

Welcome to the 5th Bamenda Conference on Disability and Rehabilitation (2010 edition) : “Advocacy: Translating words into action”

This conference brings together people with a wide range of perspectives to discuss disability and rehabilitation issues. The focus is on current practices to promote advocacy at all levels impacting people living with a disability, particularly in the North West of Cameroon.

Due to circumstances beyond our control, the conference initially scheduled for Dec 2010 was postponed to January 2011. Therefore this conference is still the 2010 conference.

| Thursday January 27, 2011 | |
|---------------------------|--|
| 8:00 - 8:30 | Registration |
| 8:30 - 9:00 | Breakfast |
| 9:00 - 9:30 | Silent Meditation/prayer, Welcome speeches |
| 9:30 - 10:30 | Keynote Address: Julius Wango – <i>Executive Director of BCCSDR</i> Rethinking advocacy methods through the rearview mirror. |
| 10:30 - 11:00 | Advocacy sketch: With support of SENTTI students |
| 11:00 – 11:30 Short Break | |
| 11:30 - 12:00 | Session 1: Professor Alfred Ndi – <i>ENS Bambili</i> Rethinking disability policies and strategies in national/international and historical contexts. |
| 12:00 - 12:30 | Session 2: Professor Alfred Ndi – <i>ENS Bambili</i> Rethinking disability policies and strategies in national/international and historical contexts. |
| 12:30 – 1:30 Lunch | |
| 1:30 - 2:00 | Session 3: Hedwick Fonbeh – <i>Banso Baptist Hospital</i> Psychiatric Rehabilitation: Practical Solutions for the Treatment of People with Mental Disabilities |
| 2:00 - 2:30 | Session 4: Ruth Achinegeh – <i>CUAPWD and business woman at Main Market</i> Women are WILD - Women’s Institute on Leadership and Disability and . It’s Impact on the North West Region |
| 2:30 - 3:00 | Session 5: Shirin Kiani – <i>Volunteer at BCCSDR</i> The North West and beyond: Linking disability and rehabilitation experiences in other developing countries to opportunities in the North West. |
| Announcement | Upcoming OD workshop in Feb/March, master copy of Directory and distribution questionnaire form for directory, SL class at centre |

| Friday January 28, 2011 | |
|----------------------------------|--|
| 8:30 - 9:00 | Breakfast |
| 9:00 - 10:15 | Panel and interactive discussion: The Importance of Advocacy? The role of the conference to promote advocacy. Examples from panel members. Social workers Legal Advocates Advocates for persons with disabilities |
| 10:15 – 10:30 Short Break | |
| 10:30 - 11:00 | Session 6: Timothy Fanfon – <i>Head of PT department, Bansa Baptist Hospital</i> Children Born with Disabilities living in the “Extreme North West of Accessibility to Rehabilitation Services” within the North West Region of Cameroon |
| 11:00 - 11:30 | Session 7: Tah Kennette Konsum – <i>Volunteer with SNV/ Teacher in the Ministry of Secondary Education</i> Violence and Abuse against people with disabilities: Experiences, barriers and prevention strategies. |
| 11:30 - 12:00 | DPOs and CBOs sharing advocacy activities – Open floor with traveling microphone. Gathering information sheets for Directory |
| 11:30 – 12:30 Lunch | |
| 12:30 - 2:30 | Summary and Plenary Session: As the fifth conference closes, we 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? Group work and presentations. |
| 2:30 - 3:00 | Closing Remarks, Evaluation and Adjournment |
| 3:00 | Adjournment |

5th Bamenda conference on disability and rehabilitation
Theme: Advocacy: Translating words into action
Big Mankon Cathedral Hall
27th -28th January 2011

Registration Form/Attendance sheet.

| No | Name | Affiliation |
|-----------|-------------------|-----------------------|
| 1 | Prof Nndi Alfred | University of Bamenda |
| 2 | Nkwate Rebecca | RDSA -NW |
| 3 | Ndi Valery | Zenith Chambers |
| 4 | Ngincho Samuel | CUAPWD |
| 5 | Tah Kenneth | SOPISDEW-Cameroon |
| 6 | Fanfon Timothy | PT - BBH |
| 7 | Hedwick Fonbeh | CBC Health Board |
| 8 | Asanji Godlove | RDSA- NW |
| 9 | Elizabeth Ngala | RD women empowerment |
| 10 | Shirin Kiani | BCCSDR |
| 11 | Sarah Macmillian | VSO/CUAPWD/BCCSDR |
| 12 | Milda Indah Tayim | CUAPWD |

