

ASSOCIATION OF PERSONS
WITH DISABILITIES LIVING WITH
HIV AND AFFECTED BY TB
(**ADPHA UGANDA**)

ANNUAL NARRATIVE
REPORT
2023





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Disabilities living with HIV
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ACRONYMS

ADPHA	Association of Persons with Disabilities living with HIV and affected by TB
BUDIPHA	Bukomansimbi Associations of Persons with Disabilities living with HIV and Affected by TB
DHF	Dask Handicap Forbound
HIV	Human Immunodeficiency Virus
KADIPHA	Kalungu Associations of Persons with Disabilities living with HIV and Affected by TB
LWEDIPHA	Lwengo Associations of Persons with Disabilities living with HIV and Affected by TB
LYADPHA	Lyantonde Associations of Persons with Disabilities living with HIV and Affected by TB
MADIPHA	Masaka Associations of Persons with Disabilities living with HIV and Affected by TB
MOH	Ministry of Health
MOUs	Memorandum of Understanding
NADITH	National Advocacy on Disability TB and HIV
NTLP	National TB and Leprosy Program
OPD	Organizations of Persons with Disabilities living with HIV and affected by TB
PWD	Persons with Disabilities
RADIPHA	Rakai Associations of Persons with Disabilities living with HIV and Affected by TB
TB	Tuberculosis
UAC	Uganda Aids Commission
UNAPD	Uganda National Association of Persons with Physical Disabilities
UNOPS	United Nations Office for Project Services
USTP	Uganda Stop TB Partnership
VHTs	Village Health Teams





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*Dick Bugembe
Chairperson, ADPHA Uganda*



Chairperson Board of Directors message

The year 2023 was a historical event. It marked a period when we made strides in advocating and promoting the rights of Persons with Disabilities living with HIV/AIDS and affected by TB. It was a year when our responsibilities to our membership grew from being a community-based organisation (MADIPHA) to a national organisation (ADPHA Uganda). This is transformative and symbolic as far as ADPHA Uganda's work is concerned. A significant achievement that cannot be taken for granted.

In 2023, our membership also grew. With support from our partners, we were able to recruit more members and establish more grassroots networks/clusters as we strove to meet the aspirations of our members. As the first organized membership organization of Persons with Disabilities living with HIV/AIDS and affected by TB, ADPHA Uganda continues to strive for excellence whilst creating a society where Persons with Disabilities experience no discrimination.

It is now our considered appeal to our partners to continue collaborating with us as we build synergies for promoting inclusive development. To our membership, our struggle to promote the rights of Persons with Disabilities living with HIV/AIDS and affected by TB continues, I challenge each member to mobilise Persons with Disabilities in their respective communities for inclusion.

Dick Bugembe **Chairperson,**
ADPHA Uganda



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*Richard Musisi,
Executive Director, ADPHA Uganda*



Message from the Executive Director

Persons with Disabilities living with HIV/AIDS and affected by TB remain most marginalized in several aspects, including access to health services, income opportunities, and other social services. In most cases, this happens due to many factors ranging from lack of awareness of the rights of Persons with disabilities living with HIV/AIDS and affected by TB by duty bearers, discrimination, non-implementation of existing policy frameworks, and weak advocacy efforts.

The year 2023, however, witnessed a trajectory in terms of a paradigm shift in the level of Persons with disabilities living with HIV/AIDS and affected by TB's inclusion in government programs, enhanced capacity of Persons with disabilities living with HIV/AIDS and affected by TB to advocate for their rights, increased ADPHA Uganda's membership with a significant number of them accessing health services such as access to COVID-19 and TB services.

This has been possible with the support from our partners such as; Stop TB Partnership, DHF, Frontline AIDS PVA Agility Fund, Voice and the government, among other development partners. We particularly would like to applaud our partners for their generosity towards concerns of the Persons with Disabilities living with HIV/AIDS and affected by TB. We cannot take it for granted. As an organisation, we pledge our continued commitment to fulfilling our mandate to our membership. For God and our country.

Richard Musisi
Executive Director, ADPHA Uganda

Executive Summary

The year 2023 witnessed tremendous strides in the struggle to ensure (People with Disabilities living with HIV/AIDS and affected by TB) enjoy their rights like any other citizen. In this context, ADPHA Uganda with funding from her partners implemented several activities geared towards building the capacity of Persons with disabilities living with HIV/AIDS and affected by TB to manage their organizations, mobilize resources, and advocate for inclusive development while ensuring access to health services, particularly, COVID-19, HIV/AIDS and TB care, in addition to improving household incomes for better livelihood.

This 2023 Annual Report presents key highlights resulting from our interventions, alongside achievements, lessons, and challenges. This report also provides key success stories showing significant changes in attitudes, perceptions, cultural norms, and practices. It also paints a picture of how the participation of Persons with Disabilities living with HIV/AIDS and affected by TB in the development process is critical for socio-economic transformation. ADPHA Uganda is therefore, highly indebted to her partners for their unwavering support towards creating a society where Persons with Disabilities living with HIV/AIDS and affected by TB enjoy their rights without discrimination.

ADPHA Uganda's key achievements include:

1. Established good working relationships with other civil society organizations. This is supporting ADPHA Uganda's advocacy efforts bear fruits.
2. Amplified the voices of its members to demand access and inclusion in government programs, most of whom are now benefiting from government programs such as Special Grant and Parish Development Model (PDM).
3. Supported 1,125 Persons with Disabilities living with HIV/AIDS and affected by TB to access COVID-19 vaccination. They received first, second, and booster vaccines as a result of ADPHA Uganda's work.
4. Established 28 new district associations/ cluster networks that have begun to formulate their local advocacy priorities.
5. Built the capacity of members to demand inclusive development. Members received a diverse set of skills that have built their esteem, and confidence and can now hold their leaders accountable.

1.0 Introduction:

The Association of Persons with Disability Living with HIV/AIDS (ADPHA) Uganda LTD, formerly known as MADIPHA is an Association of persons with disabilities who have tested positive with HIV/AIDS and are affected by TB. The Association was first registered in 2009 with the Masaka district local government (C.D 7131), under the name MADIPHA, working as a community-based organization.

In 2023, it officially scaled up to become a national association, under the name; Association of Persons with Disabilities Living with HIV/AIDS (ADPHA Uganda). ADPHA Uganda aims to ensure Persons with Disabilities living with HIV/AIDS and affected by TB have access to full integration in all activities of society. It is arguably the first organized peer-support network of people with disabilities living with HIV/AIDS and affected by TB in Uganda.

With a membership currently standing at 301, ADPHA Uganda operates in the Greater Masaka region through 5 district associations including, Kalungu District Association (KADIPHA), Masaka District Association (MADIPHA), Bukomansimbi District Association (BUDIPHA), Lwengo District Association (LWEDIPHA) and Rakai District Association (RADIPHA), with over 28 sub-county clusters.

1.1 ADPHA Uganda's Vision is to create “A society where Persons with Disabilities living with HIV/AIDS have equal and timely access to adequate HIV/AIDS information and services without discrimination. MISSION “To promote access to comprehensive HIV/AIDS services and sustainable livelihood for all persons with disabilities.

2.0 Program Intervention Areas:

ADPHA Uganda operates programs in four thematic areas. These are Capacity building, Advocacy, Livelihoods, and Access to HIV/AIDS and TB services. This report provides insights into interventions ADPHA Uganda, undertook in 2023 and how they contributed to the social-economic transformation of Persons with Disabilities living with HIV/AIDS and affected by TB. The interventions thus focused on building and enhancing membership, increasing access to HIV/AIDS and TB services, mainstreaming disability, and promoting the rights of Persons with Disabilities living with HIV/AIDS and affected by TB.

To this end, ADPHA Uganda in partnership with several partners (including Frontline AIDS PVA Agility Fund, DHF CBED, Stop TB Partnership hosted by UNOPS, and Voice Uganda) during the period under review designed several initiatives aimed at improving the livelihoods of Persons with Disabilities living with HIV/AIDS and affected by TB. The interventions are organized in line with the four strategic areas; Membership Empowerment; increasing access to TB/HIV/AIDS services; standing up for inclusion in social services; and amplifying the stories of exclusion.

2.1 Membership Empowerment

Given that ADPHA Uganda is a membership organization with structures up to the grassroots level, the association set out to achieve the following objectives:

1. To improve the leadership skills of leaders of 18 local structures so that they would be able to reach out to and empower their members as mandated by the constitution of the organization by the end of December 2023, and
2. To improve the household income of 25 individuals with disabilities living with HIV/AIDS and affected by TB and enable them to have sustainable livelihoods by the end of December 2023.

