BAMENDA COORDINATING CENTER FOR STUDIES IN DISABILITIES AND REHABILITATION (BCCSDR)

IN COLLABORATION WITH

THE CAMEROON BAPTIST CONVENTION HEALTH BOARD (CBCHB) AND THE CAMEROON WORKING GROUP, UNIVERSITY OF TORONTO

PROCEEDINGS OF THE 2009 BAMENDA CONFERENCE ON DISABILITY AND REHABILITATION

THEME

COMMUNITY BASED REHABILITATION (CBR): A LINK TO SOCIAL INCLUSION

Venue: Bamenda Congress Hall

3rd-4th December, 2009

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Preface

The 2009 Bamenda Conference on Disability and Rehabilitation took place from the 3rd to 4th December 2009 at the Bamenda Congress Hall. The Conference theme was Community Based Rehabilitation: A Link to Social Inclusion.

This was the first time the Conference was organized on the same day as the International Day for Persons' with Disability. The Bamenda Coordinating Centre for Studies in Disability and Rehabilitation played a primary role in the organization of the Conference for the first time. Other organizers included the Cameroon Baptist Convention Health Board, and the Cameroon Working Group of the International Centre for Disability and Rehabilitation at the University of Toronto.

The participants to this Conference included people with disabilities, rehabilitation workers, government officials, members of the Cameroon working Group- Toronto Canada, services providers, students and the general public.

The aim of this Conference is to bring persons with disabilities, practitioners in the field of disability, policy makers and the general public together to brain storm, share experiences and come up with a road map in a participatory manner in order to improve upon services rendered to persons with disability and improve on their quality of life.

Presentations were in the form of plenary presentations, group work and discussions. We are particularly grateful to Mr. Ezekiel Benuh for providing an excellent and inspiring Key Note Address that set the tone of the conference.

Every participant who wanted to participate was given the opportunity to do so. Most of the presentations were in power point presentation. Participants were free to make photocopies of any presentation of their choice. Mental Health was given a place of pride during this Conference as it is an area where little has been done so far in the Region. In this summary you will find the invitation letter, registration form, timetable of activities and a summary of what happened during the exciting two days of deliberations including recommendations and Conference evaluation by participants.

The planning committee wishes to thank all those who worked relentless behind the scene to see this Conference succeed. Let's not relent in our efforts in trying to make the North West Region in particular and Cameroon in general an inclusive society.

On behalf of the 2009 Planning Committee
Prof. Lynn Cockburn, Goli Hashemi, Amanda Dixon, Kelly Stevenson, Maurine Boyo, Nyingcho Samuel, Anjonga Emmanuel and Wango Julius.

2009Conference Invitation and Call for papers

You are cordially invited to attend the 2009 Bamenda Conference on Disability and Rehabilitation

THEME: "Community Based Rehabilitation (CBR) - The Link to Social Inclusion"

Keynote Speaker: Mr. Benuh Ezekiel, Cameroon Baptist Convention Health Board

December 3 and 4, 2009

Bamenda Congress Hall
Bamenda, North West Region, Cameroon

The conference will also be a celebration of the International Day of Persons with Disabilities – dated Thursday, 3 December 2009

This conference aims to provide 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.

The conference is strategically scheduled to recognize both the International Day of Persons with Disabilities (Dec 3, 2009) and World AIDS Day (Dec 1, 2009).

A range of dynamic and informative speakers will be presenting on the current situation and practices in the area. Ample opportunity will be also be provided for information sharing and professional networking over the 2 days of the conference, in both small and large groups.

The conference will end with an interactive plenary session. Conference proceedings will be collected into a summary report to provide a written record of the event.

Objectives:

- To learn about living with a disability in NWP
- To learn about rehabilitation practices, especially CBR
- To understand national and global trends in disability communities and the rehabilitation field
- To network with people working in the field and living with disabilities

A full list of speakers and topics will be provided on registration.

WHO SHOULD ATTEND?

YOU should attend if you are a member of one of the following groups:

- people with disabilities and interested family members
- health and social service providers
- teachers and college students
- program managers and administrators in disability and rehabilitation organizations
- anyone else who is interested in disability!

The conference will begin at 8 a.m. each day.
Refreshments and lunch will be included with the registration fee. *

Transportation and accommodation costs are to be covered by each participant.*
*Registration fees and cost of transportation will be covered by the Conference Committee for persons with disabilities.

Registration Fees:
Regular – 1500 CFA
Students – 1000 CFA
NOTE: SPACE IS LIMITED AND **PRE**-REGISTRATION IS RECOMENDED

For more information please contact:

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REGISTRATION FORM

The 2009 Bamenda Conference on Disability and Rehabilitation
December 3 and 4, 2009
Bamenda Congress Hall, Bamenda, NWR, Cameroon

Please complete and return this form with required fees to ensure attendance at the conference.

I am registering in the following category
(Please check one)
□ Regular (employed, funded) – 1,500 CFA
□ Student (copy of student status to be included with registration form) 1000 CFA
□ Person with Disability – fee waived
□ An invited speaker – fee waived

I would like to volunteer at the conference Yes No
□ as a session monitor
□ as a discussion facilitator
□ as a session recorder
□ in any other capacity

Surname	First Name
Organization/ Mailing Address	
City	Province
Country	Other
Telephone	Email

To assist our planning, please answer the following question:
What do you hope to gain from attending this conference?

Provide completed form and payment to:

Mr. Emmanuel Anjonga, BCCSDR situated at the Bamenda Guest Home Hotel (opposite Bamenda 2 Council main gate)

Mrs Boyo Maurine, Cameroon Baptist Convention Health Board office, Nkwen-Bamenda

2009 CONFERENCE SUMMARY

INTRODUCTORY SPEECH ON BEHALF ON YUH SIMON AT THE 2009 BAMENDA CONFERENCE ON DISBILITY AND REHABILITATIONT

All Protocol Observed,

Beloved brethren living with disabilities,

Fellow colleagues

I am highly indebted to organizers of the Bamenda Conference on Disability and Rehabilitation holding today in the city of Bamenda being the Headquarters of the North West Region of Cameroon to have considered it necessary for me to deliver this key note address. While part stems from my experience in providing services for persons living with disabilities over the years as well as experiences in life, much is coming from your contributions and the very numerous colleagues in the service the world over. The Persons living with disabilities have significantly contributed their quarter. The best Person to determine what is good for him is the person who needs the things himself.

Those of us who are providers of services can only try to advise based on our knowledge and experiences. We should not claim to know all and decide for people who have the worldof experiences for themselves, they know what is good for them. They are capable in their own way. We must not think that we are to solely provide to them, they possess capabilities. They need only our support and not sympathy.