| | | |
|----|---------------------------|--------------------------------|
| 13 | Bih-do Patience | SENTTI |
| 14 | Ndongmuh Mabel | SENTTI |
| 15 | Ngumbesi Rose | SENTTI |
| 16 | Asangu Caro | SENTTI |
| 17 | Pepancho Joyce | SENTTI |
| 18 | Dongmo Ansorelle | SENTTI |
| 19 | Nying Charity | SENTTI |
| 20 | Takusi Daniel | BCCSDR |
| 21 | Tchimou K. Valerine | BCCSDR |
| 22 | Nading Tina | CBR worker CBC -HB |
| 23 | Ambanibe Jerome A. | ASODI- Cameroon |
| 24 | Ndaga Fonjong A. | BOHWUWR |
| 25 | Nungu Magdalane | CEFED Santa |
| 26 | Hombo Susie | CEFED Santa |
| 27 | Stephen Fuh | SNEG |
| 28 | Ngum Mary | |
| 29 | Ngwana Martin | Association of PWD Ndop |
| 30 | Odilia Nono Mbianda | CRCDD |
| 31 | Woungmi Lewis | CRCDD |
| 32 | Agwe Clifford | MUDAP (Mbengwi) |
| 33 | Kum Christina | Esu PWD |
| 34 | Shey Kpunter Hhumphrey | Coordinating Unit Bui |
| 35 | Lembong Lucas | Solidarity Wum |
| 36 | Meh Roland Zang | Esu PWD |
| 37 | Anchang Leonard | FADIG |
| 38 | Tabitha Nformi | Nkambe |
| 39 | Francis Galega | Harmonized Group Bali |
| 40 | Linda Lemma | Harmonized Group Bali |
| 41 | Nehfinji GGeorge Niba | Self reliance |
| 42 | Ndalle Richard Ngwa | Helping Each other |
| 43 | Nfor Ngala Timothy | Solidarity Group Ndu |
| 44 | Ringuyu Nyugap Charly | University of Buea |
| 45 | Ndeng Esther Shu | NCHUDIBA |
| 46 | Wanchia John | DIWEREC- Bafut |
| 47 | Atangal Joseph | DIWEREC- Bafut |
| 48 | Dioh Jerry | CRCDD |
| 49 | Abanda John | Santa Center |
| 50 | Kineh Moses Mbigueh | Kejom Ketinguh- Tubah |
| 51 | Kunna Galabe Henry | SNEG |
| 52 | Ngwa Helen Bih | WDPWD |
| 53 | Limen Florence | CRCDD |
| 54 | Mbeweh Solomon | Ngoketunjia Association of PWD |
| 55 | Awah Emmanuel | Coordinating Unit Menchum |
| 56 | Vera Tsudong | Menkaf |

| | | |
|----|------------------|---------------------------------------|
| 57 | Che Susan | Menkaf |
| 58 | Ambe Joseph | NCHUDIBA |
| 59 | Njua Martina | COBLIND |
| 60 | Atemku Stephen | Truly Disabled Association Big Babaki |
| 61 | Lukong Leonard | KIAFON- Kumbo |
| 62 | Kang Loveline | Wum |
| 63 | Zenoba Eziah | Wum solidarity |
| 64 | Cassian Munteh | FADIG -Njinkom |
| 65 | Suiwong Rosina | CUAPWD |
| 66 | Dze Pascal Chou | Disabled Tailor Association |
| 67 | Angoh Peter Abi | Njikwa Disabled people Association |
| 68 | Peh Peter Duala | CRCDD |
| 69 | Mbinmenang David | HSUVI |
| 70 | Ngandicho Mercy | New vision disabled |
| 71 | Ngwah Oliver | New vision disabled |
| 72 | Ngomande Cecilia | ADIPA Awing |
| 73 | Mankah Pauline | SNEG |
| 74 | Monica Ngwa | UBP- SABOGA Bafut |
| 75 | Acheinegeh Ruth | CUAPWD/SNEG |
| 76 | Ngoh Stanley | HSUVI |
| 77 | Ngong Peter | HSUVI |
| 78 | Comfort Shangla | Solidarity disabled persons Ndu |
| 79 | Ngong Johnson | Social Union |
| 80 | Aku Emmanuel | |
| 81 | Julius Wango | BCCSDR |
| 82 | Njitor Alloys | BCCSDR |
| 83 | Anjonga Emmanuel | BCCSDR |

Welcome to the 2010 Bamenda Conference



GOOD MORNING





What Is Advocacy?

- Public support for/or recommendation of a particular cause or policy
OR
- The act of arguing on behalf of a particular issue, institution, idea or person.



■ Simply...

Advocacy = Add + Voice

'collection of the voices or adding the voices.

ADVOCACY

- A process designed to create positive change.
- A variety of actions taken to draw attention to an issue and to direct legislation, policymakers, service providers, and other important actors to a solution.

■ Advocacy actions can be taken at the

individual,
local,
national,
regional, or
international levels.

How to carry out Effective advocacy

■ Advocacy is almost never undertaken by a single individual or organization working alone.

■ It should be a collective action of groups with different experiences and perspectives working together to achieve a shared goal.

Effective advocacy . Cont'd

- Educate early -- if you wait until an issue arises it may be too late to garner the necessary support
- If people are going to be effective advocates, they must be able to convey their opinions in an informed way →
what do we mean by
'informed'???

Advocacy is a way of life

- Make it part of your culture, and work at it daily. Every member needs to be involved.

Reasons for Advocacy?

- To **change** policies
- To **implement** policies
- To **formulate** new policies
- To **make alternative** policies

Steps to planning

FIRST...

- Hold planning meeting with groups/members on how to identify:
 - Key issues that matter to most
 - ROOT problem of issue, not surface symptom
 - Solutions and wise approaches

How to get people involved?

- The organizers fill in the details and aim of the advocacy project, explain the positive impact the change will have on the communities and the general public.

THROUGH THIS PROCESS PEOPLE WILL BE...

- Educated on their cause and learn to be prepared to speak when the opportunity arises.

WHO Should Advocate?

- A broad mix of individuals;
 - people with disabilities and families
 - community leaders
 - civil society organizations
 - members of the community
 - policy makers

WHO will advocates sensitize?

- It all depends, and may in fact shift as time goes on, or vary day to day.
- That's why it's critical to begin **building your base** of support before you take action.
 - Assess the **opportunities for Advocacy**

Other opportunities

- You may also want to organize your own activities like, seminars/ classes, sporting events, etc.
- Invite people as you begin to develop your advocacy and educate them about why you're requesting specific changes, or certain levels of improvement.

Creating opportunities cont'd

- Regularly invite elected officials to your programs, or endeavor to attend theirs.
- Contact elected officials individually and inform them of your availability to help answer questions that may arise in the course of their elective duties

HOW Should We Do Advocacy?

TO GIVE POSITIVE EXAMPLES... STARTING AT HOME

- Make it a habit to collect the positive comments that people share about your activities.
- These stories can be used in newsletters, on your website, in reports to the local council or Parliamentarian, and in the public media.