In this regard, the interventions supported actions that facilitated the achievement of the set objectives.

2.1 (a) *Under the Stop TB initiative*, for instance, ADPHA Uganda created new associations in the districts of Kyotera, Mpigi, Sembabule, and Lyantonde, following a successful engagement of stakeholders.

In Kyotera, ADPHA Uganda organized one meeting to sensitize Persons with disabilities living with HIV/AIDS and affected by TB and the district leadership on the need to establish a network of Persons with Disabilities living with HIV/AIDS and affected by TB. Participants included councillors representing Persons with Disabilities living with HIV/AIDS and affected by TB, disabled people organizations (DPOs), health workers, district leaders, and ADPHA Uganda staff. 50% of the participants were female and 50% were male. The intervention did not only support ADPHA Uganda in growing her membership, but it also increased her visibility while building the membership's confidence to push for a disability agenda. This meeting also improved the collaboration with the district authorities.

ADPHA Uganda further engaged stakeholders in the Mpigi district during a meeting organized to create awareness of ADPHA Uganda's mandate, establish a new peer-to-peer network, and document issues affecting Persons with Disabilities living with HIV/AIDS and affected by TB to inform new programming in the Mpigi district. Stakeholders comprised ADPHA Uganda Board members, Persons with Disabilities councillors, health workers, local leaders, and staff. 48% of the participants were female and 52% were male. The meeting culminated in the creation of a new association- ADPHA Uganda - Mpigi branch, which empowers Persons with Disabilities living with HIV/AIDS and affected by TB to demand service delivery from duty bearers.

Similar actions were undertaken in the Lyantonde district leading to the birth of ADPHA Uganda – Lyantonde Branch. ADPHA Uganda technical team met at Lyantonde district headquarters with the DCDO, DHO, the focal persons of HIV/AIDS and TB, the persons with disabilities councillors and specifically to introduce ADPHA Uganda's need to scale up and mobilize more persons with disabilities living with HIV/AIDS and affected by TB to form a peer support group. Upon acceptance, a sensitization meeting on disability and TB targeting persons with disabilities and their caregivers was held in the Lyantonde district at the headquarters. Of these, 42% were male and 58% were female and the capacity of the Persons with disabilities living with HIV/AIDS and affected by TB was built to run the association. Additionally, an engagement meeting was also held in the Sembabule district comprising 49% females and 51% males. The purpose was to establish a new peer-to-peer network, build the capacity of members to run future networks, and document the needs of Persons with disabilities living with HIV/AIDS and affected by TB. A clear understanding of ADPHA Uganda's work was enhanced among the membership and district authorities facilitating effective implementation of the interventions. An HIV/AIDS, TB, and disability sensitization meeting comprising 33% male and 67% female participants was organized to cement a relationship between the networks, ADPHA Uganda and district authorities. As a result, the district offered office space to the newly created associations, fast-tracked its registration process, and signed a memorandum of understanding.



ADPHA Uganda further undertook engagements in the district of Sembabule where stakeholders including Cluster members, Elected Disability leaders (Councillors, etc), Representatives of other Organizations of People with Disabilities, Health workers, Community-Based Officers, and other local government technical staff, and ADPHA Uganda staff members participated. Of the participants, 52% were male and 48% were female. The meeting was organized to create awareness about the ADPHA Uganda's mandate and establish a rapport necessary for the establishment of the new cluster. The outcome of the meeting was the establishment of the ADPHA Uganda Sembabule Branch. An interim committee was established as well.

(b) Under the CBEDII, ADPHA Uganda trained stakeholders (Chairpersons, secretaries, treasurers of sub-counties, and district associations) and provided quarterly monitoring and hands-on mentorship visits to newly created subcounty associations in falling under RADIPHA, MADIPHA, BUDIPHA, KADIPHA, and LWEDIPHA district associations. The training and mentoring exercises focused on group dynamics, governance, and membership management. Following the project implementation in 2023, ADPHA Uganda registered 193 members (of which 81 were females and 112 were males). Another 57 Cluster leaders (M-26, F-24, Y-7) gained skills in group management and dynamics.

In addition, 74 cluster leaders (M-37, F-31, Y-6) received hands-on experience in membership enrolment and registration while seven ADPHA Uganda board members (males 4, females 3, youth 1) and 9 staff members together with its 10 district association leaders obtained skills in organizational management and understood their roles and responsibilities as the organization is transitioning from the project implementation to program approach.

Ten duty bearers (M-6, F-4) were made aware of ADPHA Uganda's work, their roles and responsibilities. Additionally, because of ADPHA Uganda's work, like-minded organizations, such as the UNAPD were able to support sports activities conducted in the Masaka district. World Vision provided a grant of UGS 9 million to support the collection of data about children with disabilities in the sub-counties of Byakabanda and Kyalugigira in Rakai District.

ADPHA Uganda also conducted further training for cluster leaders in group management and dynamics.

These cluster leaders were drawn from ADPHA Uganda's five District Associations. In total, 17 sub-county clusters, including; Kitanda, Butenga (BUDIPHA), Bukulula, Kyamulimbwa and Lukaya Town Council (KADIPHA), Luwanda, Rakai TC, Byakabanda, Kyalulungira (RADIPHA), Katovu, Kinoni TC, Ndagwe and Kiwangala (LWEDIPHA), Kyesiiga, Kyanamukaka, Buwunga and Bukakata (MADIPHA) participated in the training.



ADPHA Uganda has done us well. They have built our capacity to run the networks. At least, I now know that delegation and sharing responsibilities are critical to the success of the clusters. As a chairperson of a cluster, I am grateful, I now know what to do, unlike before”, a leader of a cluster in Bukomansimbi, noted.

The project further supported ADPHA Uganda in holding sub-committee (General Purpose and Finance Committee) meetings to discuss work plans and appraise staff. The Board was also supported in undertaking monitoring visits. Two sub-county associations were visited from each of the five districts. This was meant to activate the associations through mentoring in constitutional formulation, registration, certification, and opening of bank accounts. They were also supported in improving their record-keeping systems.

In a nutshell, the interventions helped ADPHA Uganda to fulfil her mandate given that it supported membership recruitment drives that covered grassroots levels. In total, 28 sub-county clusters were formed and supported, and 51 district and sub-county leaders were trained in leadership and governance, transforming ADPHA's operation approaches from project to program. ADPHA Uganda's visibility has also been enhanced through media and project implementation.

(c) Under the Standing up for Inclusion project, ADPHA Uganda was able to hold a half-day project inception meeting with 30 stakeholders from Masaka City and Masaka district to elicit their buy-in. The meeting facilitated stakeholders' understanding of the project and, together, drew strategies for collaborating with ADPHA Uganda. It also shaped ADPHA Uganda's relationship with district technocrats and community influential leaders in Masaka district hence enhancing their understanding of disability, so that they positively respond to the demands and needs of persons with Disabilities living with HIV/AIDS and affected by TB. In addition, the initiative supported staff to participate in Linking and Learning Periodic work

shops, henceforward facilitating networking, knowledge sharing, and learning among the grantees.

ADPHA Uganda also conducted trainings on International Commitments, Local legislations, and policies promoting disability inclusion and non-discrimination in health services. This was envisioned to empower rights holders with information about referential legal frameworks serving as evidence and a basis to rely on while justifying the various claims calling upon duty-bearers to their rights. They likewise facilitated the drafting of an advocacy plan for 30 rights holders to enable them to advocate for their rights. The knowledge acquired acts as an impetus to not only amplify rights holders' zeal as self-advocates but also inform duty-bearers at the sub-county level and populations within their communities about their rights. A key output of the intervention was an advocacy plan developed to guide rights holders to advocate for their rights. The project also supported 4 ADPHA Uganda staff (the Project Officer, Program Officer, Communications Officer, and Finance Officer) and two grantee organizations to participate in a project orientation meeting held in the Lyantonde district. This has since enhanced their understanding of the project goals, delivery, and reporting mechanisms. ADPHA Uganda also purchased two laptops to support the reporting planning and budgeting of the project work. Consequently, ADPHA Uganda's capacity has been built through knowledge and skills gained during Linking and learning opportunities presented during the workshops. This has further shaped the tools and enhanced the organization's systems to ensure the successful implementation of the interventions.

d) Under the Frontline AIDS PVA Agility Fund: ADPHA Uganda was able to identify more persons with disabilities living with HIV/AIDS and affected by TB from the community and sensitized, and recruited them into the newly created clusters. During the doors-to-door vaccination exercise, ADPHA Uganda identified several Persons with Disabilities living with HIV/AIDS and affected by TB, captured their data, and recruited them into membership. For example, 103 children and youth with disabilities were identified from Kibinge sub-county, Bukomansimbi District, most of them having multi-sensory, intellectual, and mental health disabilities. Their families had always kept them under a closet.

