

NATIONAL ACTION PLAN FOR CHILDREN WITH DISABILITIES 2016/17-2020/21

MINISTRY OF GENDER, LABOUR AND
SOCIAL DEVELOPMENT



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Fostering holistic inclusion and rights of Children
with Disabilities in Uganda



FOREWORD

Children with disabilities still remain a subject of various forms of discrimination due to multiple factors which include but not limited to negative community attitudes towards disability, the superstitions that surround disability, negative cultural and social norms associated with disability and lack of awareness about the rights of children with disabilities.



The Research Study on the Situation of children with disabilities in Uganda conducted by UNICEF and the Ministry of Gender, Labour and Social Development found out that children with disabilities face multiple challenges ranging from participation, limited performance of duty bearers, limited enforcement of legal and policy frameworks and gross negative societal norms towards children with disabilities. Such barriers require various interventions to ensure that children with disabilities live in a supportive environment. However, the research also found out that interventions towards improving the lives of children with disabilities were fragmented and lacked clear coordination for effective measurement of results.

Consequently, the Ministry has developed the National Action Plan on Children with Disabilities to harmonize interventions and improve the National responses towards issues of children with disabilities in Uganda. The National Action Plan has been developed in a consultative manner through consultations of stakeholder from National to village level to collect views on all stakeholders who impact on the lives of children with disabilities. All these views have informed the National Action Plan.

I therefore call upon all stakeholders to implement the interventions therein the plan especially by mainstreaming aspects of children with disabilities in their general programming.

Janat . B. Mukwaya (Hajat)

Minister of Gender, Labour and Social Development.

ACKNOWLEDGEMENTS

The Ministry of Gender, Labour and Social Development immensely commends all the stakeholders who have made the development of the National Action Plan for Children with Disabilities (NAP-CWDs) possible. The process was spearheaded by the Technical Working Group providing overall advisory role. The TWG comprised of fourteen member team included comprised of MGLSD, Equal Opportunities Commission, Uganda Police and specifically Family and Child Protection Unit, Uganda Society of Disabled Children (USDC); Cheshire Services Uganda (CSU); Special Needs Education Department in the Ministry of Education, Science, Technology and Sports (MESTS); Ministry of Health (MoH), Kyambogo University, UNICEF; the NAP-CWDs consultant. MGLSD warmly appreciates your respective commitment and indispensable input.



Development of the NAP-CWDs has been a long and participatory process, involving extensive review of Government Policy and Legal documents on child protection and disability, programme documents of government ministries, civil society organizations (CSOs), UN agencies, and other stakeholders implementing interventions as well as published and grey literature on Childhood disability.

Consultations were made with the directors of: Action on Disability and Development (ADD); Caritas Uganda; Cheshire Services Uganda; CoRSU; Cure Children's Hospital; Larche Uganda; NUDIPU; Plan International; UPPID and; World Vision who immensely input the NAP-CWDs. Further consultations in the districts of: Adjumani, Amudat, Bulambuli, Jinja, Kasese, Kayunga, Lamwo, Lira, Masaka, Mbarara, Napak, Ngora and, Zombo. National and regional stakeholders' consultative meetings were also undertaken. Further recognition is the technical support given by the Consultant Mr Anthony Oleja Enyogu who tirelessly worked to execute core activities in the development of the NAP-CWDs.

Lastly, we are highly indebted to UNICEF Uganda Country Office that provided the enormous financial and technical support during this process.


Pius Bigirimana
Permanent Secretary

MESSAGE FROM THE COUNTRY REPRESENTATIVE, UNICEF UGANDA

Children with disabilities have rights like all other children and have similar needs like the rest. Children with disabilities also have hopes and dreams. When given a chance, these children can overcome barriers to their inclusion and can be valuable to their communities. However, often times, they are left out!



In Uganda, children with disabilities are marginalized in their communities. They continue to face widespread stigma and discrimination which leads to rejection, neglect and denial of access to basic rights. They are sometimes subjected to physical and sexual abuse. Certain communities still believe that children with disabilities are a curse and therefore need to be eliminated, while some parents lock up these children, deny them food and education.

According to research, Uganda has about 2.5 million children with some form of disability. Of these, only about 9 per cent of the school going age, attend primary school and only 6 per cent transit to secondary level. This clearly indicates that the dropout rate is high due to a number of reasons ranging from limited number of inclusion schools that facilitate learning of children with disabilities, inadequate number of teachers that support children with special needs, inadequate budget resource allocation and limited attention paid to the specific needs and rights of children with disabilities. Further still, the Child Poverty Report 2014 also indicates that about 17 per cent of children aged 13-17 said their disability was the main reason they had never attended school.

UNICEF focuses on reaching the most deprived and marginalized children. Important to mention too is, we are committed to ensuring special protection of the most disadvantaged children, including children with disabilities, upholding their human rights in line with the UN Convention on the Rights of the Child (CRC) and the Convention on the Rights of Persons with Disabilities (CRPD).

Inclusion of children with disabilities in society is very possible but requires a collective effort starting from changing the negative perceptions around these children; understanding that they too enjoy the same rights as other children, as well prioritizing their issues by policy makers.

UNICEF commends the Government of Uganda for ratifying both the CRC in 1990 and CRPD and its optional protocol without any reservation in 2008. And further more putting in place today a national intervention framework or action plan to address gaps and challenges children with disabilities go through. This we believe is one way of making the rights of children with disabilities a reality.

UNICEF is committed to collaborating with the Government and other partners to implement and account for the implementation of the National Action Plan for Children with Disabilities as we strive to improve the lives of children with disabilities so they can grow, thrive and fulfil their potential.

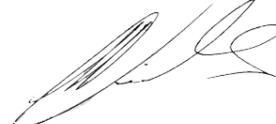

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GLOSSARY OF DEFINITIONS

- 1 ACTIVITIES OF DAILY LIVING (ADL)**

These are routine activities that other people do every day without needing assistance. There are six basic ADLs: eating, bathing, dressing, toileting, transferring (walking) and continence.
- 2 CHILD**

Anybody below the age of 18 years
- 3 CHILDHOOD DISABILITY ACTORS**

These are persons who work with Children with Disabilities in order to improve their life situations. They include: community workers, rights' activities, health workers, educationists, caretakers, guardians, rehabilitation workers and other government/ CSO employees;
- 4 CHILDREN WITH DISABILITIES**

These are persons below the age of 18 years who live with some form of disability.
- 5 COMMUNITY BASED REHABILITATION**

A strategy within community development for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of PWDs. It is a strategy that supports the full participation and inclusion of persons with disabilities in the life and development of their communities. CBR as a strategy involves working closely with persons with disabilities, their families and communities to overcome physical and social barriers within their communities through a holistic approach to a person and their environment in the areas of health, education, livelihood, social inclusion, skills development and empowerment .
- 6 DISABILITY**

The National Policy on Disability in Uganda – 2006 defines Disability as a permanent and substantial functional limitation of daily life activities. This is caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation.
- 7 IMPAIRMENT**

This is a loss or abnormality of physiology or of an anatomical structure. This can be likened, in the medical model, to aetiology, eg long eyeball
- 8 DISABILITY INCLUSION**

This is to ensure that PWDs participate and benefit from social and public activities appropriate for their age, gender, community, settings and others that their peers (without disabilities) participate in. This involves more than simply encouraging people; it requires making sure that adequate policies and practices are in effect in a community, institution or organization.
- 9 INCLUSIVE EDUCATION**

Is a disability responsive initiative where barriers to attendance and learning are minimised

through effective planning for and implementation of school activities with CWDs. In this, all learners are welcomed and attend mainstream schools in: age-appropriate, regular classes and are supported to learn, contribute and participate in all aspects of the life of the school. Inclusive education is about how we develop and design our schools, classrooms, programmes and activities so that all learners learn and participate together.

- 10 PARTICIPATION**

A process in which CWDs become actively involved in identifying and solving problems they find in their lives to improve their wellbeing and that of other CWDs. Participation is aimed at making CWDs part of the process of protecting their rights. Participation is a process rather than an event, with varying degrees of involvement from being consulted on a predetermined issue to young people choosing their agenda, making their own decisions and taking them forward
- 11 PRIVATE SECTOR PLAYERS**

These are entities (both formal and informal) that are founded by individual(s) for profit generation. These include: Banks, markets, private education and health settings, service institutions and suppliers among others. These contribute to the wellbeing of CWDs through: providing subsidised goods and services; impairment-specific goods and services and; general response to the disability cause through their Corporate Social Responsibility (CSR) initiatives.
- 12 REASONABLE ACCOMMODATION** is any change to a job, the environment, or the way things are usually done that allows an individual with a disability to enjoy equal access to benefits available to other individuals at a service point.

ABBREVIATIONS AND ACRONYMS

ACPF	African Child Policy Forum
AIDs	Acquired Immune Deficiency Syndrome
AUSAID	Australian Agency for International Development
CAN	Community Based Rehabilitation Africa Network
CB-DOTs	Community Based Directly Observed Treatments
CBR	Community Based Rehabilitation
CDO	Community Development Officer
COMBRA	Community Based Rehabilitation Alliance
CORSU	Comprehensive Rehabilitation Services Uganda
CPD	Continuous Professional Development
CRC	Convention on the Rights of the Child
CRPD	Convention on the Rights of Persons with Disabilities
CSO	Civil Society Organisation
CSR	Corporate Social Responsibility
CSU	Cheshire Services Uganda
CWDs	Children with Disabilities
DANIDA	Danish International Development Agency
DCD	District Council for Disability
DEO	District Education Officer
DES	Directorate of Education Standards (attached to MESTS)
DFID	Department for International Development (also called UK-AID)
DLGs	District Local Governments
DMIS	Disability Management Information System
DPOs	Disabled Persons Organisations
DSC	District Service Commission
EARS	Education Assessment and Resource Services (DANIDA supported Programme)
EOC	Equal Opportunities Commission
ESC	Education Service Commission
EU	European Union
FBO	Faith Based Organisation
GoU	Government of Uganda
HIV	Human Immune Virus
HSC	Health Service Commission
HSSP	Health Sector Strategic Plan
ICT	Information and Communication Technology
ILO	International Labour Organisation
ISP	Individual support planning/ programming
KPIs	Key performance Indicators
M&E	Monitoring and Evaluation
MCIT	Ministry of Communication and Information Technology
MDAs	Ministries, Departments and Agencies
MDGs	Millennium Development Goals

MESTS	Ministry of Education, Science, Technology and Sports
MFPEd	Ministry of Finance, Planning and Economic Development
MGLSD	Ministry of Gender, Labour and Social Development
MIA	Ministry of Internal Affairs
MLG	Ministry of Local Government
MoH	Ministry of Health
MoJCA	Ministry of Justice and Constitutional Affairs
MoWTC	Ministry of Water, Transport and Communications
MPS	Ministry of Public Service
NAD	Norwegian Association of Disabled
NAP	National Action Plan
NAP-CWDs	National Action Plan for Children with Disabilities
NAPE	National Assessment of Progress in Education
NCC	National Council for Children
NCD	National Council for Disability
NCDC	National Curriculum Development Centre
NDP	National Development Plan
NGO	Non-Government Organisation
NPA	National Planning Authority
OAU	Organisation of African Unity
OVC	Orphans and vulnerable children
OVCCs	Orphans and other Vulnerable Children Committees
PPP	Public-Private Partnership
PSC	Public Service Commission
PWDs	Persons with Disabilities
RTI	Research Triangle Institute International
SDGs	Sustainable Development Goals
SDIP	Social Development Sector Strategic Investment Plan
SNE	Special Needs Education
SNIE	Special Needs and Inclusive Education
UBOS	Uganda Bureau of Statistics
UCC	Uganda Communications Commission
UDHS	Uganda Demographic and Health Survey
UHRC	Uganda Human Rights Commission
UN	United Nations
UNAB	Uganda National Association of the Blind
UNAD	Uganda National Association of the Deaf
UNDESA	United Nations Department of Economic and Social Affairs
UNEB	Uganda National Examinations Board
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNHS	Uganda National Household Survey
UNICEF	United Nations Children Fund
UNMHCP	Uganda National Minimum Health Care package
UPPID	Uganda Parents of Children with Intellectual Disabilities
USAID	United States Agency for International Development
USDC	Uganda Society of Disabled Children
CLHWs	Community Level Health Workers
WHO	World Health Organisation

EXECUTIVE SUMMARY

Introduction & rationale

Disability and children are high on both the Global and national Development agenda. The Sustainable Development Goals (SDGs); National Development Plan (NDP II) 2015/16 – 2019/20 and; the Social Development Sector Plan (SDSP1) 2015/16 – 2019/20 among others make mention of disability and child support.

Children with disabilities (CWDs) are among the most neglected groups in the policy domain as well as in the private sphere. The majority of these children face enormous economic, political, and social barriers that have an adverse impact on their physical, social and intellectual development and wellbeing. Many of them do not have access to the most basic

needs such as health services and education, experience multiple deprivations even within their family and are invisible in national policy agenda. The African Child Policy Forum (ACPF) believes that revealing the realities and drawing attention to the life situation of CWDs is the first step to lay the foundation for the establishment of sound policies, strategic plans and effective services and support to CWDs in Africa (ACPF 2011; WHO, 2014; CAN 2015).

A study conducted on the situation of CWDs in Uganda by UNICEF and Ministry of Gender, Labour and Social Development (MGLSD) in 2014 indicated that, although the Uganda regulatory framework mostly domesticates the CRPD and CRC, there is need to clarify the measures to be taken and the responsibility of government institutions to realise the rights of CWDs. The protection mechanism of the rights of CWDs is also weak and existing laws and policies are not enforced to their full potential. Lack of coordination between national and local government institutions has led to uncoordinated responses to CWDs which led to the fragmentation of programmes geared towards addressing the needs of CWDs. The report also identified limited participation of various stakeholders who impact on the lives of CWDs including children themselves. It

was also identified that huge gaps in knowledge, understanding and capacities of stakeholders, duty bearers and organisations working with CWDs were eminent which implied that the quality of services offered was compromised.

The report further identified negative societal attitudes present in the communities mainly associated with the traditional perceptions about disability. This has led to stigmatizing attitudes towards PWDs/CWDs consequently leading to rejection, neglect and denial of access to basic services. This in turn leads to marginalization of CWDs and their households within the community.

The development of the National Action Plan is to encourage government and other children's rights actors to adequately plan for and respond to the holistic needs and aspirations of CWDs in Uganda. It provides for mechanisms of holistic inclusion and participation, stakeholders' responsiveness, rights promotion, and, prevention, reduction and management of childhood disabilities among others. This National Action Plan therefore seeks to address the gaps in the past childhood disability response efforts and consolidate new developments and other emerging concerns on childhood disability in a comprehensive action framework.

Methodology

A highly consultative and participatory process with the guidance of a Technical Working Group (TWG) was implored in the development of the National Action Plan for Children with Disabilities (NAP-CWDs). This involved: reviewing related literature; consultations with an array of stakeholders in 12 districts in all the regions; consultations with Civil Society Organisations (CSOs) and; regional consultations for all the districts of Uganda.

Strategic and action areas

This plan is premised on the recommendations of the Research recommendations on the Situation of CWDs. A summary of the recommendation indicates that there is uncoordinated and limited services for CWDs, limited enforcement of the legal and policy framework, limited participation of stakeholders especially children in development processes and limited capacity of stakeholders and duty bearers to respond to issues affecting CWDs among other issues. The plan therefore addresses the key bottlenecks to ensure that CWDs enjoy their rights and fulfill their full potentials.

Guided by the principles of: Child protection, Inclusion and participation, Non-discrimination, the best interest of the child, Reasonable accommodation and, Coordination, Strong partnerships and linkages; the objectives of the NAP-CWDs are: to improve national performance and response towards CWDs; to improve participation of stakeholders in all development spheres on issues concerning CWDs; to enhance coordination and networking of stakeholders and; to develop and enforce legislative and policy environment for holistic inclusion of CWDs.

Implementation, Monitoring and Evaluation

Overall implementation of the NAP-CWDs will involve multiple stakeholders involving government, development partners and civil society organizations. The NAP-CWDS is a broad and comprehensive national framework designed to address the various childhood disability issues in Uganda. The NAP proposes establishment of a coordination unit as a mechanism for implementation, monitoring and evaluating progress.