CONSISTENCY and SOLUTIONS

DON'T CHANGE YOUR MIND...

- Communicate the same message over and over, it is the key to effective advocacy.

DON'T JUST COMPLAIN...

- Provide thorough and reliable information/solutions to policy makers that they can use to justify support.

UNDERSTAND YOUR TARGET – DECISION MAKERS

- They have many decisions to make, thus they need **precise and concise** information to justify their actions.

RESILIENCE – key ingredient to success

DON'T GIVE UP...

- Don't stop doing advocacy because the answer to your request is no. It often takes several time to get the desired results!

DIPLOMACY IS IMPORTANT...

- Be sure to say thank you, even if you don't get the answer or support you sought

Forms of advocacy

Targeted advocacy

- **Letters** to decision-makers to bring issues to their attention.

MAKE SURE YOU GET...

- Specific name of person concerned and organization should be addressed in the letter

ADVICE ON LETTER

MAKE SURE...

- The letter is brief and informative to catch the attention of the recipient.
- Letter alone rarely brings results and needs to be followed up with a meeting or phone call.

Meetings, seminars, conference

- With leaders and concerned authorities and community members.
- Have an idea of the outcome you are hoping for → clear agenda to highlight what you are doing and how they can support in practical and realistic ways.

Capacity building of stakeholders

- Educate PWDs, DPOs to advocate for their own rights.

SELF-ADVOCACY

Networking

■ By coordinating joint advocacy with organization working for similar cause.

Advocacy by Action

■ Start a demonstration project for people to see and learn from it.

Mass advocacy

- A series of actions taken and issues highlighted to change the "what is" into a "what should be", these includes;
- Press appeal using public media
- Distributing disability information to public

Mass Advocacy

- Speech at public forum/festival/gathering
- Road blockade, general strike

GOALS of mass advocacy

- Change minds/attitudes of a LARGE group of people
- Question the way policy is administered
- Participate in the agenda setting as they raise significant issues
- Target political systems "because those systems are not responding to people's needs"

Summary of effective advocacy

- Be polite, be prepared, and be persistent.
- Educate early -- if you wait until an issue arises it may be too late to garner the necessary support.

To conclude

- The objective of advocacy is to change the attitude or remove the barrier, not to change the person with disability. We work to strengthen the protection of the human rights of persons with disabilities, so that **our society will become more humane, more just and more inclusive**, for you, and for your friends and your loved ones



Questions?



**Sketch for 5th Bamenda conference – ADVOCACY:
10:30am-11am, Thursday January 27, 2010**

SKETCHES ARE LINKED.

4 sketches of 5 minutes each + 10 minutes of discussion after.

Topics: Advocacy for inclusion of PWD in the workplace.

1st sketch:

A group of friends with different disabilities are sitting together and frustrated about the lack of job opportunities for them, despite all them having distributed their resumes to many different organizations and having good education and volunteer experience, none of them have been called for interviews. They talk about how they think employers are discriminating against them after meeting them and seeing they have a disability, as the employers did not even test them to see that they have very good abilities to do the job they applied for. One of the friends remembers her cousin who also has a disability and was trained as teacher, she wanted to work at a local school that had a vacancy, she was rejected by the school who

concluded she could not manage the class because she had an amputated arm. With the help of her family and friends, she approached a representative at the Ministry of Social Affairs who helped advocate on her behalf to the school on the equal rights of PWD. Finally the school accepted her to be a teacher because of the laws and policies of Cameroon (who has signed the UNCRPD), and she is now a very good teacher there.

The friends get inspired by the story and talk about organizing a larger campaign to push several big employers to give equal opportunities to PWD and for them to at least make a commitment to hire 1-2 PWD this year in their companies. For this they will need the support of the Ministry of Social Affairs and they discuss approaching the local Delegate to advocate and see how such a campaign can be organized. They book a meeting to see the Delegate one month later.

2nd sketch: (1 month later)

2 of the friends meet with the Delegate for the ministry of Social Affairs to explain the situation and discrimination towards PWDs in public and private workplaces, and how this goes against the UNCRPD and Cameroonian law. They would like to organize a campaign to 5-10 of the largest employers in Bamenda (MTN, Orange, banks, Transportation companies, Ministry of Education etc) to be sensitized on labour laws that require them to hire people with disabilities. The Delegate listens openly and understands the concerns and goals of the friends; he states that he will think about the matter and write letters to the appropriate people to see what would be the best way to approach this campaign to get a good result.

3rd sketch (3 months):

The friends are sitting around again and frustrated about the slow progress, they have not heard from the Delegate of Social Affairs and think he has forgotten about their idea and request. They will take matters into their own hands and want to have a more aggressive advocacy style that they have seen other people take. Three of the friends talk about going into town and holding signboards and blocking the entrance to the public and to employees in front of the sites of different companies, to make it clear that there is discrimination towards hiring PWD. The other 4 friends feel that this type of advocacy style will get media/public attention, but not in a positive or productive manner, as they may end up frustrating more people. They wonder if they can approach the Ministry of SA again and reduce their frustration in a productive way, and to continue to discuss details with the Delegate of SA, to plan and implement a successful advocacy campaign to employers in Bamenda.

4th Sketch (6 months later):

The minister has now gotten feedback from his colleagues on the best way to help the group of people with disabilities approach the large companies/employers to successfully get them to commit to hiring more people with disabilities. He proposed that the friends and the minister have small group meetings with the Managers of the big companies and that a delegate from the ministry of labour also be invited/present. In these meetings, both ministries (SA and Labour) will remind employers of labour laws and rights of PWD and encourage managers to set targeted goals for hiring more people with disabilities. After that, the ministry of labour will monitor the hiring practice of these companies of a 1 year period and will penalize the companies that do not hire their agreed number of PWD and that the Ministry will reward

companies that DO HIRE PWD, by highlighting their names and cooperation in public forums and in printed reports. The friends are happy and think this is a plan that will succeed.

