



COMMUNITY BASED INCLUSIVE DEVELOPMENT ORGANIZATION – KAGERA (CBIDO -Kagera)

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CBIDO

YEARPLAN 2020

COMMUNITY BASED INCLUSIVE DEVELOPMENT ORGANIZATION (CBIDO) YEAR PLAN 2020.

This year plan is the description interventions, activities and the intended goals to be reached at the end of 2020.

Since CBIDO is the pro-disability organization, its interventions, activities and intended goal(s) are focusing to persons with disabilities under the age of 25 years old. The interventions under CBIDO serves/supports persons with disabilities through Community Based Rehabilitation (CBR) approach/strategy principled by “**Low cost high impacts**”

CBIDO main area of focus/interventions are Health, Inclusive Education, Livelihood, Social inclusion and Empowerment as per CBR matrix. These interventions are provided to children of disabilities with various disability conditions, such as Cerebral palsy(CP), Epilepsy, Down syndrome, intellectual impairment, sickle cell , Autism, Albinism, burns contractures, bowlegs, osteomyelitis, Bowlegs, Knocking Knees, Clubfeet, Hydrocephurus and Microcephurus, Cleft lip and palate, Eye problems, Dwarfism, Elephantiasis, Muscular Dystrophy, Spinal Bifida, Hernia, Amputations, other deformities,

In the year 2019, CBIDO managed to support 963, but due to various reasons including death, poor cooperation, migration ,over age , and fulfilment of the plans, 15 were removed/exited from the programme, that making the current 2019 programme beneficiaries to be 948, it is planned for the year 2020 CBIDO in all interventions above will serve out 1,244 beneficiaries.

The following are the discretions as per interventions and the intended objective to be reached.

Under health and rehabilitation for 2020.

Objective: To create awareness to the communities related to disabilities for prevention strategies while supporting for promotion of persons with disabilities through assistive devices and rehabilitation (therapies, treatment and operations to improve their disability conditions by 2020.

Under health and rehabilitation interventions and activities are focusing on the following main areas.

- Prevention
- Rehabilitation (Therapies, referrals, operations, assistive devices, parental trainings)
- Abilitation (Psychosocial support to families living with child(n) with disabilities, through home visiting, economic empowerment, etc)

HOME VISIT.

Both Facilitators and VRWs from their respective zones and villages are visiting families living with child with disabilities for setting, individual rehabilitation plan for each child, follow-up on plan made, early identifications, referrals, prescribe, make and repair local assistive devices and offer simple physiotherapy at home. During the home visiting process facilitators and VRWs are able to assess how the families are meeting the set plans, and prepare the family for exit plan as per set criteria. It is also at this stage field personnel are building parents psychologically, planning for parental training, intensive therapies or any activity that could lead the family together to achieve the goals per individual assessment plans and ready for exit. The number of visit per child depends on the individual rehabilitation plan/assessment.

VRWs;-work 2 days a week

-one day with facilitator conducting short meeting mainly on awareness raising in the community (eg health centres)

FACILITATORS ; Work 4 days; 3 days home visits with VRWs and make sure 1 day within a week do awareness raising on prevention of disabilities, specifically to pregnant mothers and other community members through public meetings.

Purchasing equipment for field work (home visits) bags, pair boots, umbrella, Bible, tape measures, exercise books, pen.

Outreach clinics.

These are special gatherings whereby community members, both with and without disabilities are gathering at one point to say at health centre, Village office(s) or any other public building to meet with facilitators, Village Rehabilitation workers, specialists depending on the programme village need such as optician, Physiotherapist, ,psychiatric nurse, mainly for awareness creation on various issues related to disabilities, for prevention, conducting simple therapies, making follow ups according to individual plans and assessment, optical services, spectacles ,referral provision to clients to attend both at CBIDO and KCBRP rehabilitation Centre, and other health facilities, prescription of assistive devices, and if during the home visiting time VRW or Facilitator meet a very complex case(s) this is good time for the team to make right decision since there are multi-disciplinary teams. Chief field officer collaborate with Zone Facilitator and VRW to organize the clinics, as per the annual plan. CBIDO is planning to conduct 24 outreach clinics in all programme villages by the end of 2020.

