The Journey of Capacity Building for Sustainable Development Project

“To ensure that persons with disabilities in Uganda attain independent living”
INTRODUCTION

The “Capacity Building for Sustainable Development Project”, cord named “CBSDP” has been a 4 year Joint Partnership Project (2014 - 2017) implemented by 3 Ugandan Partner Organizations of Persons with Physical Disabilities and 3 Danish Partners. The Ugandan Partners are: Uganda National Action on Physical Disability (UNAPD), Spinal Injury Association of Uganda (SIA) and Brian Injury Support Organization of Uganda (BISOU) while the Danish Partners are: Disability Sport Organization Denmark (DSOD), Danish Handicapped Forbund (DHF) and Danish Brain Injury Association (DBIA). The project was guided by 5 components, where 3 were specific to individual Ugandan Partners, while the 2 were cross-cutting among the three Ugandan partners(Sports and joint components). Each Ugandan partner had their own project districts, while sports component was jointly implemented in 4 selected districts of Busia, Nebbi, Kampala and Mubende (Mubende Rehabilitation Center (MRC) and lastly, the Joint component which was also shared among the 3 Ugandan partners.

WHY THE PROJECT

Capacity Building for Sustainable Development Project was born out of the premise that many disabled people’s organisations of specific category had been formed over the years in Uganda and has been diversely engaged in various scattered advocacy interventions with minimal impact towards their membership, which if jointly done would yield greater results. As a strategy of achieving greater and jointly owned impact, the Danish Partners (DHF, DBIA, &DSOD) developed a coalition project together with selected 3 Ugandan partners of persons with physical disabilities titled “Capacity Building for Sustainable Development Project”. The 4 Year Project implemented in 18 districts of Uganda( UNAPD-4, BISOU-8, SIA-4,Sports/Joint-4) was aimed at empowering PWDs in Uganda to attain independent lives and building the capacity of the partner organisations to become respected, united and legitimate voices in advocating for the rights and interests of PWDs.

By the national status, PWPDs are also disproportionately poor and less educated than the general Ugandan population. It’s estimated that about 80% of PWDs live in conditions of long-term poverty with limited access to education, health facilities, sustainable housing and employment (2004 Uganda Survey Report). PWDs who are out of school are 4 times more than those in school and only 2.2% of PWDs in Uganda have attained post-secondary level education, approximately 90% of PWDs in Uganda do not go beyond primary education (Uganda Population and Housing Census 2010). Results also indicate that the likelihood that people who stay in a household with a disabled head live in poverty is 38% higher than the likelihood that people who stay in a household with a non-disabled head live in poverty (Johannes G. Hoogeveen: Disability and Poverty in Uganda, 2004). This all justifies why PWDs are classified as the poorest of the poor, living in abject poverty which requires immediate attention like any other marginalized populations. In an effort to change the above situation and stereotype associated to PWDs in Uganda, the above named partners designed the Capacity Building for Sustainable Development Project to address the 3 thematic areas of advocacy i.e. inclusive education, rehabilitative healthcare and economic empowerment.
Project Development Goal

“To ensure that persons with disabilities in Uganda attain independent lives and building the capacity of their organizations to become respected, united and legitimate voices in advocating for the rights and interests of PWDs”.

Project Objectives

- By 2017, PWDs in 25 districts have improved their quality of life through personal empowerment (6000), access to Education (120), Health (1500) and Poverty Alleviation Programs (1300)

- By 2017, 29 District Associations of BISOU, SIA and UNAPD are functioning transparently, democratically and efficiently, and are actively pursuing self-defined advocacy, membership empowerment and resource mobilization goals

- By 2017, SIA, BISOU and UNAPD at the national level are functioning transparently, democratically and efficiently, are working with the disability fraternity on common goals, have established common policy platforms on vital issues, and have financial independence strategies in place (BISOU, SIA) or advancing significantly (UNAPD).

Project Achievements/Impact

INCLUSIVE EDUCATION

Inclusive education was one of the advocacy component of the project specifically handled by UNAPD in four districts (Mbale, Lira, Kabale and Mukono). There are a number of interventions as per the project design aimed at ensuring increased access and retention of CWDs to primary education.

The project trained relevant stakeholders of the targeted districts and sub-counties into the key concepts and practical methodologies of inclusive education aimed at imparting knowledge and skills of promoting education for all. The participants ranged from LC3 chairpersons, PWDs councilors, district engineers, district inspectors of schools, District Education Officer (DEO), in charge of Special Needs Education (SNE), Sub-county chiefs, head teachers of the project schools, SNE teachers, and few selected parents/guardians of CWDs. In the same effort, the SNE teachers from the 16 targeted schools of the project were also trained in practicalities of accessibility auditing and child to child methodology so that the schools can have a favorable environment for learning of CWDs.

