

# **MONTHLY REPORT FOR CHILDREN WITH DISABILITIES UNDER GOING PHYSICAL REHABILITATION AT FREIDIS REHABILITATION AND DISABLE CENTER (FRDC) LIRA BEING SPONSORED BY TROND MOHN. (22<sup>ND</sup> MARCH 2010-APRIL 28<sup>TH</sup> 2010)**

## **INTRODUCTION:**

**Freidis Rehabilitation Disable Centre (FRDC)** is a charitable organization in Uganda involved in the rehabilitation of children with physical disabilities and other vulnerable children in Uganda and northern Uganda in particular. FRDC'S programmes focus on medical rehabilitation (Corrective surgery) and provision of appliances through innovative community based approaches. We also promote children's right to quality education and offer livelihood programmes to enable children with disabilities and their families to live independent lives. Empowerment of families through psycho-social and nutritional support is an important element of the programme, emphasis is laid on children with disability from vulnerable and needy families and communities. Both female and male are given equal opportunity and consideration through gender mainstreaming.

FRDC received funds from Trond Mohn – Frank Mohn AS Norway in order to implement five major objectives which are supporting medical rehabilitation of children with disability using innovative community based approaches, improve knowledge, attitudes and practices concerning disability with in the community including policy makers and other service providers, to promote reduction of HIV/AIDS among the vulnerable groups (most at risk population) through sensitization and gender mainstreaming, strengthen partnership and networking with other organizations in order to improve service provision through shared learning, increased capacity of FRDC to fulfill its mission and realize the vision.

## **CONTEXT.**

### **(1) Supporting medical rehabilitation of children with disability using innovative community based approaches.**

Freidis Rehabilitation and Disable center believes that all children with disability have the right to support and medical services that allow them overcome the barriers they may face to full participation in an active life. Medical rehabilitation is therefore been given to these children and this involves surgery and provision of appliances which are to be offered in partnership with collaborating hospitals like Comprehensive Rehabilitation Services in Uganda (CoRSU), this is located in Entebbe, for post operative care in terms of P.O.P casting, physiotherapy, occupational therapy, nursing care and those issued appliances were fitted and trained on how to use them before they are discharge back home and all this is done at the centre (FRDC).

Nutrition and feeding is provided in that affordable and well balance meals are prepared at the centre with the participation of the children and their parents. Health and hygiene rehabilitation is also very important to the children with disability and their parents this involves participating in maintaining cleanliness and hygiene and through lessons given to them while at the centre.

### **(2) Improve knowledge, attitudes and practices concerning disability with in the community including policy makers and other service providers.**

This involves basic public education to the community, health workers, other service providers and the parents/care givers of these children while at the center hence increase in Public awareness about disability.

### **(3) To promote reduction of HIV/AIDS among the vulnerable groups (most at risk population) through sensitization and gender mainstreaming.**

This involves providing awareness on HIV/AIDS to these vulnerable children being that they are at a high risk of acquiring HIV/AIDS. Therefore all the children from 10 to 18yrs and their parents/caregiver who are rehabilitated at the center are sensitized about the causes, dangers and prevention of HIV/AIDS.

### **(4) Strengthen partnership and networking with other organizations in order to improve service provision through shared learning.**

This has been done to the extent that we have collaborating partnerships with service providers like Paragon Hospital in Kampala, CoRSU Hospital in Entebbe, Lira Referral Hospital and Ayira Nursing Home in Lira. However we are still strengthening and networking with other more service providers like

CURE Hospital in Mbale where we plan to take some of our children who have disabilities with incontinence, hydrocephalus and spinal bifida.

**(5) Increased capacity of FRDC to fulfill its mission and realize the vision.**

This involves developing a management system which will streamline operations at the center, developing and implementing a comprehensive Public Relations and communication strategy at the center, Strengthening both local and external fundraising and designing and implementing an appropriate staff development policy. This is a very important activity being that FRDC is a learning organization and its needs to strengthen its areas of operations.

**ACHIEVEMENTS AND GENERAL OBSERVATION ON THE CHILDREN’S PROGRESS.**

Following the pending children with disability who were taken up from the organization data base, an assessment was carried out by the entire medical team of FRDC, these Children whose disability is correctable, were referred for corrective surgeries in CoRSU Rehabilitation Hospital Entebbe. Generally there is a good progress of the children who have come back to the center in terms of function of the body parts that underwent surgery and ability to use these body parts like any normal children is evidenced. The Centre has also been able to implement what the orthopedic surgeons suggested or prescribed and also physiotherapy

The table below shows the number of children and the diagnosed conditions who were referred to CoRSU for their corrective surgeries.