The Ministry of Gender, Labour and Social Development (MGLSD) will be the overall coordinator of the NAP. All local governments and other partners implementing the NAP-CWDs will feed information to the Department of Disability and Elderly Affairs – Specifically the Coordination secretariat who will compile quarterly performance reports on the NAP-CWDs. The performance reports will entail a list of Key performance Indicators (KPIs), their definitions and targets. The performance report with the constituent KPIs will be shared with all the stakeholders and in-part form the Annual Disability report to be shared during the International Day for Persons with Disabilities (IDD) and the Annual Disability Symposia.

Costing and Financial Framework

Implementation of the NAP-CWDs is estimated to cost UGX 146,383,496,100.0 (One hundred forty six billion, three hundred eighty three million, four hundred and ninety six thousand and one hundred shillings only) over a period of five years. 35% of the budget shall be funded by Government of Uganda under disability-related budget-lines to MDAs, 5% will be funded by the local governments through local revenue; 10% of the budget will be funded by the private sector through her various initiatives – including but not limited to Corporate Social Responsibility (CSR) and; 50% will be funded by the development partners.

Financing of the implementation of the NAP-CWDs is expected from the GOU national budget allocations, local revenues from districts and development partners.

CHAPTER ONE: INTRODUCTION & BACKGROUND

1.0 Introduction

The Ministry of Gender, Labour and Social Development in collaboration with UNICEF undertook a Research Study to establish the situation of Children with Disabilities (CWDs) in Uganda (2014). This study indicated that there was limited capacity of stakeholders and duty bearers to respond to issues affecting CWDs; limited participation of stakeholders especially children in development processes; uncoordinated and minimal services to CWDs and; low enforcement of the legal and policy frameworks and, among others. This resonates the already decried dismal plight of Persons with Disabilities (PWDs) more so the children.

The National Action Plan for Children

with Disabilities (NAP-CWDs) therefore, responds to the needs of CWDs by addressing the key bottle neck issues relating to sustainable response. The plan also intends to establish a National Partnership on CWDs to ensure harmonization of interventions towards CWDs.

The process of developing the National Action Plan on CWDs was highly consultative involving key line Ministries, training Institutions beneficiaries and all key partners in the area of disability and issues generated were used to develop this plan. In order to incorporate all the issues of various sectors, the NAP-CWDs is organised in six chapters that give details on: the action areas, implementation strategy, Monitoring and evaluation and costing.

1.1 Disability

The definition of disability is an evolving concept. The National Policy on Disability in Uganda (2006) defines Disability as a permanent and substantial functional limitation of daily life activities caused by physical, mental or sensory impairment and environmental barriers resulting in limited participation.

By recognizing that disability is the result of the interaction between impairment and external barriers, the Policy recognises the significant paradigm shift away from the medical/charitable models, to understanding disability as a social phenomenon. This is in line with the social model of

disability which has increased awareness that environmental barriers to participation are major causes of disability' UNESCO, ILO & WHO (2004; Page 3) and the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) which is the most recent human rights Instrument, defining disability as,

'The interaction between persons with impairments with attitudinal and environmental barriers that hinder full and effective participation in society on an equal basis with others'

The International Classification of Functioning, Disability and Health (ICF) includes body structure and function, but also focuses on 'activities' and 'participation' from both the individual and the societal perspective.

The five environmental factors that can limit activities or restrict participation classified by ICF include: products and technology, natural environment and human-made changes to it, support and relationships, attitudes, and services, systems and policies. No nation has eliminated all of the environmental barriers that contribute to disability.

Persons with Disabilities (PWDs) include: those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with other (Handicap International, 2010).

1.2 Situation Analysis

1.2.1 The Global Context on Disability and child disabilities

More than one billion people in the world live with some form of disability, of who nearly 200 million experience considerable difficulties in functioning. In the years ahead, disability will be an even greater concern because its prevalence is on the rise. This is due to the ever increasing global conflicts and increase in chronic health conditions (WHO, 2012)

By 2013, an estimated 93 to 150 million children lived with a disability globally (UNICEF 2013). The WHO estimates that disability prevalence varies from 0.4 to 12.7% depending on the assessment tool used. It is also generally considered that disability is more present in low and middle income countries especially in Africa with over 80% disability prevalence.

1.2.2 National Context on Childhood Disability

DEMOGRAPHY

According to the Uganda National Household Survey (UNHS) Report 2009/10, 16.2% of Ugandans have a disability. This nearly correlates with the World Health Organisation Report of 2010 which puts the global disability prevalence rate at 15%. However, the Uganda National Population and Housing Census 2014 states a much more lower disability prevalence of 'close to' 14 per cent (UBOS, 2016).

The UNHS 2009/10 takes cognizance of the regional disability statistics as follows: Kampala – 11.02%; Central – 14.74%, Northern – 16.41% and; Western – 15.87%. These regional differences have been factored-in the calculated estimates (UNHS, 2009/10).

The Uganda National Household Survey (UNHS) 2009/2010 reports that 10.2% of the children aged between 5-19 years live with some form of disability. This is as summarised in Table 1 below.

Difficulty by age (years)	Degree of difficulty (%)		
	No Difficulty	With Difficulty	Total
5-9	88.1	11.9	100
10-14	91.1	8.9	100
15-19	90.2	9.8	100
Average totals: 5-19	89.8	10.2	100.0

Based on the above table and the 2014 Uganda National Housing and Population Census results that put the total population of all children aged 18 years and below at 19,874,000 (57.2% of the total country population), Considering the estimate of 5.82% of Uganda population is being Children with Disabilities, of the 2,027,148 CWDs, 1,052,660 are males while 974,488 are females.

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

SOCIAL NORMS OF CHILDHOOD DISABILITY

In Uganda, as elsewhere in many of the African societies, childhood disability and disability in general is conceived with negative connotations. The Research Study on the Situation of CWDs in Uganda (2014) revealed that society perceives CWDs

as a curse and families that bear such children are probably being punished for misdeeds they would have committed. Such negative societal perceptions have led to stigmatisation which in turn limits access to services. Families with CWDs at times hide CWDs to limit the stigmatisation that they are likely to face (UNICEF 2014).

CHILDHOOD DISABILITY AND POVERTY

Disability and poverty are interlinked. Disability is both a cause and consequence of poverty. Households with CWDs, especially those with severe disabilities, face more burdens of care and support than households without CWDs. This is because the care and support of such children is quite expensive viewed as burdening especially in the area of rehabilitation, health care and education. This at most times leads to: neglect, abandonment and, starvation which violates the rights of these children. In the long run, this can usher in secondary impairments.

EDUCATION

There is low enrolment of CWDs in schools and the completion rate of these children is also still low. Only 9% of the 2 million CWDs are enrolled in primary school and of these 6% cross to secondary schools. The enrolment is also manifested in the gender disparities where more boys enrol than girls.

Further still, the nature of disability influences the enrolment of CWDs in schools. Children with visual impairments have a high enrolment rate followed by children with physical disabilities and hearing impairments. Children with mental and cognitive disabilities are less likely to enrol in school (MESTS 2011). The Ministry of Education promotes inclusive education in primary and secondary school but this initiative is hampered by the limited capacity to plan for and manage inclusion policy. This is manifested in the limited number of SNE teachers, non-inclusion of SNE in the teacher training curriculum, poor supply of scholastic materials, ill-funding and the poor motivation among others.

According to UBOS (2016), 55.6% of all PWDs (CWDs inclusive) in Uganda are found in poor rural households and they find it difficult to afford their immense needs. Many of these households cannot afford rehabilitative services for CWDs. USDC indicates that only 10% of CWDs receive rehabilitative services. Rehabilitative services are quite expensive and ordinary households in Uganda can barely afford them. CORSU, Katalamwa Cheshire Home, Our Mbarara, Cure Hospital, Mengo Hospital and, Buluba Hospital among others have been offering free and/or subsidised surgeries

to children under their programmes. However few children have benefited from these initiatives due to financial and other institutional barriers since most of the facilities are mission (Private Not for Profit) facilities. It should be noted that disability related care is expensive and majority of Ugandan households can hardly afford it. For example, while consulting CoRSU and Katakemwa Cheshire Home, it was discovered that on average, a single corrective surgery would go for One Thousand and five hundred United States dollars, an ordinary wheel chair would go for one hundred and fifty United States Dollars and, a pair of reading glasses would go for one hundred and fifty United States Dollars. Given the poverty situation, most families are not in position to afford such services since these costs are more than the annual income of some households.

COMMUNITY BASED REHABILITATION

Government of Uganda adopted Community Based Rehabilitation (CBR) in 1991 as the main strategy for delivery of services to persons with disabilities. The overall goal of the CBR program is to achieve full inclusion of persons with disabilities in the mainstream of society. This involves promotion of rights and undertaking rehabilitation measures at community levels that use and build on available local resources.

With support from NAD and a number of other partners' CBR programmes and projects have been implemented in a number of districts of Uganda. The current CBR programme focuses on creating awareness, building capacity of families and communities to prevent and manage disabilities especially among children, improving livelihoods of PWDs and their families, making appropriate referrals to education, health and social rehabilitation and, influencing legislations in favour of PWDs. Despite this, funding from Government only currently targets only 26 districts of Uganda.

The National Development Plan II 2015/16-2019/20 has earmarked the promotion of CBR and sustained implementation of social rehabilitation. However, there is need to specifically focus on direct interventions that benefit CWDs and to mainstream their issues across sectoral programmes and plans and this requires concerted effort of all stakeholders.

CHILD PARTICIPATION

CWDs seldom participate in key decisions and activities that enhance their lives. 90% of CWDs do not access or enjoy their rights to survival, development, protection and participation (USDC and NCC, 2011). Socio-cultural beliefs stigmatize and discriminate against CWDs, creating unequal opportunities for CWDs making them most susceptible to institutionalization, incarceration and un-identified and un-reported rights violations. CWDs seldom participate in social services such as education, health and community life. This is due to: limited physical access, poor policy and institutional mechanisms

to ensure inclusion and participation; poverty; capacity gaps among service providers and; the communication barriers.

Care and Protection

CWDs are very vulnerable and require special care and protection. Majority of the CWDs can easily adopt and learn to perform activities of daily living if identified early, assessed and trained which lessens the burden of care and support. Through CBR, parents can be taught how to manage their children's disabilities. Many children do not enjoy their rights. USDC recognises that over 90% of CWDs have their rights violated. The Uganda Police Family and Child Protection Unit (FCPU) acknowledge that: there are high sexual rights violations matted on especially girls with visual and hearing impairments; there are challenges in generating and proving evidences against perpetrators of such crimes; communication challenges – particularly in Uganda Sign Language (USL) and other forms of sign language and; the other common crimes against CWDs are: abduction and child trafficking, child abandonment, child denial, desertion and, domestic violence among others. It should be noted that all children – those with disabilities inclusive need some form of protection and response in order to have responsible and responsive adulthood.

1.3 Legal and Policy Framework

The Research Study on the Situation of CWDs in Uganda indicated that a lot of legal and policy frameworks in favour of CWDs which, among others, include the Constitution, The Persons with Disabilities Act 2006, The Children's Act, The National Policy on Disability and Guidelines on Disability, 2012. Despite all these legal and policy frameworks, enforcement and implementation of these provisions is still lacking and uncoordinated.

Uganda signed and ratified the CRPD in 2008 and its optional protocol without reservation demonstrating its commitment to serving Persons with Disabilities. Uganda is also a signatory to various conventions and treaties that entitle CWDs to fundamental human rights and freedoms. These provide a yardstick for implementation of programmes and response mechanisms and; have provisions of particular importance in the context of disability in Uganda. These among others include: The UN Convention on the Rights of a Child (CRC) and; the UN Convention on the rights of Persons with Disabilities (CRPD). Other conventions and protocol include:

- The African Charter on the rights and welfare of the African Child (OAU DOC. CAB/LEG/24. 9/49 (1990);
- Alma Ata Declaration 1978;
- International Labour Organisation (ILO) Convention No 159 1983;
- ILO Recommendation 168 on vocational rehabilitation and employment of PWDs, October 1991;

- World Programme of Action 1983;
- World Declaration on Education for All 1990;
- Vienna World Conference on Human Rights 1993;
- UN Standard Rules for Equalisation of Opportunities 1993;
- Salamanca Framework of action on Special Needs Education 1994 and;
- African Decade of PWDs 1999-2009.

1.3.1 National legal and policy framework

The Constitution of the Republic of Uganda (1995) under Article 35 recognizes the rights of persons with disabilities and provides the basis for the enactment of laws and development of policies that address their concerns. The Constitution provides for fair representation of marginalized groups on all constitutional and other bodies, recognition of the rights of PWDs to respect, human dignity, and promotion of the development of a Sign Language for the Deaf. Furthermore, it requires the State to take affirmative action to redress the imbalances that exist against PWDs. Further to the Constitution, Article 34 provides for the rights of children and protection of all children from harm.

The National Council for Disability Act of 2003

The Act provides for the establishment of disability council at national, district and sub county levels with the mandate to bring PWDs' issues to the attention of Government, NGOs, private sector and individuals so as to improve the lives of PWDs.

The Persons with Disabilities Act, 2006

The Act provides a comprehensive legal protection for PWDs in accordance with Article 32 and 35 of the Constitutions, which aims to eliminate all forms of discrimination against PWDs as well as ensuring equal opportunities for them. It spells out clear provisions for enhancing social inclusion of persons with disabilities through specific budgetary allocation and outlines incentives for increasing employment opportunities for persons with disabilities

OTHER LAWS INCLUDE:

- The Children's Act of 2000 provides for early assessment of disabilities among children for appropriate treatment, rehabilitation and education;
- The Uganda Communications Act of 1997 provides for development of techniques and technologies that facilitate accessibility to communications services by PWDs;
- The University and Other Tertiary Institutions Act, 2001, provides for affirmative action for admission of any qualifying PWDs;
- The Land Act of 1998 provides that any transaction on customary land that discriminates on PWDs shall be null and void;
- The Equal Opportunities Act, 2007 provides for inclusion of PWDs and makes any action that discriminates persons with disabilities punishable.

Policies and guidelines

The Government has developed several policies and guidelines to provide a framework through which interventions geared towards PWDs and CWDs can be implemented. The MGLSD developed a National Policy for Disability in 2006 and further developed National Disability Guidelines in 2012.

1.4 RATIONALE OF THE NATIONAL ACTION PLAN FOR CWDs

A study conducted on the situation of Children with Disabilities in Uganda by Ministry of Gender, Labour and Social Development (MGLSD) in collaboration with UNICEF in 2014 indicated that despite the Uganda Regulatory Framework, domesticating the CRPD and CRC, there is need to clarify the measures to be taken and the responsibility of government institutions to realise the rights of CWDs. It further, indicated that the protection mechanism of the rights of CWDs is also weak and the existing laws and policies not enforced to their full potential. Lack of coordination between National and Local Government Institutions has led to uncoordinated responses to CWDs which in turn resulted into fragmentation of programmes geared towards addressing the needs of CWDs. The Report also identified limited participation of various stakeholders who impact on the lives of CWDs including children themselves. It was also identified that huge gaps in knowledge, understanding and capacities of stakeholders, duty bearers and organisations working with CWDs were eminent which implied that the quality of services offered was compromised.

The Report further identified negative societal attitudes in the communities which were mainly associated with the traditional perceptions about disability. These have led to stigmatising attitudes towards PWDs in general and CWDs consequently leading to rejection, neglect and denial of access to basic services. This in turn leads to marginalisation of CWDs and their households within the community.

Children with disabilities are among the most neglected groups in the policy domain as well as in the private sphere. The majority

of these children face enormous economic, political, and social barriers that have an adverse impact on their physical, social and intellectual development and wellbeing. Many of them do not have access to the most basic needs such as health services and education, experience multiple deprivations even within their family and are invisible in National Policy Agenda. The African Child Policy Forum (ACPF) believes that revealing the realities and drawing attention to the life situation of children with disabilities is the first step to lay the foundation for the establishment of sound policies, strategic plans and effective services and support to children with disabilities in Africa (ACPF 2011; WHO, 2014; CAN 2015).