Questions to ask after sketches?

1. List all the different types of advocacy methods you noticed in the sketches?
2. Which method was most successful?
3. What did you learn about how long it takes to make advocacy succeed? Is it a quick result activity or a slow-result activity?
4. Do you think this sketch is realistic and could happen in Bamenda?
5. What other feelings did you have in watching this sketch.



Advocating for the creation of
Psychiatric Rehabilitation:
An Inclusion Strategy to treat all
persons with mental illnesses
by Hedwick Chia Fonbeh, MA,
MA,LCDC-I,LPC-I
Mental Health Specialist.

What can we do to treat people
with mental illnesses?

Objectives of this Presentation

- Participants will identify advocacy activities of mental health treatment for themselves and others who may have no voice.
- Identify actions to take to engage and shape the opinions of policy makers and stakeholders for mental illness treatment.
- Identify factors that can help to create psychiatry rehabilitation centers.
- The participants will awareness of the need to advocate for the right of mentally ill and treatment.

Introduction

- Advocacy for treatment and rehabilitation for persons with mental illness will include them in the mainstream daily life activities.
- To succeed in advocacy for persons with mental illnesses, we need to involve family members, significant others, the community and other professionals.
- In this session we shall discuss practical advocacy strategies to carry out that will benefit persons with severe and persistent mental illnesses.

Problem

- We have increasing number of persons with mental health condition in Cameroon & world wide
- They are the most vulnerable group for people everywhere in the world
- They are excluded from main life activities
- They are homeless and suffer poverty
- They have no treatment

Need of Mental health persons

- To be treated equal like everyone else who is sick
- Need to be given responsibilities and chances to speak up, work and empower themselves
- To make new friends and renew old friends like everyone else
- To be able to learn from their mistakes and improve their lives like everyone else.

Actions

- Implement Psychiatry Rehabilitation centers offering behavioral interventions and medication management for mental illnesses as it is in other parts of the world.
- We need to advocate for the integration of mental health care treatment into our medical care
- We can advocate for mobilized resources through tax payers revenues
- Advocate to train more mental health specialists (psychiatrist, social workers, substance abuse therapist, etc
- Produced materials and disseminate information on Mental health care

Advocacy Strategy

- You can advocate by doing research on the care and treatment of mental health conditions in Cameroon
- You can offer funds for publications and printing of educational materials.
- You can also advocate by promoting inclusive language and activities for persons with mental health conditions

Advocacy Strategy

- Establish standard counseling services for our community
- You can advocate for government to sponsor free treatment for mental health illnesses
- Advocate for networking with all treatment services for persons with mental health conditions

Advocacy Strategy

- Advocate for Government to make available anti-psychotics to be administered by trained personnel
- Sensitize treatment for people to seek mental health care when in need.
- Advocate for standards treatment for persons with severe and persistent mental illnesses

Advocacy Strategy

- You can be involved in local, regional sensitization of youth about the dangers of illegal drugs
- Treatment of marijuana and other forms of drug addiction.
- Promote treatment of drug addiction
- Apply for government authorization of private treatment centers.

Women are WILD!!!

WILD: Women's Institute on
Leadership and Disability

and . It's Impact on the
North West Region

Ruth Achienegh
January 27, 2011

Today's presentation

1. Introduction: What is WILD program?
2. Impact of WILD on participants?
3. Return home: recommendations
4. Advocacy dimension of WILD program and of women's issues
5. Challenges faced by women in the North West and Solutions
6. Recommendations and priorities



Introduction: What is WILD program?

- International Exchange between women with disabilities globally.
- This program started in 2003, every 2 yrs.
- 2003, 2005, 2008, 2010
- Held in Oregon, USA = headquarters of MIUSA.
- Mobility International USA, NGO, WWD run it. Their goal is gathering and empowering people with disabilities from across the world.



Content of WILD

- 43 women from all around the world were gathered for 3 weeks for training, networking and sharing:
- **Train women on:**
 - Human Rights using UNCRPD and national laws
 - Project management for women's programs and Grant and proposal writing
 - Women's health issues
 - Disability friendly sports (horse back riding, water skiing, self-defense, etc.)
 - Information sharing with Alumni (women from previous years)

Impact of WILD on participants

- Learned how to run sensitization campaigns at school level with children
- Sharing ideas and vision with other women with disabilities in context similar to Cameroon
- Sharing with other African women:
The story of Lydia (Ghana)

Return home recommendations:

- Women's forum creation - a place to discuss our issues and take action
- **The Ministry of Women's Empowerment** need to mainstream needs of women with disabilities
- Other women to go to global conference and learn about our issues, see beyond Bamenda.
- Mainstreaming of women/girls across all programming of other NGOs: education, livelihood/micro-finance, environmental sustainability.

Advocacy dimension of WILD on women's issues

- National Laws: how to use them for WWD
 - Employment
 - Politics
 - Young girls and schooling
- Method: school-level sensitization, starting business training, self-advocacy thru positive self image.
- All of this in partnership with men.

Challenges faced by women in the North West and Solutions

- Education - at all levels
- Decision-making and voice
- Health - reproductive health

Recommendations and priorities

- NGOs AND **Ministry of SA** should include targeted programming for girls and women with disabilities
- Continue collaboration with Ministry of Women's empowerment
- Beyond basic needs (education and livelihood), women with disabilities have a right to FULL lives: sports, art, recreation,

Loud, Proud and PASSIONATE



**Panel and interactive discussion: The Importance of Advocacy? The role of the conference to promote advocacy.
Examples from panel members.**



Advocates for persons with disabilities (Mr. Nyincho Samuel- CUAPWD)
Social workers (Mrs Nkwate Rebecca- Regional Delegation of Social Affairs NW)
Legal Advocates (Mr. Ndi Valery – Zenith Law firm Bamenda)

The discussion centered on the role each institution is playing to advocate for PWDs. Each panelist had 5 minutes to present all what his/her institution is doing in advocating for persons with disabilities. There after there were questions from the participants to particular panelist.

