

CEIL – West Nile 2022



CEIL END OF PROJECT REPORT SEPTEMBER 2022



MESSAGE FROM THE CHIEF EXECUTIVE OFFICER

We come to the closure of the second phase of a two-year project that saw enormous achievement and hard work by all stakeholders in a manner that strengthened every actor in the service sector.

Given the profound collaboration with various actors and stakeholders, CEIL managed to pull up achievements to an extent never envisaged. Interventions that led to transformation in real life situation of the beneficiaries in such a way as sampled in this report is so encouraging in its own way for all of us that gave their contributions in one way or another.

The post COVID19 pandemic era was characterized by resumption of such key interventions like livelihood, and disability rights promotion through sports. We appreciate the beneficiaries for their resilience and quick organization to take on the activities that in effect changed positively their lives. Significant strides were made in the health rehabilitation sector following rewarding collaboration with Doctors with Africa CUAMM to the effect of enabling clients assessed by CEIL undergo required life-changing cataract surgeries.

Our ability to maintain a presence for the benefit of the needy, enhanced by Centre for Global Health- Regione Toscana and all Friends of CEIL in Italy whose support has always enabled CEIL to continue giving the much-needed services of rehabilitation for the disabled in the refugee settlement and the host communities as well as addressing the livelihood challenges for the vulnerable women, youth and persons with disabilities.

Going forward, we wish to continue giving the much sought for services for the good of persons with disabilities as well as the vulnerable women and youth spread throughout the Arua City while maintaining our support to the South Sudan refugees. We will gladly be addressing any gaps and challenges encountered in the project.

To all the partners whose constant support in various ways enabled us swiftly deliver what we could to satisfaction, we pledge continued collaboration for the common good in the humanitarian sector. The OPM for its blanket protection and guidance, UNHCR for strategic guidance throughout the implementation and Doctors with Africa CUAMM- our most valued partner in the rehabilitation interventions. With profound gratitude, we look forward to further prospects of working together for the ultimate benefit of our communities!

Many Thanks!

Sincerely,

Asea Richard

Chief Executive Officer

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MESSAGE FROM THE CHAIRPERSON BOARD OF DIRECTORS



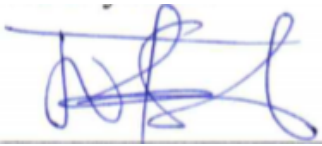
As we close this second phase of the project period guided by the theme “Integrated rehabilitation and livelihood intervention for refugees, asylum seekers and host communities in Rhino Camp refugee settlement”, I am deeply honored to pass this message of gratitude and hope to you all. This period partly covered the peak of the devastating COVID-19 pandemic and partly the initial recovery stages from the pandemic. Suffice to say, we are victorious even amidst serious challenges.

Inclusion is the bedrock of formation of CEIL West Nile and this particular project goal anchored on inclusion of Persons with Disability within the purview of mobility, sight restoration and livelihood opportunities. The two-year period of implementation offered us yet another learning opportunity; meeting new people, applying innovative approaches to community engagement and above all registering tremendous client satisfaction with services offered even if in our small way. This makes the Board, staff, government authorities and I believe our funding partners proud that intended results were achieved within the project lifespan. Indeed, you all deserve credit for your different but important complimentary roles; this is a collective achievement.

The challenge that we have to collectively confront with funding partners after the project period pertains to sustainability and equitable inclusion: How do we ensure the beneficiaries continue to enjoy the benefits of the services offered? How can we reach out to the many who have not been able to benefit from the various services during the project lifespan? How will those who haven’t benefited in neighboring settlements yet heard about the project but have been limited by area coverage of the intervention think about CEIL West Nile? Certainly, these are tough questions given mobility on the part of the category of the target beneficiary that are not host community and limited resource envelope. It implies we need to change approach and strategy that can transcend the presence of CEIL West Nile in the field - to identify, monitor and provide regular feedback on our interventions. We also need to expand our scope beyond this project area coverage. On our part as Board of Directors, we will seek to empower the disability councils in the project areas to fully understand our scope of intervention, but also to help link us with those that have not been reached so that the

essence of inclusion is fully realized. I would like to implore our funding partners to consider this approach as a critical focus that should be explored because these councils are statutory.

Let me extend hearty felicitations to the funding partners (Centre for Global Health - Regione Toscana -Italy and Friends from Milan- Italy), Board of Directors, staff of CEIL West Nile, Office of the Prime Minister and all stake holders whose contribution made this project a success. We continue to count on your cooperation and unwavering support so that CEIL West Nile grows from strength to strength. May God bless you all. Long Live CEIL West Nile.