“There was also a lady with mental health who had been kept in the darkroom for over 40 years” The health workers were surprised to see them existing in their communities and they are always left out in all their programs.”



Ms Prossy Nangombi is a PWD passionate about promoting the rights of Persons with disabilities living with HIV and affected by TB living with HIV/TB.

Photo: Joseph Malinga

“ADPHA Uganda has built our capacity to fend for ourselves.”

My name is Ms. Prossy Nangombi, 53 years. I am a resident of Central Zone, Kinoni town Council, Lwengo district. I am the chairperson of LWEDIPHA, an association established with support from ADPHA Uganda. We have six other clusters with a membership of 57 Persons with disabilities living with HIV and affected by TB. In 2023, ADPHA Uganda gave us shs 2.5m to support the identification of Persons with Disabilities living with HIV/AIDS and affected by TB to benefit from COVID-19 services. We also received start-up capital. At least five have received financial support. We were targeting those Persons with disabilities living with HIV/AIDS and affected by TB who are already running some businesses. Each received a revolving fund between shs 310,000- 320,000. In Lwengo, five Persons with Disabilities living with HIV/AIDS and affected by TB from the Seka sub-county have benefited. They deal with small enterprises such as selling shoes, and bananas and repairing tires.

We also received training on how to run the association, membership management, and how to manage TB cases. We have also received phones to reach out to persons with disabilities living with HIV/AIDS and affected by TB using the OneImpact Intervention to report about TB inaccessibility cases. Three phones were given to each of ADPHA Uganda’s districts of operation. We have taught our people to work hard. Having HIV/AIDS or TB is not the end of life. We have ensured we build their confidence to live positively. That is why you find many Persons with Disabilities living with HIV/AIDS and affected by TB can engage in livelihoods that are improving their well-being and the education of their children.

We have further mobilized the Persons with Disabilities living with HIV/AIDS and affected by TB to form groups so that can benefit from government programs. This was possible because ADPHA Uganda enabled us to reach Persons with Disabilities living with HIV/AIDS and affected by TB at the grassroots level. If ADPHA Uganda didn’t reach out to us and built our capacities, we would not have built our confidence to disclose and fight stigma. We would be suffering secretly under lock. Now we have every reason to appreciate ADPHA Uganda together with her partners.



Ms Specioza Namyalo displays a phone given by ADPHA to facilitate information flow among cluster members.

Photo: Joseph Malinga

“ADPHA Uganda connects the dots in the Bukomansimbi district.”

In Bukomansimbi district, ADPHA Uganda further built the leadership capacity of Ms. Specioza Namyalo, 43, a mother of three. The leadership training and group dynamics are helping Namyalo organize fellow Persons with Disabilities living with HIV/AIDS and affected by TB. The same knowledge is supporting her and their colleagues to mobilize resources for members of the Bukomansimbi Association of persons with disabilities living with HIV/AIDS and those affected by TB. According to Namyalo, unlike before, their interventions have helped Persons with Disabilities living with HIV/AIDS and those affected by TB access government programs such as Special Grant, Emyoga, and Parish Development Model (PDM). “Persons with Disabilities living with HIV/AIDS and affected by TB were not accessing any information related to government programs. But with the formation of Associations and clusters, they are beginning to benefit. Three Persons with Disabilities living with HIV/AIDS and affected by TB have so far accessed special grants and more are expecting,” she said. Namyalo is the chairperson of the BUDIPHA. She says the benefit is a result of their deliberate effort to sensitize the district authorities about inclusive development. Besides, ADPHA Uganda in 2023 was able to provide five Persons with Disabilities living with HIV/AIDS and affected by TB in Bukomansimbi with start-up capital worth shs 1,600.000. the funds are used to boost already existing enterprises. Some Persons with Disabilities leadership were supported with phones to ease coordination and information flow among the Persons with Disabilities fraternity to bridge the information gap that has been hindering development and access to HIV/AIDS and TB services among persons with disabilities.



Ms Juliet Nalubwama Mabikke explains how important reminding Persons with disabilities living with HIV and affected by TB about HIV is critical to their well-being.

Photo: Joseph Malinga

“We had become complacent on HIV/AIDS issues, ADPHA Uganda woke us up.”

Despite HIV/AIDS crusades being around for decades, Persons with Disabilities living with HIV/AIDS and affected by TB seemed to have gone to slumber. In their sleeping mode, many were getting overexposed to the risks of contracting the virus. They needed a remind-er that although the virus had been contained, it had not been wiped out yet. So, in 2023, ADPHA Uganda expanded its operations to grassroots levels. For instance, in Kalungu district, ADPHA Uganda established an association, Kalungu Association of Persons with Disabilities living with HIV/AIDS and affected by TB. The purpose was to augment its efforts in mobilizing and empowering Persons with Disabilities living with HIV/AIDS and affected by TB at the grassroots level. Ms. Juliet Nalubwama Mabikke, 35, is the chairperson of the association. Through the network, Nalubwama, says several Persons with disabilities living with HIV/AIDS and affected by TB were reached with reminder messages on HIV/AIDS and TB. This was intended to curtail the spread of HIV among Persons with disabilities living with HIV/AIDS and affected by TB. “ADPHA Uganda supported reminding our colleagues that the virus is still around. So, they ought to behave responsibly,” she said. They further advo-cated for access to health services such as COVID-19, HIV/AIDS and TB services, in addi-tion to ensuring physical accessibility at health centres. “As we speak, there is an improve-ment. Health workers are very positive. They are providing Persons with Disabilities living with HIV/AIDS and affected by TB with all the necessary support they need to access health services,” Mabikke, noted. “We also received livelihood support. At least five members of KADIPHA have accessed a revolving fund of shs350,000 each. This is helping in boosting individual businesses, hence increasing their household income.”

2.2 Improved household incomes:

In a bid to improve the household income of 25 Persons with Disabilities living with HIV/AIDS and affected by TB, In 2023, ADPHA Uganda also conducted five group assessments in business management using the Ministry of Health household vulnerability to determine their level of vulnerability. Each group comprised five Persons with Disabilities living with HIV/AIDS and affected by TB. Each group received shs 1.600.000 as a revolving fund with each member getting shs 350,000. The fund attracts a 10% interest and is payable after eight months.

The business orientated model was adopted for this purpose. This model supplements the Parish Development Model being provided by the government. Persons with Disabilities living with HIV/AIDS and affected by TB in most cases have challenges accessing the PDM. Before accessing the funds, ADPHA Uganda trained the selected 25 beneficiaries in financial and business management. The topics covered included; financial management, book-keeping, investing, and savings. The funds were then transferred to the sub-county cluster accounts. For sustainability, the district association leaders are responsible for monitoring the functionality of the loans. Barely a year after, providing the revolving fund, some Persons with disabilities living with HIV/AIDS and affected by TB have already started post-ing positive results.





Mr. Richard Baale, at his workshop. He benefited from ADPHA's revolving fund.

Photo: Joseph Malinga

“My life is changing, thanks to ADPHA Uganda.”

Mr Richard Baale, 51, is a resident of Kiwangala Trading Centre, Kisseka Sub-County, Lwengo district. He is a person with a physical disability living with HIV/AIDS and affected by TB. He is one of the five who benefited from the revolving fund provided by ADPHA Uganda. He received shs 330,000 that he injected in his tyre repair business. He bought accessories. This has given the business a facelift. Previously, he earned shs 10,000 per day. Now, he earns between shs 15,000 – and 20,000 per day, an improvement in earnings that he says is already changing his livelihood and that of family members. “My business would be struggling if it was not for ADPHA Uganda bringing us start-up capital,” he said. The money is supposed to be returned after six months, with an instalment of 31,000 per month.






*Mr Charles Musanje at his stall. He benefited from ADPHA's revolving fund.
Photo: Joseph Malinga*

“ADPHA Uganda has improved my household income.”

Mr Charles Musanje, 53, a father of nine children, and a resident of Kanku village, Kisseka sub-county, Lwengo district, also received a startup capital of shs 310,000, which he injected into his matooke selling business. He claims his business is steadily growing as a result. “Previously, my business was struggling. I could only purchase five bunches of bananas from which I earned a very meagre income that could not help me meet my basic needs at home. Before the support, I could earn on average a profit of shs 5,000 after sales. Now, my stock has grown from five bunches to thirty bunches. This is giving me an average profit of shs 20,000 per day,” says Musanje. He says life is now changing because he cannot provide for his family's needs. He is now saving for his future.