Ministry of Social Affairs (MINAS)

The Social worker from MINAS mentioned the laws in Cameroon that protect the rights of PWDs and these laws include the 1983, 1990 and the 2010 laws. She also made mention of joint Ministerial text between Ministry of Social Affairs and Ministry of Higher Education giving PWDs some concessions to enter in higher institutes. This partnership also continues in other education ministries (Basic and Secondary) where MINAS is advocating for school fee exemption for children with disabilities and children of persons with disabilities. This permits them to have free education in public schools.

Advocating for tax exemptions for persons with disabilities who are carrying out petty businesses.

Collaborate with local Council officials by providing technical and financial assistance to these councils so that they meet the needs of MINAS target population in their various council areas. Educate the public on what should be done and this is a continuous process.

Coordinating Unit of Association of Persons with Disabilities (CUAPWD)

Called for unity amongst the DPO to be more effective. PWDs should take the lead and live by examples. Ramp in front of CUAPWD office is a good example. Should endeavor to build the capacity of members. Advocacy messages should benefit the community not just the individuals. Samuel noted some ills that happen in course of advocating for persons with disabilities like in personification, blackmailing and proper approaches of advocacy not

known by those advocating. He frowned with persons who come to advocate for persons with disabilities but at the end want to exploit these same persons they wanted to advocate for.

On the other hand, he continued that persons with disabilities themselves have to build their capacities and know what is best for them and have what is needed to get their needs given them.

Mr. Ndi Valery the Law practitioner on his part was bringing the part of the law in advocacy. He most of the time quoted the 1983 and 1990 laws enacted and signed protecting the rights of persons with disabilities. He also made mention of the recent 2010 law that was enacted in parliament and was signed by the head of state protecting the rights of persons with disabilities. He announced to the participants that in case of abuse of any article of this new law is punishable by prison terms. He encouraged persons with disabilities to know their rights, study legal documents so that they can report matters of abuse.

VIOLENCE AND ABUSE AGAINST PEOPLE WITH DISABILITIES: EXPERIENCES, BARRIERS AND PREVENTION STRATEGIES.

Tah Kennette Konsum
Development worker and Educator
Volunteer SNV Cameroon



- **The social context of disability in itself, including factors such as inaccessibility to or reliance on support services, corruption, poverty and isolation has a powerful impact on individuals' increased risk for violence. Historically, individuals with disabilities have not been considered reliable reporters of abuse nor have they been given the chance to be self-directed in many domains of their life. Traditional approaches to "protecting" people with disabilities have inadvertently kept them from accessing the tools and resources needed for protecting themselves.**
- **Within our context here in North West region of Cameroon, we must have been informed of or witnessed abuse or violence of one form or another meted on a disabled person. This ranges from insults, ritual rape to other more complex forms of molestation. However, these phenomenons are more prominent in women than in men with disabilities. This paper is intended to bring out some of these realities as per general context, elaborate on specificities and reveal recommended solutions: The Way Forward!**
- **To digest this issue the following shall be looked at:**

Gender, abuse and violence against people with disabilities.

- **Types of abuse.**
 - Physical abuse.
 - Sexual abuse.
 - Verbal or emotional abuse.
 - Neglect or withholding support.
 - Financial abuse.
 - Manipulation of medications.
 - Destroying or disabling equipment.
 - Commercial abuse.

Abuse by Personal Assistance Providers

- **The Price Paid by Individuals and
Society**

The Price Paid by Individuals and Society

- Injury, death, depression, anxiety, alcohol/drug use, eating disorders, sleep-disorders, stress-related symptoms, gastrointestinal problems, migraines, suicide ideation/attempts, and post-traumatic stress disorder, HIV/AIDS, and other STDs.

Barriers to Addressing Abuse

- Most people don't believe that men can be abused.
- Embarrassment and shame about disclosing abuse.
- Fear of backlash from the perpetrator.
- No trusted person to talk with about abuse.
- Complexity of managing abuse by PAS providers that are family members or friends.
- Fear of not being believed or considered a credible reporter of abuse.
- Fear of involving police or adult protective services who may take control and disregard the individual's knowledge of the situation, factors that must be considered, and the individual's preferences for addressing the problem.

Problems with Victims' Services

- Lack of knowledge of individuals with disabilities about victim's services available in the community (crisis lines, domestic violence shelters, sexual assault programs; support groups etc).
- Most victims' services may not be set up for men.
- Lack of accessible shelters or temporary housing (physical, sensory, cognitive and communication accessibility).
- Lack of adequately trained help in shelters or lack of specialized equipment.
- Lack of routine abuse and violence screening for people with disabilities.
- The police and community programs do not understand the unique issues affecting people with disabilities.

Problems with disability services.

- Disability agencies don't listen or take individual's concerns seriously.
- Agencies don't assist individuals to screen for abuse or proactively offer help with abuse.
- Reporting abuse may lead to agency intrusion in many areas of an individual's life and disregard for the individual's privacy.
- Reporting abuse may lead to losing independence, like going into a group home or nursing home.
- Reporting abuse may lead to losing custody of children because the person with disability is not considered capable of keeping children safe

Specific Strategies to prevent and stop violence and abuse.