Jobile Cornelius

Chairperson Board of Directors

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Acronyms

CEIL:	Community Effort for Inclusive Living
CDO:	Community Development Officer
CUAMM:	Collegio Universitario Aspiranti Medici Missionario (Doctors with Africa)
IGA:	Income Generating Activity
FL:	Financial Literacy
MOU:	Memorandum of Understanding
PWD:	Persons with Disabilities
UNHCR:	United Nations High Commissioner for Refugees
OPM:	Office of the Prime Minister

ABOUT CEIL WEST NILE.

CEIL is a registered non-profit organization, operating within Arua and Nebbi districts of West Nile with focus on promotion of self-reliance and livelihood for the vulnerable youth, women and persons with disabilities (PWDs) as well as rehabilitation through enhanced physiotherapy services and assistive devices within Arua with the technical support of the Physiotherapy Unit in Arua Regional Referral Hospital.

CEIL is an implementing agency and depends on funding from both public and private sources. CEIL collaborates with the development partners, namely: Centre for Global Health and Friends from Milano- Italy to implement integrated rehabilitation services that focused on the Socio-economic and health related interventions for the vulnerable women, youth and persons with disabilities here in the West Nile sub-region- inclusive of our target being the South Sudan Refugees living within the region.

1.1 VISION, MISSION, CORE VALUES AND PROGRAM AREAS

Our Vision

“An ideal community-based service provider for inclusive living and development.”

Our Mission

“To advocate for policies and programs that empower communities and promote socio-economic development.”

Core Values

- Professionalism
- Respect for all
- Innovation
- Integrity
- Teamwork
- Transparency
- Accountability

Programme Areas

1. Disability and Rehabilitation
2. Livelihood Enhancement
3. Protection and Good Governance
4. Education and Sports
5. Community Health
6. Development Research

2.0 OVERVIEW OF PROJECTS

In the last 2 years, CEIL implemented the second phase of the Project

“Integrated rehabilitation and livelihood intervention for refugees, asylum seekers and host communities in Rhino Camp refugee settlement with funding from Global Health department of the Regione Toscana region-Italy and Friends from Italy.

Project duration: From July 2020 – August 2022).

Project Goal “To contribute towards inclusion of the persons with disabilities through access to physiotherapy services, mobility enhancement and non-surgical eye care services, and livelihood enhancement.

Project objectives

1. To enhance mobility through provision of mobility aides for persons with disabilities in the refugee and host communities in Arua.
2. To promote primary eye care by focusing on preventable eye diseases and correction of refractive errors in persons with visual impairment among the refugee population and host communities in Arua.
3. To instil in persons with disabilities a culture of self-reliance through business/vocational skills training.
4. To enhance the capacity of CEIL-West Nile in implementing rehabilitation and livelihood projects in humanitarian settings and establish effective and efficient systems for project monitoring and evaluation.

Summary of key project Activities –

1. Conduct sensitizations for persons with disabilities. Mobilize persons with disabilities for Assessments for appropriate interventions
2. Conduct community sensitization on disability focusing on rights, causes, preventive measures and services available
3. Carryout assessments of persons with disabilities focusing on mobility and primary eye care
4. Distribute walking aides and other appliances for persons with physical disability
5. Distribute spectacles and white canes for persons with visual impairment
6. Train livelihood beneficiaries on business/vocational skills
7. Participate in coordination meetings with stakeholders in Arua district and Rhino Camp refugee settlement.

OBJECTIVE.1 *To enhance mobility through provision of mobility aides for persons with disabilities in the refugee and host communities in Arua.*

OUTPUT. Enhanced mobility and capacity for persons with physical impairment for self-development.

ACTIVITIES.

1. Over the project period, CEIL Mobilized and supported a total of 368 (223 Nationals, 145 Refugees) persons with disabilities-especially those with physical disability with mobility aides. 84 people benefitted from walking aides (Elbow and Axillary Crutches) either single or bilateral. The aim was to help them improve on their mobility skills and social functioning. However, many of the persons with physical disability continue to remain unsupported.



A refugee from TIKA II, with physical disability supported with Elbow crutch to aid his mobility



CEIL CBR worker training A 17-YEAR-old girl with physical disability on how to use Elbow crutch

During assessment outreaches carried out in both Eden and Tika/Olujobu Zones in Rhino camp refugee settlement, beneficiaries were supported with mobility aids such as Elbow and Axillary Crutches. Besides supporting PWDs with mobility devices, many of them also benefited from physiotherapy rehabilitation and assessment services during outreaches. It is important to note that these are specialized services that are in most cases difficult to get for people with disabilities PWDs. Therefore, assessment outreaches provided chances for them to easily access these services.