There are gaps in the national response towards childhood disability. Most national disability responses tend to by-pass CWDs, the interventions do not embody a multi-sectoral approach to the extent that issues of CWDs appeared to be mainly a responsibility of the Social Development Sector. Key line Ministries, Departments and Agencies had limited involvement and budgets for childhood disability response.

The development of the National Action Plan is to draw the attention of Government and other children's rights actors to the issues of CWDs so that they adequately plan for and respond to the holistic needs and aspirations of CWDs in Uganda. It provides for mechanisms of holistic inclusion and participation, stakeholders' responsiveness, rights promotion, and, prevention, reduction and management of childhood disabilities, among others. This National Action Plan therefore seeks to address the gaps in the past childhood disability response efforts and consolidate new developments and other emerging concerns on childhood disability in a comprehensive action framework.

1.5 Methodology

In the process of developing the NAP-CWDs, highly consultative meetings were held with a number of stakeholders and the various levels. This was undertaken as below:

Constitution of a NAP-CWDs Technical working Group (TWG)

A technical working group comprising of MDAs and CSO was constituted. The fourteen member team included: 4 members from the department of Disability and Elderly (MGLSD); 1 member from the department of Youths and Children (MGLSD); 1 member from the department of Culture (MGLSD); 1 member from the Equal Opportunities Commission (EoC); Uganda Police – Family and Child Protection Unit; Uganda Society of Disabled Children (USDC); Cheshire Services Uganda (CSU); 1 member from the department of Special Needs Education in the Ministry of Education, Science, Technology and Sports (MESTS); 1 member from the Ministry of Health (MoH); UNICEF; the NAP-CWDs consultant and; 1 professor from the Faculty of Special Needs and Rehabilitation – Kyambogo University. The team was tasked to contribute to the development of the NAP-CWDs by reviewing every development and suggestion in addition to supporting the entire development process;

Inception reporting: An inception report was written detailing the NAP-CWDs development methodology and participants;

Review of literature relating to CWDs:

Extensive review of government policy and legal documents on child protection and disability was made. A report containing the findings on legislations, policies, guidelines and the situation of childhood disability was made and used to further inform other consultations.

District-level consultations: Following the completion of the literature, consultation protocols were developed for district level stakeholders. The protocols were pre-tested in Jinja district with: CWDs, parents and caretakers of CWDs; Sub County Council for Disability – in Butagaya and Budondo; Police stations – with the Head of Family and Child Protection Unit; Rehabilitation centres; Community Development Officers; District Health Officer; CSOs and heads of institutions (schools and health facilities) among others.

On refining of the protocols, the TWG consulted with the above respondents in the districts of: Karamoja region (Amudat and Napak); Eastern region (Bulambuli and Ngora); central region (Kayunga and Masaka); Western region (Kasese and Mbarara); West Nile region (Adjumani and Zombo) and; Northern region (Lamwo and Lira). In the district level consultations, a total of 76 CWDs (43 boys and 33 girls) were met. In addition, 252 childhood disability stakeholders (133 males and 119 females) were met.

Regional consultations: 362 stakeholders were consulted on the NAP-CWDs content in 7 regional consultative meetings held in: Kampala, Mbale, Lira, Gulu, Fort-portal, Mbarara and Jinja. The participants included: CDOs, Inspectors of Schools, Head of Health centres, Police Officers, Justice for Children (J4C) Coordinators, CWDs, Parents/ caretakers of CWDs, religious/ cultural leaders, selected CSOs and magistrates. The refinements in the NAP-CWDs have been incorporated in the final NAP-CWDs.

National validation: This has been held in order to further generate consensus of the proposed actions and budget.

CHAPTER TWO: STRATEGIC & RESULTS FRAMEWORK

2.1 Strategic Direction

This plan is premised on the recommendations of the Research on the Situation of CWDs as well as the input of the various stakeholders consulted in the development thereof. A summary of the recommendation indicates that there is uncoordinated and limited services for CWDs, limited enforcement of the legal and policy framework, limited participation of stakeholders especially children in development processes and limited capacity of stakeholders and duty bearers to respond to issues affecting CWDs among other issues. The plan therefore will address these key bottlenecks to ensure that CWDs enjoy their rights and fulfil their full potentials.

2.2 Vision

A Uganda where Children with Disabilities are holistically included in development and enjoy their full rights and freedoms

2.3 Goal/ Mission

To foster holistic inclusion of Children with Disabilities in protection and participation for: responsive and responsible growth for national service and development.

2.4 Objectives



- ▶ To improve national performance and response towards Children with Disabilities;
- ▶ To improve participation of stakeholders in all development spheres on issues concerning children with disabilities;
- ▶ To enhance coordination and networking of stakeholders and;
- ▶ To develop and enforce legislative and policy environment for holistic inclusion of children with Disabilities.
- ▶ To improve national responses on prevention, care, protection, management and tracking of interventions on children with disabilities.

2.5 Guiding principles

The National Action Plan for Children with Disabilities adopts principles enshrined in international conventions and treaties, national laws and policies in sustained response to both children and disability. These include: Child protection, Inclusion and participation, Non-discrimination, the best interest of the child, Reasonable accommodation and, Coordination, Strong partnerships and linkages

Inclusion and participation

Overcoming barriers to participation requires concerted efforts to include all children especially those living with Disabilities in Development. All duty bearers (parents, government Ministries, Departments, Agencies, institutions, child-rights actors and other non-state actors) to actively consult with CWDs in planning, implementation, Monitoring and Evaluation of interventions.

Non Discrimination

All actors to ensure that equal opportunities are accorded to CWDs. No child should be discriminated against in any development intervention/ endeavours on the basis of; their inability to perform against their will, impairment, age, gender, tribe, impairment, religion and, region/ residence.

Child protection

All actors will make efforts to prevent children from rights abuse, identify and respond to cases of child abuse and neglect in the communities. This will be done from the family, institutional and national level through the existent Child protection structures and systems.

Reasonable accommodation

Actors have to make appropriate modifications and adjustments without imposing disproportionate or undue burden, where needed in a particular case, to ensure that CWDs enjoy or exercise on an equal basis with others of all human rights and fundamental freedoms

Comprehensive accessibility

Actors have to make all facilities and services accessible to CWDs. This will be done through, ensuring physical, communication, policy and attitudinal access. In so doing the tenets of physical Access, Affordability, Availability and Quality (AAAQ) will be taken into cognizance

Coordination, Strong partnerships and linkages

Disability issues are crosscutting thus every stakeholder has a role to play. The welfare of CWDs is the responsibility of all stakeholders. The government has to build strong partnerships and linkages with: families of CWDs, development partners, civil society, and communities, religious and traditional leaders to address the drivers and consequences of discrimination of CWDs and reduce the impact thereof at all levels.

Evidence based implementation

Research, workable models and other forms of evidence shall be employed in the implementation of actions relating to CWDs. Actors shall ensure that the evidences being used in implementation are in tandem with both the principles above and other children protection principles.

Confidentiality and consent

In all actions geared towards the welfare and wellbeing of CWDs, confidentiality and consent of all parties be highlighted and/or promoted to ensure free and effective participation of the children in program activities.

Holistic Inclusion of Children with Disabilities

Principles

- Inclusion and participation
- Non Discrimination
- Child protection
- Reasonable accommodation
- Comprehensive accessibility
- Coordination, Strong partnerships and linkages
- Evidence based implementation
- Confidentiality and consent



CHAPTER THREE: PRIORITY ACTION AREAS

3.0 Introduction

The MGLSD/UNICEF 2014 report on the situation of CWDs makes 10 recommendations for improved response and protection of CWDs in Uganda. These recommendations have been summed up into 4 strategic areas of: performance enhancement of actors; increased participation of actors and CWDs; improved coordination and networking for meaningful, inclusive and sustained response and; legislative and policy framework enforcement.

3.1 Action Area 1: Performance Enhancement

This action area will focus on the three performance tenets of: capacity enhancement, motivation for work and, creation of an enabling environment. This will be addressed through the following Specific action areas:

3.1.1 Build the capacity of teachers and health workers in: Special Needs and Inclusive Education (SNIE) and; disability-related aspects, identification, assessment and management through in-service, pre-service modularised, Continuous Professional Development (CPD) and other training avenues; Target: 12,560 teachers and, 1,120 health workers by 2019

3.1.2 Train district disability focal persons in Uganda sign language, tactile communication, Braille and information accessibility among others to respond to the communication needs of CWDs
Target: 336 persons train in 117 districts by 2019

3.1.3 Training of Community Development Officers in Comprehensive Community Based Rehabilitation (CBR)
Target: 885 CDOs trained in CCBR/PGDCBR by 2020

3.1.4 Have in place CDOs responsible for Disability and Elderly affairs (on appointment and not an additional responsibility)
Target: 117 districts with the CDOs (D&E) on appointment by 2020

3.1.5 Have a SNIE focal teacher for every government and private/ mission school in Uganda
Target: 80% (16,866) primary and secondary schools by 2018

3.1.6 Provide refresher trainings relating to disability for all relevant stakeholders. Target: 500 relevant stakeholders including: police, paralegals, para-social and health workers among others by 2020

3.1.7 Increase on the remuneration package for government officials working with CWDs, severe impairments and, those with more workload and experience
Target: 30% increment for SNE and other specialist workers by 2020;

3.1.8 Have a National role out of CBR with clear guidelines in accordance with NDP II recommendations. Target: 112 districts receiving training and funding for CBR by 2018

3.2 Action Area 2: Participation and inclusion
Participation of CWDs and other actors is crucial. CWDs should be consulted on an ongoing basis on issues affecting them. This consultation will not only be limited to CWDs but also to other actors who impact on the lives of CWDs.

The action area intends to promote a holistic and inclusive development for CWDs in Uganda. This will be ensured through the following Specific action areas:

3.2.1 Incorporate aspects of disability into the Early Childhood and Development Curriculum - Particularly, nursery education attendance, early identification and assessment and early Parents/ care givers' engagement in education of CWDs. Target: 2 ECD documents revised and disability incorporated by 2017

3.2.2 Provide cascaded services for CWDs' identification and functional assessment right from family level - with Support of: CBR workers, VOVCCs, Community Level Health Workers (CLHWs) and para social workers. Target: All CWDs in Uganda by 2019

3.2.3 Provide education and skills-based assessment for CWDs; Target: 7 institutions, 50% of mainstream primary school, 30 secondary schools and 80% of SNE centres

3.2.4 Provide assistive devices and first aid services that respond to the individual needs of CWDs while at school; Target: 50% of mainstream primary school, 30 secondary schools and 80% of SNE centres

3.2.5 Ensure provision of appropriate educational technology in learning stimulation and attainment for CWDs. These include; e-powered devices, education applications, braille and tactile technology among others; Target: 50% of mainstream primary school, 30 secondary schools and 80% of SNE centres

3.2.6 Provide platforms for co-curricular engagement of CWDs at all levels; Target: 80% of CWDs engaging in Co-curricular activities and 2 annual SNIE Games and sports events at national level

3.2.7 Include CWDs in national learning assessment tests (EGMA/EGRA, Life and social Skills, NAPE and UWEZO) for purposes of policy information and influence; Target: 13% of total number of CWDs participating in learning assessments being CWDs (disaggregated by difficulty/ impairment, gender, age and region) by 2017

3.2.8 Budget for and adequately provide learning and teaching materials for CWDs in both mainstream and Special Needs Education (SNE) schools and for CWDs undertaking apprenticeship; Target: 13% of the school capitation grants allocated to SNIE activities and support services by 2018

3.2.9 Incorporate Life and social skills education and assessment in the school curriculum for CWDs; Target: 50% of institutions undertaking life/social skills education and assessment by 2018

3.2.10 Ensure that all school facilities are adequately accessible in accordance with the National Accessibility standards. (with ramps, stair cases, hand rails, adequate lighting, walk ways and standardised entries); Target: 70% of schools passing the accessibility grid by 2019

3.2.11 Construct at least 2 secondary school SNIE centres in the 6 regions of Uganda. Target: 8 regional centres of excellence in secondary SNIE by 2020

3.2.12 Adequately staff secondary schools for SNIE centres with adequate equipment, skilled staffs and other resources; Target: 180 teachers in the Secondary SNIE centres handling all learning areas by 2020

3.2.13 Promote comprehensive immunisation to all children -Target: 80% of children in the underserved and in at-risk communities of Uganda by 2019;

3.2.14 Increase training of Parents/care givers and CWDs for Activities of Daily Living(ADL), human rights and general welfare of CWDs; Target: 110,460 parents trained by 2020

3.2.15 Continually provide information on disability causes, prevention and management to the public. Target: 80% CWDs, their parents and caretakers by 2020

3.2.16 Subsidise all costs relating to corrective surgeries and assistive devices provided to CWDs. Target: 39,450 CWDs receiving surgeries and assistive devices by 2020

3.2.17 Ensure timely supply of regimental medicines to the relevance health centres for collection and utilisation by and for CWDs treatments;

3.2.18 Increase provision of: regimental treatment, Assistive technology, auxilliary services, Home Based Care and Community Directly Observed Treatments by working with Parents/ care givers of CWDs, rehabilitation assistants, para-social workers and Community Level Health Workers;

Target: 157,800 CWDs directly being reached through CBR by 2019

3.2.19 Foster the twin track approach in inclusion. In this, while programming for mainstream service delivery specific needs of CWDs will be taken cognizance of and; there will be specific services for CWDs; Target: 90 Districts, 1 NPA, 26 CSO by 2018

3.2.20 Encourage CWDs to participate in both in-school and community activities as a right. Target: 60% of CWDs reached by 2020

3.2.21 Ensure that there is physical accessibility to services and service institutions. This will be ensured through making public building accessible, services for CWDs available and affordable and, of the right Quality due CWDs; Target: 80% of CWDs reached by 2020

3.3 Action Area 3: Coordination and Networking

Due to the scattered, fragmented and uncoordinated programmatic approach towards CWDs that was identified in the research, the plan intends to improve the level of coordination and networking at all levels. The plan also intends to establish a National Partnership on CWDs to ensure harmonization of interventions towards CWDs. This will be ensured through the following Specific action areas:

3.3.1 Supply the necessary policy, legislation and guiding documents relating to implementation of childhood disability programmes; Target: 112 districts, 500 CSOs and 5,376 councillors of PWDs by 2017

3.3.2 Hold an annual stakeholders' IEC sharing symposia to promote new learning in policy, research and practice; Target: 30 regional and 5 national symposia by 2020

3.3.3 Continually generate practical evidences that support informed and quality implementation of services/ interventions to CWDs; Target: 20 Key evidences generated, tested and used in disability prevention, management and rights promotion by 2020

3.3.4 Draft, approve and periodically review implementation guidelines in CBR, health, special grants, educations, protection and other areas deemed of benefit to CWDs; Target: 6 documents including those relating to rights, livelihoods, health, education and empowerment

3.3.5 Increase Public Private partnerships for medical rehabilitation and provision of cost effective assistive devices; Target: 10 MoUs signed by 2020

3.3.6 Promote research and Coordination for analysis and improvement of emergent disabilities. Target: 12 researches commissioned by 2020

3.3.7 Have a national mapping tracker of all interventions targeting CWDs in the Country. This will inform implementation, build a strong network of implementers and abate duplication of services
Target: 1 national mapping tracker, 5 annual reviews by 2020

3.3.8 Design and implement the Disability Management Information System (DMIS) as prescribed in the Disability Guidelines 2012
Target: 1 DMIS developed, tested, rolled out and being used by 2017

3.4 Action Area 4: Developing and enforcing the legal and Policy Framework on CWDs

It was identified that despite the sufficient legal and policy framework available in Uganda in support of CWDs, implementation of these provisions is still limited. The plan intends to strengthen the capacity of various stakeholders from national to sub national level to ably implement the provisions. The plan will rely heavily on the Police, Community Based Services Department structures at the Districts, OVC Committees, Disability Councils, Parents/ care givers of CWDs and CWDs themselves to ensure that these legal and policy provisions are implemented. This area will further advocate for the enactment of policies and bye laws that will be aimed at protecting the rights of CWDs.