- Encourage individuals to have multiple personal assistance service providers.
 - Make back-up emergency personal assistance providers available to all individuals with disabilities who use PAS (paid / unpaid, family member / friend / formal provider).
 - Allow individuals to choose who provides their personal assistance services.
 - Make it possible for individuals to pay their personal assistance providers at a competitive wage and to offer benefits.
 - Encourage and assist individuals to screen for abuse.
-
- Conduct cross-training activities and encourage the establishment of protocols and agreements that assist victims' service organizations and the police to increase their accessibility, that increase the capacities of community disability organizations to assist individuals with abuse and violence, and that build linkages among violence, criminal justice and disability organizations and agencies.
 - Involving centers for independent living, self-advocacy organizations, psychiatric consumer / survivor drop-in centers and other peer-based groups in violence education, screening and support activities.
 - Provide every individual with disability with information about violence and sexual assault advocates and support groups, and help them to connect to these groups, as they desire.

- Provide assurances that a person will not be placed in a group home or institution nor have their children taken away if abuse is disclosed.
- Provide a 24-hour crisis line for individuals to talk with an advocate experienced in disability and victim services, and to get assistance with safety planning.
- Establish emergency transportation services that individuals can call upon.
- Establish emergency child and other care services that individuals can call upon.
- Establish emergency interpreter services that individuals, police and community organizations can call upon.
- Make it possible for individuals with disabilities to access information about the prior employment of and complaints against personal assistants.

- Provide individuals with disabilities with an abuse tool kit that includes items such as information about what behavior is okay and not okay and validation that it is the person's right to be safe; self-administered abuse screening tools; a wallet card with emergency phone numbers; and tips for safety planning.
- Encourage individuals to have their checks directly deposited into an account in their name.
- Provide individuals with disabilities with assistance to communicate with the police and the state council's office, to get restraining orders, to deal with perpetrators who violate restraining orders and to prepare for testifying at trials.
- Make it possible for individuals to easily change their representative payee.

- Ensure that all individuals with disabilities have an accessible phone or alert button that they can use independently anywhere in the home.
- Give all PAS users information and training about safely managing personal assistants and dealing with abuse, including:
 - Interviewing and selecting PAS providers;
 - Making the assistants responsibilities clear in a job description;
- Doing regular performance evaluations;
- Communication strategies and maintaining relationship boundaries; and
- Dealing with abuse by family and friends.
- Provide training for all PAS providers in ways to identify and deal with abuse.

Conclusion

- This is an extensive list and establishing these practices and policies will take a long-term, concerted commitment on the part of state, community and local disability, violence and criminal justice organizations.
- The secret is out: People with disabilities are experiencing abuse and violence and there are not effective approaches currently in place to adequately assist them to manage the problem. We need to equally investigate the extent of this abuse and violence in Cameroon. Many of the solutions to the problem are known: Fundamentally, we must provide individuals with the tools, supports and resources that empower them to control their lives and respond to the abuse they face. We must move forward in enabling persons with disabilities to claim their right to safety.

Children Born with Disabilities living in the “*Extreme North West of Accessibility to Rehabilitation Services*” within the North West Region of Cameroon

By
Timothy Fanfon – Head of PT department, Bansa Baptist Hospital



This paper discusses ways in which poor families of children born with disabilities or families of adults living with disabilities are under privileged, stigmatized, and as a result, the family involvement in seeking for help or rehabilitation for their children or adults LWDs; coupled with their weak economic power places them in a disadvantaged situation. The paper focuses on the role of service providers in being intentional about advocacy by extending their services to the geographically and economically underprivileged. It will also cause the community to see her role in ensure a positive outcome in the quality of life for infants born with disabilities.

Background

The North West region of Cameroon has an estimated population of 1.8 million inhabitants. Recent studies carried out in the region show that about 10% of the people living in the NW region live with a disability. The region also has several services that provide rehabilitation. Some examples include our hospitals, Faith Based organizations such as the CBC and SAJOCAH, several vocational training and advocacy groups of persons with disabilities and other local-based private initiatives. Services available include Education programs, Center-based rehabilitation, Community based rehabilitation, etc

As individuals, groups or organizations, we are doing our very best. In the past, we worked independently and could not do very much. Now, we have started working in a network and we now achieve more than before. But there is still room for us to do more in this providing quality and quantity services to the PLWD in the North West Region and particularly children LWP in this region.

The Cameroon Government is doing her part in the prevention of disabilities through prenatal and postnatal vaccination programs. Through their experience we learn that whenever you sit and wait for the people who really need your services, either you do not get them at all or they come too late or the wrong people come

I will continue by telling you some true stories

Story One is about a 17 year old boy we will call Dick (real names withheld) living in a village called Wasi-Ber in Jakiri Sub Division of the North West Region of Cameroon. He is an only child to her mother (name withheld) who at the time of first contact was above 40 years of age. No details about the boy's father were available because the boy himself does not know who his father is. Dick's mother was born with several deformities on her legs and back. Her back is/was bent and her legs were unable to carry her because they were weak and not normally positioned. Her arms too were really weak and she could just barely use them. She moves by crawling.

17 years ago Dick was born with the same presentation as her mother. Details of his early years are not known. About one year ago, I talked to a friend who works with the Lamnso Literacy center in Kumbo and shortly after that he and his team visited that area and when he returned he told me of Dick and his mother. I met our Community Based Rehabilitation Worker, gave him the contact information concerning Dick and he left immediately on motorcycle to see him and we later on made a trip to meet them.

We reached there in the rain and Dick was not in the house. His friends went out in search of him and behold Dick came crawling in the heavy rain bare hands and feet.

As we examined Dick we further noticed that he had a deformed Right upper arm which he explained that he fell some time ago and had much pain and inability to use that arm for quite some time. While at a traditional doctor's clinic when the pains later went off, he noticed that the arm was deformed and made it very difficult for him to use the hand normally as before because it was now turned with his palm facing the side. He however manages to move and do his things with it like that to school, market, etc

He and his mother live in a small thatched room of estimated surface area of 2 by 3 meters.