We all have the right over our lives and God on creating gave one important things- WILL. The WILL power to take decisions for ourselves, and act accordingly. I will do This and it will not be done. We have the right to die but should only be advised about the consequences of killing ourselves (suicide) and never been asked to die. The Sick person looks for clinics and treatment. Some go for traditional medicines and get Well while others go for the western medicines and are treated better. And importantly,Wise first go to God and are not only treated but healed both physically and spiritually.

The choice of this year's theme for this conference is unique. The topic is very important In consideration of the tends of disabilities and rehabilitation in our contemporary Society. The world too is becoming complex and need complex solutions to rising complex problems. We are here today as ingredients and or fuel to stir up the work of prevention of disabilities and rehabilitation when there is the need. There must be more collaboration, coordination, cooperation and network stemming from this conference that the tentacles will get to beyond Cameroon. We welcome our colleagues from the international scene.

Therefore, ladies and gentlemen, behold I present to you this year's theme for the Bamenda Conference on Disability and Rehabilitation: COMMUNTY BASED REHABILITATION (CBR): THE LINK TO SOCIAL INCLUSION

Historical background

Community: The unit of action is a group of people with the same identity living together with common goals and interests.

Rehabilitation: Restoring or making to normal or near normal what had become abnormal or distorted. Such effects/defect/deviations that have gone from the range that is considered to be normal and requires alterations to restore approved performance.
Based .is another term for situated, concentrated and where it has to take place.
Disability: are the restrictions to functions that would have been performed within arranged considered to be normal. Thus, limitations that retard performance to a significant level is referred to as disability. Who then is a person with disabilities: "it is one who has limitations to perform certain functions under a time frame considered as normal". Who then do not have limitations in performing certain activities within time frame considered to be normal? This then goes to explain that we all have some levels of disabilities and most importantly we are all potential persons to live with disabilities. Sometimes our limitations are from the communities in which we leave, not from within ourselves. A child who can not attend school because the steeps are there is disabled because of his environment. When a graduate of the CBC integrated school of the hearing impaired signs and u do not understand, you are the one with the communication impairment. When a visually impaired graduate of the CBC integrated school of the visually impaired uses Braille and yet you can not read/understand –who then is communication impaired? You who can not use the Braille are the one with the impairment. Disability affects one in ten people in the world. The reason for this staggering health problem has evolved over time. Up to and following World War II, institutionalized rehabilitation was the care strategy used for people with disabilities. Stigma was an enormous issue for people living with disabilities secondary to physically debilitating disease such leprosy.
What then is "community based "?
In 1994, the UN joint position paper on community based rehabilitation defined CBR as: a strategy within general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. (community based rehabilitation) is implemented through the combined efforts of people with disabilities themselves, their families and communities and the appropriate health, education, vocational and social services. Community Based Rehabilitation programs have been operating successfully for many years. These programs helped in increasing awareness through education and training which facilitated social and economic integration of people living with disabilities in to their communities.

CBR is a derivative of the United Nations initiative that was developed in the early 1970's to address disabilities world wide at the community level. In the 1994 joint position paper on CBR, the international labor organization (ILO) the United Nations educational, scientific and cultural organization (UNESCO) and the world health organization (WHO) identified CBR as: "a strategy with general community development for rehabilitation, equalization of opportunities and social inclusion of all children and adults with disabilities. CBR is implemented through the combine efforts of persons with disability themselves, their families and communities and the appropriate health, education, vocational and social services".

In this approach to CBR, the phrase "within general community development" is defined by the untied nations to be the following strategy:

- "… the utilization,(in an integrated program),of approaches and techniques which rely on local communities as units of action and which attempt to combine outside assistance with organized local

self determination and efforts, and which correspondingly seek to stimulate local initiative and leadership as the primary instrument of change".

- The main objective of CBR is to promote and protect the human rights of persons with disabilities. CBR intends to achieve this by advocating for changes starting at the community level upward to national and international that will enable people with disabilities to have equal access to services and the opportunity to attain their maximum potential, in an attempt to enhance their quality of life and become more integrated in to their own community.
- The approach intents to service more people than institutionalized rehabilitation.

EVOLUTION OF REHABILITATION AND PREVENTION OF DISABILITIES.

Rehabilitation in the past was done in institutions and sooner than later it was found out that few persons with disabilities where rehabilitated and most centers turn to be specific with the type of disabilities they where dealing with. Other persons leaving with disabilities could not easily find centers that could rehabilitate them. We have come along way and at certain levels reached crossroads.

Past experiences developed and kept CBR as programs but evolving and new experiences put CBR today as a catalyst and or conveyor of services for and with persons living with disabilities. A strategy for the prevention of disabilities and providing rehabilitation services for persons living with disabilities in their homes and communities with their involvement, their families, their communities, their government, organizations and NGO's. This is as David Werner puts it "nothing for us without us". This hold true in this approach that "together we can do more"

In this approach significant consideration is given that "nothing for us without us" nobody knows what is better for u better than how u know it. People will know and have suggestions for you and can give u alternatives available and you make the choices suitable for you. They are then supported in diverse ways to improve performances. This brings new zeal, vigor and speed with exact in this case will be impacted into all of us in the field. "It's all about providing quality services of integration to effect improved quality of life for people living with disabilities. Also, to prevent disabilities as much as possible, cure before care and treat before rehabilitation"

Prevention is better than cure; cure or treatment is better than care and care better than rehabilitation. It is all about providing quality services of integration to effect quality of life of people with disabilities. Also, to prevent disability as much as possible, cure before care and treatment before rehabilitation.

World financial crisis has greatly change thinking. We must think strategically. CBM the leading NGO in prevention of disabilities and rehabilitation incorporated into the Millennium Development Goals (MDG). Considering the limited resources and the ever rising disabilities as a result of human hatred and selfishness living in disharmony with God, nature, ourselves and one another, wars and crime waves etc. the CBR approach will solve several problems in the domain of disabilities.

The solution of reducing disabilities among us and rehabilitating persons living with disabilities lies in our hands. But never have you dreamt of eliminating disabilities you can only reduce it and learn to leave with them.

APPLICATION OF COMMUNITY BASED REHABILITATION (CBR):- THE LINK TO SOCIAL INCLUSION:

Yes, “nothing for us without us”; if you give a man a fish, he eats for a day. But if you teach them how to catch fish, he eats for a life time. So, rather than continue to give them fish, we should be teaching how to fish” we in the region must hold this approach as a postage stamp sticks to the envelop until it conveys the letter to its destination.

CBR in the context of Mbingo is working and taking services/concentration to the communities involving the PWD’s, their families, communities, local authorities, churches, persons that matter in the communities etc. In this dispensation we identify persons living with disabilities, refer and follow up counseling, conducting health talks on prevention of disabilities-through vaccinations, identifications and referrals; community sign language, long term rehabilitation in homes and communities; taking specialist to homes for assessments and treatments/rehabilitation; training; vocational rehabilitation/economy activities; building teams/ group of PWDs; sensitization and mobilizations of PWDs; HIV/AIDS education and control among PWDs of this year malaria and tuberculosis control; child protection etc. We remain a catalyst/outreach component of the CBC health services and indeed working with facets and people that have to do with disabilities and rehabilitation in the Region.