Conducting one day workshop to health practitioners from both Karagwe and Kyerwa District , this is the good platform for CBIDO to building capacity of health practitioners especially nurses and mid-Wives, Doctors, maternal and child health practitioners, Ward health officers, for basic CBR issues, disability conditions as mentioned in introduction part, why this kind of training, most of them are responsible in helping pregnant mothers during pregnancy period, during delivery and after delivery when mothers are taking their babies for post natal clinics where if this important group of stakeholders are equipped with knowledge and skills will result to very kin delivery procedures, to reduce disabilities that are always happening during delivery due to irresponsibility's and negligence's, will also make early identification of both birth defects (physically seen direct after birth) and intellectual impairments especially during post natal clinics to children with very poor progresses. This is conducted by external facilitators, the hall is at KCBRP rehabilitation centre, social value added to this activity it strengthening collaboration and work relationship that simplify work issues to both field workers, VRWs and clients in terms of services from health centres, in 2020 this activity will be done quarterly where one day session will have 75 participants.

Practical training to both parents and Village Rehabilitation Workers.

These are planned simple but practical trainings to both, VRWs and parents especially parents of children with some similarities in terms of the child conditions, or the social conditions through which the child is living such as social discrimination and isolation, parents have time to share experiences on how to better support and take care of their children regardless of the life hardship they are going through/passing through, CBIDO physiotherapist in collaboration with respective zone facilitator are responsible in handling the whole week session for 5 days, VRWs are joining the session to practically learn what physiotherapist do per each child so as they are able to make follow ups, but also they can use the gained skills/knowledge to help other many children from their respective village programmes, various topics such as feeding and nutrition, small businesses hygiene, therapies, child with disabilities acceptance in their families and communities, CBIDO also use this to tap many information on how the community perceives persons with disabilities so that the same information are used to sensitive the communities through Home visiting programmes, outreach and community radio programmes. The experiences shows that most parents who came for the parental trainings, are socially discriminated, isolated simply because of having children with disabilities, but within five days session, parents are gaining strengths due to psychological build up done by the responsible teams. In 2020 CBIDO will conduct one session monthly each session will comprise 10 children, being accompanied by their parents, they are offered with food, single transport and in some cases few are supported with go and return transport, accommodation costs are covered by CBIDO, this services is conducted using KCBRP Rehabilitation centre.

Intensive CBR trainings to Village Rehabilitation Workers (VRWs).

This is the planned capacity building to Village rehabilitation workers on various issues to help them do their work effectively, it is on job training where it is done quarterly, for two days, topics to be covered for the first quarter are raised in the end of the year for this case they will be raised during the last meeting with VRWs in December, while the topics to be covered during the following quarters are raised depending on what are required to fulfil their obligations in their respective zones, as the zone facilitators together with Village rehabilitation workers deep it is important to do it. However during the year 2019 there were many topics that were raised and were not covered perfectly and will be prioritized in 2020 these include, Optical services, mobilization and strengthening Disabled People Associations, Parents groups and self-help groups, making and repairing assistive devices, Preventive measures on disability, Parent centered approach of supporting children with disabilities, lobby and advocacy inclusive education, community engagement and participation in supporting persons with disabilities, it is expected for 20 VRWs, CBIDO covers go and return fare/transport, and other training costs (food and beverage, accommodation,).

