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COMMUNITY BASED INCLUSIVE DEVELOPMENT ORGANIZATION (CBIDO) ANNUAL PLAN 2022.

This is the year plan which describes the interventions, activities and the intended goals to be reached at the end of 2022

ABOUT CBIDO

Vision Statement: An inclusive society where Persons with Disabilities attain full potential and live in dignity.

Mission Statement: To enhance the resilience and quality of life of children and youngsters with disabilities.

The Community Based Inclusive Development Organization (CBIDO) is a not-for-profit Non-Governmental Organization (NGO) based in Karagwe District of Kagera Region, Tanzania. CBIDO was registered in 2019 with a legal mandate to operate nationally with registration number 00NGO/R/0659. The organization works under the Trusteeship of the Anglican Church of Tanzania, Diocese of Kagera.

CBIDO's main concern is enhancing the quality of life, dignity and inclusion of Persons with Disabilities particularly Children and Youngsters with Disabilities under the age of 25. Since it became operational in January 2019, CBIDO works in twenty programme villages within Karagwe and Kyerwa districts and its main areas of focus are with respect to Community Based Rehabilitation (CBR) domains that are; **Health, Inclusive Education, Livelihood, Social inclusion and Empowerment** in which CYWDs access social services. The interventions under CBIDO serves/supports CYWDs through CBR approach/strategy principled by "**Low cost high impacts**".

The major conditions of CYWDs that CBIDO works with are such as Cerebral palsy(CP), Malnutrition, Epilepsy, Down syndrome, intellectual impairment, sickle cell, Deaf, Autism, Albinism, burns contractures, osteomyelitis, Bowlegs, Knocking Knees, Clubfeet, Hydrocephalus and Microcephalus, Cleft lip and palate, Eye problems, Dwarfism, Elephantiasis, Muscular Dystrophy, Spinal Bifida, Hernia, Amputations, other deformities.

Since its inception ,CBIDO managed to reach 1,446 CYwDs within its programme villages in various rehabilitation aspects, it has been CBIDO culture to set targets annually, asses and exit beneficiaries per intervention(s), in 2022 there will be a new approach of working with main focus on disability prevention this will be done in three wards of Kihanga, Rugera and Chonyonyo to ensure the communities are aware on the strategy and strategies to prevent preventable disabilities, as we start in January 2022 implementation of the programmes, wards will be effectively involved to each stage, contracts will be signed in October 2021, but also CBIDO will renovate and making equipment available to four dispensaries i.e. Chonyonyo, Rugera, Kihanga and Kibwera to create safe delivery environment for pregnant mothers in those three wards. Maintenance and health facility staff will be responsibilities of wards in collaboration with District.

From 2019 CBIDO adopted a new approach to move from long term beneficiaries' aid to short term interventions, to prevent dependency and to be able to support more CYwDs for programme sustainability, this focuses much on putting emphasis on disability prevention strategies. As explained above.

If DPRS programme will be implemented successfully with full cooperation from wards and local government authorities, each year one or two wards will be enrolled for the implementation of the programme, in June 2022 CBIDO will conduct half year evaluation to see how is going and planning to prepare the new one or two wards for 2023 to replace zones to be exited in December 2022.

Generally as CBIDO implement DPRS will focus on the following main objectives.

- To strengthen the existing healthcare system, particularly maternal and child care, in order to prevent birth defects and (childhood) disabilities.
- To develop disability-inclusive societies, in order to improve the access to healthcare, education, livelihood opportunities and participation in social life for people with a disability by strengthening local systems.

The following are the descriptions as per interventions and the intended objective to be reached in the period of January to December 2022.

1.0. COMPREHENSIVE HEALTH AND REHABILITATION.

Objective: To create awareness to the communities on all issues 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 2022.

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

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

1.1. Home visit.

During the home visiting process, Facilitators work closely together with Village Rehabilitation Workers (VRWs) from their respective zones and villages and wards for the DPRS programme, visiting families of children with disabilities for implementing the set goals, assessment for new cases and re-assessment, setting individual rehabilitation plan for each child especially for new cases, follow-up on plan made, referrals, prescribe, make and repair local assistive devices and offer simple therapies at home as well as 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 per intervention. The number of visit per child will depend on the individual rehabilitation plan/assessment.