We are here in this conference to see how the application of this approach as a strategy can foster the work of disabilities and rehabilitation of persons living with disabilities. This calls for elaborate and well defined for united efforts and struggles collaborations, coordination, cooperation and networking amongst all stakeholders and all of us seated here today. You must answer for yourself whether you and your organization works along this lines. Are you a catalyst or active ingredient to this course? Your answer best suites your conscience. Do not only be giving fish, but teaching how to fish.

This entails a slogan of taking services nearer to the people in their environment. In this way, many persons will be attained to. Outreach services are provided and only specialized services situated in the distant urban areas, minor problems are handled within the communities and only the major ones taken to the specialized centers. It serves as a marketing strategy of the various services available in the domain of disabilities.

Collective self determination- is essential for building a collective and sustainable rehabilitation services that requires collective mobilization and organized action. This necessitates strategic coordinated action of communities; persons living with disabilities; popular movements, and providers of services for persons living with disabilities- indeed all stakeholders in prevention of disabilities and rehabilitation. Give the PWDs their rights and they will perform wonders. In the year 2000 I was dreaming of a Comprehensive Community Based Rehabilitation and Vision is manifesting today in Socio Economic Empowerment of Persons living with Disabilities (SEEPD) in the NWR-Cameroon. Thanks to our leaders for this initiatives and the sponsors that we must hold this initiatives to its logical conclusion and success. It is for us.

One could find persons living with disabilities in all fields of live performance nowadays. When my visually impaired friend Daniel Zuwa in Nigeria opened to us that he hopes to fly a plane before he dies even if he dies without doing so, one day a visually impaired person will successfully fly a plane. Greater ambition indeed, this brought laughter. But the essence is not that everyone can do everything, but that each of us can do more and make contributions to our communities. Many of us should never fly planes

because we are not suited to it. But today visually impaired persons are making history the world over. I see a generation where persons with disabilities will be engaged in all spheres/walks of live with the evolving technology. The was Braille for the visually impaired and today we have talking computers and watches; sign language for the hearing impaired motorized tricycles and now vehicles for physically impaired etc. and the chain continuous. Knowing that better life means different things for different people we should remember people living with disabilities are wise enough to make good discussions for their better life. We must only give them the necessary support and opportunities so that they can make decisions for their better living.

-work as a team member with the community, people with disabilities and their families.

- be an adviser/trainer. All of us have some wisdom to offer.

-be the people's person, a leader.

-plan all you intend to do and do that very well.

-provide feedback/reports. Reflect on what you are doing so that next time you and your team can improve.

-follow up and evaluation

We leave in a changing world and the underlined causes of our health/disability –related problems have new dimensions. Community strategies that help to improve health/disability prevention and rehabilitation locally today are often less effective. Collective action and empowerment remained essential, the need to be adapted to the new reality. Today's world possesses new health/disability threats to everyone, but most immediately for the poor. Some of the biggest threats no longer come from elsewhere but local causes known to us. Too often, we create or allow discussions to compromise the self-determination and ability to resolve our health/disability and rehabilitative needs.

Summary.

Disability is a global issue that we must all learn to live with it. Global issues that requires global solutions, collective issues that require collective efforts. We are all potential persons to live with disabilities. Indeed we all have disabilities at varying levels and should learn to live with them. Making sure that we assist those living with much more pronounced disabilities, and tomorrow it could be your turn.

We must all work and act in unison. This will have to go in team work, collaboration, networking, cooperation, coordination and giving the opportunity to operate in this regard. I am convinced and be convinced too. Yes," nothing for us without us"; teach them how to catch fish rather than continue to give them fish". We in the region must hold this approach as a postage stamps sticks to the envelope until it conveys the letter to its destination. The solution of reducing disabilities amongst us and rehabilitating persons living with disabilities lies in our hands. But never have you dream of eliminating disabilities. You can only reduce it and learn to live with them. The world too is becoming complex and needs complex solutions to rising complex problems. We are here today as ingredients and our fuel to stir up the works of prevention of disabilities and rehabilitation. There must more collaboration, coordination corporation and networking stemming from this conference that the tentacles will get to beyond Cameroon. And you can not be an island in this process. We will continue to build bridges in linkage to

our communities, rehabilitative centers and the policy makers. See how we delayed or stayed quite over the years and they made polished beautiful policies that remained in their drawers yet disabilities are in the increase and persons with disabilities looked upon with less substance. One of them built a house without the consideration of the wheel chair and behold after retirement he went wheelchair bound! We need to see the larger picture of this conference in the light of disabilities and rehabilitation, the efforts and struggles must be more a united force. united we stand, divided we fall. It is no longer enough to mobilize for services in isolated corners, villages, communities etc. indeed we need to analyze the unbalanced situation in which we all live and build strategies for united actions for change. As David Werner puts it "it is not the stated goals and objectives of a community program that make it vital or viable – but rather the vision, unwritten and evolving, shared by the members of the program and community as they change and evolve together".

In conclusion, our strength in disability and rehabilitation lies in solidarity and in sharing and compassion. We should not relent our collective efforts. If we move collectively towards the goal of prevention of disabilities and rehabilitation with much concentration in the community then there will be a short distant dream realized with significant successes. DISABILITY IN NOT INABILITY.

Thanks for your keen and kind attention.

YUH Simon N.

References:

David Werner write ups
WHO and UNO websites.
CBM New Policy Document 2006

4th Bamenda Conference on Disability and Rehabilitation

Theme: **"Community Based Rehabilitation: the link to social inclusion"**

Community Based Rehabilitation: An Approach to Inclusive Development

Key note address

Ezekiel Benuh T
For CBCHB SEEPD Program Team

3 December 2009
Bamenda Congress Hall

Development

- **Development** a state or condition-static
- **Development** a process or course of change- dynamic- Millennium Development Goals

- Although no one is sure when the concept originated, most people agree that development is closely bound up with the evolution of capitalism and the demise of feudalism.

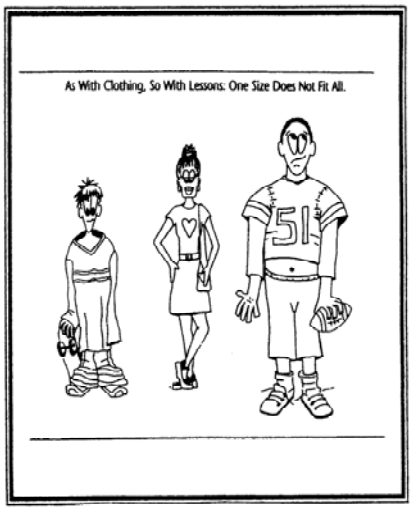
Objectives of Development

- 1. Raising living standards, i.e. incomes and consumption, levels of food, medical services, education
- 2. Creating conditions conducive to the growth of self-esteem through the establishment of social, political and economic systems and institutions which promote human dignity and respect
- 3. Increasing peoples' freedom to choose by enlarging the range of their choice variables- varieties of goods and services

What to Do With Development Theory ?