In the practice of the acquired knowledge and skills for the empowered stakeholders of the projects, there are a number of registered achievements as were being tracked by the monitoring tool of the project as follows; In Mbale district, Bumageni Primary School constructed 2 new classroom blocks with ramps, Masaba Primary School constructed a ramp at the head teachers’ office, 4 ramps on classes and reserved one latrine stance for CWDs. Additionally, Redeemed of the Lord church in Mbale also constructed a ramp. In Kabale district: Nyamishamba Primary school made pathways to classrooms for CWDs, and reserved a latrine stance for CWDs, Bugalama Primary school made reasonable accommodation for a classroom block for CWDs, Kamugunguzi Primary School made pathways for CWDs and reasonable accommodation i.e. spaced desks, reserved desks for CWDs in front of classroom for CWDs.
and Kitanga Primary School made pathways for CWDs and constructed an accessible latrine stance for CWDs. **In Lira District:** Barr Primary school constructed 6 ramps on 6 new classes and reserved a latrine stance for PWDs, Okwetikwe Primary school constructed a new classroom block with ramps, and 2 latrine stances reserved for CWDs with ramp, wide doors and handrails, Ireda primary school renovated all the dilapidated ramps on the main administration block in the school, Ayile primary school constructed ramps on 6 classroom blocks and one accessible latrine stance specifically reserved for CWDs and a new Moonlight hotel also constructed accessible ramps and there are plans to have elevators on the building to ensure access to the floors.

**In Mukono district:** Nakanyonyi Primary School constructed a ramp at the main hall for a start of accessibility improvement, an accessible latrine constructed at Bishop West Primary School, Mukono district local government also revised the drawing plan for the district headquarters to include accessibility indicators, and the commitment of the district engineer to never approve a building plan which doesn’t comply with the accessibility indicators, before a building plan is approved it must have accessible provisions as a requirement for approval. Additionally, the project developed guidelines for enrollment and retention of CWDs in schools and by the end of the project, these guidelines had been adopted by 2 primary schools in Lira (Ireda and Barr Primary Schools), while 4 schools in Kabale and 1 school in Mukono were yet to present the guidelines to the PTA for discussion and approval.

In an effort of promoting and strengthening enrollment and retention of CWDs in schools, the project innovatively introduced the parents support groups (PSGs) as a strategy of bringing together parents of CWDs into groups of 15 – 30 parents per group, be trained into group dynamics, management of their children, children rights, saving and loaning, practical income generating activities, among others. This was intended to ensure that these parents share experiences of child handling, learn child rights, understand their responsibilities, love for the children, but also able to save and start income generating activities in order to improve on their household incomes and be able to meet the basic school necessities. By the end of the project, 6 PSGs were formed in Lira district, 12 groups in Mbale, 4 groups in Mukono and 4 in Kabale districts. All the **26 PSGs** formed benefited from the different government livelihood programs but most importantly acted as a **catalyst** for increased enrollment and retention of CWDs in schools. With all these efforts of the districts and sub-county stakeholders, the project registered increased enrollment of **321 (F =147 M =178)** CWDs in the 16 project targeted schools (4 schools per district).
Pretty’s Life Changed after Joining School in Kabale district.

Pretty Nyamwezi is my name and I am twelve years old and living with my mother, now in primary one at special needs education Centre, Kitanga (Kabale District). I feel very proud to see that I am also in school like my other brothers and sisters. My father never wanted me to go to school but later, my mother took me to school without the knowledge of my father after being sensitized by Kiconco Hope (UNAPD Project Assistant) about the right to education for CWDs. Good enough when I reached school, I got a sponsor for my education and this reduced my mum’s burden of looking after me. Later, my father passed on and because he never love me, I was not told until I went home for holidays. However I pray to God to forgive him because he did not know that I am also useful. I am in a boarding school, and I am loved by my fellow children even those who are not disabled. My teachers are doing a lot of work to see that I am successful in my education.

“Pretty as she appears in the photo shot clad in a school uniform”
Acen Judith life after Landmine accident

“I was born normally on the 16th June, 2000 at Aromo health IV, in 2013 during insurgency of the Lord Resistance Army (LRA) as we were running for safety, I stepped on a landmine which destroyed both of my legs. Since then, with the help of the Lira District Action on Physical Disability (LIPHA), I was given artificial limps to enable me walk independently. Life was not easy before because my father used to carry me to school and sometimes picks me very late from school and it was always worst when it rains. When UNAPD came to Lira and introduced the Parent Support Groups (PSGs) and my father joined as a member of the Group, I saw improvement in our family lives in terms of household incomes. After my Primacy Leaving Exams (PLE) and with the help of madam Florence Adong (Treasurer LIPHA), I was admitted in Nancy Comprehensive School for senior one but I could not continue due to some personal challenges and stopped in second term of 2016. I want to thank LIPHA and Florence in particular for supporting me in the first two terms of 2016 by contributing towards my school fees.

I thought of going for hair dressing after dropping out of school in senior one because I thought hair dressers were making a lot of money. UNAPD project assistant in Lira tried to convince me to continue in school but I refused. He later organized home visit with some LIPHA members and chairperson of district PSG, counseled me and my father on the importance of having a certificate of ‘O’ level and if possible for ‘A’ level and go to university to become a lawyer advocating for the rights of PWDs.

My father changed his attitude and later took me to Green Hill Academy in Lira where am currently very happy in senior two and believe to have a bright future because of UNAPD and LIPHA.