VRWs;-work 2 days a week with facilitator, conducting simple therapies, making and repairing local devices, conducting short meeting mainly on awareness raising in the community, referring clients to other service providers depending on the individual needs meeting with pregnant mothers (e.g. health centres)

Facilitators; Work 4 days; conducting simple therapies, making and repairing local devices, conducting short meeting mainly on awareness raising in the community, referring clients to other service providers depending on the individual needs, working with specialist for guidance of various issues and meeting with pregnant mothers and their spouse (e.g. health centres) usually Fridays are used for sharing and planning for the coming weeks to ensure we are all in the same boat/understanding.

In in order for the CBRF to be used to the communities are serving, CBIDO asked them to stay within their wards so as to effectively save the communities, being the case CBIDO ought to cover for accommodation costs for four CBRF.

1.2. Outreach clinics.

During the outreach clinics community members both with and without disabilities are gathering at one point in a village like at the health centre, Village office(s) or any other public building to meet with facilitators, Village Rehabilitation Workers (VRWs), specialists depending on the programme village need such as Optician, Psychosocial counsellor, Physiotherapist, Occupational therapist, Nutritionist, Psychiatric nurse.

Outreach clinics are mainly for awareness creation on various issues related to disabilities, for prevention, conducting simple therapies, making follow ups according to individual plans and assessment for beneficiaries, optical services (spectacles and eye medications), and 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.

Health component coordinator will collaborate with Zone Facilitator, CBRF and VRW and to organize the clinics as per the annual plan.

In 2022 CBIDO will conduct 24 outreach clinics as per the following description.

S/NO	ZONE/WARD	NUMBER OF CLINICS ANNUALLY	COMMENTS
01	KIHANGA-WARD	02	
02	RUGERA-WARD	03	
03	CHONYONYO-WARD	03	
04	ZONE A	04	
05	ZONE B	04	
06	ZONE C	03	
07	ZONE D	02	
08	ZONE E	03	
	TOTAL	24	

1.3. Conducting training to stakeholders

CBIDO is using these training to create awareness to the communities, training these stakeholders contributes to reduce and prevent occurrence of disabilities, to carry disability messages easily to the communities, but these are important stakeholders since they have been referring clients to CBIDO and sometimes some have been contribute 40% of CBIDO beneficiaries. On top of that training stakeholders is so important for social inclusion enabling persons with disabilities to participate in different developmental programmes and events.

In 2022 CBIDO intends to reach 25 headteachers and special education teachers, 60 bodaboda, (Motorcycle riders) 40 religious leaders from all denominations, 35 health practitioners. In DPRS programme Wards leaders will be trained on various disability related issues by CBIDO's specialists, the venue will be respective wards meeting hall which will be constructed by CBIDO, and social value added to this activity is capacity development for stakeholders and work relationship that simplify work issues to both CBRF, VRWs and clients in terms of services so too easy exit and sustainability plan after project time frame.

1.4. Practical training to both parents and Village Rehabilitation Workers (VRWs).

Practical parental trainings are conducted to parents and VRW's to help impart them with skills on how to help their children to improve their disability conditions, these sessions are done both theoretically and practically. During the trainings 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, furthermore parents reveals many things that affect their life some of which psychosocial counsellor reacts up on those issues others referred to District Social welfare for further management.

CBIDO Physiotherapist, Occupational therapist, Nutritionist and Psychosocial counsellor in collaboration with respective zone facilitator/CBRF are responsible in handling the whole week

session for 5 days, VRWs are joining the session to practically learn what physiotherapist and occupational therapist 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, some strategies to eradicate poverty, difference between disability and diseases, community attitudes towards disability, about disability conditions, Sexual Reproductive Health (SRH) in groups, effects of STDs, self-recognition and awareness.

In 2022 CBIDO will conduct one session monthly for 12 months each session will comprise 16 children, being accompanied by their parents, they are offered with food, single transport fare and in some cases few are supported with go and return transport fare, accommodation costs are covered by CBIDO, this services is conducted using KCBRP Rehabilitation centre. In 2022 CBIDO will use the meeting facilities to try conducting parental and intensive therapies within the wards to see how easy or difficult it is comparing with the current approaches.

1.5. Staff training

In order for CBIDO staff to perform better with good results ,management will ensure staff are trained on various topics according to their needs, most of the topics to be covered will be determined in November 2021 during staff appraisal. These staff training will be for both facilitators and VRWs in DPRS wards and current zones, trainings will be conducted on quarterly basis and in June 2022 CBIDO management will conduct half year evaluation on goals against targets and results, External facilitator shall be hired to facilitate the determined topics.