His mother cooks for both of them

Dick goes to primary school crawling to and from school everyday through a distance of about six kilometers.

After so much work and follow up with Dick, we noticed the following:

1. Dick was brought to the hospital and X ray showed that Dick had fractured his arm and it healed poorly
2. The nearest health unit is less than 5 kilometers away from Dick and his mom
3. The sub divisional hospital is about 800frs taxi fare away
4. Dick and his mom live about 1 KM away from their church
5. When we handed Dick a tricycle, the school leadership was charged to and they agreed to modify the paths to ease Dick's schooling but 6 months later, nothing was done yet so Dick has to struggle through that difficulty too.

There is still more about Dick but let's leave it here now.

Story Two is about a 50+ year old woman living in Kuvluh village in Tatum Sub division of the North West region of Cameroon. She was married and was a business woman, doing a buyam-sellam. After some time she developed progressive weakness of her legs that later on became paralyzed. At the time we met her she had been 8 years on her bed and never went out of her room for anything. Her room was about 8 meters away from the busy road leading to Noni Sub division but she spent all her life on her bed in a house of about 5 rooms built by her husband with virtually no one around. She is usually left in the house alone during the day while her nephews and nieces either go to school or farm. Initially the family tried to seek medical help for her in vain. Later on she was abandoned in her room where she spent days and nights. She lived in a house about 10m from the road but for years she was unable to see that road because of her inability to use her legs despite the fact that her arms were very strong.

Our CBR field worker used to pass in front of that house several times in search of PLWDs before she heard from another person elsewhere about this woman. We met this woman in her home, gave her a tricycle and soon this woman started a small provision business in front of her door. Her husband who had actually abandoned her came back and this woman was now able to move around.

The 3rd story is about a 16 year old boy we will call Allo who lives in Ntong Village in Nwa Sub Division of the North West region. He was crippled by Poliomyelitis as a child and has since then been crawling because his legs are unable to carry him. He schools at a technical school that is about 5KM away from their home. To reach school from their home he has to cross two running streams, (the bigger stream has one long log for a bridge and the smaller stream has no bridge), he passes through a narrow uncleaned foot path and has to ascend or descend a steep grass-covered slope. Because his family keeps cattle, their house is fenced and he has to climb up and down the exits everyday.

What are we saying by this paper?

1. PLWDs and their families suffer more from ignorance rather than from the disabilities they have. They are ignorant about what?
 - They are ignorant about the causes of their various disabilities and so the ignorant society stigmatizes and gives them other untrue reasons for their disabilities.
 - They are ignorant about the various services available to turn their disabilities into special abilities and so they spend their time and limited resources in places from where they come back worse than they went. This makes their original problems worse.
 - They are ignorant about the cost of the services we, providers offer and so are made to think that rehabilitation is actually more expensive than it is
2. Most service providers wait for the PWDs to come and sometimes when they leave their homes for your centers they end up in the wrong places
3. Some of the families of children LWDs know about our services and need just a little bit of encouragement from the service providers for them to fully be involved and start leaving the hedges of stigmatization around their homes. I have got this encouragement from dealing with mothers of kids born with clubbed feet.
4. Service providers need to draw up and carry out programs in the geographically underprivileged areas of our region because:
 - It is easier for the service provider to stretch her resources to such areas than for the PLWDs or their families to travel out especially due to the poor road network and the weak economic power in such places
 - The trends of health care provision in the world now lead towards meeting people where they are rather than wait for them to come
 - Health care programs that wait for the people to come don't affect as many lives as those that seek out the clients
5. Most of our rehabilitation services are located in the large towns of our region and many of the persons that need these services living in the extremes of this region will never get such information because they are not connected. In this way, only the rich people from other regions who can afford will come to our institutions and swell our numbers.

6. Many of these rural and hard to reach places now have community radios that service providers can use to produce and run disability and rehabilitation programs.
7. We must remember that every one of us here is a service provider. You have a part to play as we seek to improve the quality of life of PLWDs especially in the North West Region of Cameroon. The provider here includes
 - Family
 - Community
 - Hospital staff
 - Rehabilitation professionals
 - Organizations of PLWDs
 - Advocacy and support groups
 - CBR workers or volunteers
 - Other

All of these ideas make up what I call the new way of advocacy




The North West and beyond:

Linking disability and rehabilitation experiences in other developing countries to opportunities in the North West Region

Shirin Kiani

Volunteer at BCCSDR
Occupational Therapist, Public Health Worker



3 contexts to be covered:

○ **SRI LANKA** Advocacy:

- Accessibility for ALL!

○ **NEPAL** Advocacy:

- National level
- Emergency preparedness
- CBR project

○ **HAÏTI** Advocacy:

- mainstreaming needs of PWDs in Camps

○ **Cameroon: overlap and possibilities**

QuickTime™ and a
decompressor
are needed to see this picture.

Sri Lanka - 2008

- War-torn country for 20 years, many people displaced
- Many people with amputations as result of landmines/war, % of persons with mental illnesses high
- Tsunami - 2004, wiped out many buildings
- Poverty levels high outside capital

3 contexts to be covered:

○ **SRI LANKA** Advocacy:

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○ **Cameroon: overlap and possibilities**

Disability Resource Centre

QuickTime™ and a
decompressor
are needed to see this picture.


- Register all the PWDs in the area- rights
- Focal point for referral to other organztns
- **ACCESSIBILITY**

Accessibility for ALL!

QuickTime™ and a
decompressor
are needed to see this picture.

