

STATUS OF VICTIM ASSISTANCE IN UGANDA

Report presented by the

Ministry of Gender, Labour and Social Development
Republic of Uganda

to the
Standing Committee on Victim Assistance
and Socio-Economic Reintegration

Geneva, 3 June 2008

Part 1: Understanding the extent of the challenge faced

According to the Uganda Population and Housing Census Report (2002), four out of every 25 persons in Uganda are persons with disabilities. The most commonly observed disabilities are loss and/or limited use of limbs (35.3 percent), spinal injuries (22.3 percent), hearing difficulties (15.1 percent), and seeing difficulties (6.7 percent).

The exact number of landmine survivors is not known. However, there are over 900 known survivors in northern Uganda and 200 in western Uganda.

The National Surveillance Network is completing the second pilot for a standardized tool to collect data on indicators regarding landmine survivors and other persons with disabilities.

The Injury Control Centre Uganda (ICCU) has an injury surveillance system in Northern and Western Uganda. The surveillance tool takes into account injuries caused by landmine and UXO but has not at this point been shared with mine action partners.

District planning including local governments and parish Development Committees do not adequately include disability in their planning systems.

There is a directory of organisations assisting mine survivors and other persons with disabilities which requires a fuller circulation.

Indicators are in the second phase of development for the national surveillance network for landmine survivors. Indicator development includes MoH, MGLSD, UMAC, World Vision, UBOS all working together.

The focal person who is working on the database at the Ministry of Health is trained in Information Management System for Mine Action (IMSMA).

Pilot one of the database actively involved landmine survivors' comments and priorities.

There are some efforts by Ministry of Health (MoH), Ministry of Education and Sports (MoES), Ministry of Gender, Labour and Social Development (MGLSD), Uganda Bureau of Statistics (UBOS), and the Uganda Mine Action Centre (UMAC) to create data banks on disability, mine casualties and mine survivors. However, the current situation is that data is scattered in various ministries, DPOs, NGOs, and CBOs.

Government has established a Community Information System (CIS). The CIS generate basic information from communities to monitor households' welfare as well as promoting effective utilization of information at grassroot level.

This information is used by both the local authorities and the policy makers interested in targeting specific communities. Among the parameters considered in terms of disability as data is collected include; Name, sex, cause of disability, type of disability, level of education, relationship to the household head, marital status, immunisation status, sickness during the last 30 days, main economic activity and other skills.

The CIS is now fully operational in 28 districts and will have been rolled over all the 80 districts by 2010.

Objectives @ November 2005:

- Establish a functional, efficient and comprehensive nation-wide landmine casualty surveillance system that contains information on mine/UXO casualties, their injuries, assistance received, and their health and economic status by 2007 – **A NEEDS ASSESSMENT SURVEY WAS**

CONDUCTED IN FOUR DISTRICTS AND AN OFFICER FROM THE MINISTRY OF HEALTH WAS TRAINED IN THE USE OF THE INFORMATION MANAGEMENT SYSTEM FOR MINE ACTION (IMSMA) IN GENEVA

- Create a directory of actors engaged in assistance to mine survivors and other persons with disabilities by 2006.
- Integrate mine casualty data collection into a nation-wide injury surveillance system by 2009.

Revised objectives @ August 2007:

- Establish a functional, efficient and comprehensive nation-wide surveillance system that contains information on mine/ERW casualties, their injuries, assistance received and their health and economic status by 2012.
- Develop a functional and operational HMIS by 2010 with data analysed and utilised for planning and decision making at all levels.
- Establish a database on landmine survivors that will expand to all persons with disabilities to assess needs and gaps in the provision of services by 2008.
- Create and disseminate a directory of actors engaged in assistance to mine survivors and other persons with disabilities in mine/ERW affected areas by 2009.
- Develop and disseminate guidelines for local government to integrate disability issues in all planning processes by 2011.
- Monitor accuracy relevancy and reliability of data on persons with disabilities and landmine survivors on an ongoing basis.
- Provide statistics for reports and for data based decision making to relevant Ministries and Accredited Partners and develop mechanism to share information with DPOs by 2010.