1.6. Intensive therapy to children with various disability conditions

It is done to children with disabilities that have capabilities /potentials of improving at different disability conditions including post- operations from referral hospitals, when discharged from hospitals they are with discharge form that explicitly shows what have been done to their conditions doctors directives to CBIDO rehabilitation team i.e Physiotherapist and Occupational therapist,The intensive therapies are provided with a multi-disiplinary team of a physiotherapist, occupational therapist, nutritionist and a psychosocial counsellor for five days in which each child is attended depending on his/her condition and the priorities on IRP (individual rehabilitation plan) made, therapies being offered individually as well as a group.

This is always done mainly for two purposes one being helping children to improve in terms of functionalities, another being training parents and care givers some relevant simple therapies, nutrition and parenting care. In 2022 CBIDO will conduct one week session of 16 children and their parents monthly, and CBIDO is planning to invite some medical doctors such paediatrician and to attend these therapeutic weeks, therapies will be conducted using KCBRP rehabilitation centre facilities, parents will contribute/bring food and other costs will be covered by CBIDO, as the learning points some of these therapies will be conducted in DPRS wards using the meeting and training hall constructed there.

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

Children who are identified in the villages and DPRS wards through Village rehabilitation workers, Zone facilitators, CBRF, health practitioners, religious leaders, government leaders, with disability conditions that can be operable and rehabilitated through surgery shall be referred to referral hospitals such as Nyakahanga, Murgwanza, Kagondo, Bugando, Mugana, 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 2022 CBIDO is planning to support 180 (with assumption of 15 clients monthly) children under this intervention, however the number may increase as we will cooperate with other partners 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-health component co-ordinator will be responsible and in-charge of all issues related to this intervention.

1.8. Physiotherapy at the centre in the current programme villages and in DPRS wards

The physiotherapist will continue attending children with disabilities who are coming at CBIDO centre and during home visiting for further expertise, for the CYwDs that will need expertise managements/treatments will provide them with right referrals depending with their disability conditions. Furthermore physiotherapist in collaboration with occupational therapist will prescribe appropriate devices and make fitting and repair to ensure the devices help a child to improve, will also work with both zone facilitators, CBRF and village rehabilitation workers for further expertise to complicated cases improving their ability for provide effective and right interventions to clients. Physiotherapist will be building capacities of CBRF so that they continue doing simple therapies on their own in their respective wards, physiotherapist will be doing both individual and group therapies at CBIDO centre, occasionally in current programme villages, much attention will be given to CBRF wards and in parental and intensive therapies.

S/NO	ACTIVITY DESCRIPTION	OCCURANCE	TARGET ANNUALLY
01	PT group therapies during outreach clinics.	Once monthly each session to see 10 CWDs	120
02	PT group therapies in the current zones	Once per zone each to see 10 CWDs in three zones	360
03	PT group therapy sessions in DPRS wards using multipurpose halls in health facilities.	Twice per dispensary for 4 facilities each to see 10 CWDs	960
04	PT home visits	Much focus to DPRS wards, four days in a month each to see average of 5 per day total 20 monthly	240

1.9. Occupational therapy at the centre, in the current programme villages and DPRS wards.

Zone facilitators , CBRF and Village Rehabilitation Workers (VRW's) will continue referring children with disabilities that need Occupational therapy, these children will be attended by the Occupational Therapist and will receive right and appropriate Occupational therapy assessment and interventions especially to the children encountered with difficulties in participating independently in activities of daily living (ADLs) such as self- feeding, playing, dressing, grooming, schooling, household activities, and social issues due to physical impairment, sensory processing difficulties and cognitive difficulties like inattention which limit them in other physical development and performance in different activities of daily living. Every child is unique regardless of the same condition that might be observed to many children, but Occupational Therapist will perform a comprehensive assessment and treatment specifically according to the needs of the child. Therefore children are trained on different occupational therapy techniques for functionalities/ independence and adapting the environment, and to work closely with parent to train on basic technics to continue helping children at home. Occupational Therapist will work for 2 weeks/month in intensive and parental trainings and for remaining weeks will do field works for four days where will attend children individually and in groups ensuring CBRF and other staff are capable in doing occupational therapy on their own in the future, much attention will be given to DPRS wards and current zones will be visited occasionally/periodically.