In addition to assessment outreaches conducted, follow-ups and home visits were also conducted over the project period by (i) the project team and (ii) the physiotherapist. A total of 796 clients were reached through follow-ups and home visits and were provided with services such as disability counselling, referrals and nature of



← On the left is the project officer offering counselling to the mother of one the clients who suffers from mental disorder during follow-up in Wanyange II in Rhino Camp Refugee settlement.



← One of the local council one representatives who benefited from auxiliary crutches is explaining to CEIL staff how he used to suffer and how the crutches have helped him improve on his mobility and participation because he is now able to move from one place to another.

Many physical disability conditions attended to over the project period included: Low back pain, (LBP) + Dislocation, Cerebral Palsy, Down syndrome, Post-Polio Paralysis, Hemiplegia, Paraplegia, Elephantiasis, Amputations, Burns ...among others. The most common being Low back pain the adults and cerebral palsy among children! Congenital

However, the tables below describe conditions followed during home visits by physiotherapist and follow-ups done by the project team over the project period.

Conditions seen during home visits by physiotherapist	Nationals		Conditions seen during home visits	Nationals		Refugees	
	Male	Female		Male	Female	Male	Female
Cerebral palsy	12	11	Post-Polio Paralysis	10	05	0	1
Erbs Palsy	9	1	Low back pain, (LBP) + Dislocation	03	12	56	34
Congenital deformities	37	50	Cerebral Palsy,	0	00	02	00
Hemiplegia	9	7	Down syndrome,	0	0	2	2
Paraplegia	00	20	Hemiplegia	0	0	0	0
Lumbago/sciatica	51	40	Paraplegia	0	0	0	0
Arthritis	06	30	Elephantiasis,	0	0	0	0
Osteomyelitis	10	5	Amputations,	0	0	01	0
Down syndrome,	10	13	Burns,	0	0	0	0
Stiffness of joints	45	48	Epilepsy	0	2	2	6
Club foot	40	25	Total	13	19	63	43
Burns	10	15	Total clients followed 138				
Epilepsy	47	80					
hydrocephalus	0	14					
Amputations, others	4	3					
Total	291	367					
Total clients reached	658						

THE BAR GRAPH DEMONSTRATING THE DISABILITY CONDITIONS REACHED BY PHYSIOTHERAPIEST AND THE PROJECT TEAM THROUGH HOME VISITS AND FOLLOWUP

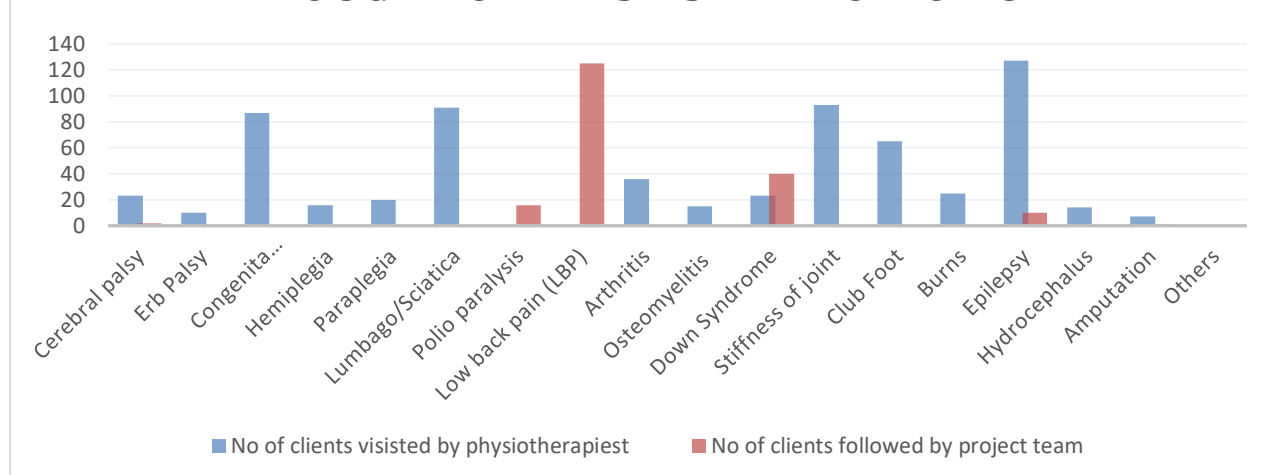


Figure 1 shows various disability conditions followed over the project period.

The figure 1 and tables display the disability conditions followed over the project period. It demonstrates that the disability prevalence is more amongst female counterparts than male counterparts. Females are the most hit by and suffer the impact created by disability. First, as a woman in our context and secondly as a person with disabilities. The project, in two years through home visits and follow ups managed to reach more women than men. There is more that needs to be done to empower vulnerable people including persons with disabilities by putting more focus on women with disabilities.

Objective 2: To promote primary eye care by focusing on preventable eye diseases and correction of refractive errors in persons with visual impairment among the refugee population and host communities in Arua.