On the other hand CBIDO is planning to exit from five current programme villages, and replace the same number of villages with new, this process will start taking place in July 2020, up to the last quarter of 2020 five (5) new village rehabilitation workers be interviewed, and engaged /agreed to work with CBIDO there will be orientation and training sessions for new VRWs their training topics will be determined before the exit process starts in July 2020. Their training days can not the same as those who have been in programme (It may even require separate budget)

Intensive physiotherapy to children with various disability conditions, it is done to children with potential of improving depending on the stages of their progresses , such as sitting,

walking standing, and other who have been discharged from referral hospitals such as Kagondo, Bugando, Mugana, Nyakahanga, Murgwanza, just to mention few, when discharged from hospitals they are with discharge form that explicitly shows what have been done to their conditions, what should physiotherapist continue with so as to help beneficiary to improve the condition. This is always done for the main two purposes one being helping children to improve, another being training parents and care givers some relevant simple, passive and active movement and therapies that will keep doing with their child at home so as to improve and help to realise their potentials. CBIDO is planning to conduct one session monthly and one session comprising 8 children and their parents/care givers.

It will be conducted using KCBRP rehabilitation centre facilities, parents will contribute/bring food and other costs will be covered by CBIDO, the frequencies of doing these trainings may increase in terms of number of sessions from one per month to 2 or 3 and the number of beneficiary may increase from 8 to 10 depending on the availability of funding.

Supporting clients for treatment, referral, operations and follow-up.

Children who are identified in the villages through Village rehabilitation workers, Zone facilitators, health practitioners, religious leaders, government leaders, with disability conditions that can be rehabilitated through surgery and therapies are referred to referral hospitals such as Nyakahanga, Murgwanza, Kagondo, Bugando, Mugaan, KCMC, Muhimbili, Ocean Road, CCBRT, Ruhalo Uganda, they are provided with transport costs, operations costs, hospital upkeeps, where they ought to cost share for 40% for each services they receive from CBIDO and this is the policy for all kind of services not only for operations, however the big challenge is most parents are not able to meet 40% since the basic cost are high. In 2020 CBIDO is planning to support 120 children under this areas, however the number may increase as we will cooperate with other partners such as AMREF who will subsidize costs of some clients, but also when other clients with some conditions which are rehabilitated at low cost or for free of charge will help CBIDO to cater for the needs of many children with disabilities than planned, further to it will depend on the availability of funds from other sources than the current income. CBR facilitators are accompanying clients to Kagondo hospital quarterly.

Physiotherapy at the centre, and in the programme villages, the physiotherapist will continue attending children with disabilities who are coming at the centre for further expertise, will continue providing with them the right referrals depending with their disability conditions, prescribing appropriate devices and make fitting and repair to ensure the devices help a child to improve, will also work with both zone facilitators and village rehabilitation workers for further expertise to complicated cases improving their ability for provide effective and right interventions to clients. And counselling to parents with children with disabilities. These services are provided for every two weeks in the moth since other two weeks the physiotherapist will be working for both intensive trainings and practical parental trainings to both Parents and Village rehabilitation workers.

Making and Distributing Assistive Devices to children and youngsters with Disabilities.

During rehabilitation process, assistive devices are very vital part of the process, they are important in positioning of children with neo-logical Disorders, helping in improving conditions and straitening muscles to children, prescription of the appropriated local assistive

devices are done by VRWs in collaboration with zone facilitators, for those complicated cases they are referred to physiotherapist to make appropriate prescription and ask carpenter to make as per requirements. In 2020 CBIDO will work closely with government to lobby for provision of imported devices to especially children at schools so as the beneficiary could increase from the current proposed number due to budgetary issues. The following activities will be done by CBIDO regarding this important intervention.

- Repairing already provided assistive devices to ensure they are working properly.
- Making and fitting new assistive devices to children and youngsters with disabilities
- Lobbying the government for provision of imported assistive devices to reduce costs
- Teaching both parents and siblings on making simple but useful devices to children with disabilities while they are at home during home visits.
- Teaching both parents and children with disabilities on the use of provided devices in order to help improve their conditions.