I now want to become a lawyer in future, sincerely I want to thank LIPHA for their support in terms of counselling, school fees and also lobbying for me to get crutches and a wheel chair.” Judith narrates
ECONOMIC EMPOWERMENT

It’s estimated that about 80% of PWDs live in conditions of long-term poverty with limited access to education, health facilities, sustainable housing and employment. It should be remembered that the likelihood that people who stay in a household with a disabled head live in poverty is 38% higher than the likelihood that people who stay in a household with a non-disabled head live in poverty. The 4 year project therefore had economic empowerment as one of the strategy to support the membership of the Uganda partner organizations to respond to the above situation. The interventions revolved around building the capacity of the membership to actively participate in the different livelihood programs both government and non-governmental, but also to motivate the members to become creative in starting their own income generating activities. The membership of the partners used different approaches of livelihood which were sought more practical in their own context which directly or indirectly impacts positively on their household incomes. The summary below highlights some of the outcomes of the interventions;

**Meeting with the Parent Support group in Nakanyonyi primary school during a monitoring visit.**

UNAPD mostly used the approach of VSLA as a tool of empowering the membership and parents of CWDs in the already formed PSGs to practice saving, and loaning in order to start their own income generating activities. By the end of the project, 26 PSGs were practicing VSLA and a total of 624 members (48 members are PWDs) benefiting from VSLA approach, had improved on their household incomes and are able to support their children with the basic necessities of life in the home. In addition to the impact of VSLA towards the membership, 4 project associations (Lira, Kabale, Mukono & Mbale) have benefited from different poverty alleviation programs i.e special grant for procuring goats, Pigs, Crops like...
Irish potatoes. Other non-project districts of Kayunga, Paliisa, Wakiso, Kiboga, Busheyi, Kisoro, Iganga, Oyam, Nebbi districts have also accessed different PAPs.

BISOU and SIA on the other hand mostly capitalized on empowering the membership with practical lifelong skills of different Income Generating Activities (IGAs), proposal writing and strategies of effective access to government development programs which could generate income to their households. In the course of the project for BISOU, 33 members of Kayunga and 31 members of Masindi benefited from Poverty Alleviation Programs (PAPs). 43(23 from Wakiso & 20 members from Kayunga) have activity got involved in the different practical income generating activities such as chalk and book making, tailoring, mat making and knitting. While on the side of SIA, 40 members from Lira and Iganga benefited from Poverty Alleviation Programs (PAPs) such as Operation Wealth Creation (OWC) in form of seedlings and fruits.

*Group of members showcasing their handcrafts for sale.*
My name is Janet Ajangi and I am a member of UNAPD based in Lira. I was born normal but suffered severe malaria in 1996 when I was 7 years. My dad tried all possible ways to help me but in vain. He took me to all the good hospitals in Kampala but could not help me regain my strength and both of my legs were paralyzed. Later the doctor noted that I should return home and undergo physiotherapy. My dad paid some money and I was given caliper, I never lived with my mother and I don’t know her where about. Unfortunately my father died in 1999 and I became an orphan.

My uncle then took over and he refused to cater for my education saying that “am a useless disabled girl without any future”. He further noted that I will not get married and therefore no need to go to school as it will be a waste of money. My uncle died and my grandmother took me to stay with her, she started paying my school fees. I was lucky that she got for me a sponsor who paid my school fees till I completed certificate in stenography (secretarial) and Diploma in social works. Before education, I was not able to speak freely in public because of fear and if any visitor comes home, I would hide under the bed of my grandmother. I even wanted to commit suicide because I had lost the confidence in Me. My relative mistreated me and I faced negative attitudes from all corners. It was really painful for me since I was born without disability; it took me time to accept my condition till I was identified by Lira Physical Disabled Association (LIPHA) board--members and joined the disability movement where I attended a series of trainings and conferences which gave me courage and confidence.

In April, 2014, I was elected as Board member for LIPHA representing youth. Later with the capacity built by UNAPD, became a treasurer for Lira District Disabled Female Youth Association, an Accountant with Lira District Disabled Women Association and a treasurer of the VSLA group. I am now empowered, confident and living an independent and happy life and all attributes to LIPHA and UNAPD. My relatives who rejected me and looked at me as nobody now respect me and wants to be close to me, they even wanted to follow my child’s father for the bride price. I am proud of my handsome son, a plot of land of my own, 3 cows and a motorcycle for my transport. I want to thank UNAPD for the great work which made me an inclusive woman living an independent and dignified life.
My name is Naume Akwee, am 26 years living in Lira sub county. Six years ago was the most disgusting thing that has ever happened to me when I got an accident and ended up in a wheelchair. But now, am happy due to positive change in my life after meeting a team from SIA who had come for peer group training activity under Capacity Building Project in Lira town and I was invited. While attending the training, I didn’t know anything, I didn’t even want to go for the training because the last think I wanted was to live again or if not to die. In that Peer Group Training (PGT), they taught me bladder and bowel management, Wheel chair skills, skin care and all those led to my independence. I used not to leave home but after the Peer Group Training (PGT) because I would now manage bladder and bowel, I even looked much better. I started moving in and out of home.

Because I had my independence, I even managed to go back to school and continued from senior five(S.5) and now this year of 2017, am a candidate and am sitting for S.6 exams, hoping to go to the university next year 2018.