**NAMES OF CHILDREN WHO WENT FOR CORRECTIVE SURGERIES BETWEEN 22<sup>ND</sup> MARCH 2010-APRIL 28<sup>TH</sup> 2010**

No	Name	Sex	Age	Diagnosis
1	Ojede Nathan	M	4yrs	Bilateral club foot
2	Odur Sonny	M	3yrs	
3	Ogenrwot Bonny	M	5yrs	
4	Onyinge Tony	M	16yrs	Valgus knees
5	Ocen Joshua	M	3yrs	Contracture (Rt) foot
6	Ocen Osbon	M	2yrs	Dislocation fracture (fussion)Lt ankle
7	Alira Brenda	F	12yrs	Malunion fracture(Rt)elbow& dislocatio
8	Awino Willy	F	9yrs	Osteomyelitis
9	Owor Benjamin	M	11yrs	Varus knees
10	Apio Mercy	F	5yrs	Bilateral club foot
11	Okello Emmanuel	M	8yrs	Malnuion # (L) Femur
12	Odoch Emmanuel	M	2yrs	Multiple deformities both (L) limbs
13	Okar Tonny	M	13yrs	Result of osteoarthritis
14	Odich Emmanuel	M	6yrs	Open Urethura
15	Olwal Jesse	M	2yrs	Valgus Knees
16	Atyang Sarah	F	9yrs	Atrophied limbs with knee flexion contractures

**(17)Name: Onyuita Samuel** was referred to CURE Hospital Mbale and the parent was taught how to use catheterization in order to control the child’s incontinence, she was also given the catheter tubes and the gel. How ever the child is now referred to CoRSU to under go surgery for Club Foot.

**(18) Name:** Ogwang Juma                      **Sex:** Male      **Age:** 9yrs  
**Diagnosis:** Cerebral Palsy (Spastic) Mild

**Plan:**  
 Physiotherapy treatment at the center

**(19) Name:** Odongo Mathew                      **Sex:** Male      **Age:** 2yrs  
**Diagnosis:** Paraporesis  
**Plan:**

Physiotherapy treatment at the center

**(20) Name:** Omara Ronald      **Sex:** Male      **Age:**

**Diagnosis:** Cerebral palsy

**Plan:**

Physiotherapy treatment at the center.

However, Apio Mercy and Awino Winny were sent back to the centre without any intervention done owing to the prevailing wounds on the parts of surgery concern. They were advised to go back when their wounds have healed. So far, three children have been sent back to the centre after successful surgeries for post operative Physiotherapy, Daily dressing (wound management) and general medical care.

Below are the surgical interventions per child.

**(1) Alira Brenda      Sex: Female      Age: 13 years**

**Diagnosis:** Neglected (rt) Elbow dislocation

**Surgery Done:**

Open reduction with Internal Fixation using K wire was done on 14<sup>th</sup>/04/2010.

She was later discharged on 20<sup>th</sup>/04/2010. The surgeons Advised on daily dressing and also cast the arm in Plaster of Paris (P.O.P) with 90 degrees at the elbow, this was done by FRDC Physiotherapists and the Nurse.

**Plan:**

Review date on 13<sup>th</sup>/05/2010 for cast and pin removal.

Elbow Physiotherapy after removal of the pin.

**(2) Name: Owor Benjamin      Sex: Male      Age: 11years**

**Diagnosis:** Bilateral Genu Varus/ bow legs

**Surgery Done:**

Hemiepiphysiodesis was done on 14<sup>th</sup>/04/2010 on both knees. They advised on daily dressing and follow up of the child.

**Plan:**

Review in six months as a must for plate removal on 21<sup>st</sup>/10/2010.

**(3) Onyinge Tony:      Sex: Male      Age: 16 years**

**Diagnosis:** Bilateral Genu valgum

**Surgery Done:**

Corrective osteotomy with External Fixator was done no 14<sup>th</sup>/04/2010 on left femur.

They advised on daily dressing, fixator care and removal of stitches after one week, FRDC nurse is doing all this.

**Plan:**

Review in two months for radiological control on 17<sup>th</sup>/06/2010.

The remaining 13children are still at CoRSU rehabilitation hospital under going various surgeries and medical investigations.

## Monthly Progress Chart –22<sup>ND</sup>MARCH 2010-APRIL 28<sup>TH</sup> report

### 1) Monthly Progress Chart (Objectives and Activities from the original proposal)

1. For each Activity, outputs and impacts are listed and these are estimated to be the achievements during the project period.
  - a. “**Outputs**” are the immediate results of the various activities (such as the number of children to be worked on)
  - b. “**Impacts**” are the longer term impacts of these activities on the children with disabilities, their parents/care takers and the center at large. (such as increase full participation of the children in their active lives and not to be dependant)
2. The progress made this Month & to date on each output and outcome.
3. The progress expected to make next month
4. Any challenges or other comments relevant to each output and impact

1) Outputs & Impacts	2) Progress To Date	3) Expected Progress Next Month	4) Comments
Note specific outputs & impacts expected for each activity over whole project	Note progress to date for each output & outcome, using specific indicators	Note specific plans and goals for next month	Note any challenges or other relevant comments