- Several theories have been advanced have been criticized and some also discredited—to be replaced by other theories
- Third World is very heterogeneous-dissimilar in terms of population, resources, climates, culture , economic structure and location
- Unlikely that one theory will be powerful enough to explain underdevelopment everywhere

INCLUSION

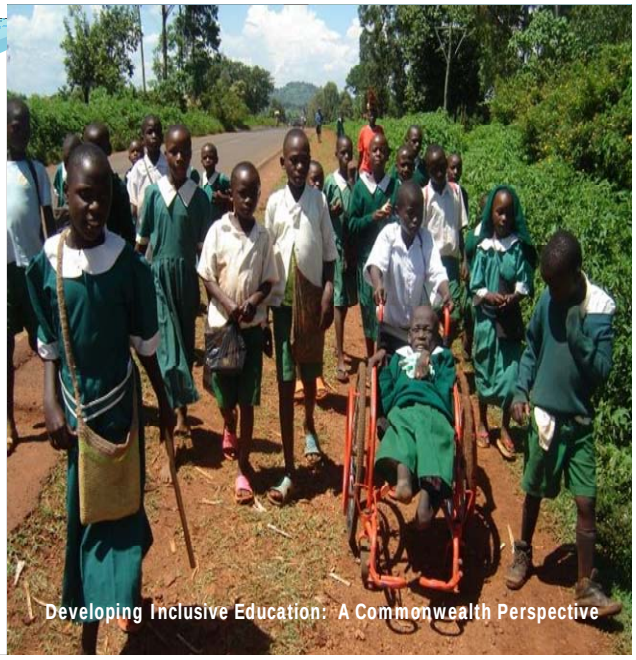


What is social inclusion?

- A state in a society where there is dignity in diversity resulting from respect of values and differences.
- Communities adapt structures and procedures to facilitate the inclusion of PWDs rather than expecting them to change to fit in with existing arrangements.
- Community takes responsibility for tackling participation restrictions on all PWDs.

What is social inclusion con't?

- Recognition of the links between the individual members of our society and the role of each person as a member
- Other terms are community inclusion, social connectedness, social integration, social citizenship



It requires…

- **a multi-sectoral approach in addressing disabilities.**
- **consideration of disability as a cross cutting issue that affects all aspects of planning.**
- **innovation & flexibility- stepping outside of the box.**

Rationale for Social Inclusion

- **Everyone Can Learn** – As human beings we all grow and change and make mistakes: and we are all capable of learning.
- **Everyone Needs Support** - Sometimes some of us need more support than others.
- **Everyone Can Communicate** – Not using words doesn't mean we don't have anything to say.
- **Everyone Can Contribute** – We need to recognise, encourage and value each person's contributions - including our own.
- **Together We Are Better** – We are not dreaming of a world where everyone is like us - ***difference is our most important renewable resource.***

Strategies for inclusive development

- **Must include two aspects.**
  - **Prevention**
  - **Integration**

80% of disabilities stem from preventable causes.

(malnutrition, natural disasters, disease, conflict, traffic & other injuries, birth).

Inclusive Development

- If development is about bringing excluded people into society, then persons with disabilities belong in schools, legislatures, at work, at market places, in churches, in Njangi groups and everywhere else that those without disabilities take for granted... .

Three Principles in achieving Inclusive Development

- **Should be seen not only as goals and objectives, but as the processes through which inclusive development for PWDs is achieved:**

1. Access

People with disabilities should enjoy access to the built environment, transportation, information & communications, so that they may be full participants in all aspects of life, & fully enjoy the full range of human rights.

3. Inclusion

People with disabilities should be accepted as equal partners in development, & be included as full participants in all development activities.

Inclusion essential for success

- Disability is a significant factor of extreme poverty in developing countries.
- Unless people with disabilities are included in the development initiatives - it is unlikely that most of the MDGs will be fully met.

Community Based Rehabilitation

- Community-based rehabilitation a strategy within community development for the rehabilitation, equalization of opportunities, poverty reduction and social inclusion of all persons with disabilities.
- CBR is implemented through the combined efforts of PWDs themselves, their families and communities, and the appropriate health, education, vocational and social services.

Evolution of Concepts CBR

- Impact of World War II
- Rapid development of rehabilitation service in decades after WW I
- Focus on substantial international research, development and technical assistance by governments and international NGOs.
- 1951 : Establishment of UN Rehabilitation Unit to facilitate transfer of new medical and technical advances to developing countries.

Components of CBR

- Prevention of cause of disability
- Provision of care facilities.
- Creating a positive attitude towards people with disabilities.
- Provision of functional rehabilitation services.
- Empowerment, provision of education and training opportunities.
- Creation of micro & macro income –generation opportunities.

CBR's Activities

- Social counselling
- Training in mobility and daily living skills
- Providing or facilitating access to loans
- Community awareness raising
- Providing or facilitating vocational training/apprenticeships

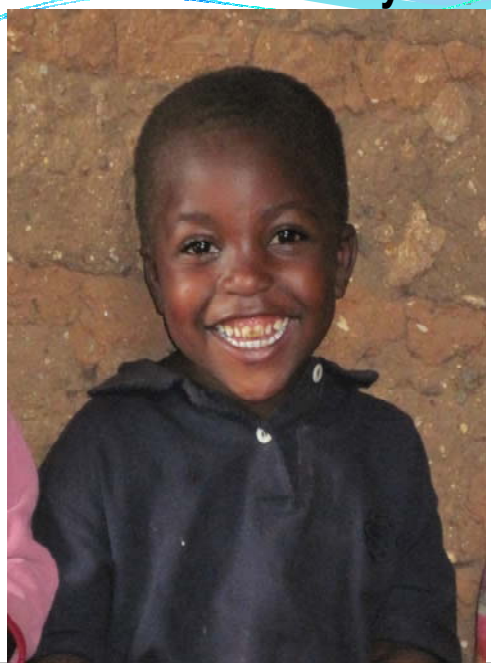
CBR and Communication

Conclusion

- Community based rehabilitation is one of if not the most effective strategy in achieving inclusive development. CBR sets in place the role of PWDs through DPOs as partners in development.
- It brings out the strength that goes with dignity in diversity
- Never doubt that a small group...

- Finally, the rationale for including people with disabilities in development projects is not only a moral obligation but a legally binding imperative.