OUTPUT. Enhanced community knowledge on disability and positive attitude changes towards persons with disabilities.

ACTIVITIES IMPLEMENTED.

1. Sensitization meetings.

CEIL continues to embrace stakeholder sensitization as a key intervention and entry point to the communities. 3 Stake holder meetings were organized in the Refugee Settlement targeting the refugee and host community leaders within the Rhino camp settlement particularly those in Eden and Tika/Olujobu zones.

As a means to increase awareness about disability among the key stakeholders in the communities, CEIL west Nile conducted two major stakeholder sensitization meetings in both Eden and Tika/Olujobu zones at field level, and one follow-up sensitization in Eden Zone. Community sensitization meetings mainly focused on disability rights, causes, preventive measures and services available

A total of 60 participants (27 Nationals and 33 Refugees) were drawn from the two zones.



The first sensitization meeting community stakeholders Eden II



The second stakeholder sanitization meeting on disability at tika zone: participants were drawn from tika/Olujobu zone involving both host and refugee leaders

All community stakeholders' sensitization meetings focused on raising awareness on the rights of PWDs, causes, preventive measures of disability and services available for persons with disabilities. The community leaders were drawn both from the refugee and host community leadership.

2. Targeted Stakeholder-Beneficiary feedback meeting.

One key targeted Stakeholder-Beneficiary feedback meeting was conducted at Eden Zone with the major focus on receiving feedback from the stakeholders and beneficiaries on the impact created by the project interventions, gaps and lessons learnt. This provided for a greater platform to gauge the project contribution to the communities.

3. Non-surgical assessment outreaches.

As part of the project activity intervention in the project period, CEIL west Nile, carried out a total of 13 integrated assessment outreaches. The interventions, with technical support from Arua Regional Referral hospital focused on non-surgical eye care and physical rehabilitation services through follow-ups and home visits.

Over the 2-year period, a total of **1,712** (1148 nationals and 564 Refugees) clients were seen of which 468 clients were assessed for physical disabilities while **796** benefited from home visits and follow-ups. This number benefitted from health education /talk prior to the exercise of assessment at their respective venues.



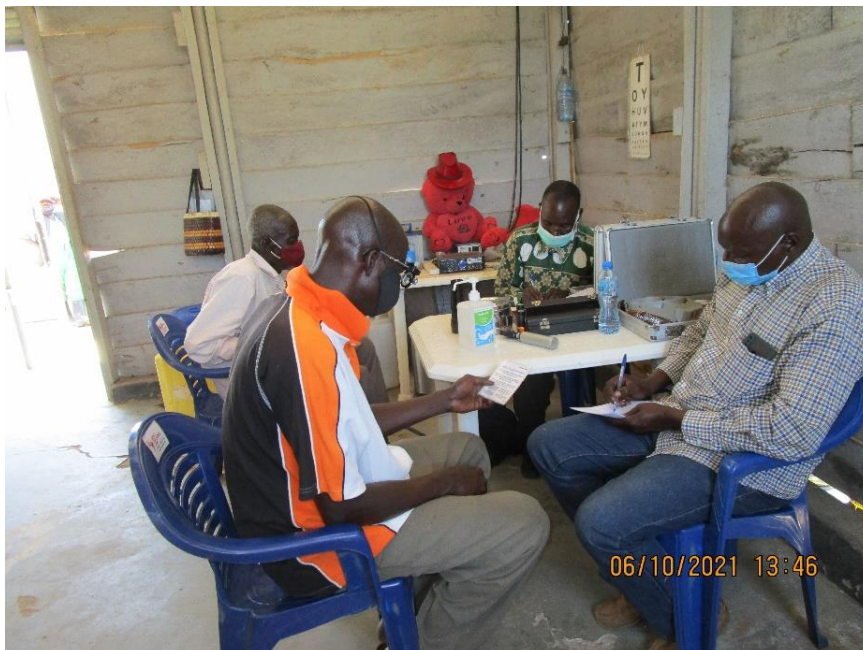
A client undergoing screening for cataract



Many of the community members continue to lack rehabilitation skills. It is important that rehabilitation outreaches organized by CEIL help CBR workers to train family members on how to train children with contractures as in this picture.

4. Reading Spectacles.

The project was able to support a total of 384 people with reading spectacles (readers) of which were 183 Nationals and 201 Refugees.



A Client undergoing measurement to determine the reading spectacle number to be given to him during nonsurgical eye care outreach at Tika Ivin Rhino Camp Refugee settlement.