Objective 1: Supporting medical rehabilitation of children with disability using innovative community based approaches. (200 children) 100 boys and 100 girls			
<b>Activity 1: Organize and conduct orthopedic and plastic clinics</b>			
5(five) orthopedic and plastic clinics are supposed to be carried out at the center after mobilization of children from four of our main areas of operation which are; Adwari, Okwang, Omoro and Abako sub county all from Lira district.	We have not yet mobilized children from any of these sub counties this month that’s why we have not yet held an orthopedic and plastic clinic yet.	We expect to mobilize children with disabilities from the identified sub counties in our area of operation and after we plan to hold one orthopedic and plastic clinic.	
This is very important because the physiotherapists get to assess which children are going to receive what type of rehabilitation service from the center and after make appropriate referrals to other service providers with whom we are in collaboration.			
<b>Activity 2: Provision of comprehensive medical and social rehabilitation</b>			
A total number of 200 (100male and 100female) children are supposed to receive a comprehensive medical and social rehabilitation service at the center and these are selected after assessment of these children by the physiotherapist. 150 children will receive corrective surgery and 50 children will only receive physiotherapy treatment.	The children who have been taken up for comprehensive medical service this month are 20 in total (16male and 4female) and these were the pending children from the data base, we decided to first take them up as we organize our selves to carry out a mobilization of children with disabilities from the identified 4 sub counties.	We expect to take up 40 children (20male and 20female) with disabilities next month, 10 from each sub county to under go corrective surgery.	
The impact of this is to support children with disability by providing medical services to them that will allow them overcome the barriers they may face to their full participation in			

an active life.			
<b>Activity 3: Organize outreach clinics (Community Based Rehabilitation CBR)</b>			
A total number of 8 outreach clinics are estimated to be carried out and each sub county will hold 2 clinics.	We have not started this activity yet.	-	
A community Based Rehabilitation/Outreach clinic (CBR) programme has a practical impact on children with disability's lives. Community based rehabilitation programmes are normally effective in ensuring holistic and accessible support, as they provide person centered care and rehabilitation within the home and community environment.			
<b>Activity 4: Organize and provide physiotherapy for residents and out patients</b>			
All the 200 children will be provided with physiotherapy as they reside at the center and even to those who can come to the center as out patients.	18children (9male and 9female) have received physiotherapy treatment at the center. And 3 children (2male and 1female) have received physiotherapy treatment after surgery.	We plan to provide physiotherapy treatment to 20 children (10male and 10female) next month.	
Physiotherapy is a very important activity to these children while being rehabilitated at the center especially for those who have under gone surgery, children with cerebral palsy and any other disability that mainly need exercises.			
<b>Activity 5: Organize and provide occupational therapy for residents and out patients</b>			
100 children (50male and 50female) will be provided with occupational therapy and this will be both to the residents and the non residents at the center.	15 children (8female and 7male) were provided with occupational therapy. Among these 4 children where out patients and all were boys. These 4 children come to the center for this type of therapy and they don't stay very far from the center.	We also plan to provide occupational therapy to 20 more children (10male and 10female) next month	
Occupation therapy is important because it helps the children and the parents how to deal with and handle disability. It helps them to learn how to help them selves with the daily activities of life hence social rehabilitation and this is because some disabilities are permanent and are not corrected. (Disability management)			
<b>Activity 6: Pre and post operative nursing care for Children With Disabilities (CWDS) and caregivers</b>			
200 children (100male and 100female) will receive pre and post operative nursing care for CWDS and their care givers.		We plan to provide 50 children (25male and 25female) with pre and post operative nursing care next month. 10 will be out patients, 20 new patients after surgery and the other 20 the old patients from the previous month. 20 care givers/parents for these children will also receive nursing care incase they	

		fall sick while at the center as they are taking care of their children undergoing rehabilitation.	
While being rehabilitated these children need nursing care and this is both for those who have under gone surgery and those under going physiotherapy treatment. These children present with fever/malaria, pains, cough and flu, wound management, skin diseases and many other diseases. Their care takers/parents are also provided with the nursing care incase they present with a health problem.			
<b>Activity 7: Provide a special diet to severely malnourished children with disabilities (CWDS)</b>			
100 children (50male and 50female) are expected to receive a special diet.	2 children who were very malnourished were put on a special diet before they under went surgery.	We plan to provide a special diet to 10 children who will be severely malnourished.	
Some children will present with malnutrition and where by they cannot go for surgery, therefore as the center we plan to give them a special diet which is very nutritious and will help them before they under go surgery and also after surgery.			
<b>Activity 8: Organize and provide training to parents and caregivers on nutrition and hygiene</b>			
100 parents (50male and 50female) are expected to receive a training on nutrition and hygiene	30 parents have been trained on nutrition and hygiene of their children. 20 parents were residents while the other 10 parents where parents of children who were not staying within the center they were out-patients but come for physiotherapy and nursing/medical treatment at the center	40 parents will be trained on nutrition and hygiene of their children while at the center.	
Training these parents on their children's nutrition and hygiene is very important because they need to know how to keep their children clean and need to feed them well, because this will help in their personal growth and development.			
<b>Activity 9: Transport children with disabilities to and from theatre/other medical service providers</b>			
200 children (100male and 100female) will be provided with transport to and from theatre/hospitals and any other medical service providers.	19(14male and 5female) children have been transported to referral hospitals/service providers. For example CoRSU in Entebbe, CURE Hospital in Mbale and Paragon in Kampala	40 children will be transported to referral hospitals or other service providers for their medical treatment like corrective surgery.	
Most of these children come from very poor and needy families therefore they cannot afford transport to and from these hospitals where they are being taken for medical intervention hence the need to provide them with this transport.			