Part 2: Emergency and continuing medical care

Health care services in Uganda are provided by the government, the private sector and traditional healers. The health care infrastructure is divided into 4 main levels: national referral hospitals; regional referral hospitals; district health services; and health sub-districts. Health sub-districts are further divided into county, sub-county, parish and village levels.

Of the 102 hospitals in the country, two are national public referral hospitals, 11 are regional hospitals, 43 are general hospitals, 42 are private not-for-profit hospitals and 4 are private health practitioner hospitals. In many instances, basic emergency infrastructure, supplies, safe blood and equipment for support services are inadequate. The availability of adequately trained health workers is one of the most critical factors limiting the delivery of a minimum package of services.

Available information indicates that the health situation in the North is not at the same level compared to the rest of the country.

Trauma is currently a significant cause of ill health and premature death in Uganda.

The majority of people who appear to help victims of traumatic injuries lack adequate knowledge and skills to respond to emergencies and have limited knowledge on how to refer victims to the right health centres.

The majority of the existing health units lack capacity to effectively handle trauma when it occurs. Uganda does not have adequate first aid practitioners to address immediate and life-threatening situations.

The Government has made efforts to improve on roads and provided ambulances to major health units to improve on health service delivery in the rural areas as people settle down from the IDP camps.

Surgeons are available at all regional hospitals, however surgical operations including amputations in district hospitals are performed by non-specialized doctors. Corrective surgery and pre-prosthetic remodelling of stumps is available in regional hospitals. Both mine-affected regions have visiting orthopaedic surgeons although their visits are sometimes irregular.

Medical personnel in regional hospitals have received trauma training and equipment for casualty units, however, staff attrition has depleted the levels of trained staff.

Post emergency care is weak in government hospitals. Basic assistive devices are not readily available at district hospitals. Survivors are referred to rehabilitation services although these services are still inadequate.

Services are available to men, women, boys, girls and older persons equally. Costs reduce accessibility to more organised services that are provided by NGO hospitals.

Road Traffic Accidents are an major issue in Uganda and further create a need for emergency services and first responders.

Objectives @ November 2005:

- Develop and implement a strategy to increase community level capacities to respond to landmine emergencies in the affected communities by 2006.
- Develop the emergency care services in all the health units in mine-affected areas to reduce pre-hospital mortality from landmine/UXO injuries by half by 2009.
- Establish functional referral systems in affected areas by 2007.

Revised objectives @ August 2007

- Develop and implement a strategy to improve emergency response capacities in Uganda by 2012.
- Disseminate guidelines on the handling of trauma, disabilities and rehabilitation on an ongoing basis.
- Establish a functional ambulance or emergency evacuation system in all mine/ERW affected districts by 2012.
- Establish functional Accident and Emergency Units in all Regional Referral Hospitals and 80 percent of general hospitals by 2010.
- Improve emergency response capacities in all health units in all mine/ERW affected Districts by 2012.
- Establish fully equipped Village Health Teams (VHTs), with at least one third of team members being women, trained in emergency first aid in at least 25 percent mine/ERW affected villages by 2012.
- Reach 80 percent of the population with messages on disability prevention and rehabilitation by 2010.
- Increase accessibility to adequately staffed and equipped health units through referral structures in 6 mine/ERW affected districts by 2012.
- Provide appropriate and sustainable health services for vulnerable communities and individuals in post-conflict situations in line with the Uganda National Minimum Health Care Package in all mine affected districts by 2012.
- Strengthen and/or establish functional referral systems in all mine/ERW affected districts by 2012.
- Strengthen the multi-sectoral approach in managing medical emergencies, on an ongoing basis.
- Develop and disseminate an integrated strategy to address gender-based violence in the health sector by 2010.

Part 3: Physical rehabilitation

The Government of Uganda is committed to uplifting the standard of living for persons with disabilities by strengthening Community Based Rehabilitation services in line with the decentralization policy.