Supporting families living with children with disabilities for social protection scheme (Community Health Fund)

The working experiences shows that most families living with children with disabilities are spending a lot of money in covering for the health and treatment expenses to their children both with or without disabilities in health facilities and hospitals, it has been very expensive to the extent some families are not even able to meet these costs, where the experience shows children with disabilities are the most affected comparing with those without disabilities, in 2020 CBIDO will in collaboration with families will support for insurance in order to help families assurance of treatment throughout the year. According to the directives and regulations regarding this social scheme, there is district coordinator who are responsible for coordinating, at CBIDO chief field officer will coordinate this programme in coordination with district coordinators, where Village Rehabilitation workers in collaboration with their zone facilitators will work closely with families, according to the plans every family to benefit from this scheme has to contribute 10,000, while CBIDO will cover for 20,000 ,this insurance will work to all government health facilities.

CBIDO is supporting for this scheme, so that families are able to use the money which has been used for treatment costs to other family, needs that entails to improve the conditions at individual child with disabilities and at the whole family level, it is assumed that the served money could help in the following, getting nutritious food staffs, transport for attending rehabilitation programmes such as parental trainings, intensive therapies, covering costs for operation to conditions that are not covered by CHF, cost sharing for assistive devices.

Inclusive education to children with disabilities.

Intervention goal: Education for All - Improving Access to Quality Education for Children with Disabilities.

CBIDO is insisting on the inclusive education to children with disabilities, under the Current Programmes children with disabilities under CBIDO support are studying in Mugeza inclusive primary school, Mugeza school for Deaf, Kaigara school with special unit,from Muleba, Nyakahanga and Maguge primary schools in Karagwe Districts, Ruhinda and Mabira secondary schools in Karagwe and Kyerwa Districts respectively.

In 2020, CBIDO will continue supporting children with disabilities in the following ways. Approach children in special schools are directly supported but most in regular schools school requirements are covered by parents themselves CBIDO help in advocacy.

- Identification of new children with disabilities and searching places for schooling
- Supporting for school requirements
- Boarding fees
- Supporting for transport
- Conducting school monitoring visits
- Lobby for head teachers to register children with physical disabilities in regular schools.
- To encourage Parents of children with disabilities registered in regular schools to cover for school requirements

Note, from the field it has been experienced that most children with learning difficulties especially with intellectual impairment are not getting their rights to education, CBIDO is struggling for funds to at least construct in collaboration with Karagwe district council and communities classrooms for children with disabilities. **(The general plan regarding construction is attached)**

Livelihood programmes.

This is integral part of CBR components, it intends to build economic empowerment to individuals with disabilities and the families living with children with disabilities, in doing this in 2020 CBIDO will continue enhancing capacities of youths with disabilities through linking them to both available vocational training institutes and personnel with vocational skills running various technical , mechanical and wood works that can help youngsters to gain life skills to help them gain income in the future. On the other hand CBIDO shall keep running life skills training at the Centre especially to girl with disabilities, priorities will be given to girls with learning difficulties who cannot actively learn from regular vocational training centers. Youngsters to be supported are identified by Village Rehabilitation Workers in collaboration with zone facilitators from CBIDO programme villages, CBIDO covers school uniforms, transport, school fees, learning materials parents are contributing for food in terms of kind or cash. Also at the center all running costs are covered by CBIDO. New programmes at the center starts July.

In order to reduce running costs, CBIDO will assess the costs for training the one girl at the center and the same number to those who are learning from the villages so as in July we make informed decision about which course and the approach to go through keeping in mind about quality of the skills offered. From January some products from the current programmes such as sweater knitting, shoes production, and uniforms will be sold to around schools so as to get some money that can continue reducing the running costs gap from this department.

From January 2020, parents of all girls and youngsters supported by CBIDO in vocational skills will be sensitized to start fundraising for the machines of their daughters, which will enable them after they graduated from their respective courses of study.

Social Inclusion programmes.

- **To enhance social inclusion of youth with disabilities and their caregivers**

Enabling CYWDs to participate in social activities like attending religious events, community meetings, political elections, environmental cleaning and domestic chores.

CYWDs engage with their fellows in activities/ events like in inclusive schools/ collage and in sports and entertainments.

- **World disability day (IDPWD – International Day for People with Disabilities)**

It is commemorated on 3rd December each year. This day exists to make sure that environmental and social barriers are identified and to help everyone to work together to overcome them. We will never eradicate health impairment but by overcoming barriers, then we will eradicate disablement.