This will be ensured through the following Specific action areas:

3.4.1 Work with Police, OVC committees, Parents/care givers and CWDs to prevent violence against children with Disabilities. Target: 566 CWDs by 2020

3.4.2 Work with Police, OVC committees, Parents/care givers and CWDs to apprehend suspects, provide alternative evidence (in case of communication disability) and, complete the justice cycle for perpetrators nationally;
Target: 566 CWDs by 2020

3.4.3 Ensure that all CWDs have a registered family, name are immunised and are accessing schools;
Target: 50% of CWDs in Uganda by 2020

3.4.4 Promote Disability rights awareness at school and in communities through sensitisations;

3.4.5 Promote holistic and inclusive education that is affordable, available and of Quality in all mainstream schools;

3.4.6 Improve Special Needs education through Policy and implementation modalities;

3.4.7 Government and her partners adjust the SNIE policy and have it passed and;

3.4.8 Develop, disseminate and supply SNIE in-school implementation guidelines.

CHAPTER FOUR:

IMPLEMENTATION & COORDINATION

4.1 Introduction

Overall implementation of the NAP-CWDs will involve multiple stakeholders involving government, development partners and civil society organizations. The NAP-CWDS is a broad and comprehensive national framework designed to address the various childhood disability issues in Uganda.

4.2 Implementation and coordination mechanisms at national level

The implementation of the NAP-CWDs is premised a holistic approach involving multiple partners and key actors at all levels. It is a shared responsibility of all government agencies and institutions, CSOs, the private sector, religious and cultural institutions; and development partners. The MGLSD is the overall coordinator for implementation of NAP-CWDS activities. A coordination unit under the department of Disability and Elderly Affairs will be instituted and supported to spear head the implementation and monitoring of the NAP. The coordination unit will be headed by a senior officer with wide experience on Childhood disability issues and child protection. The unit should be financed within the MGLSD financial framework and provided for in the medium and long term government financial budgetary framework in addition to donor support.

4.3 Implementation and coordination at District and sub county level

The Senior/CDO (Charged with/ responsible for Disability and Elderly Affairs) will be the technical officer responsible for the implementation of the NAP-CWDs. The District Council for Disability (DCD) will be the district coordinating unit and have an oversight and monitoring role of the NAP-CWDs at district level. The DCDs are rightly catered for under the National budgets and will continually get funding from such a source.

The Senior/CDO (Charged with/ responsible for Disability and Elderly Affairs) will make quarterly reports based on the KPI template and submit it to the MGLSD by the Second Tuesday of the Month falling after the end of the quarter. In addition, the officials will be required to generate additional qualitative information to feed into the NAP-CWDs.

4.4 Roles and responsibilities of key actors

The National CBR steering committee will be responsible for:

- Popularize the NAP-CWDS at all levels;
- Mobilize key stakeholders /actors to participate in the implementation of the NAP-CWDS;
- Establish and coordinate an NAP-CWDS network involving all key partners and actors namely government departments, civil society, international NGOs, religious institutions and development partners;
- Develop annual work plans and budgets for the implementation of the NAP-CWDS;

- Coordinate programme activities for implementation of the NAP-CWDS;
- Make and submit implementation and monitoring reports, indicating the performance on the NAP-CWDS to the permanent secretary and other reporting protocols;
- Review annual reports and other performance parameters for the NAP-CWDS;
- Carry out Monitoring and Evaluation of the NAP-CWDS and the interventions thereof;
- Maintain a collaborative network with regional and international organizations working towards childhood disability and inclusion;
- Coordinate the development, production and dissemination of information and publications on childhood disability prevention, reduction and management and;
- Organise annual symposia with other partners.

At district level, the District Council for Disability (DCD) will execute her mandate in accordance with the Disability Act 2006, the National Council for Disability (NCD) Act of 2003 and the regulations thereof.

4.5 Information flow and feedback mechanisms

The Ministry of Gender, Labour and Social Development (MGLSD) will be the overall coordinator of the NAP. All local governments and other partners implementing the NAP-CWDS will feed information to the Department of Disability and Elderly Affairs – Specifically the National Coordinator who will compile quarterly performance reports on the NAP-CWDS. The performance reports will entail a list of Key performance Indicators (KPIs), their definitions and targets. The performance report with the constituent KPIs will be shared with all the stakeholders and in-part form the Annual Disability report to be shared during the Annual National Disability Symposia.

The reports highlighting progress on key performance indicators as pointers for measurement of progress in achieving strategic objectives shall be circulated to all stakeholders. Proper information flow and feedback is key to implementation of the strategy will help to resolve uncertainty; reassure stakeholders that their interests are met; and assure quality. Written reports will be the medium for information flow and feedback. Quarterly review meetings will be conducted to assess progress, quality of programs, roles of different actors and reporting relationships. This information flow and feedback is instrumental for detecting deficiencies and identifies action points to correct them.

4.6 STAKEHOLDERS

4.6.1 Key target groups

The NAP-CWDS targets the following;

Primary targets: these are Children with Disabilities who face the worst forms of discrimination and the effects thereof regardless of their cradle, gender and impairments. Emphasis will be laid on CWDS who are isolated, face specific vulnerabilities due to their impairments; Children who present hermaphroditic features; Children with intellectual impairments; CWDS living with HIV/AIDS, CWDS Orphaned by HIV/AIDS and other conditions; CWDS in Child-headed households and those looked after by older persons; CWDS living under forced migration and settlement conditions – including refugees and asylum seekers; Children affected with nodding disease; CWDS living in slum areas, disaster prone areas, war and post-war zones, hard-to-reach and remote places of the country; and; girl children with Disabilities (GWDs).

Secondary targets: these are stakeholders who are major decision makers in regard to the welfare of CWDS. They include: service providers, policy makers, CSOs, FBOs, parents, clan elders and members, influential community members like community civic leaders, school teachers and officials, health workers, religious, traditional and cultural leaders, and peers.

4.6.2 Key stakeholders and actors

Disability response requires an array of sectoral actors and stakeholders. Therefore the effective implementation of the NAP-CWDS requires effective, efficient and well-coordinated institutional mechanisms that run from national to lower local government level with active engagement of all stakeholders including line ministries – MESTS, MoH, MIA, MCIT, MLG with MGLSD taking the lead role. The action plan targets to work with CWDS themselves (irrespective of impairment, age and gender), their parents and communities to change attitudes and for sustainability of interventions as the first line of response. MGLSD will collaboratively work with other stakeholders including local and lower local government officials, technical teams and committees, development partners and the private sector actors in effective delivery of the NAP-CWDS. The different roles and responsibilities of the stakeholders engaged in the implementation of the NAP-CWDS are shown in the table below.

Table 2: NAP-CWDS stakeholders and their roles and responsibilities

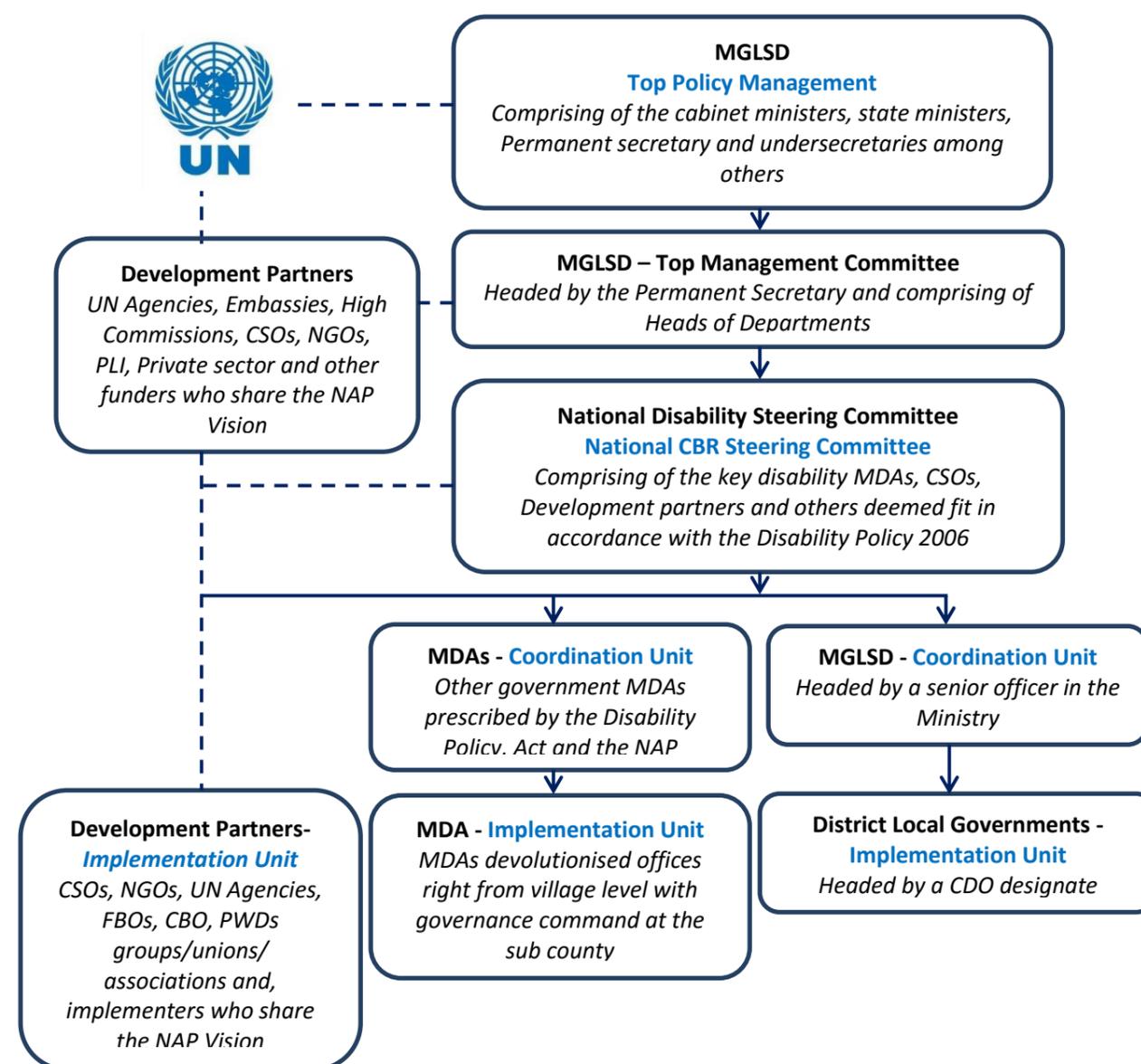
Key Stakeholder and Actors	Roles and Responsibilities
Ministry of Gender, Labour and Social Development (MGLSD)	<p>This is the main coordinating agency responsible for Disability and inclusion. It will provide technical support, overall leadership, coordination, Monitoring and Evaluation. Specifically, the MGLSD will:</p> <ul style="list-style-type: none"> • Circulate global and national laws, policies, guidelines and regulations relating to disability; • Constitute and host a CBR/ Disability Technical working group – That will be convening at least quarterly; • Capacity building and motivation of technical staff including CDOs; • Support the organisation of annual Disability symposia and document all lessons and good practices for replications and; • Establish and operationalize the DMIS in accordance with the existent structures and system; • Maintain a national Mapping tracker of all CWDS and Disability-related interventions undertaken in Uganda – By District.

Ministry of Education Science, Technology and Sports (MESTS)	<p>To promote the education and technology related areas of the NAP. Specifically:</p> <ul style="list-style-type: none"> • Advocate for a review and passing of the SNIE Policy; • Draft, design, pre-test and circulate in-school guidelines on implementation of Inclusive Education in all schools; • Document education-related practices that support education and learning of CWDs; • Ensure adequate educational assessment and Individual Support programming (ISP) for CWDs; • Ensuring standardized physical access in all education institutions; • Provide teaching and learning materials or support local development of teaching and learning materials for CWDs; • Adequate staffing and remuneration SNE trained teachers and; • Capacity development of teachers in SNIE through the existent TDMS programmes.
Ministry of Health (MoH)	<p>To advise and implement the health-related components of the action. MoH is responsible for: Disability identification and assessment, Disability prevention, management, health education and, provision of equipment and essential drugs in accordance with the UNMHCP and HSSP II.</p>
Ministry of Finance, Planning and Economic Development (MFPED)	<p>Ensure that CWDs' issues receive adequate resources in the national budget – especially the key sectors of education, health and social development. Specifically the MFPED will:</p> <ul style="list-style-type: none"> • Revise the schools capitation grant formula to factor in Inclusive education in funds allocated to mainstream schools; • Support the review of the SNIE policy and advise of the pre-requisite for acquisition of a certificate of financial implication; • Finance the construction of at least 2 secondary schools per region of Uganda and; • Support training of SNE teachers (for both primary and secondary schools) and Rehabilitation staff in accordance with the National Development Plan II and; • Working with the National Planning Authority, provide funding to implement CBR/ Social rehabilitation in accordance with the NDP II •
Ministry of Local	The delivery of policies and action plans will take place

Government (MLG), Decentralised Local and lower local Government Administration	in local governments with the CDO (charged or responsible for Disability and elderly affairs) as the focal person and, the Councils for Disability playing an oversight role. Local government will offer the primary structures for the implementation of the strategy.
Ministry of Information Communication and Technology (MICT)	The Ministry will be responsible for designing and enforcing communication in alternative formats; develop disability ICT and communication strategy and ensure its implementation and lead in ICT innovations for inclusion of CWDs among others.
Development partners for example: UNICEF, WHO, DFID, EU, AUSAID, USAID	These will largely provide financial, material and technical resources for the implementation of the NAP. In addition, they will play a key monitoring role.
CSOs	These shall be operational partners to implement strategy. They will also support government on policy related issues, research on childhood disability and suggesting workable actions for government and her partners
Government agencies (UNEB, DES, UCC, NCC, NCD, EOC)	Implement specific actions, Monitoring, Evaluation and oversight in accordance with their establishing law(s)
Training and research Institutions such as, Kyambogo University, COMBRA and CORSU	Enhance performance of stakeholders and actors in the fields relating to rehabilitation. Also research on emergent issues in disability and try out the workable solutions therein.
Community members, Religious and cultural leaders (including elders)	The community consists of key gatekeepers of social norms and practices. They will be the major implementers, advocates and monitors of the progress in respect of changing of norms and practices towards disability discrimination.
Ministry of Internal Affairs/ Uganda Police, Ministry of Justice and Constitutional Affairs	The role of these ministries is to work in partnership with MGLSD to implement sector specific interventions; Office of the Prime Minister will provide overall oversight and coordination of sectors. These will take lead in ensuring child protection of the rights of CWDs.
Private sector led Institutions	<p>These will lead in making services accessible to CWDs. Specially, the Private sector led institutions will:</p> <p>Subsidise services for CWDs;</p> <ul style="list-style-type: none"> • Enter into Public-Private Partnership (PPP) with government on the provision of scarce equipment and resources; • Have a disability responsive focal person for inclusive service delivery; • Give back for the welfare of CWDs as part of their

	<p>Corporate Social Responsibility and;</p> <ul style="list-style-type: none"> Provides incentives for CWDs to participate in their programmes
Children with Disabilities	These are directly responsible for all actions geared towards their welfare. CWDs will be consulted and make decisions on all actions to be undertaken (regardless of impairment and gender)
Parents of CWDs	The parents will provide all the necessities of life but above all ensure that their children are not discriminated against and they continue participating in all programmes. Parents will be encouraged to belong to Parents Support Groups (PSGs) for continued and sustained learning. In addition, they will provide: the Home based Therapies, the physiological needs of the CWDs and; ensure that CWDs access all services and support due a child.
Children without Disabilities	Children without disabilities will provide direct support to CWDs both in the community and at school. They will be Child to child champions, provide both physiological and psychological support but above all be a champion of behavioural change in as far as disability is concerned.
Community Level Health Workers (Community Level Health Workers), Para social workers and other community workers/ volunteers	Ensure that CWDs are identified right from infancy, given basic holistic assessment and referred for further management. They will also receive feedback from referrals and directly monitor treatments through the CB-DOTS model. In addition, they will also support in mentoring and monitoring Home-Based Care (HBC), make artisanal assistive devices and keep records of Children born with congenital disabilities for further management.
Uganda Bureau of Statistics (UBOS)	Provide annual statistical analysis with Disability, make disability-related projections and provide statistical data required for planning and implementation.