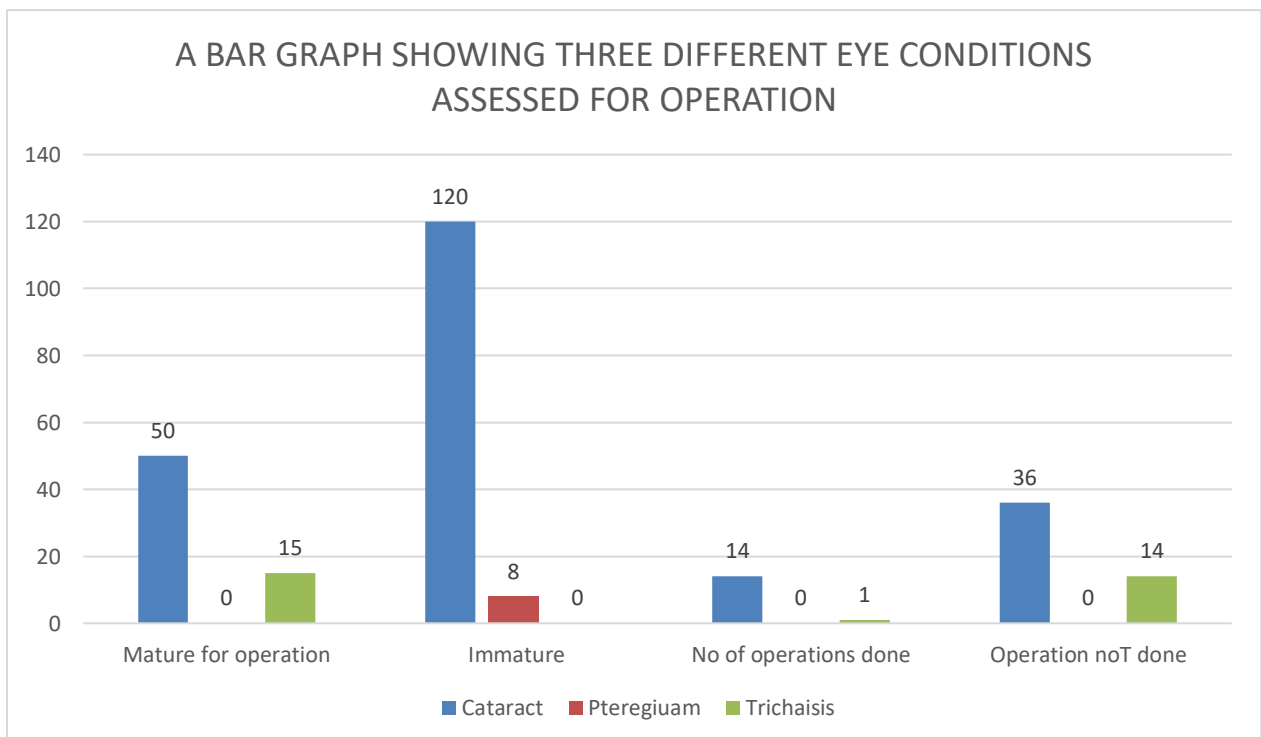


← One of the beneficiaries of reading spectacles in Wanyange village, Rigbo Sub County. When CEIL Team visited her, she says she is now able to read the bible. *“I have now gone back to supporting my small Christian community. I preach for them gospel a church” she said*

5. Cataract Cases and surgeries performed.

Through non-surgical eye care assessment outreaches conducted in Eden and Tika/Olujobu Zones, a total of 193 patients were screened with eye complications. Of these, 170 patients were screened with cataract; (120 had immature cataract while 50 patients had mature cataract) in all the two zones and are in need of **operation**.

However, out of 50, patients 15 patients (14 cataract cases and 1 trichiasis case) were operated during the surgical camp organized by Doctors with Africa-CUAMM in Omugo health center IV meanwhile the 34 patients were not operated.



As part of the surgical activities, CEIL was able to integrate with other rehabilitation activities. 10 clients also benefited from the mobility appliances (Crutches and White Canes) from CEIL

in addition to the eye service they received. Credit goes to Doctors with Africa-CUAMM for providing such a platform for integration of activities.



Left, the CEIL CBR Worker training a beneficiary on how to use a mobility appliance whilst in the Right, the CEIL project officer training a beneficiary of white cane on how to use it independently.

HUMAN INTEREST STORIES.
HUMAN INTEREST STORY 1.

ARABA CECILIA GAINS HER VISION AFTER SUFFERING FROM BILATERAL CATARACT FOR OVER 5 YEARS

ARABA CECILIA is a 77-year-old female refugee who comes from South Sudan. She is living in Eden zone Rhino Camp refugee settlement. She has been suffering from bilateral cataract for 5 years and she could not see clearly. She says she could not identify things due to inability to see. *“Moving around was so difficult for me and i could only do so with the support of my daughter who sometimes is taken away. Being an elderly refugee, life proved too hard for me, she added”.*



ARABA right waiting to enter theatre for surgery after being identified by CEIL in an assessment outreach in Eden II

CEIL identified her in an integrated rehabilitation and vision screening outreach in Eden IV and Connected her to benefit from surgical and non-surgical eyes screening Camp organized by Doctors with Africa-CUAMM at Omugo H/C IV. Upon screening, Araba was confirmed with mature bilateral cataract and she was immediately booked for surgery for the following day.