Due to empowerment of SIA-U, there was formation of Lira Branch, SIA-Lira and we managed to get special grants from the government and bought goats as a group and personally got 1 goat for rearing in 2016. As I talk now, the goats have multiplied to 4, and I sold one to buy my school requirements. Am left with three and am happy to mention that I can now use any of these goats to get a loan and boast my business.

Am a business woman as well and deal in beads, netting and crocheting. Am so happy because am now on my way to living more independently.

Thanks to people who funded Capacity Building Project which has empowered us differently to live independently, and thank to everybody who came into my life and made me who I am today.

Life after joining Brain Injury Support Organization of Uganda (BISOU)

My name is Soita Mayanja, I live in Bugiri district in eastern Uganda. I got a stroke in 2013 which ended up damaging my brain as well and that is how I got my brain injury. In 2014 during the Brain Injury Support Organization of Uganda (BISOU) mobilization visits, I became a member alongside many others and even later became a BISOU Bugiri branch volunteer. The initial link with BISOU was from UNAPD who directed BISOU to find me because they had known me and my condition when I left hospital after being admitted in hospital for months.

When BISOU found me, I was using local herbs for treatment and they encouraged me to consult with medical professionals when it comes to health even in situations of cognitive challenges that were less popular then. I am one of the primary beneficiaries of the services of
BISOU advisory committee, who are a team of medical workers from Mulago National referral Hospital. I accessed free referrals, medical care plus drugs. The physiotherapists taught me a number of physical exercises and further in the area of community based rehabilitation (CBR) which also helped me get better.

In 2015, my self-help group (SHG) known as DICA BISOU SHG was able to apply for a trust fund that supported a skills development project that has highly contributed to turning my family’s incomes around. My wife and caretaker as well were able to participate and gained new skills in making African handcrafts like mats, bags, bangles/bracelets, door mats, jewelry, etc., which has greatly contributed to improving our family’s standards of living.

I am forever indebted to BISOU for the re-instatement on my job at the district local government and my health has greatly improved. Grateful for the capacity building project for sustainable development. Thank you.

In 2006 after my S.6 examinations, was a life changing trend for me when I was knocked by a motorist who left me almost dead, when I woke up three weeks later, reality hit me in the face that my spinal cord was completely shattered leaving me a wheelchairs user for life. The accident changed my life to a new trend “Spinal injury is terrible, your body losses control of some functions like control of urine and without a catheter or training to control urine when you are in a mess. I couldn’t do anything for myself, I had to be showered which is not something a young man would wish for, I felt ashamed and helpless; I remember crying all day for many months on my bed. To make matters worse, my mother died while I was in hospital but I couldn’t bury her; this broke my will to live”.

I couldn’t stand or sit, I got bed sores (Wounds that long term bed ridden patients get because they are unable to shift position), and they start like small boils but grow bigger until they burst. My attendants were advised to turn me 5 times a day and apply honey or some creams, luckily my father could afford them, imagine for my brothers and sisters that can’t afford. Most of my time was spent rehabilitating, I had to learn how to sit in my new condition, surprisingly even using a wheel chair is not instant; it takes so much time that able bodied people cannot comprehend the difficulty.
I spent my entire vacation in hospital and when the results were released, I qualified for government sponsorship but I didn’t want to go because I was not willing to take my complications to the university. However, a lady called “Angela Balaba” from Spinal Injuries Association of Uganda deployed a team of people in our condition to different hospitals. It’s only someone in my shoes who could convince me to go back to school and after one dead year, I gained the courage to face reality. My dream was to be a lawyer but the government offered me Urban Planning and Regional Development which is field work oriented and given my state, I couldn’t deliver and sadly, Makerere University doesn’t have elevators or ramps on most of its buildings and when I went to request change of programs, I had a rough experience with the head of geography department who insisted I be carried to his office on the 4th floor. I couldn’t believe how insensitive he was and I scolded, later he recommended to be transferred to Kyambogo University.

Kyambogo has PWDs friendly accommodation but not classes, I couldn’t access the computer classes, and most of the lecture rooms were on 3rd or 4th floor. My friends had to carry me for the 3 years while studying Procurement and Logistics. It was very hectic, and greatly affected my performance. There is a time when my 3 friends and I fell down while carrying me over the stairs, Life at the university was really hard. Beside the hospital challenges, inaccessible buildings, expensive mobility appliances affects us so much. An averagely good wheelchair goes for 500,000/= locally made ones go for 200,000/=, When I joined Kyambogo, Professor Omollo Ndiege donated wheel chairs to us and even introduced 4 seater motorized wheel chairs. Although my form of disability couldn’t allow me use wheelchairs, I was glad that were used by others. What able bodied persons may not know is that wheelchairs break down so fast. I have used about 12 wheel chairs since 2006; as we move, screws, bolts and other parts loosen and fall out. So imagine 500,000/= each year for a new wheel chair is very expensive.

Spinal injuries Association Uganda, during the Capacity Building for Sustainable Development Project taught us how to write proposals in order to be able to access funds both internally and externally. Still in this same project, we were trained in leadership skills and management and currently, am now the chairman of PWDs in Bugolobi parish-Kampala. I am also a member of Spinal Injuries Association and the Director of Advocacy and Human Rights with STEP Ug – Support Transformation Efforts. Additionally, am currently a volunteer with PWD related organizations; I encourage PWDs to access funds by starting businesses and CBOs like I did in Nakawa. In 2014, I formed Spinal injuries association sports group in Nakawa, wheelchair sports like racing and basketball.