IMPLEMENTATION STRUCTURE OF THE NATIONAL ACTION PLAN FOR CHILDREN WITH DISABILITIES



CHAPTER FIVE:

MONITORING & EVALUATION FRAMEWORK

5.1 Introduction

The Monitoring and Evaluation Framework (M&E) framework of the National Action Plan for Children with Disabilities (NAP-CWDs) describes the approaches to be used to measure implementation and changes due to the NAP-CWDs. In this, data collection, analysis, presentation and utilisation for informed programming will be pivotal in the NAP-CWDs M&E.

The M&E framework therefore takes cognizance of:

- M&E resources (financial and human);
- Theory of change;
- Evaluation questions;
- Evaluation design and approach;
- Evaluation governance;
- M&E schedule;
- Data collection;
- Ethical standards;
- The NAP-CWDs work-plan and;
- The logical framework

5.2 Purpose of the M&E Framework

The over-all aim of the Monitoring and Evaluation (M&E) framework is to measure and assess performance in order to effectively manage the outcomes and outputs of the NAP-CWDs. Specifically, the key objectives of this M&E framework are to:

- Measure changes in selected indicators of effectiveness and outcomes to be achieved;
- Provide an informed basis for policy discussions at national levels by informing government and her partners;
- Provide quantitative and qualitative information on current practices and knowledge to routinely 'fine-tune' implementation strategies;
- Ensure the timely provision and use of objectively verifiable information in the ongoing adjustment of disability interventions;
- Contribute, track and report disability-related results to stakeholders such as: CWDs, communities, MDAs, private sector, development partners and CSOs among others;
- Enhance new learning and development- lessons from experiences will provide information on what does and does not work and thus serve as a basis to adjust the approaches or redesign if necessary;
- Ensure informed decision-making – quantitative and qualitative data will have to be established at baseline and updated periodically for policy influence (development and implementation) and;
- Support substantive accountability – responsibility for ensuring value for money, cost efficiency and transparency in the implementation

5.3 The Theory of change

There are a number of barriers to participation by Children with Disabilities in Uganda. The barriers have in part been maintained due to their being embedded in the social norms. Specifically, these barriers have been most felt in child protection and response in terms of:

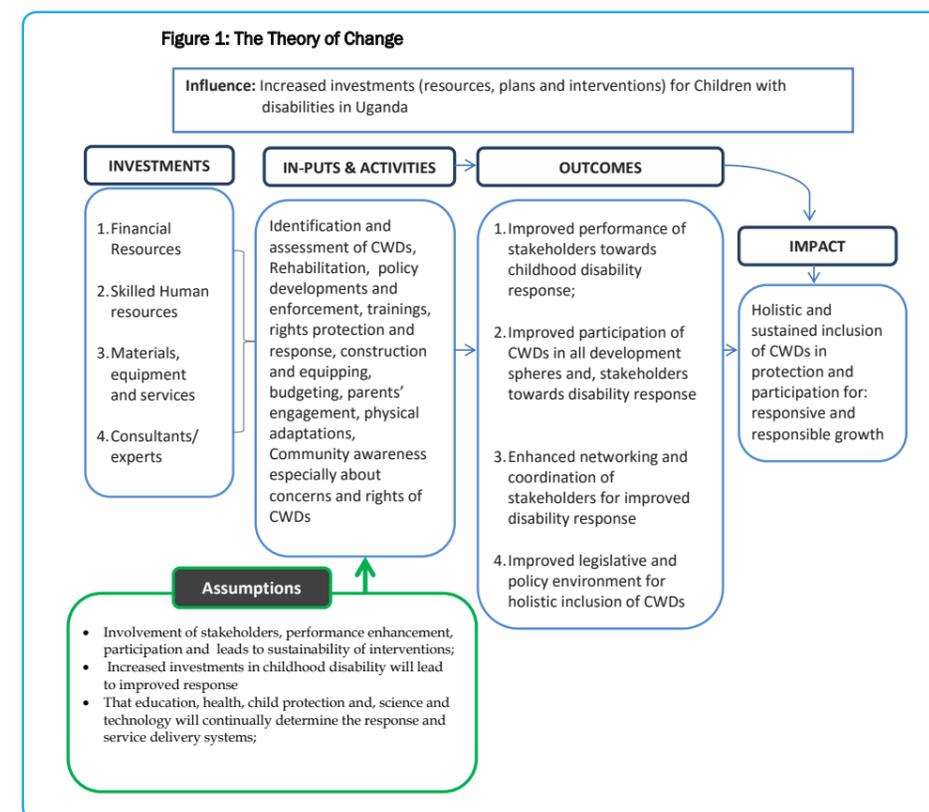
- Health and rehabilitation provision and support;
- Lack of birth registration and support;
- Access and utilisation of education services and lifelong learning;
- Entitlements to property rights and inheritance;
- Neglect (by institutions and family)
- Discrimination from services (particularly schools and health facilities) perpetuated by children without disabilities and their parents;
- Demeaning and hazardous child labour
- Child trafficking for child labour and other forms of exploitation;
- War and civil strikes;
- Non-representation/ non-consultation on CWDs at the various child-rights foras and;
- Early marriages among others.

The barriers have been perpetuated by the some CWDs themselves through self-denial and the vulnerability thereof; care and service institutions, communities and government in a number of ways. These were further discussed during the district level and regional consultative meetings with stakeholders who suggested better ways of abating such a situation.

The NAP-CWDs has interventions that address the barriers to participation. The theory of change for the NAP-CWDs is also premised in the following hypothesis:

'By enhancing performance through: capacity developments (trainings, skills development and knowledge sharing in regard to childhood disability); motivation of actors through skills enhancements and, incentivisation of work and; creating an enabling legislative and policy environment, there will be for meaningful and sustained response towards children with disabilities. In addition, increased participation of CWDs and strategic coordination and networking for disability response will immensely improve the plights of the most marginalised CWDs in Uganda'

The theory of change has been developed in line with the log frame and the process involved coming up with an output outcome map which latently illustrated causal factors whilst manifestly showing how the intended change would be achieved. The output-outcome map shows how related outputs work to contribute to both intermediate and overall outcomes and; how these outcomes contribute towards the attainment of the NAP-CWDs' intentions. The Theory of change for this project is illustrated in Figure 1 below.



The following are assumptions to the theory of change of the National Action Plan for Children with Disabilities:

- That the involvement of key actors and stakeholders – including the private sector will lead to sustained and inclusive programming for CWDs in Uganda;
- That performance enhancement (through building capacities, motivation for results and, creation of enabling service environment) will immensely improve response towards childhood disability;
- That with mainstreamed identification, assessment and documentation of CWDs and their situation – with their in-put, more CWDs will be reached and supported to live and fulfill their life aspirations;
- That education, health, child protection and response and, science and technology will continually determine the response and service delivery systems;
- That improved networking and coordination of disability programmes and services will ensure that all CWDs are reached without necessarily duplicating services;
- That increased participation of CWDs and other stakeholders in disability-related issues will generate sustainable and replicable results for CWDs and;
- Increased government and partners' investment in childhood disability (prevention, management and response) will leverage the reduction on the burden of disability on the GDP, reduce incidences and prevalence and, additionally improved livelihoods for over 16.2% of the national population

The theory of change will be used in M&E especially on communicating results and or influencing policy on programme related aspects. For example, based on the M&E data collected, the NAP-CWDs will justify or nullify certain assumptions on CWDs and so will be the reverse of certain processes.

5.4 Evaluation Questions

"Evaluation is the systematic and objective assessment of an on-going or completed project, program or policy; its design, implementation and results. The aim is to determine the relevance and fulfillment of objectives, development of efficiency, effectiveness, impact and sustainability. An evaluation should provide information that is credible and useful, enabling the incorporation of lessons learnt into the decision making process of both recipients and development partners"

The key evaluation questions for the NAP-CWDs will mainly be focused on examining what has been achieved, and what benefits have come from the changes made by the interventions; What (if any) results can be attributed to the project interventions, and to what extent would changes and results have occurred without the intervention?.

The key evaluation questions are in consonance with the Theory of Change, output, intermediate outcome and outcome indicators of the NAP-CWDs. They have been carefully thought to broadly reflect on the key information strands and the means of data collection and information generation. They are presented thematically in the table below

Table 3: Evaluation Questions

Key result evaluation area	NAP-CWDs evaluation question(s) – Specifics
Design and implementation 1. Was the NAP-CWDs successfully designed and implemented?	1.1 Was the NAP-CWDs design appropriate to the specific context of CWDs in Uganda? 1.2 Were the NAP-CWDs mechanisms and approaches used in accordance with the NAP-CWDs funding guidelines? 1.3 Were the mechanisms and approaches developed and used throughout the NAP-CWDs consistent with disability policies of Uganda? 1.4 How did the NAP-CWDs model successfully contribute to policy influence?
Value for money 2. What impact did the NAP-CWDs have on the lives of CWDs? (was it a good Vfm?)	2.1 Were the NAP-CWDs funds utilized as per funding guidelines? 2.2 Did the NAP-CWDs spending lead to desired changes? 2.3 Was the NAP-CWDs costing appropriate to the national context.

Learning 3. What works to improve participation of CWDs in Uganda?	3.1 Does capacity building of stakeholders sustainably increase childhood-disability response? 3.2 Do government livelihoods grants (Special grants, CBR conditional grants, DLSP, OWC, NAADs and others) reach and benefit families of CWDs? 3.3 To what extent has the NAP-CWDs enabled participation and inclusion of CWDs in all development spheres? 3.4 How did the school environment (attitudinal and physical) affect the retention and learning of CWDs? 3.5 How successful has the NAP-CWDs been in engaging with families to increase access to services for CWDs? 3.6 What effect did the involvement of community, cultural leaders and the private sector have on the welfare of CWDs? 3.7 Did provision of services to homeless, refugee and girl children with disabilities improve their life situations? 3.8 Did the identification, assessment and rehabilitation provided to CWDs help to increase their participation?
Sustainability 4. How sustainable were the activities funded by the NAP-CWDs and was the programme	4.1 How successful was the NAP-CWDs in leveraging resources? 4.2 Did Recipients engage with other service providers in-country to ensure complementarities and minimize overlap? 4.3 How successfully has the NAP-CWDs changed the perceptions of the value of disability?
successful in leveraging additional interest and investment?	4.4 What was the level of participation among different stakeholders at different stages of the NAP-CWDs? 4.5 How is the knowledge generated by the NAP-CWDs being used by government and how is it shared with others (including partners, beneficiaries and external stakeholders)?

5.5 Evaluation Design and approach

In the implementation of the M&E framework, a non-Experimental design will be adopted. This will ensure that the ethical issues sighted in the Randomized Control trials (RCTs) and Quasi Experimental Designs (QED) are minimized.

Data will be generated from the sub counties to the districts and finally delivered at national levels. CSO and other partners implementing the NAP-CWDs will be required to make annual submissions to the MGLSD that will be discussed and presented during the annual disability symposia. A Disability Management Information System (DMIS) in accordance with the GoU- Disability guideline 2012 will be developed and rolled out.

During the mid-line and end line, we shall be tracking indicators on all the above ways of sustaining the project. In addition a KAP study will be undertaken to assess change of attitude, and practice of parents, community leaders and stakeholders, and how they are responding to the needs of CWDs.

5.6 M&E Schedule

Rigorous data/information collection and analysis especially CWDs will be an important component of ensuring that the NAP-CWDs objectives are measurable. The national coordinator of the CBR steering committee will regularly compile all information obtained from the districts and produce annual performance reports.

Monitoring activities will include; data collecting and analysis, conducting quarterly review and annual stakeholders meeting, preparing and sharing quarterly and annual reports, random quality control checks spot checks for selected CWDs services to verify data, joint supervision and support visits for districts. The NAP-CWDs will also conduct a midterm review and an end line evaluation

1.4	Have in place CDOs responsible for Disability and Elderly affairs (on appointment and not an additional responsibility)	117 CDOs appointed and directly responsible for Disability affairs in 117 districts of Uganda	There are currently 9 Districts in Uganda with S/CDOs exclusively responsible for disability affairs. The quality of disability response in such districts has been discovered to be higher than those that merely have CDOs charged with Disability affairs	X	X	X	Key Actor: PSC/ DSC Other stakeholders: DLGs, MGLSD
1.5	Have a SNIE focal teacher for every government and private/mission school in Uganda	80% (16,866) of the 21,083 primary and secondary schools in Uganda with a teacher responsible for: statistics, Teacher support, provision in SNIE, enrollment, learning and participation of CWDs in school	0-There are no SNIE focal teachers currently in school due to the NAP-CWDs. However, less than 100 schools have reported to have such a position	X	X	X	Key Actor: MPS Other stakeholders: PSC, DSC, HSC, ESC, DLGs and, MFPEP
1.6	Provide refresher trainings relating to disability for all stakeholders	500 Childhood disability actors including Police, Health workers, teachers, Rehabilitation Officers and CDOs among others undergoing refresher trainings on rights, practice and new skills	0-No such refresher trainings have been organised as a result of the NAP-CWDs	X	X	X	Key Actor: MESTS Other stakeholders: Kyambogo University, UNICEF, CSOs
1.7	Increase on the remuneration package for government officials working with CWDs, severe impairments and, those with more workload and experience	30% and above increase in salaries, provision of transport to field officials (in form of a motor cycle), housing and, other performance rewards	0-No such action is in place as a result of the NAP-CWDs	X	X	X	Key Actor: MPS Other stakeholders: PSC, MFPEP, DSC, HSC, ESC, and DLGs
1.8	Have a National role out of CBR with clear guidelines in accordance with NDP II recommendations	117 districts in Uganda receiving CBR grants (of upto 28 Billion in 5 years) and implementing key CBR components in accordance with the National Disability Guidelines of Uganda 2012	26 Districts currently receive CBR grants from central government worth 300,000,000 and implement CBR (MFPEP, 2015)	X	X	X	Key Actor: MGLSD Other stakeholders: WHO, NAD, MFPEP, NPA, Kyambogo University, UNICEF, CSOs

Action area 2: Participation and inclusion

No	Specific action areas	Target	Baseline data	Year	Key Actors
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				1	2	3	4	5	(and sources of funding)
2.1	Incorporate aspects of disability into the Early Childhood and Development Curriculum - Particularly, nursery education attendance, early identification and assessment and early Parents/ care givers' engagement in education of CWDs	Revise 2 ECD documents to incorporate disability aspects in the ECD curriculum documents	0. The NCDC guidelines and policy documents do not currently cater for this	X	X				Key Actor: MESTS/NCDC stakeholders: DES, DLGs, Kyambogo University and, UNICEF. Other
2.2	Provide cascaded services for CWDs' identification and functional assessment right from village level - with Support of: CBR workers, VOVCCs, Community Level Health Workers, PSWs and other community vigilantes	All CWDs in Uganda	No such data is available neither has there been such an intervention in Uganda	X	X	X	X	X	Key Actor: MGLSD stakeholders: MLG, MoH, NITA, MIA Other
2.3	Provide education-based assessment for CWDs	7 institutions that have incorporated CWDs/ SNIE issues in their education assessments	1 institution currently (UNEB) provides education based assessments for CWDs although these are post mortem and do not necessarily inform and influence policy	X	X	X	X	X	Key Actor: MESTS
2.4	Provide assistive devices and first aid services that respond to the individual needs of CWDs	50% of mainstream primary schools, 30 secondary and vocational schools and; 80% of Special Needs education schools	0 - No school is currently being supplied with assistive devices for use by CWDs while in schools	X	X	X	X	X	Other stakeholders: NCDC, DES, DLGs, NAPE, UWEZO, RTI, UNEB Key Actor: MESTS Other stakeholders: Other NGOs, FBO, Clubs, DLGs, MoH, UNICEF, WHO