After the successful operation, CEIL West Nile team visited Araba at her home in Eden IV. The



team found her happy and she says she can now ably see things which she could not see completely, move around and at least do somethings she could not do herself before. *“Thank you so much for supporting me. Please continue coming because there are many people who need the services, she said”*

ABOVE, CEIL Team followed ARABA at her Home in EDEN IV in Rhino Camp Refugee settlement.



← ARABA after gaining her sight, the CEIL team followed her at her home in Eden IV and gave her some eye drugs

SHE IS LIBERATED FROM LID UPASES PAIN



Draru Joyce at Omugo at H/C IV

Draru Joyce is a 38-year-old woman of Emvenga village, Kuli parish, Rigbo Sub County in Madi Okollo District. Over three and a half (3 years and 6 months) years, Joyce suffered from lid upases. An eye condition that causes an abnormal pain and sometimes discharges from the affected eye and as a result, it completely halts the person’s normal functioning if any medication intervention is not done. She said, she started experiencing pain in her right eye way back in 2019 and the pain became severe in December 2021.

‘Life became hard for me as a result of severe pain, she added. Puss has been coming from my eye and as a consequence, I don’t stay

with people to avoid stigma. I could not do household chores due to the severe pain. My little daughter has been doing everything for me. Fetching water, cooking food, fetching firewood. The most difficult part is that I could not do my business that I used to do. No money and all the family burden rested on my husband, she echoed’.



Draru at screening point in Omugo h/c iv eye clinic conducted by Doctors with Africa-CUAMM

CEIL West Nile identified Draru Joyce with her eye complication during an integrated rehabilitation and vision screening outreach organized in Tika II in Rhino camp refugee settlement and found that Draru’s eyes needed operation. CEIL linked Draru with Doctors with Africa CUAMM and booked her for surgery that was conducted at Omugo H/C IV.

The time CUAMM organized surgical camp at Omugo Health Center IV- between 13 to 18 December 2021, Draru’s brother brought her to Omugo health center IV to benefit from the surgical camp.



Immediately after surgery, Draru says she feels no pain

Draru successfully got operated and she says she is now able to see, move and associate with people unlike before.



Draru excited when CEIL team followed her at home to compile her story

“Now I feel no pain, I can see and also do my household works. I have rested my daughter from doing them for me because nowadays I can do them. I want to thank the organization CEIL WN for linking me with organization CUAMM for free surgery and liberating me from the severe pain.

Am very excited and happy that I have gone back to do my business. I think I can give financial support to my husband now. I pray that God blesses you people with more funding support so that you can extent this service to so many needy people, she summarized.”

Objective:3 To inculcate in persons with disabilities a culture of self-reliance through business/vocational skills.

OUTPUT. *Better knowledge in business management to Increase household income and capacity for self-reliance.*

ACTIVITIES.

Generally, the project’s first year was affected by the pandemic as gathering of people in one place was prohibited however the trade skills and other trainings started in the second year of the project cycle.

1. Trainings.

Over the project cycle, CEIL conducted 3 trainings for the livelihood groups in Arua city and the training areas included (i)Livelihood skills (ii) financial literacy (iii) marketing and customer retention.

(i) Livelihood skills training.

As a means of empowering vulnerable groups and promoting self-reliance, CEIL trained a total 27 beneficiaries mostly women and persons with disabilities in skills trade areas. The beneficiaries were trained on liquid **soap** making, letters works and craft shoes, door matmaking. CEIL supported the vulnerable community members and persons with disabilities with training materials. One of the successes is that the master trainers were some of our beneficiaries and therefore the trainings became cost effective.

(ii) Financial literacy.

Financial literacy mainly focused on impacting financial knowledge for beneficiaries. Key training areas included product costing, record keeping/book keeping, savings and investments. Over project cycle

(iii) Marketing and customer retention

One of the challenges faced by people in the area of business is marketing and customer retention. Therefore, CEIL trained the beneficiaries in key areas of marketing and customer retention. The training objective was to impart the kills of marketing their products and how the beneficiaries can retain the potential customers.