<b>Activity 10: Make appropriate referrals to other services providers</b>			
150 children (75male and 75female) will be referred to other service providers	19 children have been referred (14male and 5female) 16 children (12male and 4female) to CoRSU for corrective surgery 1 child(1male) to Mbale for incontinence and the other 2 children(1male and 1female) to Paragon Hospital to the general surgeon	40 children will be referred to other service providers especially to those with who we are in collaboration.	
Its very important to make referrals to other service providers especially those who deal in activities we do not do like corrective surgery, X-rays, General therapy which involves various lab tests and many others.			
<b>Activity 11: Conduct ward/dormitory rounds at FRDC</b>			
288 ward/dormitory round are expected to be carried out at the center	The medical staffs do dorm rounds every Wednesday of the week and this involves the physiotherapists, matron, nurse and social workers. 4 dorm rounds have been carried out. However the matron/caretaker does this on a daily basis in the morning and evening for all the seven days in a week.	We plan to hold 4 dormitory/ward rounds at the center next month.	
Ward/dormitory rounds are very important to be carried out because we get to know the hygiene of the dormitories and also obtain statistical data on the number of resident children with disabilities and the attendant of each child. It also helps us to follow up on the progress of each resident child.			
<b>Activity 12: Provide immunization services for clients, caretakers and staff</b>			
4 rounds of immunization services will be provided to the clients, caretakers and the staff. These are going to be provided quarterly.	We are organizing to take the first round of immunization for the children, their care givers and the staff. The nurse is working hard on this activity. This is going to be done with Lira Referral Hospital	We plan to immunize all the staff who are in direct contact with the children this will help in health safety reasons for the staff and the clients.	
Immunization is very important being that we are health care project where by we have to take care of the health conditions of the clients, caretakers and the staff at large. Its also realized that some children have never received any immunization from the communities where they come from for example measles, polio, tetanus etc and staff also need to be immunized being that they deal with health problems like hepatitis and many other immuniseable diseases.			
<b>Activity 13: Follow up/home visits of discharged children with disabilities from the center</b>			

All the 100 children will be followed up/visited in their homes after they are discharged from the center.	No children have been discharged yet. Therefore we have not yet started this activity.	-	
This will help us to know the progress of these children back in the community where they come from. We will also get to know if a child has been issued with an appliance whether there is accessibility for the appliance given			
<b>Activity 14: Prescribe and provide appropriate high quality appliances for clients, these will be purchased from Kampala</b>			
50 children (25male and 25female) will be prescribed and provided with high quality appliances.	2 children all male were provided with crutches to support them after surgery and during rehabilitation as they regain their mobility.	We plan to provide 10 appliances to children with disabilities after surgery and also before surgery.	
Appliances are very important especially to a child with permanent disability for mobility support and also for those who have under gone surgery to help them not to put weight bearing on the part which has been operated.			
<b>Activity 15: Train proper appliance use and Monitoring the usage of appliances provided to children with disabilities (CWDs)</b>			
All the 50 children and their parents will be trained in proper usage of the appliances and monitoring	2 children all male who were issued with crutches were trained on how to use them and they are fully monitored.	We also plan to train the children and their caretakers about the appliances and also to fully mobilize them.	
Its very important to train proper usage of appliances to CWDs and their parents/caregivers so that they know why we have issued the appliance, they need to know how to maintain and use the appliances and because some appliances may be complicated like a foldable wheelchair they also need to know the various functions of each appliance. Monitoring the usage of the appliances provided to these children is very important because we don't want it to cause more harm to them being that they have never used it and they are not used to using them, they need guidance both from the physiotherapist and their parents			

**Objective 2: Support education of children with special needs through a child literacy programme run at the center (150 children) and through sponsorship for needy children who pass through the center (50 children)**

**Activity 1: Conduct formal catch-up classes for resident CWDs at FRDC**

150 children (75male and 75female) will be taken through a catch up class as they are residents at the center.	5 children (2male and 3female) have under gone through the catch up class this month while they are being rehabilitated at the center.	20 children will undergo the catch up class next month	
Catch up class is very important for children being rehabilitated at the center especially children who have attained the school going age. The catch up class bridges the gap between those who are already going to school and also the chance of those who			