Asante and God bless you



Session 3

A PRESENTATION BY Nyingcho Samuel AT THE BAMENDA CONFERENCE ON DISABILITIES AND REHABILITATION DECEMBER 3rd 2009.

FOCUS: The church and its role in community based rehabilitation

The church in the community of North West region commands a lot of respect and has the privilege of being the first educator of mankind. It preaches moralities, dignity and justice which are key concept of social inclusion. To the best of my knowledge the church is found in every community in the North West Region. Therefore, stands a better chance in community base rehabilitation and social inclusion.

I will like to thank those churches who have taken the lead in these responsibilities so to say, more have been done and much is still to be done. T o those who have not yet joined these responsibilities I urge you all to begin as from now, for Jesus did pay a lot of attention to the less privilege.

The church in it's pursue of rehabilitation has adopted a welfare approach, often she depends on aid for the accomplishment of this task. In this way the role of the Christian becomes very negligible for they believe that there is a lot of money in rehabilitation services. I firmly believe that if the church preaches compassion toward the less privilege by Christians, the gap between the rich and the poor will be greatly narrowed, this will also enhance Community Based Rehabilitation and will also improve on the family responsibilities toward persons with disabilities.

THE CHURCH AND MIRACLES

The church in its pursue of miracles often accuses persons with disabilities who are not able to receive these miracles as persons who don't have faith. They are often subjected to humiliation and are accused of possessing witchcraft that their disability is as a result of sin. Permit me quote Johnny who once said, " if there is a market where faith is been sold just let me know and I will buy all of it." Remember that in the bible, it is said that God allowed every situation to prevail for a purpose.

RECOMMENDATIONS

1. I recommend the church to adopt a human right approach to rehabilitation of which is the best and will have greater impact with more community participation.
2. I recommend the church to focus on compassion and sharing by Christians for this Christians will no longer throw food and have so many cars in their keeping and they will not build mansions that they can not occupy.
3. I recommend church leaders to receive persons with disabilities as Christ did, listen to them, and tell their story for a problem shared is half solved.
4. I here by recommend all persons with disabilities to participate in all church activities so as to influence its Christians compassion towards Community Based Rehabilitation and social inclusion.

Session 4

COMMUNITY BASED REHABILITATION MBINGO BAPTIST HOSPITAL
VOCATIONAL REHABILITATION: APPROACH TO ECONOMIC EMPOWERMENT OF PERSONS LIVING WITH DISABILITIES.
BAMENDA CONFERENCE DECEMBER 3, 2009

Creating jobs opportunities and indeed employment for people living with disabilities has been a very difficult task. Vocational rehabilitation and integration of people living with disabilities has remained a good alternative for now though pursuance for them to get employment according to their qualifications and capabilities must continue for their better living. It is complex to talk about employment of people with disabilities in our contemporary society. Employees have advanced several reasons why they will not like to employ most people living with disabilities- these include customers, speed, etc and likely prejudice. Most people living with disabilities when well counseled and trained become the most valuable workers with apt concentration and dedication to work.

Perhaps the greatest resources for tacking disability problems are human resources with the major hurdles in the human mind, "negative concepts about disability, lack of knowledge and skills for help and self help, disabling design of the living environment and lack of feed backs and cooperation from the community."

The vocational rehabilitation aspect of community based rehabilitation (CBR) aims at the following;

1. Training of persons living with disabilities on vocation which are easily adapted to their limitations and environment, influenced by the availability of material and market.
2. Helping the persons living with disabilities to be self supporting and integrated in their communities.
3. Training and counseling both persons living with disabilities, their families and communities to achieve this purpose.
4. Training is done in the community and the center in Mbingo. Identified persons living with disabilities who need some level of care are brought and trained in the center while those needing less care are trained in their respective communities.
5. training aims at continuity and as Pass Over Gift (POG)

VOCATIONAL REHABILITATION TRAINING PROGRAMME

There are several vocations suitable for people living with disabilities. However, there are factors that influence the adoption of a particular person with disability. The following vocational trainings are conducted at the CRS programme- Mbingo

1. farming (horticulture/crops) = 6 months
2. bee farming =6 months
3. animal husbandry(poultry, piggery, goats/sheep, rabbits) = 6 months
4. tailoring (seam tressing0 = 1-2 years
5. craft(cane basket/calabashes/cupboard/tables/fiber bags=6 months

6. knitting/embroidery- traditional cloths marking/design =6months
7. carpentry (wood work) =2-3 years
8. masonry =2-3 years
9. metal works =2-3 years
10. shoe making/mending =1-2 year

Once the people with disability are identified, they are counseled. People who need some level of care are brought to the center while those who do not need much care are left in their community once a "master trainer" is identified in that community. In this aspect, conditions of apprenticeship are established. The CBR field staff monitors the training programme to equip the trainees and also make sure that the trainees are not considered as "laborers" but are taught effectively by their trainers. The long term plan is that graduated trainees shall be trainers to their fellow people living with disabilities in the community rather than bringing them to the center again. Training is free and shall be treated as pass over gift.

In the institutional training the family provided a refundable medical deposit of 20.000 FRS. Some one else pays for small medical bills of the trainees at the center if their deposit had been exhausted. A monthly food allowance of 5000 FRS is given to all trainees at the center. They are provided accommodation. In the community the client lives in their homes and travel to the master trainer workshop. Some training is done right at the client's home e.g. farming, animal husbandry and bee farming. We had begun forming groups of people living with disabilities that greatly facilitated trainings. We are looking into integration of the training with the CHCHB apprenticeship programmed, which is linked with the Ministry of Employment and vocational training to boast up this aspect of rehabilitation.

Generally the following conditions are considered:

- Involvement of the family in choosing the training considering the suitability/capabilities of the concerned, interest, economic value, materials/market.
- The appropriateness of the training to the environment of the person with disabilities technical skills is provided alongside with small business skills
- Flexibility of master trainers in that community
- Placement/economic integration after training i.e. funds/funding for the capital needs of the client after completion.
- Some level of guarantee from the family that equipment/ capital will not be misused or lost/stolen. Some equipment/material start up capital as soft loan with some initial deposit from the family has been achieved

TRAINING MATERIAL AND START UP CAPITAL/PASSOVER GIFT (POG)

We encourage the family to provide training material and maintain the finished products. Where not possible we provide training and maintain the finished products. After successful completion of training we provide the start up capital in form of materials/equipments as the case may be as a loan/credit or Passover gift and NOT charity. The loan/credit is given without any interest.

However, it is noted that despite the fact that clients are well informed of their conditions of getting the credits it has been very difficult to collect back the credit. Passover gifts which are the young “females” or “seeds” are easily regained from the clients but the cost of materials/equipment has been very difficult to be regained from the clients. The Passover gift once received is passed over to another new client. We are considering some form of collateral in the future credits before they will be given with out to trainees.

