PROCEEDINGS
of the
6th Annual
Bamenda Conference on Disability and Rehabilitation
THEME:
"Simplifying Best Practices in Rehabilitation in the NWR"

November 29-30, 2011

8am - Registration

Bamenda Congress Hall
Bamenda, North West Region, Cameroon

This conference provided an opportunity for people interested in disability and rehabilitation issues, particularly in the North West Region of Cameroon, to come together and share experiences, ideas and recommendations.

Introduction to the proceedings

We are pleased to inform you all that the **6th Bamenda Conference on Disability and Rehabilitation took place from the 29th to 30th November 2011 at the Bamenda Congress Hall**. The organizing committee wishes to thank all of you who took off time to be part of this great event.

Find in this document are the proceedings of the 6th Bamenda Conference which we hope has captured the important points of what happened during these two exciting days of an interactive sessions.

For the first time, the conference included several participants from LUMOS Belgium as well as others from around the North West Region of Cameroon, other parts of Cameroon, and several other countries.

This document contains the keynote address, all the presentations and key activities including evaluation by participants, the lessons leant, and suggestions and proposals on how to implement the recommendations.

We hope that in your own corner, wherever you are when you read this, that you are going to read these proceeding and try in your own way to effect change and instill Best practices in the way you carry out your activities. Improving practices, especially in area of rehabilitation, are important for improving the quality of life of all of us.

Thank you to all of the presenters and participants for your sacrifices and many contributions. We hope you learnt something during these two days that will enable you be the candle in the dark where ever you are and share the light with others.

We look forward to seeing you all at the 7th edition of the Conference with yet another "not to miss" sessions, in late 2012.

Sincerely,
The conference planning team
Bamenda Coordinating Centre for Studies in Disability and Rehabilitation

Welcome to the
2011 Bamenda Conference on Disability and Rehabilitation: "Simplifying Best Practices"
Bamenda Congress Hall, Bamenda, North West Region, Cameroon

This conference aims to bring together people with a wide range of perspectives to discuss disability and rehabilitation issues. The focus is on improving our practices at all levels so that the people living with disabilities can have the best possible quality of life, particularly in the North West Province of Cameroon.

Tuesday, November 29, 2011	
8:00 to 9:00	Registration and Breakfast
9:00 to 9:30 Welcome	**M.C. Mr. Aloys Njitor** ***Silent Meditation/prayer:*** Mr. Emmanuel Anjonga ***Welcome from BCCSDR:*** Mr. Julius Wango ***Welcome from:*** Regional Delegate of Social Affairs
9:30 – 10:30 Keynote Address	***Keynote Address:*** **Best Practices in Disability and Rehabilitation in African Contexts** Mr. Peter Mue, CBM Cameroon, Country Director, Yaoundé

10:30 – 11:00	**Song:** 15 minutes of learning "Look Beyond" in English and Pidgin
11:00 – 11:30	**Short Break**
11:30 to 12:30	**Session 1: Dr. Dan Daly and Mr. Emmanuel Anjonga** **Sport, Disability and Development** The importance of sport for all children and adults, including people with disabilities
12:30 – 1:30 Lunch **Viewing of Posters**	
1:30 – 2:00	**Session 3: Mrs. Jeannine Vanbussel** **CBR as an example of Best Practices in the basic care management of children with CP: Experiences from a project in Senegal.**
2:00 – 2:30	**Session 4: Mr. Navjyot Trevedi** **Introduction to Stroke**

2:30 – 3:30	**Breakout Workshops Choose ONE:** *1.* **Of interest to Health Practitioners working with Children, and Parents:** How do I know if my child possibly has CP? Using the Infant Motor Screen as a means of referral (Jeannine Vanbussel) *English* *2.* **For Health Practitioners:** Prevention and treatment of contractures after burns. (Ms Kim Caluwe) *English* *3.* **Open to any attendees:** Organizing Disabled Persons Associations in the NW Region – Current situation and next steps (Mr. Sam Nyincho) *Pidgin* *4.* **Open to any attendees:** Introduction to hand therapy (Ms. Farah Walji) *English and Pidgin* *5.* **Open to any attendees: Sexuality and disability** (Dr. Carlotte Kiekens and Mr. Emmanuel Anjonga) *English and Pidgin; sign interpretation available* *6.* **Student forum:** Connect with other students at the conference. *English* *7.* **Open to researchers:** Outcomes for research on disability and rehabilitation in the North West Region (Dr. Lynn Cockburn) *English* 8. **Open to any attendees:** The 2011 World Report on Disability (Julius Wango) *English and Pidgin*

Wednesday, November 30, 2011	
8:30 - 9:00	**Breakfast**
9:00 – 10:15	***Panel and interactive discussion:*** **The Importance of Best Practices: Learning and Doing** **Overview: Dr. Lynn Cockburn** **- Children and Family Centred Care: Mr. Nicholas Mukong** **- Mental Health: Ms Cornelia Wiki and Mr. Hedwick Fonbeh** **- Stoke Rehabilitation: Mr. Timothy Fanfon** **- Hearing Impairment: Mr. Che Manasse** **Response: Dr. Pierre Ongolo-Zogo**
10:15 – 10:30	**Short Break**
10:30 – 11:00	**Session 6: Singing: Look Beyond** Music for advocacy
11:00 – 11:30	**Session 7: Ms. Kim Caluwe** Understanding and living with problematic scars
11:30 – 12:00	**DPOs and CBOs sharing activities – What is happening these days? Mr. Sam Nyincho and Mr. Emmanuel Anjonga** **Open floor with traveling microphone.** Gathering information sheets for Directory
11:30 – 12:30 Lunch **Viewing of Posters**	
Summary and Plenary Session: 12:30 – 2:30 As the sixth conference closes, this session will provide an opportunity for the participants to reflect on the two days, and the situation in the	

Region. What have we learned? What are the questions emerging? Where do we go from here? Julius Wango and Lynn Cockburn
3:15 Closing Remarks and Evaluation Julius Wango and Lynn Cockburn
4:00 Adjournment

We will try to allow time within each session for discussion and questions.

This conference is organized by the Bamenda Coordinating Centre for Studies in Disability and Rehabilitation on an annual basis. Please consider becoming a member of the BCCSDR to receive updates regarding the conference and other activities. Check our Facebook page for more information or www.bccsdr.org.

Copies of the presentations are available from the organizers – Contact bccsdr@yahoo.ca

Welcome: **The conference was opened by the Regional Delegate of Social Affairs**

We were honoured to have the Regional Delegate of Social Affairs, Mr. Mongbet Chouaibou, who officially opened the conference. He spoke at length about the importance of the conference, and of the work that the participants are doing.