A woman with short black hair, wearing a light blue lace-trimmed dress, is sitting on the floor in what appears to be a shop or a small business. She is looking down at a pair of dark-colored shoes she is holding in her hands. The background shows wooden shelves and various items, including what looks like a television or monitor on a shelf. The lighting is natural, suggesting an indoor setting with some daylight.

*Ms Winnie Nampita, at her shop.
She is one of the beneficiaries of
the revolving fund being provided
by ADPHA Uganda.*

Photo: Joseph Malinga

“ADPHA Uganda has improved my household income.”

“ Ms Winnie Nampita,40, a mother of three children is another beneficiary. Nampita received shs 320,000. She used the money to diversify her merchandise business. She runs a stationary business. With the money received, Nampita is now selling second-hand shoes. She buys them from Kampala, Owino market. She says the addition, is making profits for her and she is very grateful to ADPHA Uganda and her partners.”



Ms Topista Nalukwago expressed gratitude to ADPHA Uganda for the support.

Photo: Joseph Malinga

“I see where I am going,” Nalukwago says of ADPHA Uganda’s support.”

Her smile is infectious. You cannot help, but smile back. Ms. Topista Nalukwago, indeed has a reason to smile. Not after, she has finally been shown the route to her future. Nalukwago, 45, a mother of seven children is one of the Persons with Disabilities living with HIV/AIDS and affected by TB. She is a member of BUDIPHA, an association established by ADPHA to help with mobilizing and promoting inclusive development. The association in 2023 received shs 1. 600.000 from ADPHA Uganda as start-up capital for Persons with Disabilities living with HIV/AIDS and affected by TB. It’s a revolving fund meant to improve the income levels of Persons with Disabilities living with HIV/AIDS and affected by TB. Nalukwago on her part received shs 300.000. Rather than using it for herself she opted to share the money with another member who did not receive it. She took shs 200.000 and the colleague took shs 100.000.

The money will be returned after six months in an instalment of shs 30, 000 per month, shared equally between Nalukwago and her friend. Nalukwago used her share to purchase one pig. In the next two months, the pig would be giving birth. She expects to pay back the loan from the proceeds realized from the sale of piglets. This is the reason for the smile. “I see where I am going,” she speaks of her future, “Thanks to ADPHA Uganda,” she adds.



3.0 Increasing access to TB services

In 2023, ADPHA Uganda worked towards achieving four strategic objectives. These are:

- Strengthen the advocacy and awareness raising for improved accessibility to TB services by persons with Disabilities in the current areas of operation in Masaka, Lwengo, Rakai, Kalungu, and Bukomansimbi by February 2024.
- To learn lessons and capture best practices and use these to scale up program activities by moving into the new districts of Mpigi, Butambala, Gomba, Kyotera, Kalangala, Sembabule, and Lyantonde by February 2024.
- To enhance collaboration with organizations of persons with disabilities at the national level for the effective influence of national TB policies and response programs so they are disability-inclusive by the end of February 2024;
- To participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels to increase the visibility of Persons with Disabilities living with HIV/AIDS and affected by TB by the end of February 2024.

Under this initiative, ADPHA Uganda was able to participate and engage in TB advocacy and accountability initiatives at national, regional, and global levels for increased visibility of TB issues. Six members of ADPHA Uganda were facilitated to participate in National World TB commemorations held in Butaleja District- Eastern Uganda. Through exhibition and matching during the event, the staff created visibility of ADPHA Uganda and TB-related issues affecting persons with disabilities living with HIV/AIDS. A press release on access to TB by Persons with Disabilities living with HIV/AIDS and affected by TB was issued in addition to disseminating and launching the findings of the accessibility assessment of the five health facilities providing TB and HIV/AIDS services for persons with disabilities report 2022 to stakeholders including local government leaders, hospitals and health centres in charge, and cultural and religious leaders. Using 20 peer community monitors, ADPHA Uganda facilitated access to information on TB and treatment and referrals. As a result, 197 (F: 99 M: 98) people with disabilities were reached and supported to access treatment initiative supported the creation of networks in the districts of Mpigi, Butambala, Gomba, Kyotera, Kalangala, Sembabule, and Lyantonde. The associations have been instrumental in mobilizing Persons with Disabilities living with HIV/AIDS and affected by TB to seek and demand TB services and other related services. 681: (M-402,

were identified in the process. For example, in Masaka district alone, 300 Persons with disabilities living with HIV/AIDS and affected by TB were identified, Bukomansimbi District had 105, Rakai District, 64, Lwengo District, 113, and Kalungu District, 99). The figures are expected to rise with the creation of new districts of Kyotera, Lyantonde, Kalangala, Sembabule Mpigi, Ggomba, and Butambala.

With the networks in place, data collection on Persons with disabilities living with HIV and affected by TB has been made easier. At the same time, the project helped influence health workers to integrate data on Persons with Disabilities living with HIV/AIDS and affected by TB in health reporting systems at all levels. The awareness created during the project implementation has triggered confidence building to disclosures whilst avoiding false disclosure. It was also noted that whereas Persons with Disabilities living with HIV/AIDS and affected by TB needed services, the health workers and authorities' level of commitment to provide the services was limited or in some places lacking. Under this intervention, ADPHA Uganda was able to secure the commitment at various levels.

For example, in Sembabule district authorities pledged total support to ADPHA in addressing discrimination in health service access. They also promised to integrate disability into HIV/TB prevention, care, and treatment programs.

Through meetings, the project facilitated collaboration (to avoid duplication) with other key stakeholders (such as districts, UAC, MOH, NTLP, USTP, and, Philomela Foundation). Consequently, MOUs with the districts of Mpigi, Lyantonde, Kyotera, and Sembabule were signed. Planning meetings for the National Advocacy for Disability, TB, and HIV/AIDS (NADITH) task force were held to review the terms of references, new membership, and the work plan. Consultative meetings with the Uganda AIDS Commission (UAC), MOH, NTLP, and USTP to find out the advocacy key tasks that can be used while developing advocacy priorities were also held.

The initiative further led to the creation of a six-member select committee charged with the development of advocacy priorities. The committee held consultations with the Ministry of Health, and the Uganda AIDS Commission (UAC). The engagements have also created rapport with NTLP and Health Promotion, Education and Communication department, CCM representative for TB constituency, and UAC.

This has opened an opportunity for the involvement of ADPHA Uganda in their activities and looking at disability as a pertinent issue that requires their due attention and support and for so many years disability was not thought of by the TB advocates. Bottlenecks to accessing TB and other health-related services were jointly identified and strategies for improvement of service delivery to Persons with disabilities living with HIV/AIDS and affected by TB were designed.

For example, the CCM TB substantive Representative and the Behavior and communication at NTLF are active members of NADITH they are playing a big role in helping ADPHA to penetrate vital offices at the national level.

3.1 OneImpact Community Led Monitoring (CLM) intervention for monitoring and reporting TB



Stakeholders receive skills on how to use one impact tool. ADPHA organized the training

Photo: Joseph Malinga

ADPHA Uganda, further in 2023, conducted training on the OneImpact intervention for monitoring and reporting on TB as a means of increasing access to TB services by Persons with disabilities



living with HIV/AIDS and affected by TB. Stakeholders trained included board members, peer counsellors/monitors, staff members, and helpers. 54% of the participants were females, while 46% were males. The training aimed to achieve the following objectives; introduce Oneimpact intervention to peers and staff members; equip participants with knowledge and skills on how to implement one impact intervention; transfer the knowledge from pen and paper documentation to online reporting; strengthen the provision and access of TB services at all facilities to persons living with disabilities HIV/AIDS and TB. Anyone with access to the tool can use it and, in both Luganda and English, making it easier to document data related to Persons with Disabilities living with HIV/AIDS and affected by TB and access TB services.

Whereas the intervention ensures Persons with Disabilities living with HIV/AIDS and affected by TB access to effective and efficient TB services within their communities, the intervention is expensive in terms of data and phone access. Furthermore, the intervention is not accessible to all Persons with Disabilities living with HIV/AIDS and affected by TB with different impairments, i.e. the visually impaired. There is the need, therefore, for Stop TB and Dure technologies to ensure universal access to the Oneimpact intervention.

3.2 Disseminating/Launching the Accessibility Audit Report

In 2023 ADPHA Uganda, with funding from the Disability Rights Fund (DRF) and the STOP TB Partnership, enhanced her advocacy efforts through the implementation of seven pieces of local legislation (the District Ordinance for Rakai District and six bylaws for Kyesiga Sub County, Lukaya Town Council, Malongo Sub County, Kiseka Sub County, Lwengo Town Council and Kitanda Sub County) to ensure universal access to health services for people with disabilities to realise equitable access and utilisation of available services. This aligns with Article 25 of the Convention on the Rights of Persons with Disabilities (CRPD) I, and Sustainable Development Goal 3 (SDG 3) – Quality Health services for all.