We are currently diversifying into business; concrete bricks, interlocking bricks. Funding is still a challenge but we shall get there. Am now living a positive and independent life and I give thanks to CBSDP and SIA team.
Disability Sports was a cross-cutting component of the project, where the Ugandan Partners used sports as a tool for mobilization, empowerment, rehabilitation, talent identification and exposure but also socializing and sharing experiences among the members. Disability Sports is one of the new strategies of empowering PWDs. UNAPD first piloted the sport during the Membership Empowerment Project in partnership with DHF and DSOD/PSD in Mubende Rehabilitation Center (MRC, Bukuya and Kalwana sub counties) with one identified sports disciplines of sitting volleyball. The Capacity Building and Sustainable Development Project borrowed from the successes and best practices of Piloted Project of Mubende to further build and expand disability sports to increase on the number of disciplines, and even cover more districts like Nebbi, Kampala, and Busia to be implemented by the membership of the three Ugandan partners. The 4 year project period witnessed a number of sports disciplines which were spread to the 4 project districts dependent on the availability of facilities, and practability of the discipline to the membership. Such disciplines included; sitting volleyball, wheelchair basketball, Boccia, table tennis, amputee soccer, wheelchair racing, among others. It should be noted that disability sports begun as a pilot at Mubende in 2013 and MRC particularly was considered as a place to learn, and get experience in building the different sports disciplines due to several disability sport disciplines being managed and the high number of disabled soldiers with different disabilities at the center. A number of interventions were done during the project period to build sport in the different project districts and these ranged from identifications, mobilization of members for the different sports disciplines, coaches’ trainings, district/sub-county coaches trainings, stakeholders meetings, sports gallas, media campaigns, regular trainings, procurement of equipment, among others.

Disability Sports made a number of milestone achievements/impact but a few can be summarized as below; Sports was primarily used as a key mobilization tool for memberships of the three Ugandan Partner Organizations (UNAPD, SIA &BISOU) and the statistical analysis indicate that **1,715** members were mobilized and participated in the different sports
disciplines in the four project districts of Nebbi (1132), Busia (89), Mubende/MRC (180), and Kampala (104) and averagely train 3 times a week. As a strategy to ensure sustainability of disability sports, 19(Kampala-4, Busia-4, Nebbi-6, Mubende-4 &MRC-1) sports groups have been formed and some have been registered as CBOs with the local government. Formation of the sport groups ensured the coming together of all members after training to purposely conduct saving, and loaning among themselves for improved household incomes and some also currently receiving government grants/support. Additionally, the project has also lobbied the district local government to integrate sports into the district plans and budgets and by the end of the project, Busia district local government resolved to include disability sports in their annual budget, amounting to 500,000/- in the financial year, while 2 sub-counties of Nebbi district (Parombo & Nebbi Sub-Counties) supported the sports groups with 500,000/- and 300,000/= respectively to supplement on their group savings. The 3 partners signed an MOU with Mubende Rehabilitation Center (MRC) aimed at strengthening the partnership relationship for better inclusion of Disability Sports among membership of respective organizations. Lastly, the sport component also played a key role of establishing structure associations of SIA and BISOU in Nebbi and Busia with an objective of creating awareness on the two type of disabilities.

VOX

Timothy Kiyingi (Strengthened as a bomb survivor)

Timothy Kiyingi is my name. I'm a Food Processing Technology graduate but also a person with acquired brain injury (PWABI). I suffered a brain injury in 2010 during the very popular world cup finals held in South Africa that time. I was at Kyadondo Rugby Grounds when the unspeakable happened. A pre-planted bomb went off injuring and killing many. I survived death but acquired a brain injury. I registered a number of dead years just after I was involved in bomb attacks in my first year at Kyambogo University where I was an undergraduate student at least until was reasonably rehabilitated to go back and continue my studies.

Life was a nightmare, I was subject to constant headaches, epileptic fits and also got downgraded at University from an 'A' student to a 'C' student because I had to reduce the intensity with which I studied coupled with many other health related challenges. The time I joined BISOU, things were far from normal but when I got registered as a member, immense opportunities have come my way through the BISOU programs and projects. I have been strengthened even after a history of surviving a bomb and in a lay man’s language ‘handed a future’.

This wasn’t my life and testimony before Joining BISOU. BISOU has helped me cope with my challenges, importantly through the advocacy programs and awareness raising on ABI. Presenting to me an opportunity to travel to Denmark and study in Egmont Folk High School, selected to be on the Sports Committee of the 4 year Capacity Building for Sustainable Development Project (CBSDP) gave me a great opportunity to identify with other PWABIs through sports and being able to assist them cope with their challenges. The CBSDP has boosted my self-esteem, given me confidence, hope, respect, a humanitarian heart and strength which I lacked before.