His remarks began with:

An Address presented by the Regional Delegate of Social Affairs on the occasion of the conference on the theme "Simplifying Best Practices in Rehabilitation" at the Bamenda Congress Hall, November 29 and 30, 2011.

Distinguished invitees, organizers, dear persons living with disabilities, ladies and gentleman. It is with great honour and immense pleasure for me to address you on this day marking another Annual Conference on disability and rehabilitation on the theme " Simplifying Best practices in Rehabilitation in the North west region of Cameroon".

I happily Welcome you, those coming from overseas, far and near to this magnificent congress hall in Bamenda. I would like to thank the organizers for this and for the Choice of the hall in Bamenda.

Activities like these keep Bamenda and North West region on top of disability and rehabilitation in the country. I will sincerely encourage the organizers and supporters of this great venture to continue so that persons with disabilities in the region can live better lives.

His remarks included emphasizing on the importance of working together to develop better practices in disability services, rehabilitation services, and social services, and his pledge of interest and teamwork for future endeavors.

Day 1 Tuesday, November 29, 2011

9:30 – 10:30

Keynote Address: **Best Practices in Disability and Rehabilitation in African Contexts**
Mr. Peter Mue, CBM Cameroon, Country Director, Yaoundé

Podium Presentations

Sport, Disability and Development
Dr. Dan Daly and Mr. Emmanuel Anjonga
The importance of sport for all children and adults, including people with disabilities

CBR as an example of Best Practices in the basic care management of children with CP: Experiences from a project in Senegal.
Mrs. Jeannine Vanbussel

Introduction to Stroke
Mr. Navjyot Trevedi

CEJAY Productions filmed the entire conference

Day 2 Wednesday, November 30, 2011

Panel and interactive discussion: **The Importance of Best Practices: Learning and Doing**
Overview: Dr. Lynn Cockburn

The overview and the presentations from each of the panelists is included in Appendix.

- Children and Family Centred Care: Mr. Nicholas Mukong
- Stroke Rehabilitation: Mr. Timothy Fanfon
- Hearing Impairment: Mr. Che Manasseh
- Vocational Rehabilitaiton: Mrs. Grace Amasinda
- Mental Health: Ms Cornelia Wiki and Mr. Hedwick Fonbeh

Response: Dr. Pierre Ongolo-Zogo (included in Appendix)

Session 7: Ms. Kim Caluwé Understanding and living with problematic scars

DPOs and CBOs sharing activities – What is happening these days?
Mr. Sam Nyincho and Mr. Emmanuel Anjonga
Open floor with traveling microphone. Gathering information sheets for Directory

Poster Presentations were made throughout the two days of the conference.

Music for Advocacy

The song "Look Beyond" in English and Pidgin was shared by Mr. Festus Wara, and was based on the song of the same name by Ms. Patricia McKee.

Breakout Workshops Participants chose one of the following groups:

Of interest to Health Practitioners working with Children, and Parents: How do I know if my child possibly has CP? Using the Infant Motor Screen as a means of referral (Jeannine Vanbussel) *English*

9. **For Health Practitioners:** Prevention and treatment of contractures after burns. (Ms Kim Caluwe) *English* Introduction to hand therapy (Ms. Farah Walji) *English and Pidgin*
10. Organizing Disabled Persons Associations in the NW Region – Current situation and next steps (Mr. Sam Nyincho) *Pidgin* **Open to any attendees:** We do not have the notes from this session. Contact Mr. Nyincho for information.
11. **Open to any attendees: Sexuality and disability** (Dr. Carlotte Kiekens and Mr. Emmanuel Anjonga) *English and Pidgin; sign interpretation available*
12. **Student forum:** Connect with other students at the conference. *English Notes from this session are not available.*
13. **Open to researchers:** Outcomes for research on disability and rehabilitation in the North West Region (Dr. Lynn Cockburn) *English* **Open to any attendees:** The 2011 World Report on Disability (Julius Wango) *English and Pidgin.*

Conference evaluation

Evaluation was incorporated into the activities of the conference.
At the end of the 6th Bamenda Conference on Disability and Rehabilitation, three activities were used to

1) Participants were divided into 4 groups to state what they learnt, make proposals on how to implement what they learnt and come up with recommendations.
2) Then they were given the opportunity to state what actions they will take based on what they learned from their participation.
3) The final evaluation component was each individual was given an opportunity to provide written feedback.

1) Feedback from the groups: What Participants learnt, suggestions made and recommendations.

Group A

What we learnt:

- Learned about best practices and its importance
- The need and importance to organize an inclusive conference
- PWDs are not poor because they want to but because they are many barriers blocking them from succeeding.

Suggestions

- PWDs should come with their caregivers in order for them to also benefit from the discussions.
- More time should be allotted to wrap up session in order that participants can really brainstorm and make more suggestions.

Group B

What we learnt:

- The importance of organizing inclusive conferences
- The procedure to develop best practice guidelines and the difficulties involved

Suggestion

- Practical exercises should be included in future conferences especially on the sporting activities.
- Pairing people up with the same occupation and participation should come from PWDs.
- PWDs enthusiasm to participate in mainstream activities
- Assist PWDs market their products. Do a survey of the market trends and share information with PWDs.
- PWDs should attend conference with caregivers in other that they should accompany them back home.
- Conference proceedings should be produced and shared to participants

Group C
What have we learnt:

- Importance of bringing best Practices into the Country
- Motivated PT students to question if the way they practice is in fact evidence based and the best practice
- Importance of having clients involved into the process
- Importance to recognize the needs of the individual; unique to the individual
- The ability and worth of PWDs, may look different but really the same.
- Reflect on one's own practice, values, and beliefs and how this impacts the way you practice.
- Important to start encouraging PWDs to be involved (in sports etc) from a young age- educate parents and carers on this.
- Everything must be inclusive (i.e. sports) to truly have inclusive schools.

Suggestions

- Have presentations available on USB, CD.
- Offer certificate of attendance
- Have abstract/printout of presentations
- Next year have a session where the stakeholders can meet, regroup and discuss what has changed/what has worked/not work
- Make conference more accessible for PWDs i.e. audio commentary from images shown, Braille copies of poster information.
- Make information/presentations available ahead of time to allow for better preparation/translation (for sign language)
- Adhere to time schedule
- Try to follow up with presentations given at later date, on weekends to smaller groups- to disseminate information (as offered by Mr. Navjyot Trivedi)
- More institute of health should be contacted and encouraged to attend in order that their students can benefit from the lectures.
- Parents should be sensitized on the importance to encourage their kids to be involved in sporting activities.

Group D
What we learnt:

- We learnt of the importance of positive thinking
- Evidence based practice, that importance to do something better today than you did it yesterday
- The community should provide an enabling environment for PWDs in order for them to excel.