It is estimated that less than 25 percent of persons with disabilities have access to rehabilitation services.

The Ministry of Health has established a Disability Prevention and Rehabilitation Section whose mission is to address the medical rehabilitation needs of disabled people. Rehabilitation services are being decentralized, health workers oriented to CBR and rehabilitation curricular being integrated into the basic and in-service training for health workers.

CBR services are being offered to persons with disabilities in districts through the Ministry of Gender, Labour and Social Development in partnership with Local Government and communities and in areas where the National Union of Persons with Disabilities operates. Other NGOs have CBR programmes and there is an established CBR Steering Committee

Five regional orthopaedic workshops have been established to produce assistive devices. The three main mine affected regions have orthopaedic workshops that provide prosthetics and orthotics. The workshop in the north is supported by an INGO therefore has the materials and equipment

available. The one in the west and north east need strengthening and access to materials and equipment.

The three centres have orthopaedic technicians though only one in the north has ISPO recognized qualifications. Currently, in the north, most new survivors are fitted with a prosthesis as soon as the stump is ready to receive it. However, in the west and to less extent in the north east, there are a number of survivors who have spent years without a device.

Follow-up services for survivors in the west are weak and require strengthening.

Physiotherapists (one in the west, one in the northeast and three in the north) are available at regional hospitals and train survivors in physical therapy techniques.

Occupational therapists are available at rehabilitation centres in the north to train in activities in daily living.

There is a large gap in the number of rehabilitation personnel compared to the burden in both regions. There is a need for a total of 5 orthopaedic technologists, 6 technicians, 5 physiotherapists and 4 occupational therapists.

Mobility Appliances and locally appropriate wheelchairs are built by multiple artisans including Katalamwa Cheshire Home, Mulago Orthopedic Workshops, Gulu Youth Development Association, Disabled Women Entrepreneurs (MADE) etc.

Landmine survivors and their families play a vital role in the rehabilitation process. An information booklet has been developed to provide information about the disability and rehabilitation of people with disabilities. There is need for more sensitization of the public on disability issues.

The cost of transport and up-keep in hospitals reduces accessibility to rehabilitation services especially in Western Uganda.

Gender and age discrimination to access services has not been noticed but due to the abandonment of female survivors, this could be a possibility and needs to be studied further.

Objectives @ November 2005:

- Provide all registered landmine survivors with rehabilitation services by 2009.
- Promote awareness on the effects of landmines and provide information on how to manage disabilities arising from landmines by 2007.

Revised objectives @ August 2007

- Provide at least 70 percent of registered landmine survivors with rehabilitation services if/as required by 2012.
- Promote awareness on the effects of landmines and provide information on how to manage disabilities arising from landmines by 2012.
- Strengthen the referral mechanism for persons with disability to improve access to rehabilitation and increase the capacity at the three orthopaedic workshops by 2010.
- Increase the provision of assistive devices and strengthen the functional capacity of existing orthopaedic workshops by 2012.
- Integrate physiotherapy services and develop outreach services into the three orthopaedic workshops in the mine affected areas by 2012.

Part 4: Psychological and peer support

Psychological support is a weak area in service provision yet crucial for inclusion throughout the country. There is a lack of operational structures to coordinate, regulate and streamline psychological services. The Ministry of Health has established mental health care services in the lower health centres in the country which are available to psychologically traumatised people.

Additional psychosocial support is required in the conflict areas due to recent trauma and fear to return. The Gulu Regional Hospital has a psychiatric unit.

Additional support is required through service providers such as health care, social workers, NGOs and Peer to Peer support groups at all levels.

Counselling is not readily available at the community level. Counselling centres are far away and the community does not have a mechanism to refer. Training Programmes for psychological services require strengthening and expansion.

There is a lack of national surveys, research and needs assessments to understand the magnitude of the problem and level of individual need.

Culturally sensitive methods and tools need to be developed to respond to mental health in the country. There is a need to develop, test and provide appropriate learning materials and play tools that adapt for access by children and persons with disabilities, including landmine survivors.