In pursuance of the advocacy objective, ADPHA Uganda conducted an Accessibility Audit of five health facilities (Rakai Hospital (Rakai District), Butenga Health Center IV (Bukomansimbi District), Kyanamukaka Health Center IV (Masaka District), Kyetume Health Center III (Lwengo District)

and Kalungu Health Center III (Kaluungu District), providing TB and HIV/AIDS services, to ascertain barriers limiting people with disabilities from accessing equitable HIV/AIDS, TB, and other general health services in above five selected health facilities.

Results indicate that although all Health Centres III, Health Centres IV and District Hospitals in the Accessibility Assessment provide TB and HIV/AIDS services under the stipulations of the National HIV/AIDS Response Plan (NHRP) and the National TB and Leprosy Control Program (NTLCP), there was no evidence of institutionalized strategies and interventions to manage the intersection of disability, TB and HIV/AIDS at the health facilities assessed as prescribed by the World Health Organization (WHO). In addition, disability rehabilitative services are not integrated into TB and HIV/AIDS service delivery at the health facilities. Assistive devices like wheelchairs, crutches, spectacles, white canes, etc. are not distributed as part of the TB and HIV/AIDS package.

- The District Director for Health Services and the secretaries for health at the District and Sub County level should ensure representation of people with disabilities on the Health Units Management Committees (HUMCs).
- The Ministry of Health, Uganda AIDS Commission, and the National TB and Leprosy Control Program should plan, finance, and organize regular disability awareness training for health workers and support staff at health facilities with an emphasis on “invisible x disabilities” and the Reasonable Accommodations they need.
- Elected councillors for people with disabilities and members of the District and Lower Disability Councils should intensify advocacy for the enforcement of the District Ordinance and Subcounty bi-laws on Disability inclusive TB and HIV/AIDS services, including the appropriation of adequate budgets.
- ADPHA Uganda should strengthen the recently formed national TB and HIV/AIDS Disability Network to energize national-level advocacy through the cross-disability movement.
- The National Disability Network on TB and HIV/AIDS should coordinate continuous engagements with development partners that fund HIV/AIDS and TB services at local and national levels to demonstrate the gaps in the integration of services that cater to the intersection between disability, TB, and HIV/AIDS.

- The Uganda AIDS Commission and the Ministry of Health should develop guidelines for “One Stop Centres” to enable people with disabilities to receive drugs for disability conditions like mental health and assistive devices as part of the comprehensive service package at the TB and HIV/AIDS facility.
- The Ministry of Health, the Uganda AIDS Commission, and the TB and Leprosy Control Program should include disability disaggregated indicators in national HIV/AIDS and TB routine data collection and national survey tools; and train facility health workers and survey enumerators on disability-sensitive techniques.
- The National TB Control Program, Uganda AIDS Commission, and development partners should provide information in alternative formats for people with difficulties and those with print disabilities in alternative formats as part of their information education and communication strategy.
- The Ministry of Health, the TB and Leprosy Control Program, and the Uganda AIDS Commission should allocate appropriate budgets and guidelines for HIV/AIDS and TB services to have on hand or be able to refer patients to assistive devices.
- ADPHA Uganda should continuously sensitize health workers on the different formats of information dissemination that cater to the needs of people with difficulty seeing and other print disabilities.
- The Ministry of Health, Ministry of Public Service, Uganda AIDS Commission, and the National TB Control Program should create posts for sign language interpreters at health facilities.
- ADPHA Uganda should continuously provide refresher training for health workers and support staff at health facilities in basic sign language.
- ADPHA Uganda should present the findings of the Accessibility Assessment to the management of the respective health facilities.
- The management of the different health facilities should develop action plans for implementing the suggestions for improvement contained in the facility-specific reports. ADPHA Uganda should build the capacity of its District Clusters to conduct Disability Accessibility Assessments to ensure that all health facilities can be assessed cost-effectively.
- ADPHA Uganda should conduct continuous sensitization of Building Control Committees, district engineers, health workers, procurement officers, and HUMCS on universal designs and accessibility standards.



Mr. Leonard Yiga is a TB survivor. He lived with the condition for over a year without knowing what he suffered from.

Photo: Joseph Malinga

“ADPHA Uganda saved my life”

After coughing for over one year Mr Yiga Leonard had no idea he was suffering from TB. One day, through ADPHA day to peer - peer approach to identifying Persons with Disabilities living with HIV/AIDS and affected by TB, Yiga, 53, a resident of Serinya Zone, Bulanda parish, Nyendo Mukungwe division, Masaka district was identified and Referred to Masaka Referral Hospital where he was diagnosed with TB and put on six-month treatment. Yiga has religiously been taking his medication. “I had been coughing for one year. ADPHA Uganda identified me and took me to the hospital where I was found to be living with TB. I felt bad but I had nothing to do, but to adhere to treatment. I no longer cough that much. I am grateful to ADPHA Uganda ,” Yiga, said.



4.0 Standing up for inclusion in social services

The 2023 annual work plan for ADPHA Uganda set out; to build the confidence and skills of people with disabilities to stand up against stigmatization in social services delivery.

ADPHA Uganda was able to hold a half-day project inception meeting with 30 stakeholders from Masaka City and Masaka district to elicit their buy-in. The meeting facilitated stakeholders' understanding of the project and, together, drew strategies for collaborating with ADPHA Uganda. It also shaped ADPHA Uganda's relationship with district technocrats and community influential leaders in Masaka district hence enhancing their understanding of disability, so that they positively respond to the demands and needs of persons with disabilities living with HIV/AIDS and affected by TB. One of the community leaders remarked;

"This Endeavor is not merely a duty but a profound opportunity to foster equality, dignity, and justice. The project is an opportunity for the realization of an equal society where every voice is heard, every need is met, and every individual, regardless of their abilities, stands proudly as a contributor to our collective progress. [Pokino Jude Muleke: Buddu County Chief]

At the same time, the meeting empowered Persons with Disabilities living with HIV/AIDS and affected by TB in the sub-counties of Kyesiiga and Nyendo-Mukungwe (Masaka district) and Kyanamukaka (Masaka city). This culminated in the formation of new peer-to-peer networks for Persons with Disabilities living with HIV/AIDS and affected by TB. Correspondingly, ADPHA Uganda further engaged and supported 44 rights holders to collect data (where 128 Persons with Disabilities living with HIV/AIDS and affected by TB were reached in the process). In addition, the initiative supported staff to participate in Linking and Learning Periodic workshops, henceforward facilitating networking, knowledge sharing, and learning among the grantees.

Key agreed strategies include:

- Lobbying: Sitting with decision-makers for possible practices to adapt leading to their inclusion in programs.
- Petitions: Gathering evidence and including it in written documents to offices of decision-makers including district and sub-county councils.
- Rights holders work together to amplify their voices.

The knowledge acquired acts as an impetus to not only amplify rights holders' zeal as self-advocates but also inform duty-bearers at the sub-county level and populations within their communities about their rights. A key output of the intervention was an advocacy plan developed to guide rights holders to advocate for their rights.

The project also supported 4 ADPHA Uganda staff (the Project Officer, Program Officer, Communications Officer, and Finance Officer) and two grantee organizations to participate in a project orientation meeting held in the Lyantonde district. This has since enhanced their understanding of the project goals, delivery, and reporting mechanisms.

For example;

- *MADIPHA staff were orientated on the proper implementation of the project following the VOICE standards.*
- *Project coordinators were able to learn about the progress and impact of the project.*

ADPHA Uganda also purchased two laptops to support the reporting planning and budgeting of the project work. Consequently, ADPHA's capacity has been built through knowledge and skills gained during Linking and learning opportunities presented during the workshops. This has further shaped the tools and enhanced the organization's systems to ensure the successful implementation of the interventions.

The above creates a basis for effective advocacy ensuring social inclusiveness. For instance, the knowledge of forming a community of practice, documentation of project interventions, and development and utilization of the monitoring tools played a crucial role in providing



evidence-based advocacy. Issues on livelihoods, health, accessibility to support evidence-based advocacy, and lobbying were documented. ADPHA Uganda was able to hold board meetings in fulfilment of her legal requirements. As a result of the project intervention, Persons with Disabilities living with HIV/AIDS and affected by TB are now receiving social services and the right holders have been influenced.