SUGGESTIONS

- Teaching programs in sign language
- There should be at least two Conferences in a year.
- Sub committees should be created to follow up Conference proposals
- Try to reach out to all rehabilitation centres about the Conference
- Appropriate language should used to address PWDs for this will encourage them to socialize with the general public.

Recommendations

- Create a follow up committee
- Develop a sensitization strategy on how to involve the community members to be inclusive in whatever they do.
- Contact teachers of schools for the blind to transcript presentations into Braille.
- Conference proceedings should be compiled and disseminate to participants.
- The Centre should organize quarterly workshops on related topics.

2) We did not record in writing the many actions that participants said they would carry out after leaving the conference hall. There was a wide range of actions, from taking steps to change personal and family attitudes, to advocacy and media efforts.

Summary of Written Feedback

Please rate the conference on a scale of 1 – 5

	Rating	Number
1	Poor	none
2	Fair	2
3	Good	47
4	Very good	64
5	Excellent	16
	Not rated	1
	Total	**130 (of 168 registered participants) 78%**

- Almost half of the participants (80/168) rated the conference Very Good or Excellent.

Comments are summarized here.

1) What did you enjoy most in the conference?

- The presentations were good and orderly
- Enjoyed the food and drinks
- The accessibility of the conference location
- Participations was good local and international experts
- Enough opportunity for people to interact with each other especially during breaks
- Good entertainment with music
- The use of sign language to get to persons with hearing impairment

2) What did you not like about the conference?

- Time management
- Visually impaired participants were not taken into consideration
- Mostly international experts presenting at the conference
- No enough time for DPO and organizations to share with each other what they do
- Hand outs not given to participants
- Accommodations not provided to participants from afar
- The toilet was not very clean and only one room was functional
- Persons with disabilities should be given opportunities to present more in the conference

3) Proposals

- Attestation should be given to all participants and presenters
- Conference should be taken to other areas in the region
- News around disability and development should also be an item for the conference
- Materials and programs should be Brailled for the visually impaired
- Hand out should be given to participants
- Many more local presenters should be invited to talk
- Time should be given to DPO and CBO to share their work
- Announce the conference early ahead of time so that people should be aware and prepare to be in attendance
- Government ministerial departments should come and follow all the presentations not come and open and leave

Hôpital Central de Yaoundé

Centre pour le Développement des Bonnes Pratiques en Santé Health
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For Best Practices in Health
CDBPS-H
Pour des Bonnes Pratiques en Santé

Yaoundé Central Hospital

Centre for the Development of Best Practices in

P.O Box 87 Yaoundé - Cameroon
Site Web: www.cdbph.org

Yaoundé, 12 December 2011

Comments at the 2011 Bamenda Conference on Disability and Rehabilitation: "Simplifying Best Practices"

1. Congratulations to working groups for the tremendous and well done job accomplished so far. This should be considered as the very beginning of a long journey that should lead to changing and fixing the daily work of all those involved to making the world a better place for people living with disabilities in the North West region and in Cameroon at large.

2. What is a best practice? The best practice is what I'm doing today, improving on what I did yesterday after evaluating and comparing it to the best available evidence. Meaning, we should strive entering and keeping ourselves within the Plan Do Check Adjust cycle that leads to systemic quality improvement of our work.

3. The achievements need to be translated into relevant messages for a whole range of audiences within the region and the country, starting from the grass root community carer to the higher national decision maker on disability and rehabilitation matters.

4. The next steps should be informed by what is known on bringing about change of attitudes and practices amongst carers.

5. As the Head of the CDBPH, I'm glad to confirm my decision apply for both individual and institutional membership to the association. I also confirm our commitment to accompany the translation efforts by providing expertise and logistic support for reviewing the guidelines, identifying the relevant audiences, preparing messages and disseminating the appropriate messages from the evidence syntheses.

Looking forward our further collaboration in the coming years,
Sincerely
Dr Pierre Ongolo-Zogo, MD, MSc

The Importance of Best Practices: Learning and Doing

Dr. Lynn Cockburn
And Members of the BCCSDR Best Practices in Rehabilitation Team

2011 Bamenda Conference on Disability and Rehabilitation
Bamenda, North West Region, Cameroon
November 30, 2011

Good --- Better --- Best?

What is **good** treatment in the NW?

What is **the best** we can do right now, with what we know and what we have?

Guidelines for the Best Practice

??? How do we know what to do in our work?

A: We need guidelines and recommendations

WHAT ARE BPG?

"systematically developed statements to assist practitioner and [client] decisions about appropriate health care for specific clinical circumstances"

(Field, 1992)

- maximize services
- resource for standardization
- bridge the gap between what we 'know' and what we 'do'
- emerging best practice culture

KNOWLEDGE TRANSLATION

As the focus on evidence-based practice and the research environment continues to grow, there is an increasing volume of published and unpublished scientific research that is available to clinicians, clients and policy makers.

Strategies for KT have not been well established in industrialized countries, and even less is known about effective KT strategies for developing countries. From the little literature that exists, there is an ongoing debate about the appropriateness and methods of knowledge development in developing countries. Many authors have questioned the feasibility of this, and also the practicality of applying guidelines developed in a Western context into developing countries.

How are BPG developed?

- Systematic review of current literature and evidence, take research and turn it into practice -> knowledge translation
- Essentially this project is exploring how research is translated into BPG

“the exchange, synthesis, and ethically sound application of knowledge within a complex set of interactions among

producers of knowledge and relevant stakeholders to accelerate the capture of benefits of research through improved health, more effective services and products, and a strengthened health care system.”5

Challenges to KT in developing countries (recognition in low income/resources – challenge) is it something we should take to other places? Discussion?

Challenges

- How to incorporate into practice?
- EBP □how to use the clincial findings?
- We can consider BPG as a medium of “knowledge/research” into practice

BPG IN NWR

- Emerging rehabilitation system
  - Public/government hospitals; CBR; rehabilitation centres
  - Lack of communication
  - Few opportunities to disseminate information
- Limited access books, internet, and continuing education
- Existing BP guidelines are not always usable in the NWR
  - Limited resources
  - Culture

PHASE 1

2009: Specific Objectives:

1. Establish a process for the development of BPG
2. Explore what the feasibility for using BPG
3. Recognize barriers and opportunities for disseminating and implementing BPG

rehabilitation in the NWR of Cameroon

METHODS

Step 1: Search of Existing Information

Best practice guidelines:

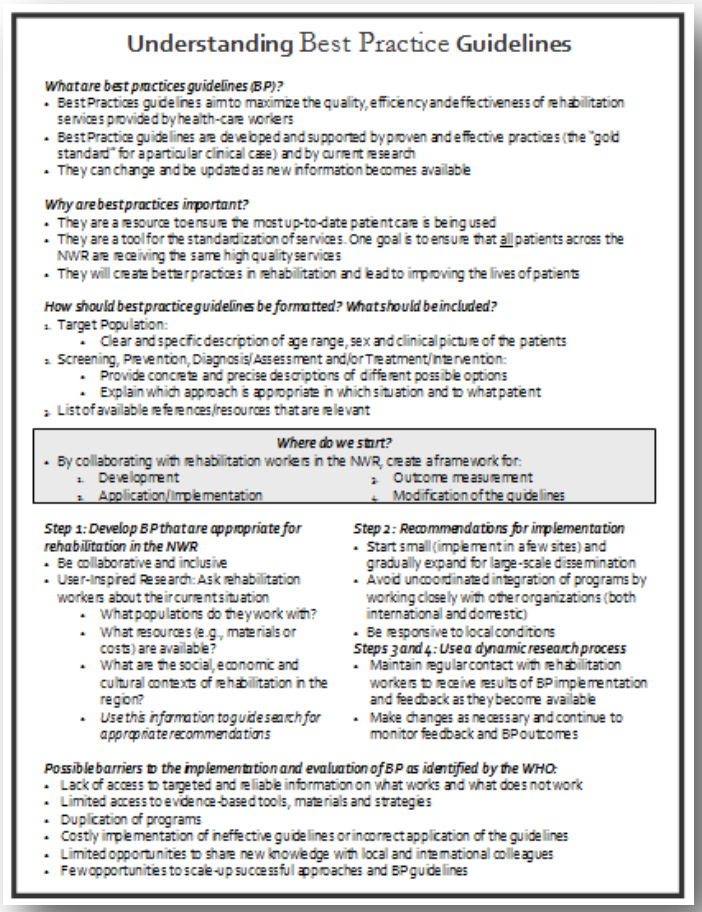
- 4 books
- 5 standardized guideline development handbooks
- Systematic search of literature
  - 3 systematic reviews, 2 RCT, 5 discussion articles

Knowledge translation in developing countries

- 3 discussion articles
- WHO Knowledge Management and Sharing department (2005)
- UN Millennium Development Goals (2004)

OUTCOME OF STEP 1

1. One page discussion paper



Understanding Best Practice Guidelines

What are best practices guidelines (BP)?

- Best Practices guidelines aim to maximize the quality, efficiency and effectiveness of rehabilitation services provided by health-care workers
- Best Practice guidelines are developed and supported by proven and effective practices (the "gold standard" for a particular clinical case) and by current research
- They can change and be updated as new information becomes available

Why are best practices important?

- They are a resource to ensure the most up-to-date patient care is being used
- They are a tool for the standardization of services. One goal is to ensure that all patients across the NWR are receiving the same high quality services
- They will create better practices in rehabilitation and lead to improving the lives of patients

How should best practice guidelines be formatted? What should be included?

1. Target Population:
   - Clear and specific description of age range, sex and clinical picture of the patients
2. Screening, Prevention, Diagnosis/Assessment and/or Treatment/Intervention:
   - Provide concrete and precise descriptions of different possible options
   - Explain which approach is appropriate in which situation and to what patient
3. List of available references/resources that are relevant

Where do we start?

- By collaborating with rehabilitation workers in the NWR, create a framework for:
  1. Development
  2. Outcome measurement
  3. Application/Implementation
  4. Modification of the guidelines

Step 1: Develop BP that are appropriate for rehabilitation in the NWR

- Be collaborative and inclusive
- User-Inspired Research: Ask rehabilitation workers about their current situation
  - What populations do they work with?
  - What resources (e.g., materials or costs) are available?
  - What are the social, economic and cultural contexts of rehabilitation in the region?
  - *Use this information to guide search for appropriate recommendations*

Step 2: Recommendations for implementation

- Start small (implement in a few sites) and gradually expand for large-scale dissemination
- Avoid uncoordinated integration of programs by working closely with other organizations (both international and domestic)
- Be responsive to local conditions

Steps 3 and 4: Use a dynamic research process

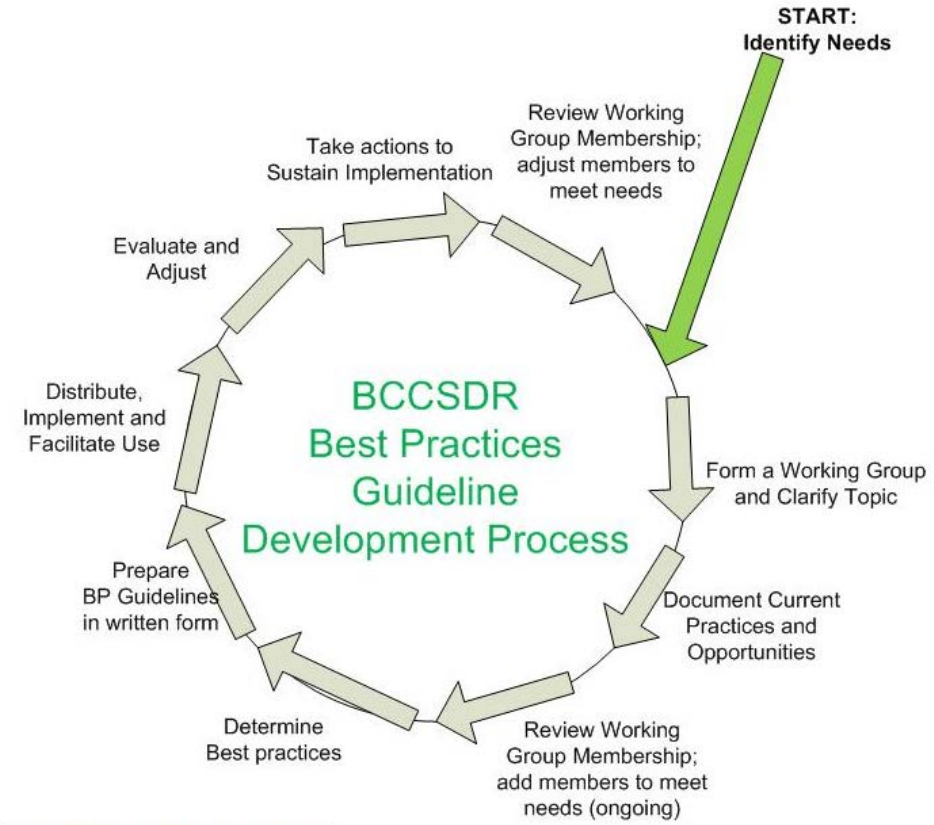
- Maintain regular contact with rehabilitation workers to receive results of BP implementation and feedback as they become available
- Make changes as necessary and continue to monitor feedback and BP outcomes

Possible barriers to the implementation and evaluation of BP as identified by the WHO:

- Lack of access to targeted and reliable information on what works and what does not work
- Limited access to evidence-based tools, materials and strategies
- Duplication of programs
- Costly implementation of ineffective guidelines or incorrect application of the guidelines
- Limited opportunities to share new knowledge with local and international colleagues
- Few opportunities to scale-up successful approaches and BP guidelines

OUTCOME OF STEP 1

2. Initial process model



Adapted from TRI Clinical Best Practice Process Diagram

METHODS

Step 2: Workshops for Consultation & Feedback

March – June 2009:

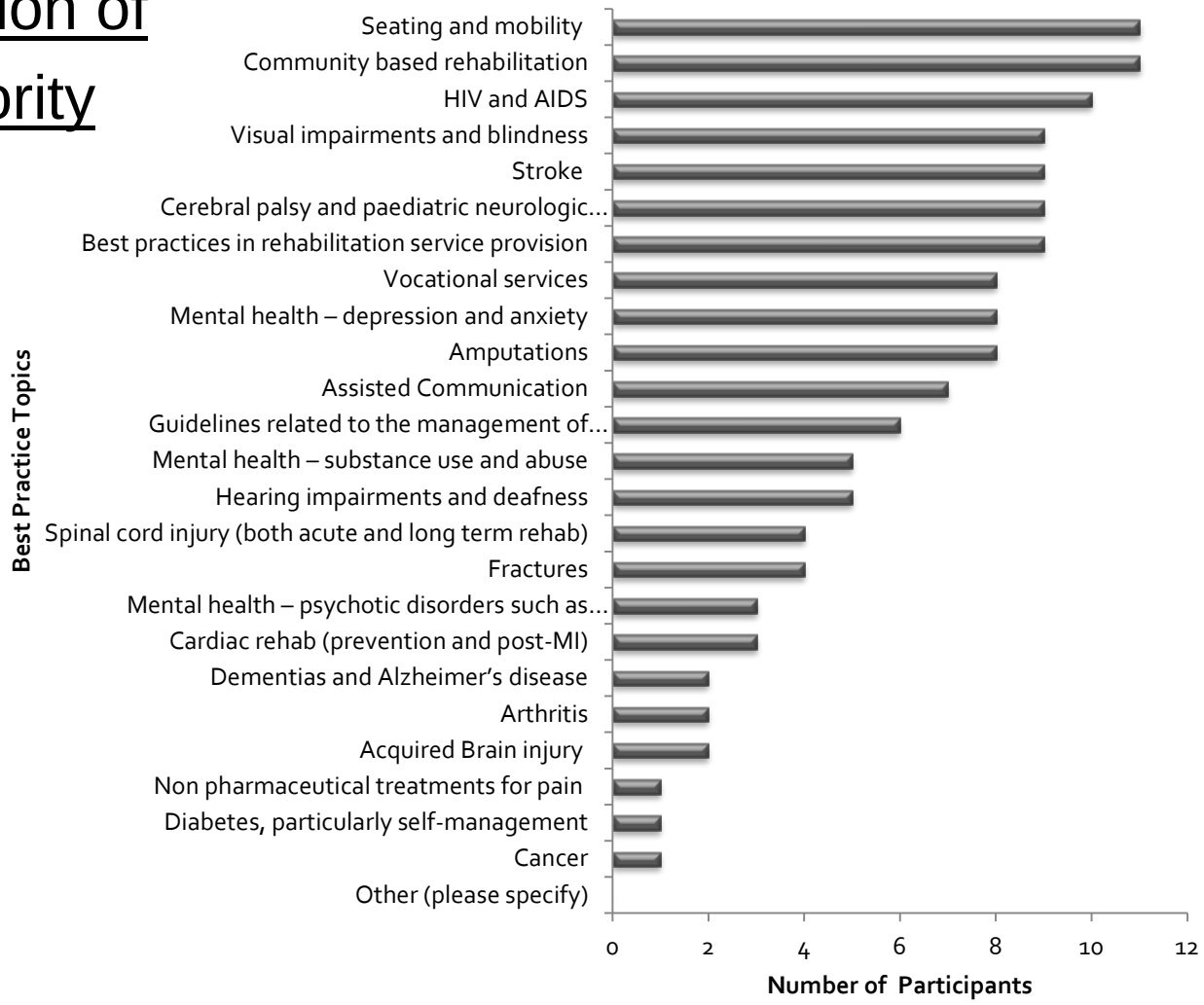
- 2 workshops in Toronto (11 participants)
- 1 workshop in Bamenda (6 participants)

Emergent themes from workshops:

- Compensation
- Involvement of local individuals
- Recognizing current practices
- Developing a culture of best practices and ‘buy in’ from the community
- Communication