have never gone to school. Basic education process is provided in away that it relieves stress and pain from the minds of these children. Things taught include mathematics, English, science, personal hygiene, child rights, computer lessons and many others. However this is not taught on the basis of the school curricular program.			
<b>Activity 2: Organize and conduct informal literacy classes for the parents/caregivers at FRDC</b>			
All the parents of the children who will be rehabilitated at the center will go through this informal literacy class.	Parents were not engaged in this activity this month.	20 parents will undergo an informal literacy class while they are rehabilitating their children at the center	
Informal literacy class is very important to the parents of these children because parents are taught how to read and write most especially writing down their names, counting, child and human rights, rights of children with disabilities, child protection policies and disability issues like the causes, prevention and management of disability.			
<b>Activity 3: Organize and conduct a special needs class for children with learning disability</b>			
50 children are estimated to attend this special needs class while at the center	No children were identified to attend this special need class this month.	5 children will attend a special needs class while they are under going rehabilitation at the center.	
Different children have different disabilities and some of these disabilities are special in that these children need a special needs class to attend to their different special needs for example these children have retarded brain which are slow in learning, others present with a hearing impairment hence a special needs class and special needs teacher			
<b>Activity 4: Organize and conduct life skills training for CWDs and their parents</b>			
100children and their parents will be conducted in life skills training.	This activity was not done this month	20 children and 20 parents/care givers will be taken through a life skills training while at the center.	
The life skills training programme aims at enabling children with disability and their parents/caregivers to take charge of their own lives and cope with the new challenges they continuously face through practical learning and experimenting with a rich variety of activities that meet varied interests of learners. Specific programmes and projects will be designed to provide various skills such as Self acceptance, Coping, Assertiveness,			

<p>Interpersonal Communication, Self Awareness and Esteem, Peer Resistance, Critical Thinking and Decision Making, Coping with Emotions, Non Violent Conflict, Coping with Stress, Formation of Friends, Negotiation Skills, Parent-Child Communication, Leadership Training, Basic literacy and many others as will be assessed. The peer approach will be used as an effective method in imparting skills among children with disability.</p> <p>FRDC believes that once such skills are imparted to the CWDs and other vulnerable children with their families, they will go along way in making them more useful to themselves, and the communities they live in. The life skills will help children with disabilities and other vulnerable children to minimise and deal with problems such as low school attendance, inadequate physiotherapy, low self esteem ,less value of work, dependency, early sexual initiation, teenage pregnancies, HIV/AIDS/STDS, street child phenomenon, poor parent-child relationship [positive parenting], school drop out rates, drug addiction, unemployment, crime rates, rape, defilement and many other socio-cultural and economic problems associated with disabled children and young people generally.</p>			
<p><b>Activity 5: Identify needy CWDs for sponsorship, identify the schools they are to go to, provide school fees and scholastic material for needy CWDs and follow them up in their respective schools (need assessment)</b></p>			
<p>50 children (25male and 25female) will be assessed and provided with sponsorship of their education after rehabilitation</p>	<p>We have not yet started this activity though we plan to start identifying the needy CWDs</p>	<p>-</p>	
<p>As FRDC we believe that right to education is a basic human right and therefore we will support very needy children with disability, especially those that have undergone medical rehabilitation through our programme, to go to school. These children will be provided with school fees and other scholastic materials to join schools which are accessible and near their home areas where they will be closely followed up to ensure that they benefit from the programme.</p>			
<p><b>Activity 6: Provision of recreation support for CWDs</b></p>			
<p>All the children who are rehabilitated at the center will go through recreation activities.</p>	<p>The available children under rehabilitation were taken through recreation activities and this was done according to their time table at the center with the help of social workers, occupational therapist and the matron.</p>	<p>All the children who will be taken up for rehabilitation will under go a recreation support activity.</p>	
<p>Recreation activities are very good for a child while being rehabilitated at the center. This will help these children to forget all the pain that they are going through and we would like them</p>			

to enjoy their child hood. Recreation activities include physical education which is mainly done in the play ground.			
<b>Activity 7: Promote inclusive education in various schools</b>			
The 50 children who will be provided with education sponsorship we will see to it that the schools they go to practice inclusive education and these schools will be from the 4 sub counties which we selected these include Abako, Okwang, Adwari and Omoro all in Lira district.	We have not yet started on this activity	-	
Promotion of inclusive education contributes to the rehabilitation of children with disability. We accept the schools where these children will be going to should be accessible for children with disabilities, the teacher's attitudes to disability should be positive and also the children with in the schools should accept these children. Generally children with disabilities should be fully accepted by the school environment and the school should be accessible. And a special needs teacher should be in these schools. On the other hand we shall lobby for alternative education for children with multiple disabilities.			

<b>Objective 3: Empower parents and children through specifically designed sustainable livelihoods programmes and training on rights issues</b>			
<b>Activity 1: Conduct parents meeting at FRDC</b>			
48 Parents meetings will be conducted at FRDC	4 parents meetings have been conducted for this month and these were held every first day of the week and this is a Monday which is first day of the week.	We plan to hold 4 parents meetings next month.	
Parents meetings are very important during the rehabilitation process because in these meetings social and cultural aspects of disability are dealt with since they play a major role in the parents/caretakers lives especially those with vulnerable children. Rights issues will also be talked about and these involve both child rights and human rights			
<b>Activity 2: Regular counseling sessions organized</b>			
All the 200 children and their parents will be provided with regular counseling sessions	A total number of 20 children (16male and 4female) have been provided with regular counseling	We plan to provide regular counseling to 40 children and their care takers next month.	
In addition to clients receiving psycho social support through the already mentioned physical rehabilitation, education and skills training ,direct support will also be given to children with			