Psychological services are often not accessed by persons with disabilities.

Development programmes need to be sensitive to access issues, privacy issues, security needs and psychological well-being of persons with disabilities, including landmine survivors.

Objectives @ November 2005:

- Provide regular psychosocial support to 25 percent of registered landmine survivors and their families at the rehabilitation centres and in the community by 2009.
- Establish cost-effective community based psychosocial support networks in mine-affected areas by 2007 – **LANDMINE SURVIVOR GROUPS HAVE BEEN ESTABLISHED IN SEVERAL MINE-AFFECTED AREAS**
- Develop and implement a strategy to increase community awareness on the needs and to support mine survivors and their families by 2007.

Revised objectives @ August 2007:

- Provide regular cost-effective community based psychosocial support and/or peer to peer support networks to at least 25 percent of registered landmine survivors, if required, in mine-affected areas by 2010.
- Establish mental health units in all regional referral hospitals by 2012.
- Increase community access to mental health services by 50 percent by 2012.
- Undertake research on mental health and trauma and the different manifestations identifying and sharing best practices and lessons learnt, on an ongoing basis.
- Raise awareness on the psychological challenges and concerns facing persons with disabilities, including landmine survivors, on an ongoing basis.

Part 5: Social and Economic reintegration/inclusion

Social Integration/Inclusion

Disability increases with age: 2 percent among children less than 18 years and increasing to 18 percent among older persons above 60 years.

The prevalence rate increased 1.1 percent in the 2002 Census when compared to the figure obtained in the 1991 Census. This equates to 4 out of every 25 persons in Uganda are persons with disability.

Traditionally, extended families and community based systems provide support services. However rural/urban migration, economic hardships, conflicts and disasters have greatly weakened the extended family and community based systems and the vulnerable populations are often left to fend for themselves.

During the current return in some districts, it appears that persons with disability and older persons are being left behind in the Internally Displaced Camps creating a potential for a segregated society in the future. This is not in line with the Government laws and policies.

The government has adopted the Community Based Rehabilitation Strategy to strengthen the family and community response for effective social integration and to build positive attitudes towards persons with disabilities and older persons, including landmine survivors. The Community Based Rehabilitation Strategy has proven to be successful and has expanded into 27 Districts. The strategy is implemented in partnership between the Government at national and local level, NGOs, and the community.

Despite these efforts, negative societal attitudes arising from fear, ignorance, superstitions, neglect and lack of awareness still exist. This negative attitude creates stigma which affects the social integration of persons with disabilities including landmine survivors.

It is forecasted that there will be a demographic shift in the next forty years. During this time older persons aged 60 years and above will be greater than the population of children under 14 years and half of the elderly will be in developing countries by 2050.

Associations for landmine survivors are only in a few districts of northern Uganda affected by war. The main two organisations are in Gulu and Lira. A very young programme is in Kitgum. Neighbouring districts like Pader, Soroti, Amuria, Oyam are without Associations. The only Association in western Uganda is in Kasese. Currently, there is no umbrella association of landmine survivors at the district or national level.

The relationship between landmine survivors and the National Union of Disabled Persons of Uganda (NUDIPU) is not clear.

Landmine survivor' organisations are concerned with mobilising and sensitising the survivors for peer to peer support and income generation activities. They are also involved in MRE.

The National Union of Disabled Persons in Uganda (NUDIPU) is the umbrella organization for all persons with disabilities. In addition, the National Union of Women with Disabilities of Uganda (NUWODU) has developed strategies for empowerment of women with disabilities. Its mission is to advocate for the equalization of opportunities, involvement and participation of disabled persons in the policy planning and implementation of disability programmes, in close coordination with government and NGOs. Its main aim is to influence change in the provision of services to persons with disabilities in Uganda. The NUDIPU has a Gender and Development programme to ensure that women with disabilities are fully involved.

The Uganda Foundation for the Blind (UFB) and the Uganda National Association of the Blind (UNAB) provide training for persons with disabilities in Uganda.