Economic integration is a vital aspect of the vocation rehabilitation that needs greater focus, monitoring and evaluation. While economic integration has continued to be a problem in terms of recovery of the loaned material, it must be pursued vigorously and with learnt experiences it shall remain a good end in vocational rehabilitation.

MANAGEMENT OF BUSINESS

The clients are taught the simple management aspect of business which involves costing stock keeping, acquisition of material, marketing etc. We have limited the sale of finished products to the clients. However, we sometimes buy some of them and sell in our showroom. At times some clients bring their products to us to sell and give the money. The business is for the clients and family and we remain at the level of “advice” and not “management” for the business. We may reach the level go-between the client(s) and the customer(s) but could only influence people living with disabilities to form cooperatives groups of their own.

CLIENTS IN VOCATIONAL REHABILITATION-MBINGO

We are concerned with:

- H.D patients
- Physically/mobility challenged
- Visually impaired
- Hearing impaired
- Epileptic patients

We sometimes provide indirect training i.e. train the relative of the disabled who should be responsible to the family. At times we give to both one relative and person living with disability.

TRAINING PROGRAMME SCHEDULE

Course outline
Orientation/excursions
Counseling
Business management
Bible lessons
Skills/training
Home management (daily living skills also called activities of daily living.

Training has not gone without problems. Trainees have had so many problems in the communities ranging from lack of support from families, theft etc, to discouragement that put them off from practicing their vocations back in the communities.

DEVOTION TO SERVE: it is important to give internal motivation to the clients and their families by helping them to develop a sense of belonging to the business they are involved. This could only be achieved if we have the sense of belonging. For services to God and sound human relationship are partners to success.

CONCLUSION: vocational rehabilitation is an economic integration of people living with disabilities. This need to be encouraged from various dimensions that people living with disabilities will attain better life for themselves and their families and communities.

PRESENTED BY
Amesinda Grace

Session 5

Abstract:

Title: Sensory Testing for the Diabetic Foot

Presented by: Patricia J. Lenz PT of Mbingo Baptist Hospital, Cameroon Baptist Convention

Introduction:

Many of the patients coming to Mbingo for artificial legs are patients with Diabetes. Often the amputation was a direct result of Diabetes (for example, a wound that wouldn't heal). So the prosthetic department of MBH decided to try to help prevent amputations secondary to Diabetes. We have begun by performing screening of the feet of the patients in our monthly Diabetic Clinic. If foot problems are identified early, by means of this screening, and then well cared for, many amputations could be avoided. The entire foot screen would take over an hour to teach, so I have chosen to present in detail just one critical part of the exam at this conference: sensory testing for light touch.

Objectives:

1. The participants should be able to understand the possibility of disability secondary to Diabetes, and that there are means to help prevent this disability.
2. The participants should be able to perform a simple sensory test of the foot.
3. The participants should be able to refer to appropriate quarters those who "fail" the test.

Lesson:

A. Theory -

1. Introduction to Diabetes complications, with emphasis on foot problems, and prevention of disability.
2. Overview of the entire Foot Screen.

3. Details on the Sensory-Testing (for light touch only) of the foot.
4. Follow-up and referral of patients who "fail" the test.

B. Practical - The participants will receive a sensory-testing kit. They will then have opportunity for supervised
practice in performing the assessment.

Session 5

COMMUNITY BASED REHABILITATIONMBINGO BAPTIST HOSPITAL
COMMUNITY SIGN LANGUAGE: MEANS OF COMMUNICATION FOR THE HEARING IMPAIRED PERSONS
BAMENDA CONFERENCE DECEMBER 3rd 2009

Language in general is the means of communication amongst human. It involves sending messages and receiving them as well with appropriate interpretations, understanding and taking actions, reactions and responses. A language becomes unique to the people of the same community, society, ethnic group, common interest, living together, etc. the languages are named after the people or because of specific features of the language. English for the English man, French for the French man, Arabic for the Arabs, German for the Germans, sign language for the hearing impaired etc.

Community sign language is one of the aspects carried out in Mbingo community based rehabilitation. We used the American Sign Language. Note that there are various sign languages depending on the location /country. Even we have our local sign languages. What we do is that, when a child who is hearing impaired is identified and assessed by field workers/volunteers, we refer to the nearest hearing impaired school.

Sign language is started during pre-schooling in some families. As the hearing impaired child moves to start classes in school we also start sign language in the family. The sign language is taught for a period of two to three years and we move to other families.

The main aim of community sign language is for basic communication in that family and community with the hearing impaired child when he/she gets back from school for holidays or graduation.

Sign language is not only taught to the families concerned, but also neighbors/family friends. Those who are interested to learn sign language are welcomed too.

Community sign language is so helpful to the families of hearing impaired children because some families have testified that American Sign Language is like a private/secret language for their family to use while in public or when they are questioned. The greatest problem a child with hearing impaired has is means of communication

A child with hearing impairment can only feel happy with you when you understand what he says to you and if you don’t understand he /she laughs and mock at you that if he/she has ever seen somebody on earth called “MUMU” it should be you who don’t understand him. Not every family with hearing impaired child benefits from our community sign language. Why because some areas are difficult to reach and some

can only be reached by helicopter/trekking and yet we do not have enough staffing to go every where. This is unfortunate and we hope that someday something will be done for them.

Sign language is essential for all of you seated here or else the hearing impaired will consider you as "MUMU" whenever they come across you and you cannot respond to their communications.

Thanks for your keen attention

Nkain Gideon

Session 6

VISUAL IMPAIRMENTS

In the rehabilitation of an individual with visual impairment we must have the following points in mind

1. Discussion with the family i.e. history
2. Medical rehabilitation i.e. referral to hospitals or specialized centers
3. Appropriate functional aids e.g. white cane
4. Training
    a. education e.g. special schools like Integrated school for the Blind Kumbo
    b. activates of daily living skills e.g. how to bath, prepare food and move around
    c. vocational rehabilitation e.g. learn a trade within the community or at the center
5. To earn a successful living i.e. material, loan or cash can be given.

Some causes of visual impairment are;
Cataract is the hardening of the eye lens which can be due to old age or trauma. Cataract can also be congenital (from birth). Formerly, after cataract operation, the patient is given lenses which render daily activities difficult but with the advancement in technology now, the lens is replaced with an artificial one called intraocular lens (IOL) and the person moves unnoticed as compared to the past. If the cataract is not operated within the possible it becomes hyper matured and renders the person visually impaired for life. It should be noted that cataract is never painful but only reduces vision gradually.

Presented by **Tata John**
CBR field staff.