<p>disability and their care givers in form of individual counseling at all stages from the reception to the time they are discharged and even up to home, where necessary. We believe that complete rehabilitation can only take place when the social and cultural aspects of disability are also dealt with since they play major roles in CWDs lives. Rights issues will also be talked about and these involve both child rights and human rights</p>			
<p><b>Activity 3: Training of parents and CWDs in entrepreneurship during parent workshops/support Income Generating Activities (IGA) for parents and caregivers for CWDs and other OVCs</b></p>			
<p>All the 200 parents and care givers for these children will be trained in entrepreneurship and Income Generating Activities (IGAs) during parent workshops.</p>	<p>Parents were not trained in this activity this month</p>	<p>20 parents will be trained in entrepreneurship and Income Generating Activities next month.</p>	
<p>Disability can increase expenses as well as cause loss of income to a family. This loss can be in form of time spent out of work by a parent in order to take care of the CWD while at the center undergoing rehabilitation, time spent on hospital admissions, money spent on the rehabilitation process etc. Many families of CWDs therefore tend to depend on others for their livelihoods. To address this problem of dependency, in addition to providing formal and informal education and hand skills training at the center, FRDC will provide income generating support to families in form of grants for small projects and for savings and credit schemes. FRDC will put in place training modalities, monitoring functions and systems, project management procedures, appraisal and fund disbursement modalities to ensure effective implementation of this aspect of the programme. FRDC will also build staff capacity so that they have the competence and qualification to manage the systems. Rights issues will also be talked about and these involve both child rights and human rights</p>			
<p><b>Activity 4: Carry out hand skills training for CWDs and their parents/care givers, through gardening, wood work, craft work, metal work, livestock keeping etc and also conduct life skills training through g</b></p>			
<p>200 parents will be trained in hand skills training and 50 CWDs who will be interested</p>	<p>We are still Identifying the parents' interests especially in the hand skills training, so that we don't just force them to learn what they don't want. This is also with the CWDs</p>	<p>20 parents will be trained in hand skills development especially that of their choice.</p>	
<p>For long the education system adopted by Uganda has tended to prepare Ugandans for white-collar jobs. With increasing poverty levels in the communities attributed to civil wars, HIV/AIDS epidemic and other related socio-economic problems, many children are not able to continue with education either after primary or secondary levels and more so for the CWDs and other vulnerable children who are a marginalised a lot. FRDC will offer basis and affordable vocational training to CWDs and other vulnerable children with their families and carers in skills such as carpentry, metal work, shoe repair, cookery, catering, sewing, knitting, hair</p>			

<p>dressing, enterprise development, business management, weaving, art and crafts, poultry keeping, livestock, fruit growing and gardening for the purpose of improving nutrition, reducing on dependency, redundancy and improving income levels. Rights issues will also be talked about and these involve both child rights and human rights</p>			
<p><b>Activity 5: Organize and form learning committees for parents in their respective sub counties</b></p>			
<p>2 parents learning committees will be formed in each sub county hence 8 learning committees</p>	<p>This activity has not started yet</p>		
<p>An important element of parent's empowerment programme will be to ensure that they fight for the rights of CWDs and other vulnerable children by demanding for appropriate and accessible services for them. We will organize parents and caregivers into parents support groups (learning committees). There will be learning units in all the sub counties composed of parents whose children benefit from our programme. These learning units will meet monthly to learn and share but also to draw programmes for mobilization of parents (and other community members) at grassroots level to lobby on behalf of CWDS and other vulnerable children and push for their rights. The learning committees will also mobilize children for clinics and will monitor and follow up children.</p> <p>We will empower the learning committees through rights training, income generating projects, savings and credit schemes, general disability awareness, training in lobbying and advocacy and so on, so that besides mutual support, they are able to raise awareness and consciousness about disability in their communities and help in bringing about social change, especially in integrating children with disabilities and other vulnerable children effectively in society. Once fully empowered they also become a powerful force in demanding for services and rights of the children from national up to the grassroots level.</p>			

**Objective 4: To promote reduction of HIV/AIDS among the vulnerable groups (most at risk population) through sensitization and gender mainstreaming.**

**Activity 1: Increase public awareness about HIV/AIDS**

6 radio and television talk shows	We have not yet started on his activity	-	
8 sensitization meetings	We have not yet started on his activity	-	
4 various exhibitions in different foras	We have not yet started on his activity	-	
Continuous peer counseling especially those with disability	2 sessions have been carried out by the social workers and this was done to 8 children 4boys and 4 girls. They were talked to about HIV/AIDS	We plan to hold more peer counseling sessions next month.	
200 different designed information education and communication materials (IEC)	We have not yet started designing IEC materials.	-	
This will involve participating in radio and television talk shows, sensitization meetings, participate in exhibitions in various for a, peer counseling, designed information education and communication materials (IEC) and supporting activities to mark HIV/AIDS days hence increased public awareness	-	-	

**Activity 2: Sharing visits to households of affected and infected CWDs and vulnerable children with HIV/AIDS**

10 Visits will be carried out to these households	We have not yet started on this activity	-	
Sharing visits to these households is very important in away that these people feel loved, cared for and a belonging, it's important we support them during these visits by providing them with food, clothing, drugs and many others.	-	-	