Uganda National Association of the Deaf (UNAD), which has sub-branches all over the country, provides training for hearing impaired persons in Uganda.

Uganda National Action on Physical Disability focuses on issues related to persons with physical disabilities, such as mobility and awareness-raising and as an umbrella for organizations of/for people with physical disabilities.

Revised objectives @ August 2007

- Expand the community based rehabilitation (CBR) strategy to 25 sub-counties in landmine/ERW affected areas by 2012.
- Provide regular social support to at least 50 percent of persons with disabilities including landmine survivors and their families, and promote their active participation in community development activities through awareness raising and capacity building in CBR areas by 2012.
- Develop four community awareness packages on the rights, needs and potentials of persons with disabilities including landmine survivors by 2012.
- Establish five landmine survivor groups in affected areas and identify their role as a specialized group with linkages with other associations of persons with disabilities by 2012.
- Establish a mechanism to monitor inclusion of mine survivors and other persons with disabilities who are working/self reliant, participate in community development programmes, and their social status by 2012.
- Build and/or strengthen the capacity of Social Development institutions, other sectors and ministries, local governments and communities for mainstreaming Social Development concerns, on an ongoing basis.
- Develop and operationalise an institutional mechanism for planning, coordination, networking, promotion, awareness raising and monitoring and evaluation of an effective Social Development System by 2009.
- Advocate for accessibility to the physical environment and public transport through media, awareness raising and policy review/ formulation within the relevant government and private sector agencies by 2012.
- Advocate for and introduce technology for information to be available in disability friendly formats, on an ongoing basis.
- Develop sports and coaching pilot programmes for persons with disabilities including mine survivors in 2 mine/ERW affected districts by 2012.
- Lobby and advocate for the rights of landmine survivors in 60 percent of the landmine/ERW districts within the wider disability movement by 2012.
- Advocate for traditional formal and non formal family and community systems to care for the elderly who are vulnerable and other vulnerable groups, on an ongoing basis.

Education and Training:

The national literacy rate for persons with disabilities is 48.8 percent. This disaggregates into 62 percent of males with disability are literate and 32 percent of females with disability are literate.

Education completion rates for Primary 4-Primary 6 is 41.3 percent for boy children with disabilities and 37.78 percent for girl children with disabilities. These figures suggest that the Millennium Development Target that all children have the right to primary education to grade five by 2015 may not be reached.

The Ministry of Education and Sports (MoES) and Kyambogo University Faculty of Education is in charge of disability issues in collaboration with Uganda Institute of Special Education (UNISE) and is responsible for providing a disability friendly environment as well as service provision for children with special needs under going schooling or any kind of training at its various institutions. The mission of UNISE is the inclusion of learners and adults with disabilities and special education needs in society and their recognition as productive members of their communities.

Positive measures have been introduced, providing for awareness-raising about disability issues among primary school children. Children with disabilities have been given first priority to enrol and the UNISE ensures that teachers of children with special needs receive adequate training. An Educational Assessment and Resource Service (EARS) centre has been set up in 39 districts to ensure provision of adequate skills to teachers to identify and cater to children with special needs. Child mine survivors are also supported by NGOs to return to school.

The MoES has a guideline for construction of school structures to promote physical accessibility to school facilities for children with disabilities. New structures and some old ones over time should therefore become accessible though sanitation facilities need to be addressed and improved. This should include primary, secondary schools and universities.

Construction of four of the planned 22 technical training institutions is ongoing. Fourteen sites have also been established for the first phase of Community Polytechnics (CP). The Government CP target is one-per sub-country totalling 932. A total of 15 existing technical schools and institutes are being rejuvenated and expanded. In addition, the Government has extended financial support to 26 private providers of technical and vocational education. The Community Polytechnics are available to all including all persons with disability.

