



H&M FOUNDATION



THE REPUBLIC OF UGANDA

# Integration of the Interventions for Disability in Early Childhood into Primary Health Care in Uganda

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**Nurturing the Future**  
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# Interventions FOR DISABILITY IN EARLY CHILDHOOD (IDEC)

- IDEC is a multi-country pilot project established in 2018 with funding from the Swedish H&M Foundation through UNICEF and Uganda Ministry of Health in 5 districts.
- Pilot countries are Bulgaria, Peru and Uganda.

Two project phases:

a) Phase 1: 2018-2022 (Proof of concept)

b) Phase 2: 2023-2026 ( Evaluation phase)



# OBJECTIVES OF IDEC

**Aim:** Establish a three-tier service delivery model for early identification of children with disabilities aged 0-3 years and link them to early interventions and care within PHC

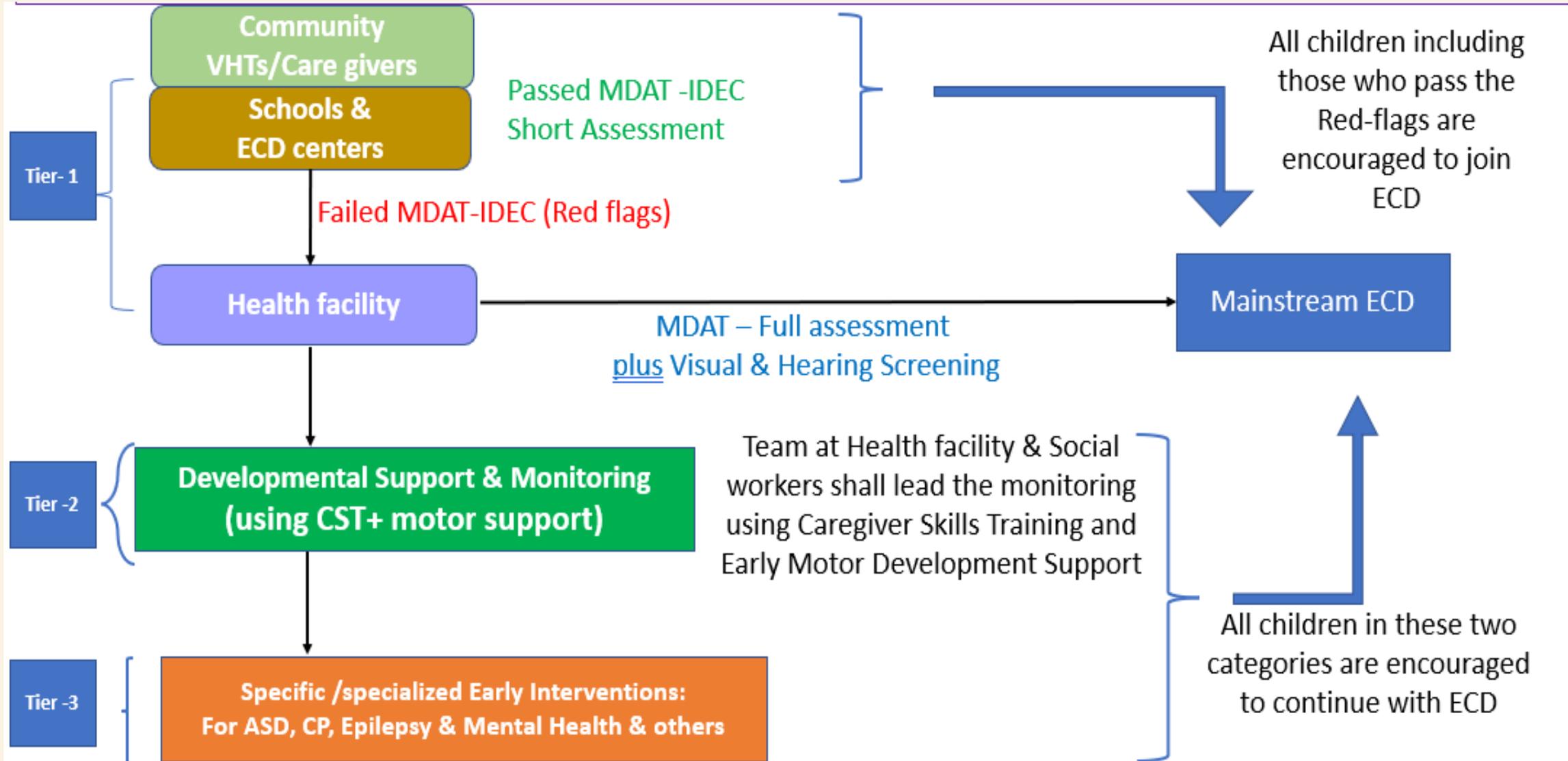
## Specific objectives:

1. To initiate a service delivery model for early identification of children with developmental delays and disabilities (CDDs)
2. To link CDDs and their families to child development interventions (Caregiving skills training and motor development skills support)
3. To promote SBCC to reduce stigma & discrimination in families and communities with CDDs.





# THREE TIER MODEL WITH REFERRAL PATHWAY



**Note: Visual & Hearing Screening conducted on all children 0-3 months starting at 6 weeks at Health Facilities & organized outreaches using Red-light Reflex machine and Auditory Brainstem Response (ABR) machine.**

# INTEGRATION OF IDEC INTO EXISTING PHC SERVICES

- IDEC Integrated within MNCH
- Entry points and platforms used:
  - Young Child Clinics / Immunization (static and outreach)
  - Maternity wards
  - Nutrition units
  - Out Patient Department



# ACHIEVEMENTS

- **Functional coordination structures** at National and Sub-national levels
- **Capacity for IDEC** built in form of cascaded trainings
- Dec 2021-July 2024, **40,371** children 0-3 years were screened / assessed and **1,466** (3.6%) were identified with disabilities and developmental delays in 5 districts
  - **877** of **1,466** CWDs enrolled into CST and EMDS (60%)
  - **446** of **1,466** CWDs referred to specialized care (30%)
- Peer parent support groups formed, meet monthly to discuss positive parenting, caring for the caregivers and undertake income generating activities.



## Success Story of Kizza of Biwale village, Bukuya sub-county, Kassanda district



Kizza, a child aged three years and nine months, was born with Down syndrome and delivered as a breech birth. At two months, the infant developed jaundice and appeared weak. The mother sought care at Namutamba Rehabilitation Centre, where she was informed of the child's condition. Later, she visited Bukuya Health Centre IV due to the child's delayed milestones, including difficulty in sitting, walking, and self-feeding.

After attending all caregiver skills combined with motor skills training sessions, the child achieved independent sitting by 18 months and began walking at two and a half years. Although speech remains a challenge, the child can now articulate single words.

# LESSONS LEARNT, CHALLENGES and OPPORTUNITIES

## Lessons learnt

- Streamlined coordination structures at all levels has improved IDEC ownership, information flow and tackling of challenges in real time.
- Involvement of VHTs in three-tier IDEC service delivery model facilitates access to disability related services and appropriate referrals in line with PHC approach.
- Formation of parent groups has enhanced caregiver well being, economic empowerment and minimized stigma and discrimination against CDDs.

## Challenges

- IDEC created a lot of demand and expectations from the communities.
- Lack of Assistive Technology (AT) for CDDs.
- Limited male involvement.

## Opportunities

- Collaborations with other institutions has helped CDDs to access AT.
- Strategy for Child Health in place and this includes interventions for CDDDs.
- Functional Difficulties Survey (2026) to capture data for children 0-2 years that will guide planning

# PRIORITIES FOR 2025 AND BEYOND

- Develop National strategic framework and implementation plan for IDEC in line with Child Health Strategy to guide scale up
  - Enhance capacity building of frontline health workers in IDEC
  - Digitization of IDEC data management beyond initial 2 districts
  - Integration of WHO International Classification of Functioning, Disability and Health into HMIS/DHIS2 and Electronic Medical Records
  - Integration of IDEC into pre-service curriculum and in-service training guidelines
  - Resource mobilization for scale up of IDEC
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# Thank you

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