In summary, participation in organizational activities has greatly improved as a result. Leadership committees for each network formed were put in place and their capacity was built. Data collection on disability inclusion was realized. A good working relationship with district authorities and other partners has been established and is key for effective project implementation and sustainability. Associations of Persons with Disabilities living with HIV/AIDS and affected by TB are now benefiting from government programs unlike before.





Mr. John Baptist Ddamulira speaks about inclusive development that has been made possible through local advocacy

Photo: Joseph Malinga

“ADPHA Uganda gave us a voice”

Persons with Disabilities living with HIV/AIDS and affected by TB in Kyanamukaka sub-county, Masaka district had for long been left out of government programs. However, with the help of ADPHA Uganda, the situation has changed. Persons with Disabilities living with HIV/AIDS and affected by TB are now playing a part in the development of their communities because they have learned to demand their rights.

This has been made possible by building the capacity of Persons with Disabilities living with HIV/AIDS and affected by TB at grassroots levels to hold the duty bearers accountable. Mr. John Baptist Ddamulira, secretary of the Kyanamukaka Association of Persons with Disabilities living with HIV/AIDS and affected by TB (KYADPHA) explains that the situation was bad previously, with many Persons with Disabilities living with HIV/AIDS and affected by TB being left out in every development process.

This, according to him, was because Persons with Disabilities living with HIV/AIDS and affected by TB could not stand up for inclusion since they lacked confidence. ADPHA Uganda came in and trained them on their rights and how to hold their leaders accountable. The skills gained in addition to the robust network of Persons with Disabilities living with HIV/AIDS and affected by TB built at the sub-county and district level is now yielding results.

“Whatever is done at the sub-county, we are now involved. Nothing takes place without our involvement. We monitor every activity in our sub-county. Because of our vigilance, our people have now benefited from Parish Development Model. At least ten of our members have received shs10m, each getting one million,” he said. In addition, they are also benefiting from the Parish Development Model. Eight Persons with disabilities living with HIV/AIDS and affected by TB have so far received shs 1m each. They have invested their money in farming.

Furthermore, Persons with Disabilities living with HIV/AIDS and affected by TB have been appointed to the boards of schools in the sub-county because the leadership is now positive about Persons with disabilities living with HIV/AIDS and affected by TB. “Even the stigma we used to have has gone,” Ddamulira, said.





John Kasiiba, speaking about Cluster formation and how they are improving Persons with Disabilities living with HIV/AIDS and affected by TB's livelihood.
Photo: Joseph Malinga

“ADPHA Uganda builds local networks of Persons with Disabilities living with HIV/AIDS and affected by TB for inclusive development. ”

Promoting inclusiveness in development requires the participation of all rights holders and duty-bearers. This ensures that no one is left behind. In 2023, ADPHA Uganda with support from her development partners embarked on establishing Associations at the district level and clusters at sub-county levels. Each network is fully registered to operate as a CBO with elective leadership. They are tasked with cascading the roles that ADPHA Uganda could have undertaken at local levels. These roles include; mobilizing Persons with disabilities living with HIV/AIDS and affected by TB to join the clusters so that participation of the Persons with Disabilities living with HIV/AIDS and affected by TB in development is guaranteed; and advocating for the rights of Persons with Disabilities living with HIV/AIDS and affected by TB. This approach is now bearing fruits barely a year after the training, and establishment of the networks. Mr John Kasiiba, a program officer with the Rakai Association of Persons with Disabilities living with HIV/AIDS and affected by TB (RADIPHA) explains how the clusters are working.

“ADPHA Uganda supported us in creating four clusters in four sub-counties of Lwanda, Rakai, Dwaniro, and Byakabanda. The clusters have a total individual membership of 30 Persons with Disabilities living with HIV/AIDS and affected by TB. These clusters are helping RADIPHA with issues of advocacy for inclusion, rallying Persons with Disabilities living with HIV/AIDS and affected by TB to adhere to treatment, among other aspects,” Kasiiba, said.

As a result of constant lobbying by the clusters, Persons with Disabilities living with HIV/AIDS and affected by TB, according to Kasiiba, are now benefiting from government programs such as PDM, Special Grants, and Emyoga. The clusters have been able to lobby for 16-wheel chairs from the Wheel Chair Foundation. They also were able to mobilize resources worth shs 9m from World Vision. The funds were used to support data collection on Children with disabilities. Previously, Persons with Disabilities living with HIV/AIDS and affected by TB thought they could not do anything for themselves.

Now, they have learned that they could be productive in society like everyone else. That is why they have been organized into savings groups so that they can save, borrow and invest. Through the clusters, Persons with Disabilities living with HIV/AIDS and affected by TB are now accessing capital to boost their small-scale enterprises. Five Persons with Disabilities living with HIV/AIDS and affected by TB have so far received shs 1.600.000 with each getting shs 300.000. The balance of which supports monitoring and supervision. ADPHA Uganda built the capacity of RADIPHA who are now building the capacity of the clusters through mentorship. Because of cluster advocacy, health facilities in Rakai have now become accessible to wheelchair users.



Ramp at Rakai Hospital
Photo: Joseph Malinga



5.0 Amplifying stories of exclusion.

In the quest to meet the needs of its membership, ADPHA Uganda in 2023 further worked to;

- i. Ensure increased awareness and documentation of challenges experienced by Persons with Disabilities during the government mass COVID-19 vaccination campaigns and support Persons with disabilities to receive seconds and booster doses by December 2023;
- ii. Train 25 health workers and VHT coordinators in the new sub-counties to identify and support Persons with Disability including invisible disabilities to access COVID-19 and other health services by December 2023;
- iii. Enhance voices of Persons with Disabilities about COVID-19 and increased dissemination of information about their inclusion in COVID-19 measures among health workers, local government leaders, members of the media, cultural and religious leaders, and community influencers to address the myths and misconceptions about people with disabilities by 2023.

With support from the Frontline AIDS PVA Agility Fund, progress towards achieving the above objectives was registered in two phases. The first phase focused on making COVID-19 vaccination activities more inclusive of all people with disabilities including those with physical, mental, intellectual, or sensory disabilities, and those living with HIV/AIDS and affected by TB.

Phase two looked at amplifying the stories of challenges and barriers experienced in accessing COVID-19 information, vaccination, and other support services by people with disabilities living with and affected by HIV/AIDS/ TB (Tuberculosis) and their family members to consolidate advocacy and awareness-raising initiatives to scale up lessons and good practices for promoting inclusive service delivery models during times of extreme emergencies.

In this regard, a total of 1,125 persons with disabilities were vaccinated with different types of COVID-19 vaccines (164 in Kalungu, 200 in Rakai, 246 in Lwengo, 245 in



Bukomansimbi and 270 in Kyanamukaka), out of these, 63 Persons with Disabilities living with HIV/AIDS and affected by TB had invisible disabilities. In addition, 143 caretakers/spouses were also vaccinated. Many of whom received first, second, and booster jabs. For instance, 97 Persons with Disabilities living with HIV/AIDS and affected by TB received the second dosage. This contributes to the Ministry of Health statistics of people accessing COVID-19 vaccines currently standing at 26,486,936(April 2023).

An increase in awareness and knowledge levels about disability and the barriers people with disabilities experienced during the government mass COVID-19 vaccination campaigns among the 44 cultural and religious leaders and community influencers was recorded. This explains the high level of commitment cultural and religious leaders exhibited in addressing the myths and misconceptions about people with disabilities and COVID-19 vaccines through effectively mobilizing and encouraging caretakers/family members to support Persons with Disabilities living with HIV/AIDS and affected by TB' access to the COVID-19 vaccines. i.e. ADPHA Uganda witnessed a progressive mindset change among the health workers (13) who were involved in the vaccination exercise and appreciated the unique needs of people with different disabilities.

The health workers who participated in the project have become champions influencing their fellow health workers and caregivers on the importance of providing reasonable accommodation to persons with disabilities who need different health services and information from different health facilities.

Enhanced collaboration with other players and organizations of persons with disabilities was facilitated under the project. For instance, the project strengthened collaboration and partnership roots with duty bearers and health service providers that worked together with ADPHA Uganda, ensuring that people with disabilities and their caregivers received COVID-19 health information and services. The project created a strong collaborative partnership between ADPHA Uganda and the cultural, religious leaders, and district technocrats that advocate for disability-inclusive health services for people with disabilities to receive COVID-19 vaccines. This resulted in commitments such as mobilizing people with disabilities in villages to be vaccinated.

Calls for Persons with Disabilities living with HIV/AIDS and affected by TB to turn up for vaccination were made during; community ceremonies, and Sunday and Friday congregations. Linkages between the community peer monitors and the health workers were also established to facilitate the achievement of project objectives. The engagements under Standing up for Inclusion in Social Services with support from the Voice have furthered networking, synergy building, and collaboration with like-minded organizations and government in promoting the rights of Persons with Disabilities living with HIV/AIDS and affected by TB living with HIV/AIDS.