← *Livelihood beneficiaries attending one of the financial literacy and marketing trainings.*

One of the successes is that the master trainers were some of our beneficiaries. The beneficiaries developed a sense of self-reliance. They did not have to be pushed to do things but had developed their own interests regulated by the market demand. However, the skills training keep attracting more new beneficiaries thus costing additional training materials for training the new members. In order to diversify skills, the beneficiaries were able to identify new areas that they sought to be supported in. With the business skills trainings that the beneficiaries had acquired, most of them had established their own small-scale businesses in their homes and the nearby trading centres!



ABOVE: A group of women underwent training in liquid soap making as livelihood source of income.



← *A group of women beneficiaries in the livelihood intervention learning to make sandals for the local demand as livelihood source of income*



← A group of women learning how to make door mat in our livelihood training center Arua City

The women beneficiaries make sandals for the local market. From the sales, the group members have established their savings group. They are the ones who make the products, sell and procure raw materials for the next cycle of production.

HUMAN INTEREST STORY 3

PHYSICALLY IMPAIRED NO LONGER BEGS FROM HER HUSBAND

Candiru Florence is a 54-year-old female with physical disability. She comes from Padruku village Anzupi parish in kijomoro Sub County in Maracha district. Currently, she lives in Terego Alengo cell, Ayivu West division in Arua City. Candiru grew up in a family that supports children with disabilities and she managed to complete ordinary level of education (Ugandan standard) and got training in Early childhood education.

“I live with my four children. my suffering came when my husband abandoned me with my children. Been a woman with disability, life became so hard. I tried to get formal employment in one of the early childhood development centers but salary was meagre and could not support me to pay my rent, feeding the children, pay school fees for them and other essential things”.. she reported!



Candiru making liquid soap at her home in Terego alengo

CEIL identified Chandiru through the help of local council I chairman and trained her in livelihood skills trainings. Florence has got trainings in the trade skills areas of craft and leather works, bags, table cloths making, liquid soap and door mat making. Florence’s life has changed. She is an empowered woman. She supports her children without the backing of any other person.



Florence’s life has changed. She is an empowered woman. She supports her children without the backing of any other person.



Florence displays finished products at her home for sell. She says people come to buy at her home

“I have gained expertise in vocational skills; now non-governmental organizations are hiring me to go and train others. I live a responsible life and am on my own. I don’t beg from my husband. I take care of my children and pay their school fees. My eldest child is now in nurse training school and I pay her school fees myself. I make liquid soap in jerricans and sell to schools and that’s why I am able to raise money. My only challenge is that the capital is not enough, she added. I want to appreciate the organization for giving me such opportunity to get trained in practical vocational skills. Am now self-reliant. God bless you people, she concluded”

Objective 3: To enhance the capacity of CEIL-West Nile in implementing rehabilitation and livelihood projects in humanitarian settings and establish effective and efficient systems for project monitoring and evaluation.

OUTPUT. Established mechanisms for project monitoring and evaluation for better project management practices and referral system

MEETINGS.

1. Inception meeting.

CEIL organized one day inception meeting at the Refugee Settlement Base Camp! Attended by OPM Settlement Commander and representatives of NGO partners in the settlement, Refugee Welfare Councilors, and lower local government representatives to introduce the second phase of the rehabilitation interventions of CEIL. During the meeting, CEIL shared the planned interventions in disability rehabilitation in Rhino Camp refugee settlement. Total number of participants for the inception meeting was 19.



A Representative from the Office of Prime minister giving opening remarks during project inception meeting at Yoro base camp in Rhino Camp Refugee settlement

2. Coordination Meetings.

CEIL Participated in coordination meetings with stakeholders in Madi Okollo district and Rhino Camp refugee settlement upon invitation by Office of the Prime Minister Republic of Uganda- Refugee Department and UNHCR- the UN refugee agency for refugees. However, sometimes these meetings-especially those in first year of the project cycle have taken place virtually due Covid19 restrictions.

3. Collaborations.

- a) Signed MOU with Doctors with Africa for collaboration in activity implementation especially the community component activities. CEIL west Nile strongly believes in collaborations as means of achieving its objectives and establishing long-term partnerships that longevity of the service provision to the communities.

- b) Over the two-year period of project activity implementation, CEIL and Doctors with Africa-CUAMM have jointly implemented several non-surgical and surgical activities to the greater benefit of the target beneficiaries among the South Sudan refugees and the nationals. As a growing humanitarian organization, CEIL benefits a great deal from wealth of expertise of other organizations.



(Above) CEIL conducting health education during surgical camp at Omugo health center IV organized by Doctors with Africa-



← *Ceil team training a blind young man on how to use white cane during surgical. This training is important and that it helps the beneficiary to effectively participate in activities.*

c) Support to sports for the disabled

Most of the support to the sports for the disabled was envisaged in the school settings. Due to closer of schools resulting from the lock down imposed in response to the covid19 pandemic, less was done in co curriculum activities in Arua for the disabled children. In the few moments when Schools were temporarily open, our support was only limited to the provision of hand washing facilities to the schools to prevent the spread of covid19. However, in Nebbi, there was some sport activity that took place although not competitive in nature. It was interactive with community fully represented, hence achieving the intended disability awareness motive.

d) Support to disabled persons organization activities.