**Objective 5: knowledge attitudes and practices on disability within the community including policy makers and service providers improved.**

**Public education on disability and rights of children with disability and this will be done through the following activities**

<b>Activity 1:</b> Participate in radio and television talk shows (6)	We have not yet started on his activity	-	
<b>Activity 2:</b> Participate in exhibitions in various for a (4)	We have not yet started on his activity	-	
<b>Activity 3:</b> Design and print IEC information on common disability issues (200, these will include, flyers, brochures, banners and leaflets)	We have not yet started on his activity	-	
<b>Activity 4:</b> Celebrate disability days at FRDC (5)	We have not yet started on his activity	-	
<b>Activity 5:</b> Organize a peaceful public demonstration (1)	We have not yet started on his activity	-	
<b>Activity 6:</b> Train community health workers from the four sub counties on early identification of disabilities for necessary	We have not yet started on his activity	-	

referrals (24)			
<b>Activity 7:</b> Organize parents/CWDs into a music groups from different sub counties (4 groups)	We have not yet started on his activity	-	

**Objective 6: Partnership and networking with other organizations strengthened to improve service provision through shared learning**

**Strengthening FRDC partnership and networking aspect will involve the following activities**

<b>Activity 1:</b> Discuss and develop partnership strategy/guidelines for FRDC	-	We plan to start developing partnership strategy/guidelines.	
<b>Activity 2:</b> Subscription to relevant umbrella bodies	We have not yet started on his activity	-	
<b>Activity 3:</b> Exchange visits for the staff and CWDs to different partners for shared learning	We have not yet started on his activity	-	
<b>Activity 4:</b> Carry out a mapping exercise to determine which organization is doing what and where and develop strategic partnerships with selected organizations in the following areas.	The mapping exercise started and this has been done to the extent that we have collaborating partnerships with service providers like Paragon Hospital in Kampala, CoRSU Hospital in Entebbe, Lira Referral Hospital and Ayira Nursing Home in Lira. However we are still strengthening and networking with other more service providers like CURE Hospital in Mbale where we plan to take some of our children who have disabilities with incontinence, hydrocephalus and spinal bifida.	We plan continue with the mapping exercise next month especially partners working with children with disabilities.	
<ul style="list-style-type: none"> <li>Organize annual partnership meeting</li> </ul>	-	-	
<ul style="list-style-type: none"> <li>Identify key partner organisations in the 5 key areas</li> </ul>	-	We plan to identify key partner organizations that rehabilitate children with disabilities with in Lira district and northern Uganda at large and also we plan to work more closely with the hospitals within Northern Uganda.	
<ul style="list-style-type: none"> <li>Formal partnerships made with key partners</li> </ul>	2 Memorandum of Understanding (MOUs) have been signed with two partner organizations and that's with CoRSU and Paragon Hospital	We plan to form more formal partnerships with key partners like CURE Hospital, Ayira Nursing Home and many others.	
<ul style="list-style-type: none"> <li>Establish and regularly update our website links between FRDC and partner sites</li> </ul>	-	We plan to update our website especially with	

		children who have been worked on this year.	
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**Objective 7. Improve monitoring, follow up and documenting of individual children's experiences.**

**FRDC being a learning organization we need to document our experiences more clearly to enable us work more efficiently and advocate more effectively. This will also enable us to provide examples to others both in Uganda and else where.**

<b>Activity 1:</b> Develop the monitoring and evaluation frame work	The monitoring and evaluation frame work is not yet complete but we have started working on it.	We plan to complete the monitoring and evaluation frame work next month so that we can start using it.	
<b>Activity 2:</b> Produce a documentary for FRDC's work to the community	-	-	
<b>Activity 3:</b> Regular communication with parents for updates on each child's progress	This is done during the nursing care, physiotherapy treatment and also during counseling sessions.	We plan to continue regular communication with parents for updates on each child's progress.	
<b>Activity 4:</b> Compile case stories	-	We plan to start working on this activity next month and some stories will be posted on the web site.	
<b>Activity 5:</b> Develop a data base and clear data collection tools	-	We plan to start working on how to develop a data base next month and after we will train the staff who will be entering this data on how to use it. And also clear data collection tools will be developed and set.	
<b>Activity 6:</b> Carry out home visits and follow up of the rehabilitated children	-		

**Objective 8: Increased capacity of Freidis Rehabilitation and Disable Center to fulfill its mission and realize the vision**

**Developing and strengthening systems, procedures and management of special programs and this will involve the following activities**