Together with local government authorities, CYWDs and communities we will conduct community based dialogue on providing, promoting and protection rights of people with disabilities.

Through Radio programmes and procession on world disability day we will sensitize the community about disability.

- **African Child Day & other social contribution**

The Day of African Child is used to highlight the current situation and rights of the African child to quality education and a better life. Further, this day is used to honour hundreds of black school children short dead and other thousands of children who took part in the protests against the low quality of education being offered to blacks and demanding their right to be taught in their own language, on 16th June 1976 in Soweto South Africa.

CBIDO will utilize this day to bring together children with disabilities and those without disabilities to raise their voices upon equity and equality and participate in different sports and games such as music and dances, soccer, playing cards etc.

Empowerment

CBIDO, is striving for empowerment of persons with disabilities, there several approaches/methodologies applied in ensuring persons with disabilities are empowered, these include, mobilization and capacitating Associations for persons with disabilities, linking them with local government authorities for registration and accessing of funds from the government for self-sustained future, in collaboration with District Development officer CBIDO conducts monitoring to ensure the given funds are used as planned. Also CBIDO conducts radio programmes to reach many people, radio programmes are conducted weekly in both community radios, preparation of leaflet, brochures for awareness creation so that persons with disabilities are active contributors in their communities, both social and economic empowerment to persons with disabilities reduces social isolation and discrimination.

INSTITUTIONAL DEVELOPMENT

Human Resources & Leadership Development

Establish & implement HRD plan to address staff capacity gaps, improve retention & productivity.

1. CBIDO management shall develop human resource manual that will enable in running the organization.
2. CBIDO management will run and conduct staff capacity needs assessment and appraisal.
3. There will be on job training sessions to staff on various topics to ensure staff are capable to perform the duties properly.
4. Conduct bi-annual financial resource mobilization.

Establish CBIDO MEL system; allocate resources; assign MEL responsibilities; & undertake staff MEL trainings

1. Updating data base and look on the possibilities of adopting mobile phone application for monitoring.
2. Develop and share reports to development partners and government as per agreements.
3. Conduct staff & volunteers capacity needs assessment (CNAs) on MEL, documentation, research, evidence building, outcome/impact level reporting and train them accordingly, (1 training session as part of on job training.
4. Support staff & volunteers to fulfil MEL system requirements

Establish financial controls/ systems & adhere to these; Comply with all statutory/ regulatory requirements.

1. Purchase current version accounting packages & update them according to the required standards time to time throughout the strategic period.
2. Develop and update standard financial control systems/packages;
3. Conducting annual financial audit.
4. Conducting board meetings.

There are several activities/interventions that CBIDO wish to implement in 2020 but due to budgetary challenges did not prioritize them, implementation will depend on availability of fund.

Under health and rehabilitation the following activities will be implemented depending of the availability of funds in 2020.

- Capacity building to various stakeholders
- Capacity building to PWDs on the rights
- Orient community groups both with and without disabilities on basics of CBR.
- Conduct campaign for policy implementation
- Establish and join active collaborations with local government and other Non-state actors
- Prepare and distribute 2000 IEC materials for awareness creation.
- Meeting with state officers and head of health facilities.

- Conducting base line survey
- Conducting pre-survey training to enumerators (data collectors) on the kind of data to be collected.

Activities and interventions for inclusive education which will be implemented depending on the availability of funding.

- Conducting study tour with teachers to special schools either in Bukoba or Muleba.
- Conducting meetings with parents of children with disabilities supported by CBIDO in inclusive education.
- Form and train 5 school inclusive clubs on child rights.

Inclusive Education.

- Conduct campaign for improvement and /or full implementation of policies related to social economic empowerment.
- Conducting training to local government leaders, religious leaders, on the rights of persons with disabilities, Basic CBR principles.

Institution Development

- Office renovation
- Purchase of alternative source of power
- Water drilling
- Office furniture
- Organization publicity materials (Staff uniforms)