I've also gotten lots of trainings courtesy of the CBSD project hence my capacity has been built. I'm grateful to our donors and the partners for making the CBSD project possible. Today I'm more optimistic about the future than never before. I was able to go back to University and now a graduate, though not yet employed, but I am certain I will be. I am the president of the
Uganda Boccia Association and my mother who also happens to be my caretaker is currently on the BISOU Board of Directors as a vice chairperson. I have made many friends and been a hope and strength to many and to myself. I am truly strengthened as a bomb survivor. From the deepest bottom of my heart; thanks to my mother organization “Brain Injury Support Organization of Uganda (BISOU)”, DBIA, DSOD, DHF, Egmont High School, DPOD, UNAPD and SIA for the life changing empowering project titled” Capacity Building for Sustainable Development”

Community Development Officer (CDO) of Lumino sub county, Busia District

Mr. Ebu John Michael

Lumino Sub County is in the southern part of Busia, 20km from the district headquarters. It consist of four parishes and thirty seven villages, and its population majority are women.

When the Disability sports project was introduced in Lumino, it came with a number of experiences. First, it was my first time to know about disability sport, secondly its love by Persons with disabilities in Lumino then its major pillar of membership mobilization which as a sub county fulfilled a total of over 50 members that has been brought together as a result of the sport project. While the quarterly coaches meetings brought all the sub county CDOs in one place, made me to learn a lot from other sub counties on the best practices of implementing sport activities.

This enabled me to always support Lumino PWDs sport groups. The sport project came handy and played very significant role to the PWD in Lumino which includes:-

- Community awareness, where Lumino got to know about PWDs sports and will always accord support it deserves since plays a role of building self-esteem of PWDs and physical fitness.
- It brought PWDs together through playing the different sports disciplines, got closure to each other and in the same way, shared problems and solutions.
- We got to know about other physical disabilities like spinal Injury and Acquired brain Injury
- Group formation, Lumino PWDs sport group was formed as an organization that will bring together all mobilized PWDs doing sport. Coming up with the group idea was very positive because it helps us as a sub county to easily allocate members for any support
- Exposure and saving culture promoted, through sport activities, as members are able to save according to their earning. This is a very great activities that as a sub county, we shall continue encouraging Lumino, we will forever be grateful to UNAPD and partners for bringing such an initiative and we pledge to carry on with the legacy
Am Odoch Joel, age 38 from Nyaravur Sub County, Nebbi District. I’m the chairperson of Nebbi Spinal Injury Association (SIA) which was formed as a result of the disability sports project component in Nebbi district.

From the start of the sport project, we were sensitized that the project would aim at identifying and mobilizing different disability groups such as Spinal Injury and Acquired Brain Injury among others. For me as a person with spinal injury, it was one key project that I explored to identify and mobilize other members to come together since it was a very big gap in bringing members together.

Nebbi was only meant to implement two sport disciplines which was sitting volleyball and Athletics. This greatly limited my opportunity to get involved in any of the sport activities since am unable to participate in two sports disciplines. But never the less, much as I didn’t have any kind of sport to play, I went ahead to mobilize more members to bring them together, know each other as one of the sport beneficiaries. I was able to participate in the different trainings that the project implemented such as organization development, training on how to access the available government programs, I was supported by the Sports Project officer on how to form and establish SIA Nebbi which is now in existence.

Personally, the project greatly contributed to enhancement of my capacity in becoming a leader as am now the chairperson of the SIA Nebbi, the project also enabled most SIA members to come out from their beds to come to sport training areas to watch and cheers other members. As a chair of SIA Nebbi, I was also able to spearhead the trust fund activities after applying for project trust to identify, mobilize and carry out radio talk shows to sensitize members on rights of members of spinal injury and bring more members on board. During the capacity building trainings, I acquired knowledge and skills on financial management, report writing skills enabled me to successfully implement the project advocacy and sensitization activities and greatly positively impacted on members of spinal injury in the sport project sub counties of Nyaravur, Ulyeku, Parombo and Nebbi Sub County.

Towards the end of 2017, we were able to identify a sport discipline that we can easily participate in as SIA members of Nebbi which is Boccia sport, because it’s easy to play and we can play it while sited on our wheelchairs. So we await if another project comes in to bring us the equipment’s so that we can also be active in sport.

All in all, the sport component played a very big role in mobilizing members, bringing us together, forming SIA Nebbi, registering with Nebbi local government as a CBO and opening a bank account. On a monitoring visit, SIA office was also able to give us basics on how best to handle personal hygiene, physical health, like a case of pressers sores. The sport component was able to make me a great leader which I will continue to be to bring out issues and other concerns of People with Spinal Injury in Nebbi and West Nile at large since we are the first district in the region to be established.
Health is an essential pre-requisite to the social wellbeing of an individual and it’s within the government’s mandate to ensure that every citizens including PWDs access the essential health services with ease and at an affordable rate. However, despite the above mandate, the project partners (mostly SIA & BISOU) realized that there is a gap in the health service delivery system at both national and district levels to cater for the specific health needs of their membership. Through the Capacity Building for Sustainable Development Project, the partners embarked on an advocacy and lobbying campaigns to ensure that specific health needs of their membership are given special attention on policy level, procurement of drugs, and service delivery. Advocacy is progressive and achieving its tangible results takes some time. However, it’s important to note that the partners are proud of these achievements in the four year project as below;

Canadian Surgeons through SIA brought in a consignment of hygienic equipment and medicines and their affiliated pharmacies are also importing the same equipment and medicines.