<b>Activity 1:</b> Develop management system to stream line operations at FRDC	The management system has been stream lined where by the organizational structure is clear and followed. The management team involves the Director, Programs Manager, Center Manager and the Accountant.	We plan to strengthen the management system in order to stream line operations at FRDC.	
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<b>Activity 2:</b> Review and re-organize management system	The management system has been reviewed and re-organized and its in operation and this was done by the Board of Directors	We plan to strengthen the management system	
<b>Activity 3:</b> Develop an information management system	-	We plan to start developing our information management system in order to fulfill our mission and realize the vision.	
<b>Activity 4:</b> Develop and implement a comprehensive PR and communication strategy	-	We plan to develop a comprehensive Public Relations and communication strategy thereafter we start implementing it.	
<b>Activity 5:</b> Develop a staff development policy	A staff development policy was fully developed and we are working on implementing it, so that it can start functioning.	We plan to start implementing the already developed staff development policy.	
<b>Activity 6:</b> Develop and implement financial management system	-	We plan to develop a financial management system thereafter we can implement it.	
<b>Activity 7:</b> Develop and implement an income generating activities strategy	-	We plan to develop an Income Generating activity strategy (IGA) and this will help us to know how to implement it effectively.	
<b>Strengthen both local and external fundraising and this will involve the following activities</b>			
<b>Activity 1:</b> Develop a database on potential funders	-	We plan to start looking for potential funders/donors thereafter we develop a database after this.	
<b>Activity 2:</b> Develop and implement a fundraising strategy for FRDC	-	We plan to develop a fundraising strategy	
<b>Activity 3:</b> Develop and implement fundraising guidelines and packages for FRDC Staff	-	We plan to first develop a fundraising committee next month.	
<b>Activity 4:</b> Raise the organizations profile at strategic events	-	We plan to first work on our pull up banner which we will be using at strategic events.	
<b>Activity 5:</b> Organize a fundraising dinner	We have not yet started on his activity	-	
<b>Activity 6:</b> Carry out a fundraising local concert	We have not yet started on his activity	-	

<b>Activity 7:</b> Carry out a charity marathon	We have not yet started on his activity	-	
<b>Activity 8:</b> Produce promotion items	We have not yet started on his activity	-	
<b>Activity 9:</b> Fundraising visits	We have not yet started on his activity		
<b>Strengthening the hospitality aspect of FRDC and this will involve the following activities</b>			
<b>Activity 1:</b> Strengthen customer/client care	-	We plan to strengthen customer/client care at FREIDIS.	
<b>Activity 2:</b> Improve the security systems within FRDC	The electricity system is being worked on to see that the whole center is fully powered with lights because it's very dark at night, so security lights are going to be put in every dark corner of the center so that it's secure for the children at night.	We plan to continue working on the electricity system in the center which will help us to improve the security systems within FRDC.	
<b>Activity 3:</b> Food store management	-	We plan to develop and strengthen the food store management and have all the required requisition books in place.	
<b>Activity 4:</b> Maintenance of proper sanitation and renovation of the center	Urgent repairs were made especially in the maintenance of proper sanitation	We plan to continue working on urgent repairs as a way of renovating the center.	
<b>Strengthening finance and administration and this will involve</b>			
<b>Activity 1:</b> Develop and prepare budgets and report	Budgets, expenditures and reports are prepared every end of month and 2 budget expenditures have been prepared.	We plan to make more budgets, expenditures and reports being that these a made monthly and sent to the specific donors/funders	
<b>Activity 2:</b> Develop and prepare special projects financial reports	We developed and are still preparing special financial project reports which should also include the narrative.	We plan to start preparing more special projects financial reports.	
<b>Activity 3:</b> Prepare of audited accounts	-	We plan to do a financial audit next month	
<b>Activity 4:</b> Stock management	-	We plan to start stock taking all the assets of the center and keep proper records for the center assets	
<b>Capacity building for staff</b>			

<b>Activity 1:</b> In housing training	We are still developing a capacity assessment form for all the staff and this will help us identify the gaps which will need training.	We plan to complete developing the capacity assessment form	
<b>Activity 2:</b> External training	-	-	

### Monitoring and evaluation will involve the following activities

<b>Activity 1:</b> Program meetings	One program meeting has been held and these are held every first week of the month. Various issues are discussed with in this meeting and the SWOT analysis is fully talked about. This is the Strengths, Weakness, Opportunities and the Threats from the previous month of every department.	We plan to hold one program meeting being this is held once a month.	
<b>Activity 2:</b> Management meetings	6 management meetings have been held and these are held every week and on Mondays. Organizational development is discussed with in the management meeting.	We plan to hold 4 management meetings next month	
<b>Activity 3:</b> Program leaning committee meetings	We have not yet developed a program learning committee and that's why no meeting has been held yet	We plan to develop a program learning committee and this will be in charge of all the information system and updating our website with information. They will also be in charge of compiling the case stories.	
<b>Activity 4:</b> Inter-program meetings	Inter-program meetings have not started yet	We plan to hold one inter-program meeting and these are held every once a month and these will be held on a Friday especially mid month.	
<b>Activity 5:</b> Quarterly review meetings with staff and partners		We are planning to organize how we will hold it and which partners are we to invite. And the planning process will be held next month.	
<b>Activity 6:</b> Annual review and planning meeting (staff retreat)	-	-	
<b>Activity 7:</b> BoD meetings	1 BoD meetings was held	-	

Activity 8: BoD sub-committee meetings	2 BoD sub committee meetings have been held and these include the Chair man, Secretary and One other Board member and they mainly meet to discuss the monthly expenditures of the organization and also to sign cheques and approve any expenditure for the month	We plan to hold 3 BoD sub committee meetings at the center	
Activity 9: BoD day away	-		

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