The above was made possible through the effective implementation of several actions which include; awareness creation. This was targeted at health workers and policy designers who made critical decisions regarding access to COVID-19 vaccines. A blended approach comprising door-to-door tactics with peer-to-peer monitors taking the lead in mobilisation, and information sharing, sensitising Persons with Disabilities living with HIV/AIDS and affected by TB on the importance of vaccinating. More Persons with Disabilities living with HIV/AIDS and affected by TB were identified in the process. For instance, 103 children and youth with disabilities were identified in the Kibinge sub-county, Bukomansimbi district. Most of them had multisensory, intellectual, and mental health disabilities. Their families were hiding them indoors and behind the houses. A case in point was a lady with mental health who had been kept in the darkroom for over 40 years.

Media amplified further the voices of exclusion. This strategy provided evidence-based advocacy that later informed the decision-making process of the duty bearers. ADPHA Uganda during the year, worked with Salt TV, Radio Budu, Centenary FM, and KBS radio to highlight issues hindering Persons with disabilities living with HIV and affected by TB' access to COVID-19 services. Talk shows and social media posts were used to further discuss access barriers to COVID-19 information and services, encouraging caregivers and health workers to continue providing services to Persons with Disabilities living with HIV/AIDS and affected by TB beyond the project lifespan.

Equipping 30 community peer monitors with information on COVID-19 vaccination supported their role in creating demand for COVID-19 services. The peer monitors were further instrumental in identifying the number of people vaccinated but who experienced major and



minor side effects. They also supported referrals and leakages to different healthcare providers in different health centres. In addition, the retooling of 197 healthworkers, and Village Health Teams (VHTs) on invisible disabilities and reasonable accommodation enabled the health workers to appreciate the unique needs of people with different categories of disabilities when it comes to accessing health services and information.

Consequently, the project managed to dispel myths and beliefs about COVID-19 vaccines by engaging 6 media stations in disseminating information and facts about COVID-19 vaccines. Before the intervention, Persons with Disabilities living with HIV/AIDS and affected by TB believed that the vaccines would cause impotence in the long run. However, the negative attitudes towards the vaccines among Persons with disabilities living with HIV/AIDS and affected by TB were influenced by the project interventions.

“When I heard people saying the vaccine causes impotence, I got a little scared. But after thinking it through I decided to receive the vaccine. I am perfectly fine. I don’t have any problems related to the vaccine. I have married and my wife is expecting in the next three months,” a PWD who received the vaccine, noted.

As a result, over 1000 people with and without disabilities in the greater Masaka region were reached. 97 health workers, support staff at health facilities, and Village Health team coordinators were trained on invisible disabilities and the kind of reasonable accommodation they need to access COVID-19 testing and vaccination services. The project has since strengthened collaboration and partnership with duty bearers and health service providers who worked together with ADPHA Uganda to ensure that people with disabilities and their caregivers receive COVID-19 services. Data on people with disabilities living in greater Masaka was collected from different parts of the region, translating into membership recruitment hence expanding ADPHA’s membership base.

Reasonable accommodation was highlighted in the processes culminating in two Persons with Disabilities living with HIV/AIDS and affected by TB receiving wheelchairs, and three people living with Albinism receiving sunscreens.



To further amplify the voices,ADPHA Uganda a documentary video featuring the voices of Persons with Disabilities living with HIV/AIDS and affected by TB, depicting experiences and barriers faced while seeking access to COVID-19 vaccines during the mass vaccination exercise. Five health centres, in addition to five leaders of Persons with Disabilities living with HIV/AIDS and affected by TB, participated in the development of the documentary. Furthermore, a survey on the level of change in knowledge, attitude, and practices on COVID-19 was undertaken. The survey indicated a significant shift in the level of knowledge, attitude, and practices explaining why 321 Persons with Disabilities living with HIV/AIDS and affected by TB turned up for vaccination.

The media, local leaders, and religious and health workers equally were influenced as a result of their participation in the project activities. At least 44 cultural and religious leaders and community influencers were reached through engagement meetings.





Ms Regina Nalubega, one of the Persons with disabilities living with HIV and affected by TB got the COVID-19 vaccine after being mobilized by ADPHA.

Photo: Joseph Malinga

“ADPHA Uganda gave me the confidence to take COVID-19 Jab”

When the government through the Ministry of Health launched campaigns rallying the populace to turn up for vaccination against COVID-19, Ms Regina Nalubega, 40, a woman with a physical disability was as frightened as many Ugandans soaked under a myriad of myths. Like any other Ugandan, Nalubega had been told the vaccine could be the worst option because it could cause death. For fear of losing her life, she vehemently rejected all opportunities for vaccination. “People would tell me, that even you, with your disability you want to risk your life by taking a vaccine. You will die. So, I got soaked in great fear. I kept pondering about my children if I died because of taking COVID-19 vaccines,” she narrates.

However, Nalubegas’s attitude only changed after an awareness drive organized by ADPHA Uganda targeting Persons with Disabilities living with HIV/AIDS and affected by TB.

“Although I used to hear information about vaccination on the radio, my fears were only cleared by the training organized by ADPHA Uganda. It is after that training that I gained the confidence to take a Johnson vaccine,” she adds. Her decision later was able to influence other Persons with Disabilities living with HIV/AIDS and affected by TB who equally had fear. “My friends later also got vaccinated” Nalubega, recalls. She is happy that ADPHA Uganda helped Persons with disabilities living with HIV/AIDS and affected by TB come out of ignorance.

6.0 Achievements

- ADPHA's membership is now benefiting from government programs. For example, 18 members (F-8, M-10) received funds worth shs 1m for starting businesses or improving their businesses while nine members (F-5, M-4) from Kalungu have also benefited from Emyoga, both government programs. 170 members (M-123, F-47) received wheelchairs, clutches, white canes, and walking sticks under KADIPHA from the Rotary Club of Lukaya. RADIPHA members on the other hand received shs 9m from World Vision to facilitate data collection on children with disabilities in the sub-counties of Kyalulagiira and Byakabanda, in Rakai district. Another 13 members under LWEDIPHA received goats and pigs from Hon. Cissy Namujju, MP Luwengo district.
- The compacity of ADPHA Uganda's membership has been built. Skills gained in group dynamics, membership management, governance, project planning, and management will support and ensure the sustainability of the interventions. Already some members have managed to lobby for resources and inclusion. The membership having been trained in evidence-based advocacy is now able to advocate for inclusion in development and service delivery.
- Awareness of the uniqueness of disability (thus requiring reasonable accommodation in service delivery) has been created among the health workers and district authorities. 1,125 Persons with Disabilities were able to receive first, second, and booster vaccines as a result of ADPHA Uganda's work.
- ADPHA Uganda participated in the national World TB commemorations held in Butaleja . Held a press release to disseminate findings of the 2022 accessibility assessment report of the five health facilities providing TB and HIV/AIDS services to persons with disabilities. This attracted different stakeholders such as local government leaders, health workers, cultural, and religious leaders. At least 197 persons with disabilities living with HIV/AIDS and affected by TB (F: 99, M: 98) have been reached by 20 peer monitors, and have been provided with referral services as well as health information and services concerning TB. ADPHA Uganda also held engagement meetings with officials from the Mpigi, Lyantonde, Kyotera, and Sem-babule districts to discuss partnership opportunities. Conducted a planning meeting for the National Advocacy for Disability, TB and HIV (NADITH) task force to review the terms of references to new members and the work plan.

- Networked and collaborated with like-minded organizations (such as the Uganda AIDS Commission, the Health Promotion Department from the Ministry of Health, and the Uganda Stop TB partnership.) on matters related to access to TB service in Uganda.
- For instance, ADPHA conducted consultative meetings with the Uganda AIDS Commission (UAC), MOH, NTLP, and USTP to find out the advocacy key asks for advocacy priorities and participated in the development of advocacy priorities. NADITH led the process in consultation with the Ministry of Health, and the Uganda AIDS Commission (UAC). These engagements have since created rapport with NTLP and Health Promotion, Education and Communication department, CCM representative for TB constituency, and UAC, thus, opening opportunities for the involvement of ADPHA Uganda in their activities and to look at disability as a pertinent issue that requires attention and support.
- Signed Memorandum of Understanding (MOUs) with 4 new districts' local governments of Mpigi, Lyantonde, Sembabule, and Kyotera in line with legal requirements as stipulated under the 2016 NGO Act. This fulfilment allows ADPHA-Uganda to operate in those districts.