2.5	Ensure provision of appropriate educational technology in learning stimulation and attainment for CWDs. These include; e-powered devices, education applications, braille and tactile technology among others;	50% of mainstream primary schools, 30 secondary and vocational schools and; 80% of Special Needs education schools	O- No school is currently being supplied with educational technology for use by CWDs while at school	X	X	X	X	X	X	Key Actor: MESTS/NCDC Other stakeholders: DES, DLGs, Kyambogo University, MoICT, NITA, UCC
2.6	Promote Disability rights awareness at school and in communities through sensitisations;	50% of mainstream primary schools, 30 secondary and vocational schools and; 80% of Special Needs education schools.	O- No school is currently being supplied with assistive devices for use by CWDs while in schools	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD, DLGs, School Authorities, schools' games and sports masters, DEOs
2.7	Provide platforms for co-curricular engagement of CWDs at all levels;	80% of CWDs engaging in school co-curricular activities, games and sports. 2 annual SNIE sports galas (Primary and post primary)	O-reports on CWDs currently engaging in Co-Curricular activities. Probably because the data is not disaggregated by impairment/ difficulty/ disability	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD, DLGs, School Authorities, schools' games and sports masters, DEOs
2.8	Promote holistic and inclusive education that is affordable, available and of Quality in all mainstream schools	75% of schools across Uganda reporting to be implementing inclusive education that is affordable, available and of Quality in all mainstream schools.	O- only qualitative reports available for the reporting on implementation of holistic inclusive education in Uganda	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD, DLGs, School Authorities, Police - FCPU/CLO, Religious/ cultural leaders, NGOs, FBOs

2.9	Improve Special Needs education through Policy and implementation modalities	25% cumulative increase in number of CWDs enrolling, attending and completing education cycles as a result of the NAP-CWDs response (From the current 2.54%)	9% CWDs enrolled in Schools. (UNHS 2005/06, MoES 2011). The ESSAPR 2014 indicated a 1 point increase of Children with special needs in primary schools (from 2.36% - 2.54% for boys and 2.32% for girls to; 2.45% - 2.61% for boys and 2.30% for girls) in 2014	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD, UNICEF, UNESCO, DFID, USAID, NCDC, DES, DLGs, Kyambogo University
2.10	Include CWDs in national learning assessment tests (EGMA/EGRA, Life and social Skills, NAPE and UWEZO) for purposes of policy information and influence;	13% of total number of Children participating in national assessments are CWDs and their issues adequately captured (Disaggregated by impairment, gender, age and region)	O-No such assessment is currently inclusive of CWDs	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: NCDC, DES, DLGs, NAPE, UWEZO, RTI, UNEB
2.11	Budget for and adequately provide learning and teaching materials for CWDs in both mainstream and Special Needs Education (SNE) schools and for CWDs undertaking apprenticeship;	13% of the schools capitation grants allocated for activities to be implemented under the SNIE in-school guidelines	O-Current capitation grant calculations are devoid of disability parameters (functions)	X	X	X	X	X	X	Key Actor: MFPEP Other stakeholders: MESTS, MGLSD, NPA, EoC
2.12	Incorporate Life and social skills education and assessment in the school curriculum for CWDs;	50% of institutions undertaking learning assessments who report to have incorporated in the life and social skills assessment grid	O-No institution is reporting to be having the life and social skills assessment in their parameters	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD- CDOs, UNICEF, UNESCO, DFID, USAID, NCDC, DES, DLGs, NGOs,

2.13	Ensure that all school facilities are adequately accessible in accordance with the National Accessibility standards. (with ramps, stair cases, hand rails, adequate lighting, walk ways and standardised entries	70% of school facilities are adequately accessible in accordance with the National Accessibility standards. (with ramps, stair cases, hand rails, adequate lighting, walk ways and standardised entries	O-No evidence for school accessibility available. However, qualitative evidence shows poorly adapted physical environment for CWDs	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MoWTC, DES, DLGs, MoH, NGOs/ FBOs, School Authorities
2.14	Construct at least 2 secondary school SNIE centres in the 6 regions of Uganda;	8 regional centres of excellence in secondary school SNIE	4- There only 4 regional centres of excellence in secondary school SNIE (MoES, 2011)	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD- CDOs, UNICEF, UNESCO, DFID, USAID, NCDC, DES, DLGs, NGOs,
2.15	Adequately staff secondary schools for SNIE centres with adequate equipment, skilled staffs and other resources;	180 teachers (around 15 per school) handling selected learning areas and; with the necessary learning equipment in schools (such as computers, adequate and relevant software and, other school supplies)	0-There is no evidence of current staffing of the regional SNIE centres (Secondary education)	X	X	X	X	X	Key Actor: MESTS Other stakeholders: MGLSD- CDOs, UNICEF, UNESCO, DFID, USAID, NCDC, DES, DLGs, NGOs, Kyambogo University
2.16	Develop and supply in-School guidelines on SNIE implementation and leadership;	1 policy document in all schools	0- There are currently no in-school guidelines for implementation of SNIE in schools	X					Key Actor: MESTS Other stakeholders: MGLSD, UNICEF, UNESCO, DFID, USAID, NCDC, DES, DLGs, NGOs, Kyambogo University
2.17	Promote comprehensive immunisation to all children - <i>mainly the underserved and in at-risk communities of Uganda;</i>	80% of Children in underserved and at-risk communities of Uganda	0-The immunisation coverage for CWDs and underserved communities is not known. However, the UNICEF and WHO immunisation coverage 2015 weighs above 80%	X	X	X	X	X	Key Actor: MoH Other stakeholders: UNEPI, WHO, UNICEF, MLG, MGLSD, MESTS, CSOs, Clubs (such as rotary and Lions)

2.18	Promote research and Coordination for analysis and improvement of emergent disabilities	12 research studies commissioned, documented and published on emergent disabling conditions and the management thereof	3-Studies are ongoing on: Nodding disease, Ziika virus and, Cataract. These however do not have the direct involvement of the line MDAs	X	X	X	X	X	Key Actor: MoH Other stakeholders: UNEPI, WHO, UNICEF, MLG, MGLSD, MESTS, Universities, Research Institutions, CSOs, Clubs (such as rotary and Lions)
2.19	Increase training of Parents/care givers and CWDs for Activities of Daily Living(ADL) and general welfare of CWDs	110,460 (1,578 sub counties, Municipalities and town councils in Uganda* 70 parents) receiving training from CDOs and other actors	0-There is no available data on trained parents and CWDs in ADL	X	X	X	X	X	Key Actor: MoH Other stakeholders: WHO, UNICEF, MLG, MGLSD, CSOs,
2.2	Continually provide information on disability causes, prevention and management to the public	80% of CWDs above 5 years, their parents and caretakers. Receiving information on disability causes, prevention and management through: one-on-one counselling, radio, TV, mobile phones, newspapers and other mass media	0-No information has been relayed as a result of the NAP-CWDs. However, CSOs have taken a lead role in providing such information to communities and parents	X	X	X	X	X	Key Actor: MoH Other stakeholders: UNEPI, WHO, UNICEF, MLG, MGLSD, MESTS, CSOs, Clubs
2.21	Increase Public Private partnerships for medical rehabilitation (surgeries) and provision of cost effective assistive devices	10 MoUs signed on: Tax reduction and holidays, payments for subsidies and, mobilisation among others with mission, CSOs and private sector	0-No information has been relayed as a result of the NAP-CWDs. However, previous pacts have yielded immense fruits for PWDs in Uganda	X	X	X	X	X	Key Actor: MoH Other stakeholders: WHO, Specialist and other hospitals, UNICEF, MLG, MGLSD, MESTS, CSOs, Clubs

2.22	Subsidise all costs relating to corrective surgeries and assistive devices provided to CWDs	39,450 (1,578 sub counties*5 CWDs* 5 years) CWDs receiving surgeries and assistive devices	O-No information has been relayed as a result of the NAP-CWDs. However, CORSU, Mulago Hospital, Katalamwa Cheshire Home, Cure Hospital and Kumi Hospital among others have previously been giving such support	X	X	X	X	X	X	<p>Key Actor: MoH</p> <p>Other stakeholders: URA, PSFU, UPMB, UCMB, UMMB, WHO, UNICEF, MLG, MGLSD, MESTS, CSOs, Clubs</p>
2.23	Increase provision of: regimental treatment, Assistive technology, auxiliary services, Home Based Care and Community Directly Observed Treatments by working with Parents/ care givers of CWDs, rehabilitation assistants, para-social workers and Community Level Health Workers;	157,800 CWDs directly being reached for CBR services	O-No information has been relayed as a result of the NAP-CWDs.	X	X	X	X	X	X	<p>Key Actor: MoH</p> <p>Other stakeholders: MLG, MGLSD, CSOs, WHO, UNICEF</p>
2.24	Promote disability mainstreaming at all levels;	80% DLGs, 1 NPA, 26 CSOs	O-No intervention has been undertaken in this regard.	X	X	X	X	X	X	<p>Key Actor: MFPED</p> <p>Other stakeholders: MGLSD, DLGs (TPCs), Parliament, NPA, All statutory councils (NCD, NCC, District and sub county councils e.t.c), EoC, UNICEF, CSOs</p>
2.25	Foster the twin track approach in inclusion. In this, while programming for mainstream service delivery specific needs of CWDs will be taken cognizance of and; there will be specific services for CWDs;	90 DLGs, 1 NPA, 26 CSOs	O-No intervention has been undertaken in this regard.	X	X	X	X	X	X	<p>Key Actor: MFPED</p> <p>Other stakeholders: MGLSD, MoH, MESTS, MLG, DLGs (TPCs), Parliament, NPA, All statutory councils (NCD, NCC, District and sub county councils e.t.c), EoC, UNICEF, CSOs</p>

2.26	Encourage CWDs to participate in both in-school and community activities as a right;	60% of CWDs reached	O-No intervention has been undertaken in this regard.	X	X	X	X	X	X	<p>Key Actor: MESTS</p> <p>Other stakeholders: MGLSD, Teachers, DLGs, OVCCs, Leaders (political, religious, cultural, community) EoC, UNICEF, CSOs</p>
2.27	Ensure that there is physical accessibility to services and service institutions. This will be ensured through making public building accessible, services for CWDs available and affordable and, of the right Quality due CWDs;	80% of CWDs reached	O-No intervention has been undertaken in this regard.	X	X	X	X	X	X	<p>Key Actor: MGLSD</p> <p>Other stakeholders: MESTS, NCD, NCC, EoC, DCDs, DLGs, MoWTC, MoH, MLG, MoJCA, CSOs, Private sector players</p>

Action area 3: Networking and coordination

No	Specific action areas	Target	Baseline data	Year					Key Actors (and sources of funding)
				1	2	3	4	5	
3.1	Identify, procure and supply assessment technology to aid identification and assessment of CWDs at all levels;	20 technologies (including applications) developed and being used	O-No information has been relayed as a result of the NAP-CWDs.	X	X	X	X	X	<p>Key Actor: MGLSD</p> <p>Other stakeholders: WHO, UNDESA, Makerere University, ENABLING Services Ug LTD, NAD, MFPED, NPA, Kyambogo University, UNICEF, CSOs, MESTS, MoH</p>
3.2	Ensure timely supply of regimental medicines to the relevance health centres for collection and utilisation by and for CWDs treatments;	60% of Hospitals and Health centres at all levels	O-No information has been relayed as a result of the NAP-CWDs. However, the health facilities are supplied with essential drugs (up-to Health Sub Districts - HSD level). There have been reports of 'drug stock outs'	X	X	X	X	X	<p>Key Actor: MoH</p> <p>Other stakeholders: WHO, UNDESA, Makerere University, ENABLING Services Ug LTD, NAD, MFPED, NPA, Kyambogo University, UNICEF, CSOs, MESTS, MGLSD</p>
3.3	Supply the necessary policy, legislation and guiding documents relating to implementation of childhood disability programmes;	112 DLGs, 500 CSOs and 5,376 Councilors representing PWDS	O-No information has been relayed as a result of the NAP-CWDs.	X	X	X	X	X	<p>Key Actor: MGLSD</p> <p>Other stakeholders: WHO, UNDESA, Makerere University, ENABLING Services Ug LTD, NAD, MFPED, NPA, UNICEF, CSOs, MESTS, MoH</p>

3.4	Hold an annual stakeholders' IEC sharing symposia to promote new learning in policy, research and practice;	30 regional (6 regions*1 per region *5 years) and 5 national symposia	O-No such symposia has been held before as a result of the NAP-CWDS	X	X	X	X	X	X	Key Actor: MGLSD Other stakeholders: WHO, UNDESA, NAD, MFPEP, NPA, Kyambogo University, UNICEF, CSOs, MESTS, MoH
3.5	Continually generate practical evidences that support informed and quality implementation of services/interventions to CWDS;	20 evidences generated and documented	O-No such action has been held before as a result of the NAP-CWDS	X	X	X	X	X	X	Key Actor: MGLSD Other stakeholders: WHO, UNDESA, NAD, MFPEP, NPA, Kyambogo University, UNICEF, CSOs, MESTS, MoH
3.6	Draft, approve and periodically review implementation guidelines in CBR, health, special grants, educations, protection and other areas deemed of benefit to CWDS;	6 Documents including those relating to: rights, livelihoods, health, education and empowerment	2 Document reviews have been made on the Special grant guidelines, CBR guidelines and currently the Disability act is under review	X	X	X	X	X	X	Key Actor: MGLSD Other stakeholders: WHO, UNDESA, NAD, MFPEP, NPA, Kyambogo University, UNICEF, CSOs, MESTS, MoH
3.7	Have a national mapping tracker of all interventions targeting CWDS in the Country. This will inform implementation, build a strong network of implementers and abate duplication of services	1 national mapping tracker, 5 annual reviews in the national tracker details	O-No such action is in place as a result of the NAP-CWDS	X	X	X	X	X	X	Key Actor: MGLSD Other stakeholders: UNICEF, CSOs, MESTS, MoH
3.8	Design and implement the Disability Management Information System (DMIS) as prescribed in the Disability Guidelines 2012	1 DMIS developed, tested and rolled out with some NAP-CWDS parameters captured. The DMIS will be updated quarterly	O-No such action is in place as a result of the NAP-CWDS	X	X	X	X	X	X	Key Actor: MGLSD Other stakeholders: UNICEF, CSOs, MESTS, MoH

Action area 4: Developing and enforcing the legal and Policy Framework on CWDS

No	Specific action areas	Target	Baseline data	Year					Key Actors (and sources of funding)
				1	2	3	4	5	

4.1	Work with Police, OVC committees, Parents/care givers and CWDS to prevent violence against children with Disabilities	566 CWDS (60% of the estimated 943 CWDS whose rights were abused in 2014)	O-No intervention has been undertaken in this regard. However, the Uganda Police Annual Crime report 2014 indicated that: A total of 7,256 Child related cases where children/juveniles were the direct targets/victims of crime, were investigated. When subjected to the National CWDS prevalence of 13%, then this would be 943. Disability aggravated data is not captured in the Annual Police reports. However, there could be a likelihood that less than 1% of CWDS could have been part of this statistic	X	X	X	X	X	X	Key Actor: Police Other stakeholders: MGLSD, UHRC, UNICEF, DLGs, OVCCs, Leaders (political, religious, cultural, community) EoC, UNICEF, CSOs
4.2	Work with Police, OVC committees, Parents/care givers and CWDS to apprehend suspects, provide alternative evidence (in case of communication disability) and, complete the justice cycle for perpetrators nationally	567 CWDS (60% of the estimated 943 CWDS whose rights were abused in 2014)	O-No intervention has been undertaken in this regard.	X	X	X	X	X	X	Key Actor: PSWOS Other stakeholders: MGLSD, UHRC, UNICEF, DLGs, OVCCs, Leaders (political, religious, cultural, community) EoC, UNICEF, CSOs
4.3	Ensure that all CWDS have a registered family, name are immunised and are accessing schools	50% of CWDS in Uganda	O-No intervention has been undertaken in this regard. However, the Situation Analysis of Children in Uganda 2015 indicates that only two-thirds of all children in Uganda are registered. In addition, The ACPF Study Children with Disabilities in Uganda – the hidden Reality 2011 estimates that only 44% of CWDS are registered	X	X	X	X	X	X	Key Actor: PSWOS Other stakeholders: MGLSD, UHRC, UNICEF, DLGs, OVCCs, Leaders (political, religious, cultural, community) EoC, UNICEF, CSOs
4.4	Government and her partners adjust the SNIE policy and have it passed		2011 estimates that only 44% of CWDS are registered	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: Kyambogo University, NCDC, DES, UNICEF, CSOs
4.5	Develop and disseminate SNIE in-school implementation guidelines.	1 General in-school SNIE implementation guidelines for both primary and secondary schools drafted, passed and shared with 21,083 schools in Uganda	O-No such action is in place as a result of the NAP-CWDS	X	X	X	X	X	X	Key Actor: MESTS Other stakeholders: Kyambogo University, NCDC, DES, UNICEF, CSOs