OUTCOME OF STEP 2

1. Selection of 10 priority areas

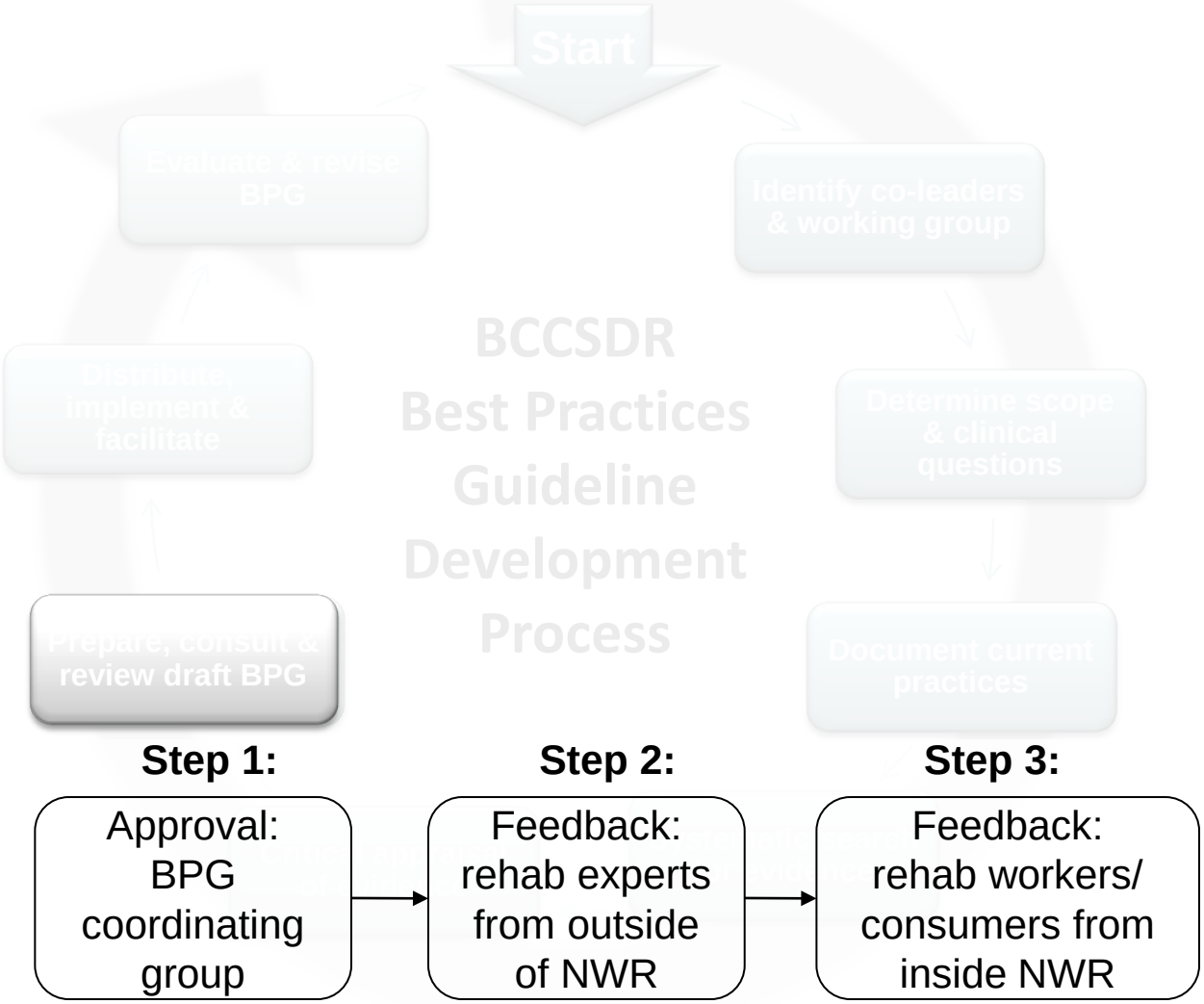


STAGE 2: BPG WORKING GROUP

- 2 guideline co-leaders
  - 1 from international context (outside of Cameroon)
  - 1 from Cameroon (or specifically NWR)
- 3-4 members for working group
  - 2 local members from NWR
  - 1-2 international members

The group is small so that individuals will feel a sense of responsibility!

OUTCOME OF STEP 2

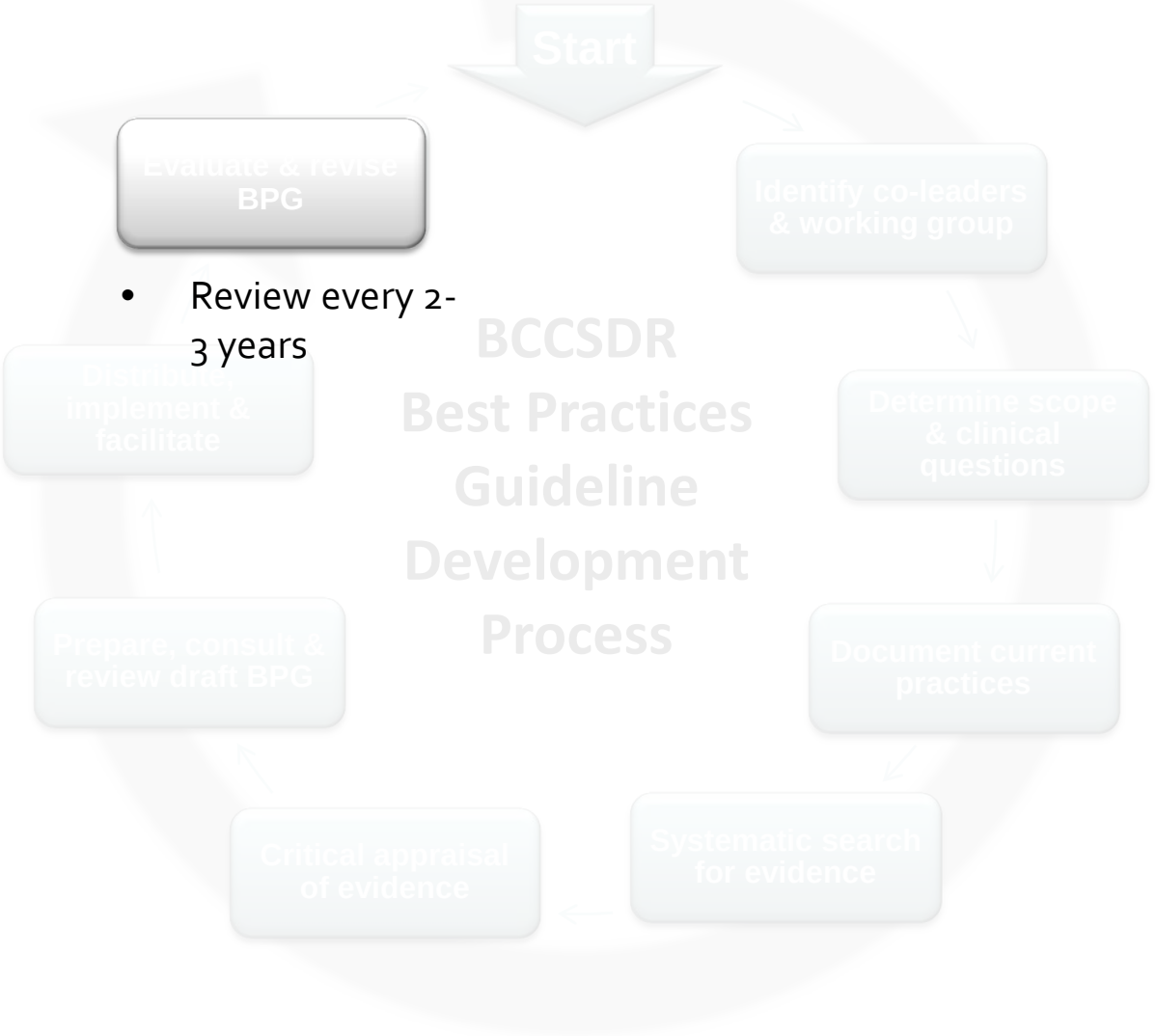


OUTCOME OF STEP 2

Create a strategy:

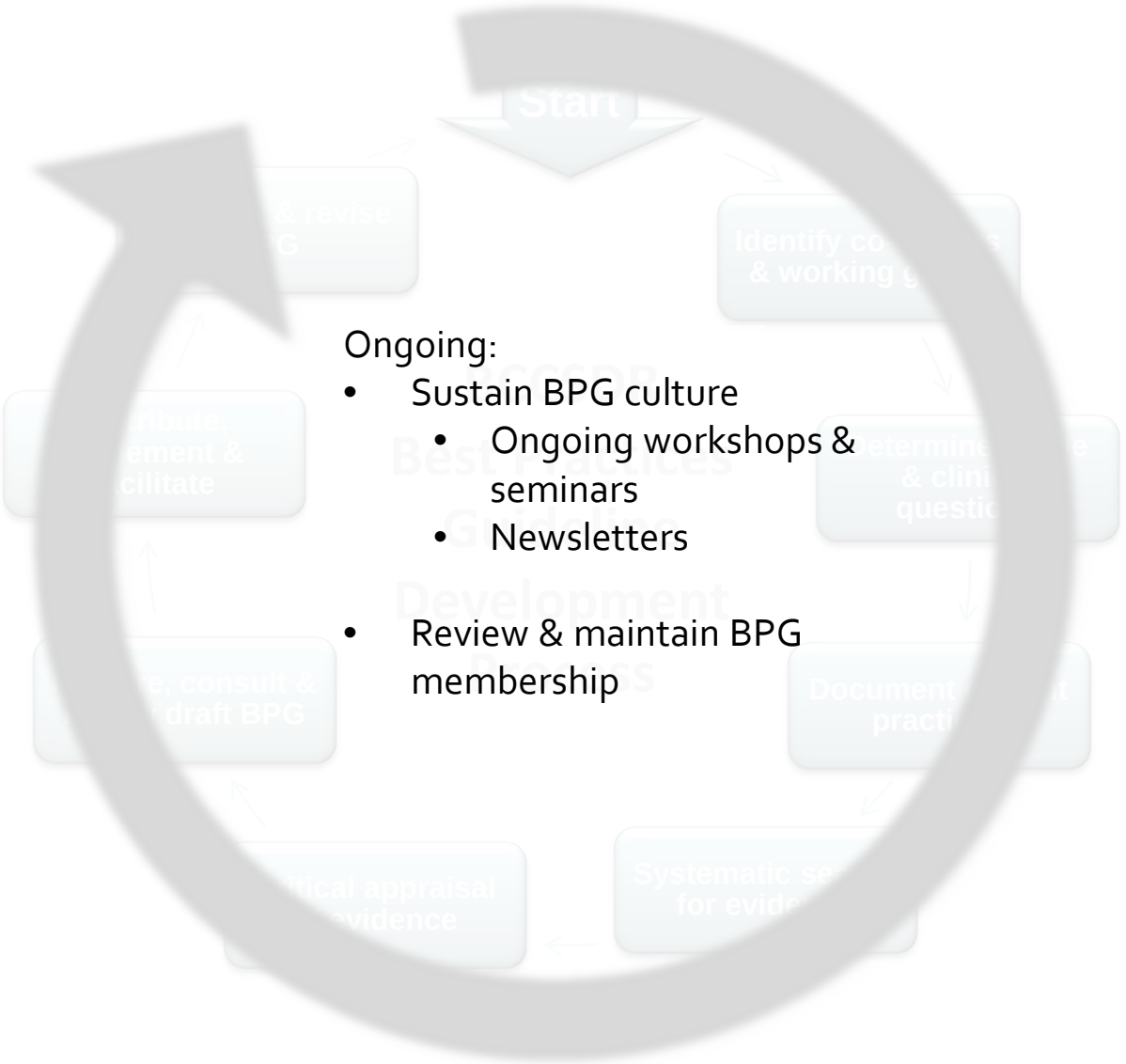
- Clinical and financial implications
- Workshops & seminars
- Online discussion board

OUTCOME OF STEP 2



- Review every 2-3 years

OUTCOME OF STEP 2



Ongoing:

- Sustain BPG culture
  - Ongoing workshops & seminars
  - Newsletters
- Review & maintain BPG membership

Evaluation of theprocess METHOD

Formative Evaluation

- Did we follow the process model accordingly?
- What did we learn about what worked and what didn't work?
- What impact has implementing the initial stages of the BPG in stroke rehabilitation made on the larger scale project?
- What could we do differently?
- How do we use these evaluation findings to provide recommendations for the overall process and other working groups involved in developing BPG?

(Adapted from: Minister of Health & Welfare Canada, 1996)

STAGE 3: DETERMINE SCOPE

OBJECTIVE

- To provide best practice recommendations in stroke rehabilitation from initial assessment and treatment protocols during acute, in-patient, out-patient, and community based rehabilitation

TARGET POPULATION

- All persons who suffered a cerebrovascular accident and are experiencing functional impairments in the physical, cognitive, or psychosocial domain

INTENDED USERS

- To provide direction for rehabilitation providers , including PTs, rehabilitation assistants, and students at SAJOCAH in NWR

STAGE 4: CURRENT PRACTICE

So for documenting current practices, we spoke to international rehab providers, and incorporated mine and Kat's experiences.
Local partners were contacted but no response was given as of lately.

Just briefly:
There was more emphasis on LE & mobility
There was some UE rehab, but this involved giving leather splints to clients who had hemiparesis and insisting that they wear the splint for majority of the day

In terms of treatment, an example of a clinical question would be:
What are various upper extremity treatments implemented 1 month post stroke and how do these impact daily function?

OPPORTUNITIES FOR BPG

- Interest and need for improved services recognized by local disability organizations
- Emerging healthcare & rehabilitation system
- Ignite interest in other developing countries in Africa or with a similar context

CHALLENGES TO BPG

- Working habits
- Access to resources
- Communication difficulties
- Financial implications
- Organizational barriers
- Cultural beliefs

RECOMMENDATIONS

1. Increase incentive to participate in BPG working group
2. Multidisciplinary members
3. Educational seminars
   - Basic computing skills
   - Systematic reviews
   - Access research databases
4. Evaluate the stage model
   - Concurrently perform “document current practice & systematic review”

Best Practice Guidelines for Implementing Family-centered Care for children with disabilities in North West Region, Cameroon

Nicolas Mukong – Ministry of Social Affairs, North West Region, Cameroon

Drusilla Njeatih– Teacher at SENTI – Special Needs Teacher Training Institute, North West Region, Cameroon

Shirin Kiani – Volunteer at the Bamenda Coordinating Centre for studies in Disability and Rehabilitation, North West Region, Cameroon

Emmanuel Anjonga – Administrative Assistant at the Bamenda Coordinating Centre for studies in Disability and Rehabilitation, North West Region, Cameroon

What does it cover?

The guidelines will be presented in a clear language format, as simple as possible so that they can be easily used and understood by parents.

They shall explore some aspects of how the Ministry of Social Affairs and DPOs can support families for improved home based care particularly psychosocial care and material care/basic needs; these guidelines will also discuss the family support systems that are needed to help meet the other care needs.

Health care settings Will be community and home-based training.

Target population

- Children below 18 yrs who have physical, mental, visual and auditory impairments.

