities. This explains the variance in the projected budget against the actual expenditure.
4.	The physical contact meetings were reduced to a minimum and the project team adopted the innovative ICTs as coping strategies in face of the rising economic crisis.
5.	Contacted many auditing companies and chose the less costly company to audit the project accounts.
6.	The project team strategically used the banking services and saved some funds that were used on other project activities.

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