Occupational Therapist will work in collaboration with physiotherapist in prescribing, making and distributing functional assistive devices using local technician Occupational Therapist will also be attending outreach clinics, and other office activities/duties and will conduct sessions for awareness creation through radio programs and during assessment so as to ensure and prepare the family to be accountable or to be part of the treatment of the child identified. Occupational Therapist will continue conducting group sessions of ten (10) children together with their parents on various disability issues and techniques to help their children at home, this will be done through home visits, outreach clinics, intensive and parental trainings. Occupational Therapist will put much effort in capacitating CBRF and VRW's in DPRS wards in order to ensure a clear understanding of various disability conditions, techniques and procedures to be followed for the new cases and to ensure a systematic follow-up for those children after treatment.

Generally Occupational therapy sessions to Children with both intellectual and physical disabilities will intend to orient about people, places and time especially to children with intellectual impairment, issues of cognitive stimulation short and long term memories, concentration, attention, participation in ADLs, interaction through group therapies and independence in tasks completions.

S/NO	ACTIVITY DESCRIPTION	OCCURANCE	TARGET ANNUALLY
01	OT group therapies during outreach clinics.	Once monthly each session to see 10 CWDs	120
02	OT group therapies in the current zones	Once per zone each to see 10 CWDs in three zones	360
03	OT group therapy sessions in DPRS wards using multipurpose halls in health facilities.	Twice per dispensary for 4 facilities each to see 10 CWDs	960
04	OT home visits	Much focus to DPRS wards, four days in a month each to see average of 5 total 20 monthly	240

1.10. Psychosocial counselling at the centre, in the current programme villages and DPRS wards

The overall aim is to empower parents/ care giver to accept the challenges they are facing, to use the resources they have to solve their own problems, also provide them with information of changing perception towards CYWDs, psych educating on self-awareness, parenting care and acceptance, CBIDO realized that issues that affect most parents/caregivers of CWDs especially with severe conditions are due to; most parents fail to accept their children conditions because they have false beliefs and due to poor diagnosis of the conditions. This situation leads to parents facing stress, denial, suicide, financial crisis, shame, mental illness, separation or parents running away from their homes leaving the children orphans as well this causes children to lack attachment of their parents because they are left with their grandmothers. The psychosocial support is provided by CBIDO counselor that conducts individual as well as group counselling sessions in all CBIDO catchment areas. The main focus will be put into DPRS wards to ensure CBRF and parents are empowered enough to continue on their own even in the absence of Psychosocial counsellor most of the activities will look at the following:

- To help parents/care givers reduce their identified risk factors to achieve positive pregnancy outcome and optimal infant/ child health and development.
- Counselling parents/ care givers who are in denial to help them address their problems in a positive way be able clarify their issues, explore options and develop strategies and increase self-awareness to our clients.
- To provide good health state to parents and care givers to be able to address emotional situations, developmental stressors and enhancing coping skills.
- Empowering parents and care givers to accept their challenge and find ways to overcome them.
- Facilitating through groups on Reproductive health issues like family planning, sexual transmitted diseases and gender based violence.

S/NO	ACTIVITY DESCRIPTION	OCCURANCE	TARGET
01	Group counselling during outreach clinics	Twice per month each to see at least 15 CWDs	360
02	Group counselling sessions to pregnant mothers and parents of children under five(during antenatal and post natal clinics)	2 visit per dispensary	8 sessions monthly
		Pregnant mothers per session 25 average	2400 annually
		Post natal 15 mothers once per month per dispensary	720 annually
03	Group counselling in the current programme villages	Once per month per zone for monitoring and evaluating progress 10 CWDs three zones	360 annually

1.11. Nutritional therapy at the centre, and in the current programme villages and DPRS wards

Under nutrition therapy, a number of nutritional therapies will be done for the YCWDs at the centre, current programme villages and the three DPRS wards in a number of ways to ensure that both individuals with disabilities and their families are in a good and conducive nutritional status. Nutritional therapies will be conducted in three wings **(At the Centre, in the current zones and in DPRS wards)**

Many children, are malnourished due to shortage of food, but also often due to a lack of nutrition knowledge of their parents. Nutrition assessment will be done to parents with malnourished children who will attend at the center for nutrition help and nutrition advice/ training will be done. Nutritionist will make sure parents are knowledgeable in what to plant and what and how to cook. After assessment and nutrition advise is given out, nutrition plan will be made on what is to be implemented and for severe cases referrals will be given out depending on the client's need. The first referral of a client is usually sent to the hospital for more checkups and treatment. Then the client is usually referred to the VRW for more follows on the planned programs in their respective villages.

Children with Disabilities (most of CP cases, sickle cell, osteomyelitis, cleft & palate before plastic surgery for weight gain) are mal- nutrition, they are usually identified during home visiting programmes by facilitators and VRW's and referred to CBIDO nutritionist. This will be done in collaboration with occupational therapist and physiotherapist will practically train parents in order to continue with the same feeding sessions at home for improvement of their children.