5.8 The logical framework

	Narrative summary	Objectively Verifiable Indicators	Means of Verification	Assumptions
Purpose	To foster holistic inclusion of Children with Disabilities in protection and participation for: responsive and responsible growth	% of CWDs (by gender and impairment) reporting improved life situations in Uganda	SGD reports, OVC reports, UBOS - Statistical reports, Disability-related reports, HDI index reporting, Human rights reports, CRPD reports	Disability and children will remain a national priority in Uganda
Objective 1:	To improve national performance and response towards Children with Disabilities;			
No	Specific action areas	Objectively Verifiable Indicators	Means of Verification	Assumptions
1.1	Build the capacity of teachers and health workers in: Special Needs and Inclusive Education (SNIE) and; disability-related aspects, identification, assessment and management through in-service, pre-service modularised, CPDs and other training avenues	Number of teachers trained in Special Needs and Inclusive Education (SNIE) through in-service, pre-service modularised, CPDs and other training avenues (by gender, specialty, programme and age)	Registers, photographs, accountabilities, appointment letters, teachers certificates, training payments, graduation and other lists	The improved capacities will be supported by adequate remunerations for retention and individualised support
		Number of health workers in disability-related aspects, identification, assessment and management (by gender, specialty, programme and age)	Registers, photographs, accountabilities, appointment letters, teachers certificates, training payments, graduation and other lists	The improved capacities will be supported by adequate remunerations for retention and individualised support
1.2	Train district disability focal persons in Uganda sign language, tactile communication and Braille among others to respond to the communication needs of CWDs	# of District Disability focal persons trained in Uganda Sign Language	Registers, photographs, accountabilities, appointment letters, teachers certificates, training payments, graduation and other lists	The Focal point communication persons will act with at most professionalism (such as keeping confidentiality)
1.3	Train Community Development Officers in Comprehensive Community Based Rehabilitation (CBR);	proportion of community development officers trained in Comprehensive CBR	Registers, photographs, accountabilities, appointment letters, teachers certificates, training payments, graduation and other lists	The CDOs will have adequate resources to co-support their training
1.4	Have in place CDOs responsible for Disability and Elderly affairs (on appointment and not an additional responsibility)	# of Districts with a CDO responsible for Disability and Elderly affairs	Appointment minutes (DSC, PSC, ESC, HSC,) DMIS report	The Filled HR gaps will have adequate skills and experience for childhood disability response
1.5	Have a SNIE focal teacher for every government and private/ mission school in Uganda	# of schools reporting to be having SNIE focal teachers in Uganda	Education, Science, Technology and Sports Sector Annual reports	The SNIE focal point teachers will exercise ut most professionalism at their work and respond adequately

1.6	Provide refresher trainings relating to disability for all stakeholders	# of refresher trainings in disability provided to childhood disability actors	Registers, photographs, accountabilities, appointment letters, teachers certificates, training payments, graduation and other lists	The improved capacities will translate into improved practice and welfare
1.7	Increase on the remuneration package for government officials working with CWDs, severe impairments and, those with more workload and experience	Remuneration of childhood disability actors increased in the national budgets (by way of work-rank, title, qualification and workload)	National and district budget allocations	The remuneration will be continuous
1.8	Have a National role out of CBR with clear guidelines in accordance with NDP II recommendations	CBR funding increased from the current 26 districts of Uganda to the 112 districts and being fully implemented in accordance with the 2010 WHO CBR guidelines	National and district budget allocations	The CBR grants and services will be adequately managed
Objective 2:	To improve the participation of stakeholders in all development spheres on issues concerning Children with Disabilities			
No	Specific action areas	Objectively Verifiable Indicators	Means of Verification	Assumptions
2.1	Incorporate aspects of disability into the Early Childhood and Development Curriculum - Particularly, nursery education attendance, early identification and assessment and early Parents/ care givers' engagement in education of CWDs	Aspects of disability incorporated into the Early Childhood and Development Curriculum - particularly, nursery education attendance, early identification and assessment and early parents' engagement in education of CWDs	Minutes on amendment, attendance registers and resolutions	The change in attitudes will be sustainable over and beyond the NAP-CWDs period
2.2	Provide cascaded services for CWDs' identification and functional assessment right from village level - with Support of: CBR workers, VOVCCs, Community Level Health Workers, PSWs and other community vigilantes	Number of CWDs identified, assessed and registered with: CDOs and other relevant authorities	Registers, attendance lists, EMIS, and ESTSS Annual reports	Functional assessment will lead to service delivery for CWDs
2.3	Provide education-based assessment for Children with Disabilities	Number of institutions providing education based assessments for CWDs in Uganda (with consideration of impairments and their implications)	Resolutions, reports, ESTSS Annual reports, DMIS	The policies will be backed by adequate and sustained budget lines

2.4	Provide assistive devices and first aid services that respond to the individual needs of CWDs	Number of schools supplied with assistive devices (for use while in school)	Registers, photographs, accountabilities and other lists	The participation will lead to achievement of additional life-skills ,learning and improvement in health
2.5	Ensure provision of appropriate educational technology in learning stimulation and attainment for CWDs. These include; e-powered devices, education applications, braille and tactile technology among others;	Appropriate educational technology used in learning stimulation and attainment for CWDs.	Registers, photographs, accountabilities, ESTSS annual report, DMIS, self-reports by CWDs	The passing will translate into survival resources for CWDs and PWDs
2.6	Promote Disability rights awareness at school and in communities through sensitisations;	Disability awareness incorporated and promoted in school child-to-child programmes	Registers, photographs, accountabilities and other lists, quarterly reports	The knowledge and skills towards disability will be sustainable beyond the NAP-CWDs period
2.7	Provide platforms for co-curricular engagement of CWDs at all levels;	% of CWDs reporting to be engaging in co-curricular activities in school	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The outcomes will be sustainable beyond the NAP-CWDs period
2.8	Promote holistic and inclusive education that is affordable, available and of Quality in all mainstream schools	Number of processes and tools that promote holistic and inclusive education that is affordable, available and of Quality are in all mainstream schools.	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The outcomes will be sustainable beyond the NAP-CWDs period
2.9	Improve Special Needs education through Policy and implementation modalities	% increase in numbers of CWDs enrolling in SNE/ Integrated units in Uganda	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The outcomes will be sustainable beyond the NAP-CWDs period
2.10	Include CWDs in national learning assessment tests (EGMA/EGRA, Life and social Skills, NAPE and UWEZO) for purposes of policy information and influence;	% of CWDs Included in national learning assessment tests (EGMA/EGRA, Life and social Skills, NAPE and UWEZO) for purposes of policy information and influence	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The policies will be inclusive in nature
2.11	Budget for and adequately provide learning and teaching materials for CWDs in both mainstream and Special Needs Education (SNE) schools and for CWDs undertaking apprenticeship;	Education national budgets have a CWDs parameter that is representative of the CWDs prevalence in both mainstream and Special Needs Education (SNE) schools	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	MFPED will accept to add the parameter in the calculations and adequately communicate so

2.12	Incorporate Life and social skills education and assessment in the school curriculum for CWDs;	Number of schools reporting to have incorporated Life and social skills education and assessment in the school curriculum for CWDs	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The policies will be inclusive in nature
2.13	Ensure that all school facilities are adequately accessible in accordance with the National Accessibility standards. (with ramps, stair cases, hand rails, adequate lighting, walk ways and standardised entries	Percentage of schools that pass an accessibility audit as a result of the NAP-CWDs' interventions.	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The accessibility facilities will be routinely maintained
2.14	Construct at least 2 secondary school SNIE centres in the 6 regions of Uganda;	Number of secondary schools- SNIE centres constructed and equipped In Uganda	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The facilities will be adequately funded and relatively affordable to CWDs
2.15	Adequately staff secondary schools for SNIE centres with adequate equipment, skilled staffs and other resources;	Number of secondary schools with SNIE centres adequately staffed and equipped to teach CWDs at post primary school level	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The facilities will be adequately funded and relatively affordable to CWDs
2.16	Develop and supply in-School guidelines on SNIE implementation and leadership;	In-school SNIE policies/ guidelines drafted, reviewed and supplied in schools (with evidence of receipt)	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The guidelines will apply to all schools regardless of the levels
2.17	Promote comprehensive immunisation to all children - <i>mainly the underserved and in at-risk communities of Uganda;</i>	% of Children in under served and at-risk communities of Uganda receiving comprehensive and preventive immunisation by their first and fifth birthdays respectively	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The other causes of disability such as wars, accidents and terrorism will be contained
2.18	Promote research and Coordination for analysis and improvement of emergent disabilities	Number of research studies commissioned, documented and published on emergent disabling conditions and the management thereof	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The implementation of the findings will have an automatic buy-in
2.19	Increase training of Parents/care givers and CWDs for Activities of Daily Living(ADL) and general welfare of CWDs	% of Parents of CWDs and CWDs reporting to have been trained in Activities of Daily Living (ADL) at community level	ESTSS Annual report, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The other causes of disability such as wars, accidents and terrorism will be contained
2.2	Continually provide information on disability causes, prevention and management to the public	% of community members, CWDs and caretakers reporting to have received information on disability causes,	ESTSS Annual report, DMIS, EMIS, Attendance registers, photographs, Quarterly and annual reports and, activity	The other causes of disability such as wars, accidents and terrorism will be contained

		prevention and management.	reports	
2.21	Increase Public Private partnerships for medical rehabilitation (surgeries) and provision of cost effective assistive devices	Number of PPP - MoUs signed and implemented in the provision of medical rehabilitation (surgeries) and provision of cost effective assistive devices	Registers, photographs, accountabilities, appointment letters, teachers certificates, training payments, graduation and other lists	The other causes of disability such as wars, accidents and terrorism will be contained
2.22	Subsidise all costs relating to corrective surgeries and assistive devices provided to CWDs	Percentage increase in CWDs receiving corrective surgeries and assistive devices	ESTSS Annual report, DMIS, HMIS, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The other causes of disability such as wars, accidents and terrorism will be contained
2.23	Increase provision of: regimental treatment, Assistive technology, auxilliary services, Home Based Care and Community Directly Observed Treatments by working with Parents/ care givers of CWDs, rehabilitation assistants, para-social workers and Community Level Health Workers;	Number of CWDs receiving regimental treatment, Home Based Care and Community Directly Observed Treatments with support from their parents, rehabilitation assistants, para-social workers and Community Level Health Workers	ESTSS Annual report, DMIS, HMIS, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The interventions will be sustainable
2.24	Promote disability mainstreaming at all levels;	# of district, CSO, national and other planning authorities reporting to be having disability-specific interventions and plans in their budgets	ESTSS Annual report, DMIS, HMIS, EMIS, OVC MIS, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The disability calculation parameters will easily be understood by all actors
2.25	Foster the twin track approach in inclusion. In this, while programming for mainstream service delivery specific needs of CWDs will be taken cognizance of and; there will be specific services for CWDs;	# of district, CSO, national and other planning authorities reporting to be imploring the Twin track approach towards disability mainstreaming in planning and implementing programmes/ projects and activities	ESTSS Annual report, DMIS, HMIS, EMIS, OVC MIS, Attendance registers, photographs, Quarterly and annual reports and, activity reports	Actors will be aware of disability and the dynamics thereof (based on impairments and specific needs)
2.26	Encourage CWDs to participate in both in-school and community activities as a right;	% of CWDs reporting to be participating in both in-school and community activities	ESTSS Annual report, DMIS, HMIS, EMIS, OVC MIS, Attendance registers, photographs, Quarterly and annual reports and, activity reports	There will be affirmative action in participation

2.27	Ensure that there is physical accessibility to services and service institutions. This will be ensured through making public building accessible, services for CWDs available and affordable and, of the right Quality due CWDs;	% of CWDs reporting to be physically able to access services and service institutions	ESTSS Annual report, DMIS, HMIS, OVC MIS, Attendance registers, photographs, Quarterly and annual reports and, activity reports	The accessible facilities will be periodically maintained
Objective 3: To enhance coordination and networking of stakeholders for improved disability response				
No	Specific action areas	Objectively Verifiable Indicators	Means of Verification	Assumptions
3.1	Identify, procure and supply assessment technology to aid identification and assessment of CWDs at all levels;	Number of assessment technologies that have been developed and/or improvised to aid identification and assessment of CWDs at all levels	DMIS, photographs, accountabilities, Quarterly and annual reports, MLE & ELE reports	The technologies developed will take cognizance of the rural dynamics and repair needs
3.2	Ensure timely supply of regimental medicines to the relevance health centres for collection and utilisation by and for CWDs treatments;	% of Health facilities reporting adequate supply of drugs for regimental treatments in Uganda	DMIS, photographs, accountabilities, Quarterly and annual reports, MLE & ELE reports	The treatments will be delivered on time
3.3	Supply the necessary policy, legislation and guiding documents relating to implementation of childhood disability programmes;	% of childhood and/or disability stakeholders reporting to be accessing necessary policy, legislation and guiding documents relating to implementation of childhood disability programmes in Uganda	DMIS, photographs, accountabilities, Quarterly and annual reports, MLE & ELE reports	The policies, legislations and guidelines will be frequently consulted by the stakeholders
3.4	Hold an annual stakeholders' IEC sharing symposia to promote new learning in policy, research and practice;	Number of Annual Stakeholders' IEC sharing symposia held to promote new learning in policy, research and practice	DMIS, photographs, accountabilities, Quarterly and annual reports, MLE & ELE reports	
3.5	Continually generate practical evidences that support informed and quality implementation of services/ interventions to CWDs;	Number of evidences generated in the annual Stakeholders' IEC sharing symposia	DMIS, photographs, accountabilities, Quarterly and annual reports, MLE & ELE reports	
3.6	Draft, approve and periodically review implementation guidelines in CBR, health, special grants, educations, protection and other areas deemed of benefit to CWDs;	Number of document reviews and implementation guidelines developed, disseminated and being used for the benefit of CWDs	DMIS, photographs, accountabilities, Quarterly and annual reports, MLE & ELE reports	

3.7	Have a national mapping tracker of all interventions targeting CWDs in the Country. This will inform implementation, build a strong network of implementers and abate duplication of services and;	National mapping tracker of Childhood and disability interventions developed and annually updated (per district and Sub County. Will also have details of stakeholders, target group, duration of the actions and contacts)	DMIS, tracking application, accountabilities, Quarterly and annual reports, MLE & ELE reports	
3.8	Design and implement the Disability Management Information System (DMIS) as prescribed in the Disability Guidelines 2012	A DMIS developed and being utilised to inform decision making	DMIS, accountabilities, Quarterly and annual reports, MLE & ELE reports	
Objective 4: To develop and enforce legislative and policy environment for holistic inclusion of CWDs				
No	Specific action areas	Objectively Verifiable Indicators	Means of Verification	Assumptions
4.1	Work with Police, OVC committees, Parents/care givers and CWDs to prevent violence against children with Disabilities	# of CWDs rescued from possible rights abuse and violence (To be disaggregated in Annual Crime reports)	Annual Police reports, OVC MIS, DMIS, Activity reports, photographs CRB and court references	The parents and caretakers of the CWDs will be interested in pursuing justice to its conclusion
4.2	Work with Police, OVC committees, parents/care givers and CWDs to apprehend suspects, provide alternative evidence (in case of communication disability) and, complete the justice cycle for perpetrators	# of Suspects apprehended for CWDs' suspected rights abuse and violence (To be disaggregated in Annual Crime reports)	Annual Police reports, OVC MIS, DMIS, Activity reports, photographs CRB and court references	There will be no recidivism
4.3	Ensure that all CWDs have a registered family, name are immunised and are accessing schools	# of CWDs registered annually, proportion of CWDs reported to be immunised during Immunisation Plus days	Registers, DMIS, OVC MIS, HMIS, EMIS	Registration and immunisation will lead to provision of other physiological needs to CWDs
4.4	Government and her partners adjust the SNIE policy and have it passed	SNIE Policy adjusted and passed by GoU	Minutes, resolutions, photographs, document, EMIS, ESTSS Annual report, MLE, ELE reports	The policy will be comprehensive enough to support planning, implementation and advocacy
4.5	Develop and disseminate SNIE in-school implementation guidelines.	SNIE in-school implementation guidelines passed and supplied to all schools	Minutes, resolutions, dully signed distribution lists, document, EMIS, ESTSS Annual report, MLE, ELE reports	The guidelines will be comprehensive enough to support planning, implementation and advocacy

COSTING AND FINANCIAL FRAMEWORK

6.1 Background to the Costing and Financial Framework

The NAP-CWDs wholly responds to the aspirations and prescriptions of the Social Development Sector Plan (SDSP1) 2015/16 – 2019/20 and the NDP II – 2015/16 – 2019/20 that prioritise: social protection services to vulnerable and marginalised persons and, a national response to OVCs among others. The Budget has been developed in consultation with partners, recurrent national budgets and, projections based on proposed interventions.