DEVELOPING A NEEDS ASSESSMENT FOR DISABILITY-RELATED PROJECTS

Presentation By:
Kelly Stevenson(The Bamenda Coordinating Centre for Studies in Disability and Rehabilitation) and Ruth Acheinegeh

NEEDS ASSESSMENT

- Overview:
  - What is a needs assessment?
  - Why conduct a needs assessment?
  - Steps of a needs assessment
  - Women with disabilities' needs assessment
  - Questions?

2

NEEDS ASSESSMENT

- Who will benefit from understanding how to develop a needs assessment?
  - Employees/members of NGOs
  - Public service workers
  - General public with an interest in project and/or programme writing

3

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4

NEEDS ASSESSMENT

It is absolutely critical to know why you are doing the assessments. Its not just another activity in the process. **The objective is to look at needs, vulnerabilities, risks and capacities.**

The end goal of an assessment is to clearly identify and understand what the problem is.

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NEEDS ASSESSMENT

- **Why do Assessments?**

To design a programme or project - including:

- Understanding the current situation in context
- Identifying opportunities, vulnerabilities, capacities and resources
- Deciding feasibility and setting priorities

6

WHERE?

- A formal assessment is likely to be necessary:
  - **Before** starting a new program/project
  - When **expanding** an existing program into a new area
  - When **starting work** with a new partner
  - When **changing the direction** of an existing program so that new objectives and baseline data are required

7

NEEDS ASSESSMENT

- **Assessment Focus**
  - Context (macro)
  - Community (micro)
  - Implementing Organization
    - Local NGO partner

8

NEEDS ASSESSMENT

Two things to remember:

- **Needs are gaps** – the space between what currently exists and what should exist for a community.
- **Wants are the community's solutions** – their proposed means of filling the gap.

Critical to know the difference between needs and wants

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NEEDS ASSESSMENT

- **Examples of Wants**

- We want a school
- We want a health clinic
- We want a well in the village
- We want an assisted device

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PROCESS FOR ASSESSMENT

- Identify the **Objective** for the assessment.
- Who is the **Target Audience**? Who will be using this data and for what?
- What is the timeframe for the assessment?
- Resources for the assessment

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PROCESS FOR ASSESSMENT

- Desk Review – identify and review work already done (ie: **secondary data)**
- Identify what **primary data** you need.
- What combination of **quantitative, and qualitative techniques** will you use?
- For each, identify **the tool(s) or technique(s)** you will use.

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PROCESS FOR ASSESSMENT

- **Analysis of the data** based on the objectives of the assessment.
  - Does the analysis raise any further questions for which you have to get additional primary or secondary data?
- Writing the report.

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TEN KEY QUESTIONS CONT'D…

9. What will happen when the organization stops providing financial and other support? Will the community be able to continue or develop the activities?
10. What level of organization exists in the community to assure effective implementation and management of the project, or activities planned?

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BENEFITS OF A NEEDS ASSESSMENT

- An important benefit of the community assessment is to begin building relationships with members of the communities, their leaders and institutions, as well as with other stakeholders. Relationships built during the assessment (and developed in the design) stage help not only in achieving a more accurate and thorough assessment, but also lays the foundation for effective programme/project implementation.

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END USERS OF NEED ASSESSMENTS

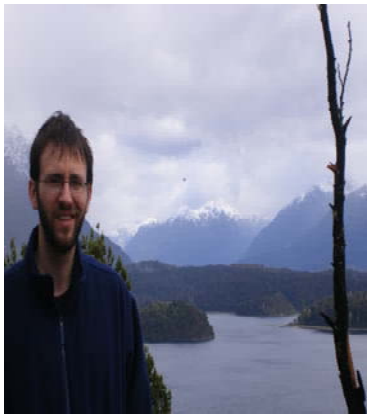
1. **Program management staff and partners**: to learn about the area and people; understand the problems; design a program.
2. **People who will be affected by the work**: ensure its relevance; accessibility for vulnerable groups; ownership; participation; sustainability
3. **Policy Analysts:** to inform policy makers, administrators
4. **Donors**: to decide whether or not to fund a project; and to provide information to help them evaluate the effectiveness of the work.

22

MENTAL HEALTH IN NORTHWEST REGION: AN OVERVIEW

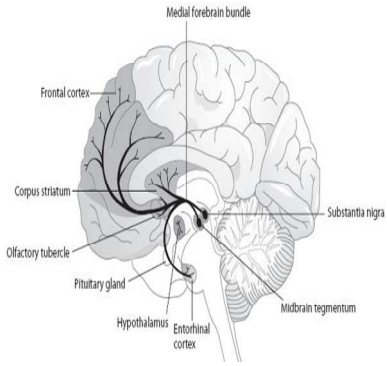
Eric Arnold
MPH, Medical Student

ERIC Arnold



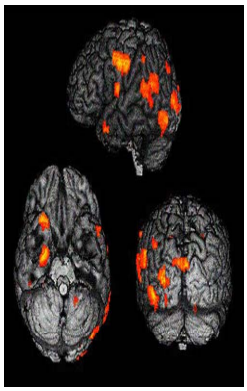
Mental illness

- Certain neural pathways involved in the regulation of emotion have been studied and found to be either over or under active in persons with mental illness.



Mental illness

- Neuro-imaging technology has allowed us to demonstrate these abnormalities in the brain.



An Overview of Mental Disorders

- Anxiety disorders
- Cognitive Disorders
- Mood Disorders
- Personality Disorders
- Psychotic Disorders
- Childhood and Adolescent Disorders
- Substance Abuse and Dependence
- Somatoform Disorders

Remember: It is not a disorder unless it causes functional impairment.

Anxiety Disorders

- **Generalized Anxiety Disorder** – Excessive worry about activities or events in life.
- **Obsessive-Compulsive Disorder** – Persistent, unwanted and intrusive thoughts that are invariably followed by repeated mental acts or behaviors.
- **Panic disorder** – Recurrent panic attacks, which are characterized by periods of intense fear or discomfort, often accompanied by chest pain, sweating, rapid heart and respiratory rate as well as nausea.

Psychotic Disorders

- Schizophrenia is a commonly known psychotic disorder.
- Schizophrenia is characterized by:
  - Auditory hallucinations, delusions (often paranoid or delusions of grandeur), disorganized thought and behavior
  - Decreased emotional reactivity, limitations in speech and movement

Substance abuse and dependence

- Substance abuse is use of drugs or alcohol in spite of recurrent interpersonal problems caused by the use, resulting in a failure to fulfill responsibilities, physical danger or legal problems.
- Substance dependence describes a state in which the body has grown accustomed/used to high levels of the substance, resulting in increased tolerance of the substance and withdrawal symptoms when the substance is not on board.

Pharmacotherapy

- Pharmacotherapy is the use of medications. The medication help regulate the level of neurotransmitters in both diseased and healthy areas of the brain, allowing for therapeutic response but also causing side effects.
- Newer drugs have been designed to avoid many of the side effects that have plagued psychoactive medications.
- Unfortunately, virtually none of these newer drugs are available in Cameroon.