BISOU engaged three regional hospitals(Iganga, Lira and Bugiri) on access to medicines and rehabilitation services, Lira regional Hospital was engaged in line with provision of access to drugs for PWABIs, Iganga regional hospital & Bugiri district Hospitals committed to include BI medicines (such as Sodium valproate, Carbamazepine, nootropil, neurolobin) in subsequent budgets of the hospital.

In the same vain, CBR activities in form of home visits, counselling, encouragement to take medicines and making appropriate referrals were carried out.

A total monthly average of 96 members benefited from CBR activities in the project districts which led to improved quality of life for members significantly.

In line with service delivery, BISOU cognitive unit benefited a total of 51 Clients both physical & cognitive rehabilitation services, out of these, 18 were members and 33 were non-members.
**Power of a clinical day, a journey to Recovery**

Emmanuel Mwesige is a 14-year-old boy with acquired brain injury, a son to Mr. Bigaruka Edward and Nyirabagyenzi Annet of Kapeke Sub-county, Kiboga District. He acquired his brain injury due to epilepsy. His epileptic attacks worsened at the age of 8 when he was in primary two. “...he could get more than six attacks a day...” said the parents. Like many unknowing parents, Mwesige’s parents took him to a number of traditional healers or witch doctor’s inclusive because to them, those were ancestral spirits disturbing the boy, only for the boy’s condition to worsen leading to his dropping out of school.

Emmanuel continued suffering several attacks a day leading to mental retardation which created a lot of misery to both the parents and the boy himself as his health deteriorated every other day and there seemed to be no solution at all. Due to membership mobilization activities, this family heard about BISOU, what acquired brain injury is all about, causes and effects, they easily identified that their son might have ABI as a result of frequent epileptic attacks and so joined BISOU as a member. When they joined BISOU Kiboga Branch in 2015, little did they know that through the “Capacity Building and Sustainable Development Project” (CBSDP), specifically the lobbying and advocacy activities by the district branch leadership, a journey to recovery would start, as local self-help groups (SHGs) and as a district branch, they never got tired of lobbying at both the hospital and at the district headquarter with the health officer for drugs to help cater for medical conditions of PWABI in Kiboga district.

The advocacy efforts by the district leaders, soon yielded results – a clinical day was set aside by Kiboga Hospital specifically for persons with acquired brain injury every last Friday of the month and drugs availed free of charge at the hospital pharmacy for PWABI. The clinic is attended by over 200 persons from both within Kiboga and surrounding communities. Emmanuel regularly attended the PWABI clinic day at Kiboga Hospital, and got access to not only medical doctors but to drugs as well and he got better. The epileptic attacks started reducing slowly and eventually stopped. The boy has spent 2 years without epileptic attacks. “...Emma’s condition improved, he barely gets an attack these days, and in fact the last time he got one was over 2 years ago. Thank you BISOU and Denmark...’ say the happy parents. Emma has been able to go back to school and is performing well. He is now in primary 4 and he was the 8th in the class of 35 pupils. He says, he wants to become an Engineer.

“...I want to become an engineer when I finish school and help in developing my district and country...” says Emmanuel.

Both Mwesige and the parents are very happy. The Parents say they give glory to God and lots of thanks to BISOU for the CBSD project through which the PWABIs clinic day in Kiboga Hospital was established. The branch chairman Ssembuusi Zac is equally elate with Emma’s success story and says “...the good work of the capacity building for sustainable development project must continue
through BISOU in order to continue changing and touching people’s lives. Like the lives of Emma and his parents...”

ACCESSIBILITY

Accessibility is one of the key area of specialty for UNAPD for quite a long time and such built forte and expertise begun with UNAPD partnership with DHF in 2007. The journey begun with the development of the “Accessibility Standards” coupled with a number of advocacy and lobbying interventions aimed at raising awareness on accessibility rights, implementation of the standards in the construction industry, among others. Later, UNAPD embarked on a campaign to lobby the government of Uganda through the Ministry of Works and Transport to finalize the development process of the Building Control Bill, and UNAPD’s interest was to ensure that this Bill before it becomes an Act, adopts the Accessibility Standards, as one of the key reference documents by the construction industry. It’s worth remarking that with the support of DHF supported project (Membership Empowerment Project), UNAPD succeeded in having the Standards to be adopted by the Building Control Act (2013) before being passed by the Parliament of Uganda.

State Anthony from the Ministry of Justice and Constitutional Affairs receiving inputs into the regulations of the Building Control Act 2013