The budget covers 4 strategic focus areas namely: Education; Performance enhancement; participation, networking and coordination and, policy and legislative enforcement. The budget also takes cognizance of effective administration of the NAP-CWDs for realization of intended and sustainable results.

6.2 Sources of Funding and cost of Interventions

Financing of the implementation of the NAP-CWDs is expected from the GOU national budget allocations, local revenues from districts and development partners.

Implementation of the NAP-CWDs is estimated to cost UGX 146,383,496,100 .0(One hundred forty six billion, three hundred eighty three million, four hundred and ninety six thousand and one hundred shillings only) over a period of five years. 35% of the budget shall be funded by Government of Uganda under disability-related budget-lines to MDAs, 5% will be funded by the local governments through local revenue; 10% of the budget will be funded by the private sector through her various initiatives – including but not limited to Corporate Social Responsibility (CSR) and; 50% will be funded by the development partners. This is summarised in the table below.

Table 5: Expect sources for the NAP-CWDs funding

No	Expected funder for the NAP-CWDs	Total
1	GoU - MFPED: Disability related budget to MDAs	51,234,223,635
2	District Local Governments - Local revenue	7,319,174,805
3	Private Sector actors	14,638,349,610
4	Development Partners	73,191,748,050
	TOTAL	146,383,496,100

6.3 Transparency and Accountability

The coordination unit led by the Commissioner Disability and Elderly in the MGLSD will prepare and institute wide accountability systems and mechanisms in the NAP-CWDs. The unit along with the NAP CWDs implementation secretariat will assess on a regular basis the progress on the deliverables of the NAP-CWDs. It will further monitor and track how effectively NAP-CWDs interventions and activities are being implemented.

6.4 The Budget for the National Action Plan for Children with Disabilities

Action area 1: Performance enhancement	Amount
Build the capacity of teachers and health workers in: Special Needs and Inclusive Education (SNIE) and; disability-related aspects, identification, assessment and management through in-service, pre-service modularised, Continuous Professional Development (CPD) and other training avenues;	10,208,000,000
Train district disability focal persons in Uganda sign language, tactile communication, Braille and information accessibility among others to respond to the communication needs of CWDs;	504,000,000
Training of Community Development Officers in Comprehensive Community Based Rehabilitation (CBR);	640,000,000
Have a SNIE focal teacher for every government and private/ mission school in Uganda;	10,868,286,500
Provide refresher trainings relating to disability for all relevant stakeholders;	1,250,000,000
Increase on the remuneration package for government officials working with CWDs, severe impairments and, those with more workload and experience;	7,056,000,000
Have a National role out of CBR with clear guidelines in accordance with NDP II recommendations.	6,735,000,000
Sub total (Performance enhancement)	37,261,286,500
Action area 2: Participation and inclusion	Amount
Incorporate aspects of disability into the Early Childhood and Development Curriculum - Particularly, nursery education attendance, early identification and assessment and early Parents/ care givers' engagement in education of CWDs;	49,615,000
Provide cascaded services for CWDs' identification and functional assessment right from family level - with Support of: CBR workers, VOVCCs, Community Level Health Workers (CLHWs), PSWs and other community vigilantes	3,702,000,000
Provide education and skills-based assessment for CWDs;	8,310,000
Provide assistive devices and first aid services that respond to the individual needs of CWDs while at school;	9,815,925,000
Ensure provision of appropriate educational technology in learning stimulation and attainment for CWDs. These include; e-powered devices, education applications, braille and tactile technology among others;	5,767,500,000
Provide platforms for co-curricular engagement of CWDs at all levels;	3,265,820,000
Include CWDs in national learning assessment tests (EGMA/EGRA, Life and social Skills, NAPE and UWEZO) for purposes of policy information and influence;	9,250,000
Budget for and adequately provide learning and teaching materials for CWDs in both mainstream and Special Needs Education (SNE) schools and for CWDs undertaking apprenticeship;	2,239,800,000
Incorporate Life and social skills education and assessment in the school curriculum for CWDs;	25,000,000
Ensure that all school facilities are adequately accessible in accordance with the National Accessibility standards. (with ramps, stair cases, hand rails, adequate lighting, walk ways and standardised entries);	27,997,500,000
Construct at least 2 secondary school SNIE centres in the 6 regions of	3,200,000,000

Uganda;	
Adequately staff secondary schools for SNIE centres with adequate equipment, skilled staffs and other resources;	5,799,200,000
Promote comprehensive immunisation to all children - mainly the underserved and in at-risk communities of Uganda;	868,000,000
Increase training of Parents/care givers and CWDs for Activities of Daily Living(ADL) and general welfare of CWDs;	2,761,500,000
Continually provide information on disability causes, prevention and management to the public;	718,000,000
Subsidise all costs relating to corrective surgeries and assistive devices provided to CWDs;	19,685,550,000
Ensure timely supply of regimental medicines to the relevance health centres for collection and utilisation by and for CWDs treatments;	25,000,000
Promote disability mainstreaming at all levels;	24,000,000
Foster the twin track approach in inclusion. In this, while programming for mainstream service delivery specific needs of CWDs will be taken cognizance of and; there will be specific services for CWDs;	12,000,000
Encourage CWDs to participate in both in-school and community activities as a right;	50,000,000
Ensure that there is physical accessibility to services and service institutions. This will be ensured through making public building accessible, services for CWDs available and affordable and, of the right Quality due CWDs;	308,000,000
Sub total (Participation)	86,331,970,000
Action area 3: Networking and coordination	Amount
Supply the necessary policy, legislation and guiding documents relating to implementation of childhood disability programmes;	878,400,000
Hold an annual stakeholders' IEC sharing symposia to promote new learning in policy, research and practice;	1,140,000,000
Draft, approve and periodically review implementation guidelines in CBR, health, special grants, educations, protection and other areas deemed of benefit to CWDs;	216,000,000
Increase Public Private partnerships for medical rehabilitation and provision of cost effective assistive devices;	30,000,000
Promote research and Coordination for analysis and improvement of emergent disabilities;	300,000,000
Have a national mapping tracker of all interventions targeting CWDs in the Country. This will inform implementation, build a strong network of implementers and abate duplication of services	140,000,000
Design and implement the Disability Management Information System (DMIS) as prescribed in the Disability Guidelines 2012	379,200,000
Sub total (Networking and Coordination)	3,083,600,000
Action area: Policy and legislative development and enforcement	Amount
Work with Police, OVC committees, Parents/care givers and CWDs to prevent violence against children with Disabilities;	169,800,000
Work with Police, OVC committees, Parents/care givers and CWDs to apprehend suspects, provide alternative evidence (in case of communication disability) and, complete the justice cycle for perpetrators nationally;	113,200,000
Ensure that all CWDs have a registered family, name are immunised and are accessing schools;	2,340,800,000

Promote Disability rights awareness at school and in communities through sensitisations;	1,801,839,600
Promote holistic and inclusive education that is affordable, available and of Quality in all mainstream schools;	50,000,000
Improve Special Needs education through Policy and implementation modalities;	13,380,000,000
Government and her partners adjust the SNIE policy and have it passed and;	72,000,000
Develop, disseminate and supply SNIE in-school implementation guidelines.	540,000,000
Sub total (Enforcement)	18,467,639,600
Administration of the NAP	Amount
Ensure that the NAP-CWDS is adequately and sustainably administered to create the desired change and impact on the life situations of CWDs in Uganda	1,239,000,000
Sub total (Administration, M&E)	1,239,000,000
Grand Total	146,383,496,100

NB: The detailed/ itemized budget can be got from the MGLSD (Department of Disability and Elderly)

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Annex 1: The Global Goals (SDGs) and the indicators thereof relating to CWDs
The Sustainable Development Goals (SDGs) have the potential to be truly transformative for people with disabilities. For the first time in history, people with disabilities are clearly included in a universal and ambitious plan to end poverty and hunger by 2030 which pledges to leave no one behind. Table 1 below presents disability-related goals and indicators as presented in the SDGs (DFID, 2016)

Table 6: Disability related provisions of the Sustainable Development Goals

No	Disability in the declaration
4	As we embark on this great collective journey, we pledge that no one will be left behind. Recognizing that the dignity of the human person is fundamental, we wish to see the Goals and targets met for all nations and peoples and for all segments of society. And we will endeavour to reach the furthest behind first.
19	We reaffirm the importance of the Universal Declaration of Human Rights, as well as other international instruments relating to human rights and international law. We emphasize the responsibilities of all States, in conformity with the Charter of the United Nations, to respect, protect and promote human rights and fundamental freedoms for all, without distinction of any kind as to race, colour, sex, language, religion, political or other opinion, national or social origin, property, birth, disability or other status.
23	People who are vulnerable must be empowered. Those whose needs are reflected in the Agenda include all children, youth, persons with disabilities (of whom more than 80 per cent live in poverty), people living with HIV/AIDS, older persons, indigenous peoples, refugees and internally displaced persons and migrants. We resolve to take further effective measures and actions, in conformity with international law, to remove obstacles and constraints, strengthen support and meet the special needs of people living in areas affected by complex humanitarian emergencies and in areas affected by terrorism.
25	We commit to providing inclusive and equitable quality education at all levels – early childhood, primary, secondary, tertiary, technical and vocational training. All people, irrespective of sex, age, race or ethnicity, and persons with disabilities, migrants, indigenous peoples, children and youth, especially those in vulnerable situations, should have access to life-long learning opportunities that help them to acquire the knowledge and skills needed to exploit opportunities and to participate fully in society. We will strive to provide children and youth with a nurturing environment for the full realization of their rights and capabilities, helping our countries to reap the demographic dividend, including through safe schools and cohesive communities and families.
Goal	Disability specific Goals and targets
Goal 4	<p>Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all</p> <p>Targets</p> <p>4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations</p> <p>4.a Build and upgrade education facilities that are child, disability and gender</p>

	sensitive and provide safe, non-violent, inclusive and effective learning environments for all
Goal 8	<p>Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all</p> <p>Targets</p> <p>8.5 By 2030, achieve full and productive employment and decent work for all women and men, including for young people and persons with disabilities, and equal pay for work of equal value</p>
Goal 10	<p>Reduce inequality within and among countries</p> <p>Target</p> <p>10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status</p>
Goal 11	<p>Make cities and human settlements inclusive, safe, resilient and sustainable</p> <p>Target(s)</p> <p>11.2 By 2030, provide access to safe, affordable, accessible and sustainable transport systems for all, improving road safety, notably by expanding public transport, with special attention to the needs of those in vulnerable situations, women, children, persons with disabilities and older persons</p> <p>11.7 By 2030, provide universal access to safe, inclusive and accessible, green and public spaces, in particular for women and children, older persons and persons with disabilities</p>
Goal 17	<p>Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development</p> <p>Target</p> <p>17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts</p>

Source: DFID, 2016

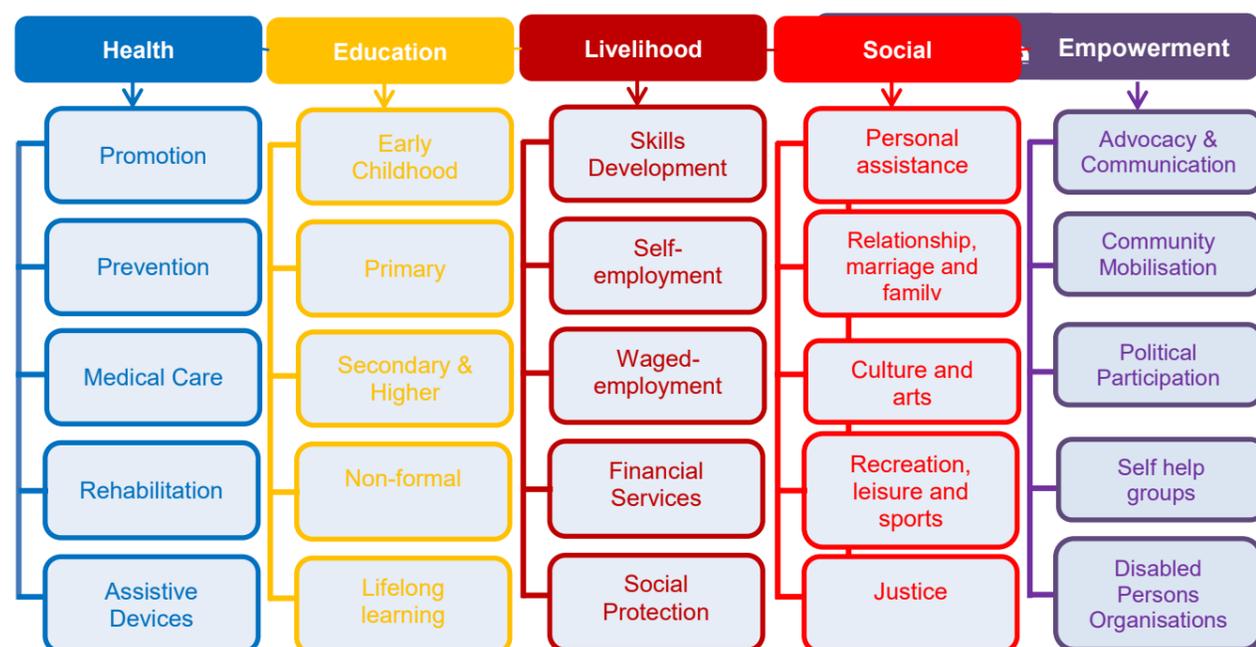
Annex 2: The Community Based Rehabilitation Matrix

Basis of the action areas

In 1992, Uganda adopted Community Based Rehabilitation (CBR) as a national strategy for responding to the various needs of persons with Disabilities (PWDs). The National Action Plan for Children with Disabilities adopts the CBR matrix and the components thereof as action areas.

The CBR matrix gives an overall visual representation of CBR. The matrix illustrates the different sectors, which can make up a CBR strategy. It consists of five key components, each divided into five key elements of: health, education, livelihood, social aspects and empowerment.

The components and elements are underpinned by a number of principles which inform the work. These principles are intended to be translated into tangible ways of working and are be observable in programme activities. The CBR matrix is illustrated as below



SOURCE: WHO, 2010

ACKNOWLEDGEMENT OF MEMBERS WHO PARTICIPATED IN THE DEVELOPMENT OF THE NATIONAL ACTION PLAN ON CHILDREN WITH DISABILITIES.

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4	Beatrice Nabulime Kaggya	Assistant Commissioner Disability and Elderly	MGLSD
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6	Rose Bongole	Senior Physiotherapist	Ministry of Health
7	Janestella Ogwang	Principal Probation and Social Welfare Officer	MGLSD
8	Agnes Nampeera	Senior Rehabilitation Officer	MGLSD
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2	Geoffrey Katende	Program Officer	Uganda Society for Disabled Children
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