Vocational rehabilitation centres are available on a regional basis and provide training in traditional courses like agriculture, tailoring, shoe making, carpentry and joinery, leather works, computer and cosmetology. Training is supported by government although intake is limited due to financial constraints. Persons with disabilities access these services. However, most of the landmine survivors do not access these services. There is a need to look at the current market in relation to the training options in the vocational rehabilitation centres and provide information to landmine survivors to enrol. The Government provides free education to persons with disabilities who enrol in the vocational training centres.

Revised objectives @ August 2007:

- Increase literacy levels among persons with disabilities, including landmine survivors, from 62 to 70 percent for males with disabilities and from 32 to 40 percent for females with disabilities aged 10 years and above by 2012.
- Increase participation in primary and post-primary education of children with disabilities including landmine survivors living in mine/ERW affected communities by at least 40 percent by 2012.
- Increase the number of trained teachers, tutors and Centre Coordinating Tutors for the inclusion of children with disability into the education system by 2012.
- Increase the number of youth landmine survivors and other persons with disability access employable skills training including vocational training and higher education by 2012.
- Affirmative action established to reduce the gender disparity shown between men with disabilities and women with disabilities in secondary schools, vocational training and higher education by 2012.

Economic Inclusion and Empowerment

In the Northern regions 65.8 percent of the population live below the poverty line and account for over one third of the country's poor.

Persons with disabilities in Uganda have remained the poorest among the poor. Forty six percent (46 percent) of persons living with disabilities fall below the poverty line.

Poverty is largely manifested in rural areas where 39.1 percent are poor compared to 10.3 percent in urban areas. The landless, the near landless and those without non-labour productive assets are more likely to be poor.

The employment exchange service within the MGLSD facilitates the placement of disabled persons in employment and provides vocational rehabilitation and resettlement services. One mobile unit exists for vocational rehabilitation and training of women with disabilities.

The MGLSD's CBR programme encourages local employers to facilitate resettlement and selective employment of people with disabilities, in consultation with NUDIPU.

The National Union of Women with Disabilities of Uganda focuses on economic development projects. The Disabled Women Network and Resource Organization advocates for the economic empowerment of women with disabilities and their inclusion in micro-credit programmes. The Uganda Disabled Women's Association operates a revolving loan scheme with the goal of initiating small businesses.

There are micro-finance schemes in the north. However, the participation of landmine survivors as a group is not known. In the west, survivors have formed a corporate group that grows and sells vegetables and manufactures banana rope.

There are government programmes for poverty eradication, for example PMA, NAADS, etc but the extent to which persons with disabilities are benefiting is not known. There is a need to establish retraining centres for landmine survivors and other persons with disabilities to impart livelihood skills for earning a living in their various communities.

The Social Development Sector promotes issues of social protection, gender equality, human rights, culture, decent work conditions and empowerment for different groups such as women, children, unemployed youth, IDPs, the elderly and persons with disabilities including landmine survivors.

The MGLSD as the lead agency of the SDIP is mandated to empower communities to harness their potential and protect vulnerable persons from deprivation and livelihood risks. Within the SDIP particularly vulnerable include persons with disabilities, elderly and certain types of households.

Objectives @ November 2005:

- Develop and implement a strategy by 2007 to improve the economic status of the disabled population in mine-affected communities through education, economic development of community infrastructure and creation of employment opportunities.
- Develop and implement a strategy by 2007 to provide increased opportunities for income-generation and small-enterprise projects, and to promote and encourage literacy and vocational training, apprenticeships and job referrals by 2009.
- Provide 60 landmine/UXO survivors with vocational training by 2009.
- Mainstream 60 landmine/UXO survivors into micro-finance schemes by 2006.
- Develop and implement a strategy to assist in the capacity building of micro-finance institutions (MFIs), especially in rural areas, including through demand-driven training of MFI staff and clientele, product development and promotion of agricultural financing, increased access to rural financial services, and building business culture amongst rural borrowers.

Revised objectives @ August 2007:

- Establish a mechanism to identify the economic and development needs of landmine survivors and other persons with disabilities and incorporate into development plans at all levels, by 2008.
- At least 30 percent of persons with disabilities including landmine survivors, and their families, in highly landmine affected areas are accessing open and self employment, income generating opportunities, access to micro-finance and small enterprise projects by 2012.
- At least 60 percent of persons with disabilities including landmine survivors in highly affected landmine areas of return access affirmative action in areas of resettlement are provided with

production tools for reintegration, and encouraged to participate in development activities by 2012.