Intended users

- Parents, guardians and relatives of CWDs shall use these recommended practices. Community Groups, churches, rehabilitations service providers and government agencies, community and traditional leaders will help to implement and disseminate the guidelines.

How did we do the research to develop this best practice for the NWR?

Method used to collect evidence:

- Google Scholar (http://scholar.google.co.uk/)
- The CIRRIE database of International Rehabilitation Research (http://cirrie.buffalo.edu/search/index.php)
- National Guideline Clearing House (http://www.guidelines.gov)
- Guidelines International Network (http://www.g-i-n.net)
- Scottish Intercollegiate Guidelines Network New Zealand Guidelines Group (http://www.nzgg.org.nz)
- Search words entered: family, care, Africa, Cameroon, children with disabilities, self-esteem.

During the search, it was not possible to identify existing best practices on family-centered care in a developing country context.

There were no core reference guidelines to use to validate/compare to our current practices.

Our guidelines pieced together a variety of different pieces of evidence to compose the contents of this document.

Recommendations

30 Recommendations made in 3 areas:

- **Psychosocial Care**
- **Material care and basic needs (education)**
- **Support systems for parents of children with disabilities**

Psychosocial care:

Quality interaction with parents and a friend is one of the most important factors for healthy child development and creating success later on in life.

Children with disabilities who interact with children without disabilities learn to feel supported, accepted, and a sense of belonging. It is important to create opportunities for children to mix and interact. **[Tirussew 1999, Level C, Richter 2004, Level D]**

Impact

- Continuing to collect feedback from experts; Still early to identify impact
- Personally, being involved in the process has given me much more insight into the needs of CWDP and experiences of families
- Projected impact:
  - Children's needs will be better met
  - Families will be more aware and supportive
  - Providers will be more sensitive
  - Hope for the future

Next Steps

- Involvement of providers involved in finalizing the guidelines
- Translate recommendations into concrete understandable and usable formats for parents
- Carry out sensitization with parents and service providers (e.g. radio)
- Projects to implement and evaluate the recommendations

Best Practice Guidelines for identification, assessment and appropriate referrals of persons with Hearing Impairments in the North West Region of Cameroon

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What is the area that it covers?

Objective: To document BP recommendations in hearing impairment and deafness for initial identification, assessment (e.g. medical and functional), and referral to rehabilitation facilities.

Rehabilitation Settings: community based rehabilitation and education settings

Target population: persons living with hearing impairments and deafness from infants to school age.

Age group: Birth to 3 years; Pre-school children (3-12 years)

Disease (s) and/or condition(s) All Hearing impairments and deafness

Description of persons not included:

- People over 12 years of age.

Intended users: This document is to provide direction for rehabilitation providers, school administrators and teachers, hospital administrators and doctors/nurses, community leaders, stakeholders, organizations.

Clinical specialties:

- CBR workers, other health workers, speech therapists (visiting/students)

What is done in practice now?

- Identified by fieldworkers, in churches, in hospitals, in schools, in families
- Assessment: no systematic or standard way; little to no equipment
- Referrals: many people don’t know where to make referrals inappropriate referrals; people are not sent to the right places

How did we do the research to develop this best practice for the NWR?

Evidence was collected using a search of the electronic databases

Search words entered: best practices, hearing impairment, deafness, identification, assessment, Africa, Cameroon.

Identified a ‘clinical practice guideline’ on assessment and intervention for persons with hearing loss developed by health authorities in the USA; used for guidance.

What recommendations do we have

Developed about 35 Recommendations in the areas of identification, assessment, and referral

Example: Functional Assessments should be carried out for all children who have an identified hearing loss, followed by an early intervention program.

Impact

- Ear screening is being done communities by outreach team
- Assessment of children before school admission has improved
- More systematic ways of working with CWHI in schools
- Increased confidence as service provider

Next Steps

- Review the recommendations – many potential projects identified – try to implement
- Develop Best Practice guidelines for rehabilitation of CWHI in schools – moving to inclusion in mainstream schools

Best Practice guidelines for implementing early stages of vocational rehabilitation in the North West Region of Cameroon

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Scope

Objectives: To provide best practice guidelines for the early stages of vocational rehabilitation services. This includes identification, assessment, counseling and orientation to vocational rehabilitation, and referrals to VR services.

Health care settings: Community based rehabilitation.

Target population:

- All persons with disabilities of working ages - approximately 14 to 45 years, but up to 60 years can be included.

Diseases or conditions:

- Persons with hearing impairments, visual impairments, cognitive impairments, mobility impairments, and chronic mental health conditions.

Description of target group not included

- Children with disabilities below 14 years, older adults above 60 years of age.

Intended users

- All service providers working in vocational rehabilitation (mainstream and those specialized in disability), students of special needs teachers training centers, researchers, church leaders, traditional leaders, Cameroon Ministries such as Social Affairs and Public Health.

Clinical specialties:

- CBR workers, vocational rehabilitation workers, other health and social services workers

What is done in practice now?

- The assessment and matching process is not as holistic and client-centred as it could be
- People train but then cannot work in that job

How did we do the research to develop this best practice for the NWR?

Search words entered: best practices, vocational rehabilitation, Africa, Cameroon.

During the search, not possible to identify existing best practices on vocational rehabilitation either in a developed country context or a developing country context.

However, since we did our search the WHO CBR Guidelines have been released

Method used to select evidence:

- a brief review of evidence's abstract and discussion/conclusion was done to ensure relevance to our topic
- select articles relating to practice in Africa or similar contexts (e.g. Asia).
- Articles from developed countries were reviewed but not selected for developing these guidelines as recommendations often did not match the Cameroonian context.

* the majority of literature found from developing countries focused primarily on vocational rehabilitation for persons with psychiatrics disabilities, whereas, the scope of our context was to focus on all disabilities.

Recommendations

Developing more than 25 recommendations plus the WHO CBR guidelines

Examples:

Criteria of person who is ready for vocational rehabilitation and should be identified.

Families need to support enrollment of disabled family member in VTCs.

Next Steps

- Simplify and Finalize recommendations
- Sensitize the service providers
- Follow-up evaluation and research projects

Impact

- Waiting for feedback
- Starting to implement some of the recommendations in referral process
- Increasing focus on person's choice, match to their situation

Potential impact

- more people able to use their vocational skills
- More family and community involvement

I have learned a lot about the importance of starting at the beginning of looking at what type of results we want, and what impact VR has on Quality of Life - not just training people for the sake of training them and then thinking about results.

Final Comments

- Need to complete the final Guidelines
- Encourage new guideline development
  - The group is now able to provide guidance about the development of Best Practice Guidelines in our context
  - Talk with BCCSDR if you are thinking about doing this kind of work

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