As part of collaboration and partnerships in advocacy, CEIL West Nile participated in the formation of the disability peoples' organizations leadership structure in Arua city and Arua district.



As an independent party, CEIL played the privileged role of presiding over the election process that saw the leadership of the disability fraternity in the city established.



← CEIL continues to support the activities of persons with disabilities. One the activities CEIL participated in was world sight day. And this also provide good platform to do advocacy work about inclusion and the rights of persons with disabilities.

CONCLUSION

Despite the challenges posed by Covid 19 pandemic, CEIL appreciates all stakeholders both within and outside for the enormous efforts to ensure we were able to do something significant in the lives of those in need. In a special way we recognize our donors from Italy- Center for Global Health- Regione Toscana and Friends from Milan for the opportunity to continue adding our efforts to the general humanitarian response to the plight of refugees here in West Nile and Rhino Camp refugee settlement as well as rehabilitation services for the Nationals in the communities in West Nile. We are also grateful to our friends from Italy whose support made this collaboration with Regione Toscana possible. Not forgetting the office of the prime minister (OPM) which through its refugee department gave CEIL the mandate to contribute in its capacity towards the welfare of especially the disabled community among the refugees.

In our next interventions, we seek to enhance the collaboration with all the partners to ensure a fruitful venture for the greater good of our brothers and sisters the disabled among the refugees and nationals within the greater Arua city and the refugee hosting communities that we already operate in!

ANNEX 1: PROJECT WORK PLAN FOR 2023/2024

CEIL WORK PLAN FOR THE PERIOD 2023/24

AREA OF ACTIVITY	PLANNED ACTIVITY	OBJECTIVE	TARGET BENEFICIARY	PERSONS RESPONSIBLE	RESOURCE S REQUIRED	TIME ALLOCATION	PROPOSED FINANCE SOURCES
Support to physiotherapy and Provision of assistive devices for Persons with disability in Arua City and Refugee Community in Arua	Home visits for physiotherapy needs	Increased access to Physiotherapy in the community	100 Persons with Physical Disability	Physiotherapist CBR workers	Logistics	November 2022– December 2024	Regione Toscana & Friends from Italy
	Support to Mobility for PwDs through provision of Crutches	To enhance Productivity of PWDs by boosting their mobility.	100 Persons with Physical Disability (60 Nationals and 40 refugees)	CEIL – STAFF	Assistive Devices (Auxillary and Elbow Crutches),	November 2022– December 2024	Regione Toscana & Friends from Italy
	Support to Sports Activities for Children with disabilities in Schools	Promote Social inclusion for the Children with disabilities in Schools using Sports	Schools with Sections for the blind (Arua Demonstration Primary, Ediofe Girls), Angal Girls P.7, Nebbi	CEIL – STAFF, Sports Departments in the Various Schools	Finances, Sports Requirements,	Academic Year 2023/24	RT, Friends from Italy
Social Integration and Disability awareness through Sensitization	Conduct sports activities for Sensitization and awareness on Disability in town	To promote development and social integration for Disabled and other vulnerable sections of the population	Persons with Physical disability and visual impairment	CEIL –WN, Ophthalmic Officers from Arua Regional Referral	Eye Drugs, Spectacles, White Canes and other Logistics	January to December 2023 / 24	Regione Toscana, Friends from Italy

				Hospital Eye Department			
Promoting primary eye care by focusing on preventable eye diseases and correction of refractive errors in persons with visual impairment among the refugee population and host communities in Arua	Conduct sensitization and assessment outreaches	To promote development and social integration for Disabled and other vulnerable sections of the population	800 Persons with disability (visual impairment) 80 persons with visual impairment benefit from spectacles during assessment outreaches.	CEIL –WN, Ophthalmic Officers from Arua Regional Referral Hospital Eye Department	Finances, Transport and other Logistics	January to December 2023 / 24	Friends from Italy, Regione Toscana
Support to Livelihood for the vulnerable PWDs, Women and Youth	Conduct trainings on business and entrepreneurship skills and follow-up for the vulnerable yet enterprising (<i>PWDs, Women and Youth</i>)	Promoting entrepreneurship among the PWDs, women and youth to improve their livelihoods	60 Beneficiaries (<i>PWDs, Women and Youth</i>)	CEIL – WN, ILO/SIYB Trainer	Finances, stationery, Transport and other Logistics	November 2022– December 2024	Regione Toscana, Friends from Italy