In 2022 nutritionist will continue making follow ups to beneficiaries that still need nutritional help in the current programme villages.

Nutritionist expect to put much efforts in emphasizing parents to have home-based food productions especially fruits and vegetables that will be helpful in strengthening the immune system of CWD due to the fact that CWD are usually attached by a number of diseases due to poor immunity. In making this easy, CBIDO will continue providing soya beans to those families that have children with poor nutrition status. This will help in preparing nutritious porridge for their children. In collaboration with the VRW and zone facilitators will practically train parents on how to prepare nutritious foods and porridge in order to continue with the same feeding sessions at home for improvement of their children.

In 2022 nutritionist will be visiting current zone programmes on periodic basis much focus will be put to the DPRS ward for building capacities and creating awareness to pregnant mothers, husbands and community at large on nutritional issues

In DPRS wards much focus will be put in building capacities and creating awareness to pregnant mothers, husbands and community at large on nutritional issues including the intake of folic acid to pregnant mothers before birth and three months after giving birth. Also nutrition education will be offered during clinics (RCH) on issues like breastfeeding of mother's milk to a baby for 6 months, education on feeding of complementary foods for children who have attained six months and above. Encouraging mothers to attend clinics and make follows on the developmental growth of their children

In 2022 CBIDO is planning to conduct intensive nutritional therapy for 5days to 16 children with malnutrition this will be done quarterly thus annually there will be four (4) intensive nutrition therapy so as to help 64 children with Malnutrition. And these training will base mostly on new wards of DPRs. In the DPRS wards meeting halls will be training centre for group sessions to both pregnant mothers and parents of children with disabilities. CBIDO realised that most children with malnutrition are with worm that they need medical check-ups in 2022 CBIDO will work closely with Paediatrician to help CWDs and their families for betterment of their nutrition status.

S/NO	ACTIVITY DESCRIPTION	OCCURANCE	TARGET
O1	Intensive Nutritional therapy	16 CWDs Quarterly	64 CWDs annually
O2	Nutritional group therapies during outreach clinics	Twice per month each to see at least 10 CWDs	240
O3	Group nutrition sessions to pregnant mothers and parents of children under five(during antenatal and post natal clinics)	2 visit per dispensary	8 sessions monthly
		Pregnant mothers per session 25 average	2400 annually
		Post natal 100 mothers once per month per dispensary	4800 annually
O4	Group nutritional therapy in the current programme villages	Once per month per zone for monitoring and evaluating progress 10 CWDs three zones	360 annually

1.12. Making and distributing assistive devices to children and youngsters with disabilities.

Assistive devices are very vital part of the rehabilitation process, they are important in positioning of children with neurological disorders, helping in improving conditions and strengthening muscles to children, improving functionalities, prescription of the appropriate local assistive devices are done by VRWs in collaboration with zone facilitators and CBRF for those complicated cases they are referred to physiotherapist and occupational therapist to make appropriate prescription, measurements, and ask carpenter to make as per individual child requirements. . Target number for assistive device to be distributed will be twenty (20) per month making a total of two hundred and forty (240) per year, and specific devices will be according to the needs of children seen. In 2022 CBIDO will work with communities especially carpenters in DPRS wards so that can help in making local wooden made devices at low costs to help parents of children with disabilities living in extreme/absolute Poverty.

- Repairing already provided assistive devices to ensure they are working properly.
- Doing assistive devices adaptation to enable children to use them according to their conditions.
- 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 reducing contractures and improve their conditions
- VRWs, Zone facilitators and CBRF will be trained and equipped with skill in making, repairing and fitting assistive devices in their respective catchment areas.

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

In 2022 CBIDO in collaboration with families supporting 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 CBR health component coordinator will coordinate this programme in collaboration with District Coordinators, where village rehabilitation workers in collaboration with their zone and CBRF facilitators will work closely with families. According to the plans every family that benefit from this scheme has to contribute 15,000/= Tsh. while CBIDO will cover for 15,000/=Tsh. This insurance are accepted in all government health facilities within the region, in 2022 CBIDO will cover for 345 families each family with 6 households.

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, cost sharing for assistive devices and operations/treatments that are not covered by CHF.