Psychotherapy

- Psychotherapies work to uncover maladaptive ways of thinking and personality structures.
- Psychotherapy usually requires a significant time commitment between patient and therapist.
- Psychotherapy exists in many different forms

More Facts:

- A recent large scale prevalence study in neighboring regions of Nigeria indicated that 1 in 17 had a disorder that met diagnostic criteria in the last 12 months with a lifetime prevalence of 1 in 8.
- This was largely felt to be an underestimate due to ascertainment challenges presented by the methodology.

(Source: Gureje O, et al. British Journal of Psychiatry (2006),188, 465-471.)

Barriers to Service

- Stigma toward the mentally ill
- Shame associated with mental illness
- Perception of mental illness as a secondary or lesser social problem
- Lack of belief in the efficacy/usefulness of treatment
- Cost of treatment
- Lack of availability of service providers
- Lack of availability of psychoactive medication

With effort and resources, all of these barriers are changeable.

Final comments

- Mental illness is **not a curse** but a biological process with both genetic and social contributors.
- Mental illness accounts for substantial, although uncounted, morbidity in Northwest Region and across Cameroon.
- Mental illness is treatable. The discounting of the mentally ill as 'cursed,' 'mad,' or 'less than human' is unproductive.
- Just as we have learned that others with disabilities can be productive members of society, so can those with Mental illness!

Questions?

- Please do not hesitate to direct questions toward Eric Arnold at Eric.Arnold@utsouthwestern.edu.

HIV, AIDS, Disability, and Rehabilitation

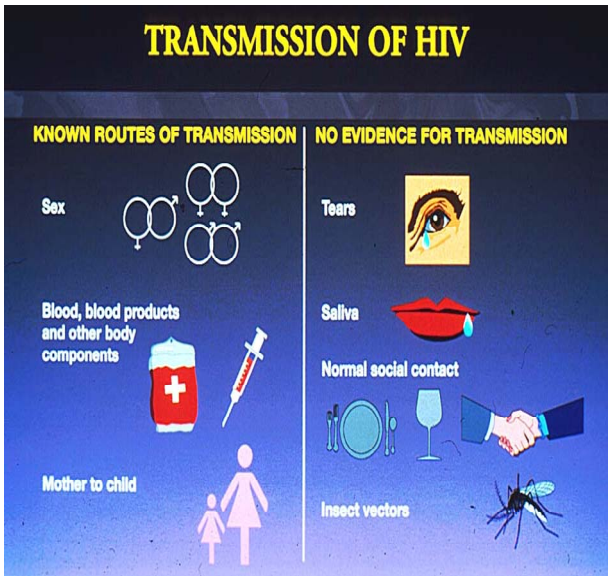
Goli Hashemi
International Center for Disability and Rehabilitation and Bamenda Coordinating Center on Studies in Disability and Rehabilitation

Julius Wango
Bamenda Coordinating Center on Studies in Disability and Rehabilitation

December 4, 2009

HIV and AIDS

- HIV- Human Immunodeficiency Virus
- HIV is the virus that causes AIDS
- AIDS- Acquired Immune Deficiency Syndrome.
- Not everyone who has HIV has AIDS, but everyone who has AIDS is HIV positive
- Living with HIV can impact our body by making us weak or more susceptible to other medical conditions.
- There is treatment but no cure for HIV or AIDS.



Disability

- Disability occurs from the interaction between persons with impairments and the attitudinal and environmental barriers that limit their ability to fully participate in society.

  PWD include:
  - People with visual impairments
  - Hearing Impairments
  - Physical impairments
  - Neurological impairments
  - Mental illness

HIV, AIDS, and Disability

- Unfortunately, few relevant and accessible information and training materials on HIV/AIDS are available to PWD.
- In addition, most people living with HIV experience some level of impairment, or activity limitation as a result of their condition or side effects to treatment.

HIV, AIDS, and Disability

- Approximately 10% of the world population live with some form of disability.
- People with disabilities (PWD) are often left out of HIV prevention and AIDS outreach programs.

HIV, AIDS, and Disability

Misconceptions about PWD and HIV/AIDS:

- PWD are sexually inactive
- PWD are unlikely to use drugs or alcohol
- PWD are at a lower risk for violence and rape.

In fact:

PWD are at the same level of risk, if not greater to acquire HIV/AIDS than the general public.

Living with HIV, AIDS, and Disability

Living with HIV,AIDS and Disability puts these individuals in additional risks for:

- Poverty (difficulty finding a job)
- Lack of education (limited access to schools, lack of education on topics such as safer sex, and HIV/AIDS education)
- Substance abuse (as a coping mechanism)

What is being done in NWR?

There are a number of Initiatives that are currently taking place to increase awareness about HIV/AIDS and Disability:

- Development of Educational Material on HIV/AIDS and living with a disability (SEEPD project with CBC, CBM, and BCCSDR)
- Development of accessible information on

Living with HIV, AIDS, and Disability

Living with HIV,AIDS and Disability puts these individuals in additional risks for:

- Limited access to care (financial or environmental barriers)
- Stigma

Intervention and rehabilitation

It is Important to let PWD know that:

- With proper treatment, people with HIV and AIDS live almost normal lives.
- Rehabilitation services can further help improve the lives of people living with HIV/AIDS and Disability
- Many people with HIV and AIDS can benefit from rehabilitation services to help cope with their symptoms that may be in addition to their disability

Types of Materials

- Posters
- Information brochures in various accesiible formats:
  - Pamphlets (English and Pigin)
  - Brail
  - Audio (Pigin)
  - Sign Language

CONCLUSIONS

EVALUATION OF THE CONFERENCE

Participants enjoyed

Presentations (presenters**)**

Food

Location for the conference

Good interaction between persons with disabilities, services providers, students and international volunteers.

Timing

Participants did not enjoy the following

Quantity of food/ water

Presentations in English with no translation/ presentation papers not given

Time not respected

No participant certificates

No hand outs provided

Participants wanted changes on,

Provision of hand outs

Involvement of non disabled authorities

Close early on the last day

Length of conference should be longer

Good animation

Media to be invited like CRTV, STV etc

Invite presenters from wide range of institutions/denominations

Participants wanted the following to be maintained

Venue of the conference

Transport support to persons with disabilities

Use of projector

Translation of presentations into pidgin

Breakfast/lunch

Participants proposed these topics for future conferences

More on mental health

How disability and rehabilitation services are fighting against global warming

Epilepsy, Hansen disease, cerebral palsy

Females with disability and marriage

How to follow a project

Disability and employment

Mobility aids

Disability and delinquency

A majority of the participants accepted that the conference has been beneficiary to them as they have learnt more about living in the community with a disability or with those who have disabilities.

Recommendations