During the Capacity Building for Sustainable Development Project, efforts were geared towards working with the Ministry of Works and Transport during the process of developing the regulations for the Building Control Act, and UNAPD’s interest in this process was to ensure that the Accessibility indicators in the construction industry are not lost along the way before the regulations are finalized. UNAPD is the only DPO which is being recognized by the Ministry of Works in this sector and been invited to several technical workshops developing the regulations. Although the regulations are not yet complete, the trend is positive and hopefully by the time of commencement of the Building Control Act, the regulations will be compliant with the Accessibility Standards and enforcement will be guaranteed. Additionally, in order to ensure strengthened compliance with the law, the Act provides for the establishment of the Building Control Review Board which will have a representative of PWDs on this Board. UNAPD’s efforts towards this representation is to ensure that the appointed PWDs representative should have wide knowledge on accessibility needs of PWDs not just a PWD without knowledge in this technical matter.
As a strategy of duplicating the Building Control Act and implementation of the Accessibility Standards at local level, UNAPD in the course of this project also worked with Mukono local government (Nabaale Sub-County) to develop a Bye-Law on Accessibility. The Bye-Law which was passed by Mukono District Council is aimed at enforcing the implementation of the Accessibility at Local Level, and currently, it was resolved by Mukono District Council that the District Engineer will never again approve any drawing plans of buildings or facilities which are not compliant with the accessibility needs of PWDs. Other advocacy and lobbying interventions are equally spearheaded by UNAPD ranging from accessibility auditing of public buildings, schools, and facilities both at national and district level, coupled with media campaigns as well.

The disability/accessibility advocates will never forget the time when UNAPD in partnership with DHF organized a 3 weeks co-creation workshop in Uganda facilitated by 2 Danish Accessibility and Co-Creation experts (Rie and Silly) with the main aim of establishing the practical strategies of constructing a universal prototype latrine for CWDs. This co-creation workshop was the first of its kind in Uganda which brought together a cross section of stakeholders in disability and inclusive designs or accessibility including ranging from university students from Denmark and Uganda, architects, engineers, disability rights activists, teachers, school managers, among others.

The sharing of practical solutions from the developed and developing context (Denmark and Uganda) was key in the design of this Prototype Universal Latrine, the great facilitation by the Danish experts through the active participation of every one at different levels and cross-fertilization of ideas created room/opportunity for all to learn from each other. At the end of this exercise, the participants were proud to see a well-constructed universal prototype latrine for CWDs at Kyambogo Primary School as the final product which could be duplicated to other parts of Uganda in the same setting. The existence of this latrine has greatly impact on the school performance through the registered increase in the enrollment of CWDs but also improved on the retention of these children at school. This legacy will always remain in the Minds of these children and the school management.
A few of the key stakeholders/participants of this co-creation has the following to pass-on to the readers;

**VOX**

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**Life changing experience by Lykke Strange Olsen**  
(Danish Student at co-creation)

"As a woman born and raised in Denmark who’s never been outside Europe, my knowledge about life in African countries has been very limited. Prior to my three weeks in Uganda, I thought I knew a lot about Africa. In reality, I only knew three things for sure: we have very different cultures, we look different, and once a year we collect money on big television shows for you. We’re schooled to pity by the children in commercials with huge stomachs and no parents, the same way we pity amputees, wheelchair users and mentally impaired.

That’s why the most valuable experience I had in Uganda was through our multiple visits to schools for physically disabled children. The mental strength and the kindness of the pupils was humbling, and as I watched one girl help another, a wheelchair user, up a hill, I found my pity transformed into sheer admiration for their will to succeed and help each other. This kind of determination was found everywhere we went - no matter the disability; the children were intent on learning and making the best of what they had been given. It was inspiring and it gradually changed me. It also made me realize that no matter how big a challenge you face, it can be overcome when you use that incredible determination of yours, and that the best way I can help you is by sharing my knowledge and enthusiasm with you.

I now know a little bit more, I know that the people of Uganda are determined. I know how difficult it is to wheel oneself on wheelchair up a dirt road. I know that the picture they paint of Africa in western countries is only a tiny part of your identity. But most of all, I know that the strength you share will accomplish anything you set your minds to.

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*Sille (Danish expert) facilitating one of the group discussions during the co-creation*
As a sanitation service provider in Kampala, I appreciate initiatives to address the existing gaps in sanitation service provision in this case, improving access to sustainable sanitation facilities. I enjoyed the learning journey taken during the co-creation project as it captured unique needs of the end users as these are critical for any project planning.

As a stakeholder, I was pleased to share experiences and reflections on the subject in light of external environment, access and operation of a typical toilet facility. Furthermore, knowledge from other relevant stakeholders in the areas of building, architecture, Persons with disability, advocacy groups and education sector enriched the discussion towards a universally accepted design.

I am confident that with the inclusion of sustainable architecture and environmental issues in designs, execution of works and operation of facilities; education facilities specifically school sanitation facilities will deliver quality services to the users and sufficiently address the existing crisis in the sanitation service provision.

**LESSON LEARNT**

In every project, there are always lessons learnt ether positive or negative which come to the forefront of implementers and stakeholders. However, particularly for this project, it came out very clearly that joint advocacy is the best strategy of moving the relevant stakeholders than the individualized advocacy.

Secondly, there is diversity in disability and so are their needs as well. However, DPOs have to first understand and appreciate the existing diversity in such needs before can embark on the joint campaigns for the social change or respect of their rights. This will reduce or eliminate competition but instead create solidarity in a positive direction.

Although the project adopted disability sports as a tool for mobilization of members, it was later realized that actually disability sports is a good and practical tool for PWDs empowerment, talent identification, exposure and to a great extent can be a source of income to some talented individuals, e.g David Emong (athlete from MRC) Uganda’s First Paralympic silver Medalist and World Para-Athletics Championship Gold Medalist now qualifies for a monthly income of 5milion from the Government of Uganda through the Ministry of Education and Sports.