1.14. Sexual Reproductive Health/Gender Based Violence education

Sexual Reproductive Health (SRH) and Gender Based Violence (GBV) education will be provided by a psychosocial counsellor, whereby communities will be sensitized about sexual, reproductive health and gender based violence for self-esteem to youngsters with and without disabilities from home, both primary and secondary schools, vocational training centers, CBIDO training centers and members of the DPAs . The topics that will be covered are self-awareness education, HIV/AIDS and other Sexual Transmitted Diseases (STDs), gender based violence, family planning (early pregnancies and the associated negative impacts)

The outcomes of this Sexual Reproductive Health and Gender Based Violence educations provided will eventually reduce occurrence of disabilities due to early pregnancies and transmission of STDs to youngsters with disabilities. For the year 2021 CBIDO will reach 330 beneficiaries and if the funds will be available CBIDO will reach up to 950 beneficiaries.

This programme will be emphasized in DPRS wards to all community members to prevent disability before and during pregnancy also to miscarriage, and premature infant that can be contributed IGNORANCE due to lack of SRH CBIDO intends to reach 40 beneficiaries monthly.

1.15. Disability prevention

In 2022, CBIDO will implement a programme for preventing disabilities under DPRS, the programme will be implemented as a pilot project within 3 wards (Kihanga, Chonyonyo and Rugera) mostly for 4 years (2022-2025). Under that intervention CBIDO will strengthen the existing healthcare system(health facilities), particularly maternal and child care, in order to prevent birth defects and (childhood) disabilities e.g Building of Laboratory rooms with full equipment's, purchasing of U/sounds machines, and multipurpose halls to 4 dispensaries where by Ward leaders in collaboration with District will be responsible for availability of sufficient technical personnel and to take over the programme after 4 years of the project. CBIDO is focusing to reach 1800 pregnant mothers annually in **both** wards. Basing on the notion that **"Prevention is better than cure"** It is believed that disability can be prevented by 80% if preventive measures are effectively taken into consideration in preventing diseases. Some of these dresses includes Malaria, Sexual Transmitted Diseases (STDs), and health coordinator will collaborate with other CBIDO specialists to create awareness and sensitization on health behavior issues such as Malnutrition and underweight to pregnant mothers, unsafe sex, smoking and alcohol usage during pregnancy, sanitation and hygiene, Sexual Reproductive health and family planning.

Also the programme will focus on issues related to immunization and its importance to both children with and without disabilities, CBIDO in collaboration with health personnel from health facilities will make the schedule available and in a simple way to the communities. Also sensitizing parents of children under 5years on the importance of taking and using ant worms for avoidance of worms and other nutritional related conditions. During the programme CBIDO health coordinator in collaboration with Police desk through radio programmes will sensitize communities on safe drive so as to prevent accidents and injuries that are leading to disabilities.

Generally CBIDO will put much efforts for regular antenatal and postnatal visits, prescriptions and use of recommended doses/drugs during and after delivery, according to the (MoH) Prophylaxis use during pregnancy,(SP, folic acid and vitamin A) doing pre-testing of some conditions e.g RPR, malaria, UTI etc, proper visits of Maternal and child clinics for better use of immunization schedules, Vitamins, Minerals (1000 days after conception). CBIDO will establish and use an app for proper follow up of regular ant-natal and post natal visits. CBIDO in collaboration with ward leaders and other stakeholders will ensure safety delivery at the health facilities to prevent complication that that can raise or happen during birth/delivery as '**Uturo modal**' **All community members participate in primary prevention activities so as to reduce risk of developing health conditions/impairments which can lead to disability.**

2.0. INCLUSIVE EDUCATION TO CHILDREN WITH DISABILITIES

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

In 2022 CBIDO is planning to have a special education teacher as one of the staff, having this professional will add value, in monitoring the progress of children both in special and regular schools, also will be joining field officers to provide some of basic education to some children at home i.e home schooling, teaching writing and reading to polytechnic students at CBIDO center also in accessing children for schools and making a right referral in collaboration with District Special education Officer and the education department at local government authority. CBIDO will support 280 CWDs with scholastic materials, fare, school uniforms and will cover for boarding fees to children in special education in primary schools, will also covers tuition fees and direct costs for 5 students of college institutes & university.

- 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
- Awareness creation to communities and parents on early childhood education to children with disabilities.
- Conducting study tour with teachers to special schools either in Bukoba or Muleba.
- Form and train 5 school inclusive clubs on child rights.
- There will be construction of special unit class rooms in DPRS wards to ensure parents are registering their children with disabilities who are capable of studying in those schools.