- Establish grants and social cash transfers for 60 percent of severely affected landmine survivors and other persons with disabilities, 2012.

Part 6: Laws and public policies

Persons with disabilities including landmine/ERW survivors are represented at village, parish, sub-county, and district level and in the Parliament.

The Constitution of Uganda 1995 has anti-discrimination and other provisions which explicitly cover disabled people, and a provision which requires that a number of national members of Parliament (MPs) have disabilities. Disabled persons are represented by five MPs.

Objective (vi) of the Constitution ensures gender balance and fair representation of marginalized groups. Article 32 states that affirmative action will be taken in favour of groups marginalized on the basis of disability. Article 59 provides that Parliament shall make laws to provide for the facilitation of citizens with disabilities to register and vote.

Uganda is one of the few countries in the world to recognize sign language as an official language in its Constitution.

Multiple National Laws have been passed to guarantee the rights of persons with disabilities, these include:

- The Universal Primary Education Act 1997 commands that families with children with disabilities give them priority at the time of enrolment.
- The Children's Act 2000 has a section on children with disabilities that states that parents of children with disabilities and State shall see children are assessed as early as possible, offered appropriate treatment, provided rehabilitation and equal opportunities to education.
- The Local Government Act CAP 243 ensures representation of persons with disabilities in Local Councils.
- The Workers Compensation Act establishes that any worker injured in the course of work must be compensated following an established formula.
- The Uganda Traffic and Road Safety Act 1998 provides that no persons with a disability shall be denied a driving permit by reason of his/her disability.
- The Land Act 1998 provides for the rights of persons with disabilities in respect to Customary Land providing access to ownership, occupation or use of land. There is also provision that any transactions on customary land that discriminates against persons with disabilities shall be null and void.
- The Uganda Communications Act 1998 Section 8 provides for research into the development and use of new communication, techniques and technologies to provide accessibility of hearing impaired persons to communication services.
- The Local Government Act CAP 243 provides for the representation of persons with disability on District Service Commissions and District Tender Boards.
- The Universities and Tertiary Institutions Act 2001 provides for the establishment of the National Council for Higher Education which shall consist of one person with a disability appointed by the Minister. Section 28 provides for affirmative action in admission to Public Universities.
- The National Council for Disability Act 2003 (NCD) mandates the Council to bring issues of persons with disabilities to the attention of the Government, NGOs, Private Sector and individuals so as to improve the lives of persons with disabilities. It makes provision for a monitoring and evaluation mechanism and promotes equalization of opportunities for persons with disabilities. NCD advises the Electoral Commission in elections of persons with disability. NCD is to be established at National, District and Sub-County level.
- The Equal Opportunities Act 2007 is to promote and protect the human rights for all vulnerable groups including persons with disabilities.
- The Persons with Disabilities Act 2006 provides the right to quality education and health, employment initiatives and establishes employer tax exemptions. Other issues include accessibility and social rights. This Act is important as it provides a mechanism for complaint and judicial proceedings to offences and also defines penalties for discrimination in relationship to goods, services and facilities.

Multiple Policies are also in place these include:

- *National Policy on Disability* provides a framework for responding to the concerns and needs of persons with disabilities which is guided by the principles of family and community based care, based on the human rights approach, participation, multi-sectoral collaboration, capacity building, decentralised service delivery and good governance. The policy priorities are clear looking at accessibility, participation and capacity building. The policy encourages an integrated framework and how the Ministries work with local authorities, DPOs, Civil Society and the Community. Work is clarified that parents and caregivers still play the primary role and that persons with disabilities should be fully participating at all levels.
- *The National Policy for Internally Displaced Persons*: This policy is to manage the IDP situation and uphold the rights of IDPs and promote an integrated, coordinated and safe/protected return. Registration of IDPs who opt to return states that particular attention be given to the most vulnerable including persons with disability and elderly who may require special assistance...and ascertain when necessary the need for transport and to take special measures to ensure family reunification and the safety and dignity of IDPs during movement from camp to resettlement sites.
- *National Policy and Strategy for Orphans and Other Vulnerable Children*: This provides guidance on vulnerable children and links with the Convention on the Rights of the Child. A central objective is to allow children to live to their full potential and concentrate on the most vulnerable cases-both the children with the greatest needs and the poorest households. Three core areas are defined as socio-economic security, education and health. This policy defines vulnerable groups which includes children affected by disability. Therefore, the entire document and guidance is relevant to children with disability till 18 years of age.

The Government of Uganda has a Plan of Action for the African Decade of Persons with Disabilities (1999-2009)

The National Plan provides guidance to all stakeholders on the full participation, equality and empowerment of persons with disabilities. Eight areas are prioritised:

- Formulate and implement national policies, programmes and legislative frameworks.
- Promote active participation of persons with disabilities in the process of economic, political and social development.
- Assist persons with disabilities living in conflict areas to resume their roles in psychosocial adjustment and social reintegration.
- Ensure and improve access to health, education, rehabilitation, home based services, sports and recreation, employment and entrepreneurship.
- Support the development and strengthening of disabled peoples' organisations.
- Provide mechanisms for monitoring and evaluation of the activities.

Uganda is a signatory to the Convention on the Rights of Persons with Disabilities and Optional Protocol. The process of ratification of the Convention is in its final stages.

Objectives @ November 2005:

- Lobby for the continuous implementation of the law on affirmative action for persons with disabilities.
- Strengthen the role of local councillors representing persons with disabilities in the mine-affected northern and western regions by 2006.
- Campaign for the participation of landmine and UXO survivors in the representation of persons with disabilities – **LANDMINE SURVIVORS ARE REPRESENTED ON THE NATIONAL COUNCIL FOR DISABILITY**
- Formulate and implement national policies and legislative frameworks for the full and equal participation of landmine survivors and other persons with disabilities by 2007 – **UGANDA'S NATIONAL PLAN OF ACTION FOR THE AFRICAN DECADE OF PERSONS WITH DISABILITIES WAS PASSED IN DECEMBER 2005, THE PERSONS WITH DISABILITIES ACT WAS PASSED BY THE PARLIAMENT IN MAY 2006 AND THE NATIONAL POLICY ON DISABILITY WAS LAUNCHED IN JULY 2006**
- Establish mechanisms for the full implementation and enforcement of existing legislation to protect the rights of persons with disabilities.

Revised objectives @ August 2007:

- Disability technical advisor seconded to the MGLSD by 2008.
- Monitor and evaluate the implementation of Uganda's Comprehensive Plan of Action for Victim Assistance 2008-2012 on an ongoing basis.
- Strengthen existing institutional frameworks, building new structures if required, and formulate regulations and guidelines for the improved implementation of existing Ugandan laws, policies and acts relating to persons with disabilities by 2009.
- Strengthen the capacity of local councillors representing persons with disabilities in the mine affected regions by 2010.
- Assess progress in the implementation of the Plan of Action for African Decade of the Disabled 2000-2009 by end of 2008.
- Ratify the Convention on the Rights of Persons with Disabilities by 2008.
- Educate persons with disabilities, including landmine survivors, and the community at large on the existing legislation and the Convention regarding the rights of persons with disabilities, on an ongoing basis.

Progress is being made. The Government has the Comprehensive Plan for Victim Assistance. But, there is still a lot of work to be done to implement the actions to achieve our SMART objectives. The Ministry of Gender, Labour, and Social Development is working very hard to ensure that the plan becomes a reality; although it is faced with many competing priorities. Uganda faces many challenges in addressing the rights and needs of landmine survivors and other persons with disabilities, including inadequate resources to fully implement programmes and a lack of technical support to build capacities within the relevant ministries and among the service providers.