7.0 Challenges

- Myths, misconceptions about TB treatment and care, and beliefs in witchcraft among rural households hinder access to TB services as some Persons with Disabilities living with HIV/AIDS and affected by TB shun accessing TB treatment.
- Lack of emergency support regarding food relief supplements and transport for households on treatment does not support treatment adherence.
- Delays by local leaders in the new districts to sign MoUs with ADPHA Uganda significantly affected the commencement of activities in those districts.
- Lack of sufficient funds hinders ADPHA Uganda's interventions from reaching a wider coverage.
- Majority of the beneficiaries of the livelihood start-up loans are low-income earners who require a long loan repayment period, therefore, there is a high risk that some beneficiaries are most likely to delay or even fail to pay the loans in time.



8.0 Lessons learnt:

- The establishment of partnerships and sharing of ADPHA Uganda interventions created a positive impact for people with disabilities to access HIV/AIDS/TB information and services to new district stakeholders and promote buy-in among key stakeholders.
- The strategic involvement of different representatives from organizations of persons with disabilities in the National Advocacy Disability TB and HIV/AIDS Task Force is important for offering technical guidance and oversight on disability, HIV/AIDS, and TB services for all partner organizations and a channel for exploring more advocacy opportunities.
- Participation in TB advocacy and accountability initiatives at national, regional, and global levels is useful in increasing the visibility of the association as well as persons with disabilities affected by TB.
- Continuous engagement of health workers, VHTs, and peer-to-peer monitors facilitates access to health services by Persons with Disabilities living with HIV/AIDS and affected by TB.
- Media engagement is important for program visibility as well as dispels myths and misinformation.
- Door-to-door approaches support the identification of other health issues affecting Persons with Disabilities living with HIV/AIDS and affected by TB access to health services and support quick interventions and planning.
- Reasonable accommodation (sign language interpreters, assistive devices) is critical for the effectiveness of any form of community intervention targeting Persons with Disabilities living with HIV/AIDS and affected by TB.

- Adopting agile project implementation methodology allows for adapting to disaster and risk management procedures and measures.
- Focusing more on outreach helps in identifying Persons with Disabilities living with HIV/AIDS and affected by TB, thus leaving no one behind.
- Streamlining member registration ensures a proper record of membership and ensures benefits to all.
- Participation of registered members in project implementation encourages other Persons with Disabilities living with HIV/AIDS and affected by TB to join the clusters/ Association.
- Continuous mentoring and capacity building of associations/clusters ensures the efficiency and effectiveness of membership and ADPHA Uganda.
- The use of Trainers of Trainees is cost-effective and supports peer-to-peer transfer of knowledge and skills.
- Building the capacity of associations to mobilize resources locally and otherwise, ensures the sustainability of ADPHA Uganda's interventions.
- The involvement of local authorities in the project implementation strategically ensures that both rights holders and the decision makers can have a clear and collaborative partnership in ensuring that the project goal is achieved.



9.0 ADPHA Financial Statements for the year 2023

● Statement of Financial Position

		2023 (Ugx)	2022 (Ugx)
Assets	Notes		
Non-Current Assets	6	22,266,787	41,333,116
Current Assets			
Cash and Bank Balances	7	285,225,489	24,405,622
Receivable & Prepayments	10	—	—
Total Assets		307,492,275	65,738,738
Equity & Liabilities			
Capital Reserves	10	37,476,238	41,333,116
Revenue Reserves		4,327,088	20,205,622
Total Equity		41,803,326	61,538,738
Liabilities			
Payables	8	4,000,000	4,200,000
Deferred Income	9	261,688,950	-
Total Liabilities		265,688,950	4,200,000
Total Equity and Liabilities		307,492,276	65,738,738

● **Statement of Comprehensive Income**

		2023 (Ugx)	2022 (Ugx)
Income	Notes		
Grants Received	1	368,487,940	287,012,775
Other incomes	2	249,330	-
Total		368,737,270	287,012,775
Expenses			
Other Operating Expenses	3	61,782,474	4,200,000
Administration costs		-	121,953,527
Capital expenditure		-	2,937,000
Personnel Costs	4	57,960,000	-
Project Expenses	5	306,206,446	235,665,250
Total Expenditure		425,948,921	364,755,777
Operating Deficit /Surplus		(57,211,651)	(77,743,002)

● Statement of Cash Flows

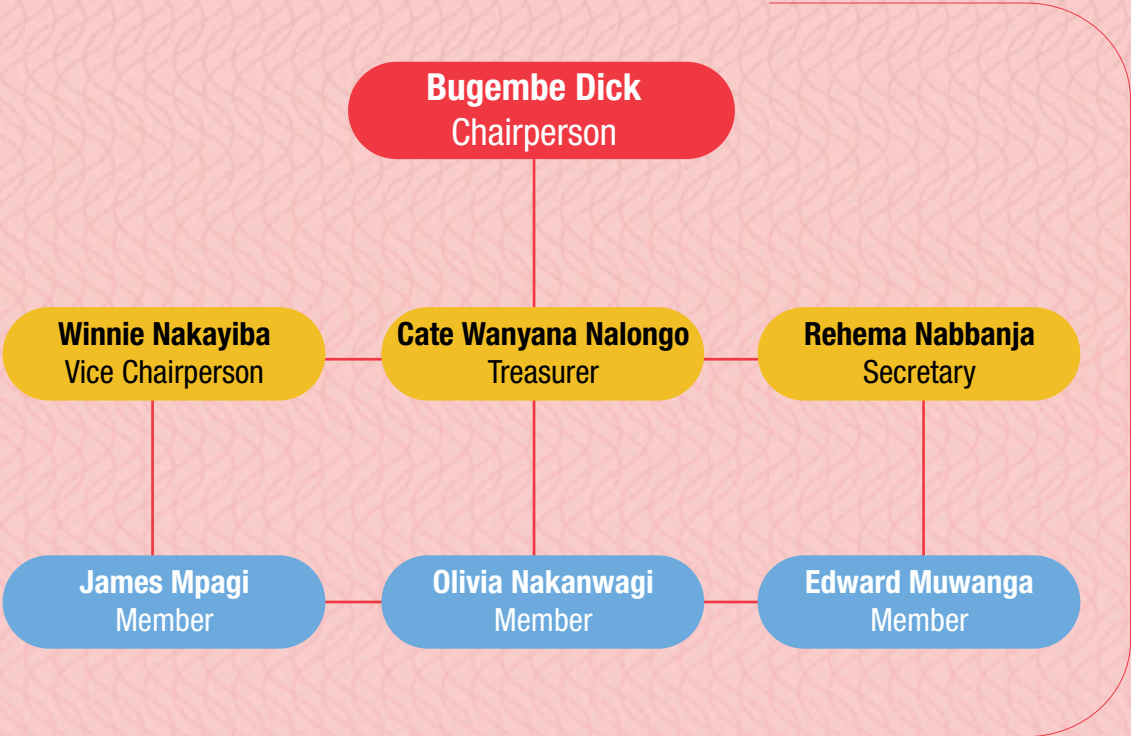
	2023(Ugx)	2022(Ugx)
Cash flows from Operating Activities		
Net Surplus	(57,211,651)	(77,743,002)
Adjustments		
Prior year adjustments	50,076,238	111,128,125
Depreciation	6,466,329	8,551,877
Increase/(Decrease) in Receivables		
Increase/(Decrease) in Payables	(200,000)	(13,331,378)
Movement in deferred income	<u>261,688,950</u>	<u>20,205,622</u>
Net Cash Flow from Operating Activities	<u>260,819,867</u>	<u>48,811,244</u>
Cash flows from Investing Activities		
Acquisition of PPE	<u>-</u>	<u>(24,405,622)</u>
Net Cash Flows from Investing Activities	<u>-</u>	<u>(24,405,622)</u>
Cash Flows from Financing Activities		
Increase/(Decrease)	-	-
Increase/(Decrease)	-	-
Increase in NSSF Penalty	-	-
Decrease In Loan	-	-
Net Cash Flows from Financing Activities	<u>-</u>	<u>-</u>
Net Cash Flow	<u>260,819,867</u>	<u>24,405,622</u>
Opening balance	24,405,622	-
Translation difference	<u>-</u>	<u>-</u>
Closing Balance	<u>285,225,489</u>	<u>24,405,622</u>

10.0 Our partners:

- Dask Handicap forbound (DHF)
- Voice Project
- Stop TB Partnership
- Frontline AIDS PVA Agility Fund.
- TASO
- Treatment Action Group (TAG)
- District Associations (Rakai, Kalungu, Lwengo, Bukomansibi, Masaka, Lyantonde, Mpigi, Kyotera, and Sembabule)



Board Members





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