- Lobbying and advocacy for the government to recruit special teachers and provide learning and teaching materials in the newly constructed units.
- Conducting one day meeting and training to head teachers and special teachers on basic disability conditions(topics to be determined later)

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, the special education staff will ensure these children are getting best suiting programmes to them for their better future.

In order to reduce this barrier CBIDO especially in DPRS wards will put much emphasis to create awareness to communities, teachers, parents and other stakeholders so as those children with physical disabilities can be enrolled in regular schools, those with special needs to be enrolled into special schools and CBIDO will fundraise for construction special units classes for both secondary and primary at least one secondary and one primary per ward and government will be responsible for special teachers ,learning and teaching materials. At least 40 teachers will be trained, and CBIDO will insist teachers to mobilize for the formation of disability inclusive clubs in all DPRS wards.

3.0. LIVELIHOOD PROGRAMMES.

CBIDO has the programme for life skills training to youngster with disabilities, which finally intends to strengthen future economies, the skills training will be conducted in the following modalities polytechnic at the Centre leather class with 10, sweater knitting class with 10 students and cloth designs for 10 students these will be boarding most of which have hardship in movement and few with or without disabilities to help those with difficulties in functionalities and for inclusion purposes.

There will be also another two classes in programmes villages (Village girls vocational skills) one from Bushangaro zone with 10 students and Rwambaizi zone with 10 students and finally there will be boys village trainings via available local technician and very few with special cases will be linked with vocational institutes. At CBIDO center much priority will be put to girls with severe physical disabilities and with learning difficulties who cannot actively learn from regular vocational training centers. In DPRS wards youngsters also will be linked to local technician for life skills and during year one implementation, CBRF will be identifying and assessing environments where both girls can be linked for the second year and following years for those with movement challenges will be selected to join at CBIDO center.

Youngsters to be supported are identified by Village Rehabilitation Workers in collaboration with both CBRF and zone facilitators from CBIDO programme villages. CBIDO covers school uniforms, transport, school fees and learning materials and parents are contributing for food in terms of kind or cash. Also at the center all running costs are covered by CBIDO. New Year programmes at the centers starts January 2022, 30 girls at CBIDO training center being trained on leather products, tailoring, sewing, sweater knitting, entrepreneurship and life skills development, and 20 girls at two village centers being trained on tailoring as well explained above.

In 2022, CBIDO will link twenty (20) boys with disabilities with an increase of 10 more boys compared to the year 2021 so as to support others from DPR wards, to both available vocational training institutes and personnel with vocational skills for skills training. 60% of the

training fees will be covered by CBIDO and the beneficiaries' covers for the remaining 40%. The boys with disabilities will take different courses depending on their interests like welding, tailoring, sweater knitting, mason, carpentry and mechanic just to mention few.

4.0. SOCIAL INCLUSION AND EMPOWERMENT.

Intervention Overview: This area aims to facilitate YWDs and their caregivers to increase their socio-economic resilience, attain better quality of life and increase effective inclusion or participation in all spheres of societal life. Such support also seeks to enable beneficiaries accept themselves, be accepted by society and be involved in all decisions that affect their lives.

To realize these aims, CBIDO invests in eliminating barriers that deprive PWDs/YWDs of basic rights, and to position them to better access and utilize existing resources and opportunities. CBIDO in this regard builds YWD's capacities to facilitate access to decent productive work for YWDs, based on the principles of freedom, equity, security and human dignity. Finally, CBIDO invests in increased community awareness on disability as a basis of eliminating associated stigma and related retrogressive norms and perceptions.

Currently CBIDO is working with and for 20 DPAs in the current programme villages, in 2022 there will be 12 new more DPAs from DPRS wards each village with one DPA this is due to geographical locations and the number of persons with disabilities interested to join the group, the average number of members are 25 per DPAs. **(32 PDAs x25members total 800).**

CBIDO being a pro-disability organization in Kagera region, from 2022 there will be much efforts and focus to ensure there is equal participation between persons with and without disabilities in the communities' i.e social inclusion in order to reach this important goal the following mile stones will be done.

- CBIDO social worker will be responsible with this CBR component which has a lot to do with lobby and advocacy.

The following activities will be done under social inclusion and empowerment.

- ✚ Capacity building and awareness creation and monitoring the progress of Disabled People Association(s).
- ✚ Linking DPAs with local government authorities especially Community Development Department for financial support via 2% of local income from the local government authorities.
- ✚ Community awareness creation through radio programmes on weekly basis.
- ✚ Conducting events related to sports and games to children and youngsters with and without disabilities for the purpose of social inclusion and participation, this will be conducted at zone levels and in wards for DPRS.
- ✚ Increasing participation of persons with disabilities through marking of the international days such as Down syndrome day, international women day, African child day Palliative care day, world disability day.
- ✚ Training of local government leaders and religious leaders for opening doors to children and youngsters to participate in various social events especially.

- ✚ In 2022 Tanzania will be conducting national population sense CBIDO will use this opportunity to ensure communities especially parents are insisted to count in their children during this national exercise (through DPAs, Community radios, outreach clinics, meetings with various stakeholders and VRWs, parental and intensive therapies.
- ✚ In 2022 CBIDO will work closely with Disabled People Organizations such as TAS, TLB, CHAWATA just to mention few for empowerment and programme sustainability.

Expected output from this interventions.

- PWDs are able to make informed choices and decisions.
- PWDs actively participate and contribute in their families and communities.
- PWDs are viewed and accepted as people with potential and the barriers for empowerment in community are removed.
- Development benefits and services available in the community are accessible to PWDs and their families.
- PWDs and their family come together, form strong and active self-help groups and with abilities to address their common problem.

5.0. INSTITUTIONAL DEVELOPMENT

5.1. Human Resources & Leadership Development

According to CBIDO Human Resource Development, plans to address staff capacity gaps, improve retention and productivity through;

1. Implementing human resource manual that will enable in running the organization.
2. Capacity building training internal and external (on job training sessions) to staff on various topics to ensure their competency to perform duties properly.
3. CBIDO management will run and conduct staff capacity needs assessment and appraisal.
4. Conduct bi-annual financial resource mobilization.

CBIDO is conducting Monitoring Evaluation and Learning (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 especially in DPRS programme.
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.
4. Support staff & volunteers to fulfil MEL system requirements

CBIDO conducting financial controls/systems & adhere and comply with all statutory/regulatory requirements.

1. Using 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;(books of original entries)
3. Conducting annual financial audit.
4. Conducting board meetings.
5. Establish separate bookkeeping for construction project in three wards of DPRS programme

Institution Development

- Office renovation and repair
- Purchasing of strong car for organization activities.
- Office furniture especially for four CBRF facilitators
- Construction of one dining hall for polytechnic students at CBIDO centre.
- Organization publicity materials (Staff uniforms)
- Purchase of at least three motorcycles for field work in 2022.
- Purchase of five laptop computers for CBRF and special teacher.
- Purchase of one printer with capacity of printing coloured documents especially for preparing brochures.

Staff external capacity building.

In 2022 CBIDO will if possible due to Covid -19 protocols allows some of staff will be visiting projects in Kenya especially on inclusive education from action foundation and EARC also visiting Congo for learning on how DPRS approach implemented successfully, these capacity building are intended for learning and for good things CBIDO looks on the possibilities of adopting them in our implementing systems for the better future of the beneficiaries.

Exit strategy for 2022.

CBIDO as an organization as to work and implement programmes in communities for a specific period of time and there after exit and leave the services continuing for long period of time. Reaching this goal is not very easy it needs analysis and a lot of capacity building programmes to both village leaders and communities including respective village rehabilitation workers in those villages where the programmes are implemented.

In 2022 CBIDO will exit from two current zones by phases in July one zone i.e zone D and July to December zone E will also be exited in 2023 CBIDO will enrol one ward to replace the exited zones, the exit process will start in January, leaders will be given training so as they continue carrying out the rehabilitation programmes in collaboration with the experienced Village rehabilitation workers, village governments will continue paying the village rehabilitation workers, DPAs will be handled over to village government and Development department will be informed, parents will be also informed so as they can continue on their own but can receive guidance and directives from CBIDO ,religious leaders and community will be informed so as they can remain of support to both DPAs and parents December 2021 CBIDO will come up with the exit strategy document to be shared to all stakeholders including programme village leaders and VRWs and local government authorities .As we continue adopting DPRS

approaches leaders are informed that when their wards are to be enrolled in the programme, so their village will be part of the programme in the future.

In December 2022 the process will be completed in a smart way following social science approaches.

Generally and conclusion.

In order to implement all the planned interventions/ activities, CBIDO works closely/collaborate with different stakeholders such as local and central government, Donor agencies/ Development, Religious institutions, financial institutions, Health facilities, Educational institutions, DPA's, parents/caregivers of CYwDs, people with disabilities, media, community and other NGO's. Furthermore CBIDO cooperate with different networks such as KCBRP, Tanzania CBR network, Karagwe development network and DPOs.