Tsunami very sad event - many public
buildings, homes and community places
were damaged AND a

**Great Opportunity for
ACCESSIBLE reconstruction!**




Accessibility for ALL campaign

- NGOs in country took part in campaign

1. Accessibility Officer - Sensitization

2. Accessibility Engineer - Technical support to other engineers/architects

- Leaflets on accessibility
- Attended reconstruction meetings
- Audited Ministry buildings- drawings
- Model projects completed- gov't building, disability centre, part of university, conference hall



Nepal - 2009

- Poverty levels high
- Never been colonized - proud and strong sense of identity
- Mountainous/hilly region - inaccessible roads/schools- CBR workers by foot --> 3 hours to reach homes of PwDs.

QuickTime™ and a decompressor are needed to see this picture.


QuickTime™ and a decompressor are needed to see this picture.



National level - DPOs

QuickTime™ and a
decompressor
are needed to see this picture.

- ▣ **Gathered leaders of national level DPOs to train and create national advocacy plan.**
 - Each DPO had a role to play in fulfilling different parts of work plan,
 - Lawyer reviewed Nepali laws and advocacy techniques/approaches
- ▣ **Joint advocacy = EFFECTIVE, louder voice.**



Emergency (ER) preparedness + mainstreaming

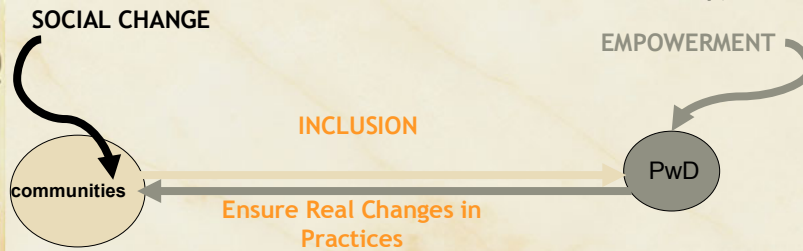
- High risk country for floods, landslides and earthquakes.
- Many doing ER preparedness, not many know about needs of PwD
- Train DPO on ER preparedness
- Train ER NGOs on preparing for needs of PwDs in emergency

CBR Approach

Working with communities

Awareness-raising, orientation, lobby, advocacy to different types of groups, at different levels of society

Working with individuals (PwDs & families) in different sectors: special services, assistive devices, counseling, training, access to education, citizenship, etc.



CBR advocacy tool

- social communication tools
 - Flip-charts for advocacy in schools
 - Posters put in public buildings
 - Street dramas - scripts were written
 - Flash-cards used in various groups



Posters



Flashcards



More flashcards



Haiti- 2010

QuickTime™ and a
decompressor
are needed to see this picture.


- Jan. 12, 2010
- BIG earthquake (7.3)
- 300,000 injured, many died
- Many amputations, some spinal cord injuries, mental illness % high

QuickTime™ and a
decompressor
are needed to see this picture.




NGOs flooded in

- Remember disability issues
- Remember accessibility in camp construction
- Remember equal access during food distribution



Cameroon: Overlap and Possibilities



QuickTime™ and a
decompressor
are needed to see this picture.

- **Accessibility**
- **Emergency preparedness?**
- **Regional level advocacy - links to National**
- **CBR level - social comm tools +++**
- **Mainstreaming disability- more interNGO meetings.**

Accessibility at BCCSDR



Thank you and

.Waka Fayn!

QuickTime™ and a
decompressor
are needed to see this picture.



Volunteer Services Overseas

Sara MacMillan



Mission: Eradicate Poverty!





Listen & Help Plan for the Future

- Increase participation in local decision making processes
- Strengthen internal governance through capacity building
- Improve collaboration between civil societies, local councils, and state agencies



Where can you find Sara?

Sara MacMillan
Tel: 98 12 06 62

“CUAPWD” – Savanna
BCCSDR – Opposite Council Gate

5th Bamenda conference on disability and rehabilitation
Theme: Advocacy: Translating words into action
Big Mankon Cathedral Hall
27th -28th January 2011

Please list three things you enjoyed MOST about this conference

- we enjoyed the educative components
- the language and manner of approach was good
- accessibility to the venue of the conference
- enjoyed the food
- the coordination was good
- staff service was very good
- host environment was very conducive
- good interaction and making new friends and partners.

Please list three things you enjoyed LEAST about the conference

- time was not respected
- prolong presentations became boring
- accommodation of participants from outside Bamenda
- rushing over issues so no proper time for activities no media coverage
- low turnout
- no Braille and sign language to make it very inclusive
- Some meals were not of very good quality

Is there anything about the conference you would like to change for the future conference.

- Improvement on the food quality
- Good and wide sensitization of the conference
- Time management
- They should be sign language interpreters
- Media coverage to sensitize the society
- Early distribution of letters /invitations
- Presentations should be within the time limit
- Handouts should be given to participants the conference venue should be rotating in the region
- Top government should be invited to attend the conference
- Conference should be held at least twice a year

Is there anything about the conference you would like to see remain the same for future conferences?

- the nature of the speakers

- feedings
- venue and season should be maintained
- the educative component
- the legal backing from a legal practitioner

What topics would you like to see addressed at future conference?

- more advocacy topics
- disability and marriage
- HIV/AIDS and family planning amongst PWD
- Violence and disability
- Disability and appropriate language
- Coping with disability
- Human rights and disability
- many sketches on advocacy

Do you feel this conference has been beneficial? Why or why not?

- Yes, because we have learned many things on advocacy and rehabilitation.
- Yes, we can now translate advocacy in to action
- Yes, more knowledge/ideas acquired on disability advocacy strategies
- It has been beneficial because more skills on advocacy have been learnt as well as exchange of knowledge and experience.
- Yes, because so many issues have been addressed for which we were ignorant.

5th Bamenda conference in Pictures



Participant at conference (left) Representative of the Regional Delegate of Social Affairs (right)



Cross section of the participants (Left) Mr. Nyugap Charly reacting to a point (right)



ED presenting the key note address at the conference.



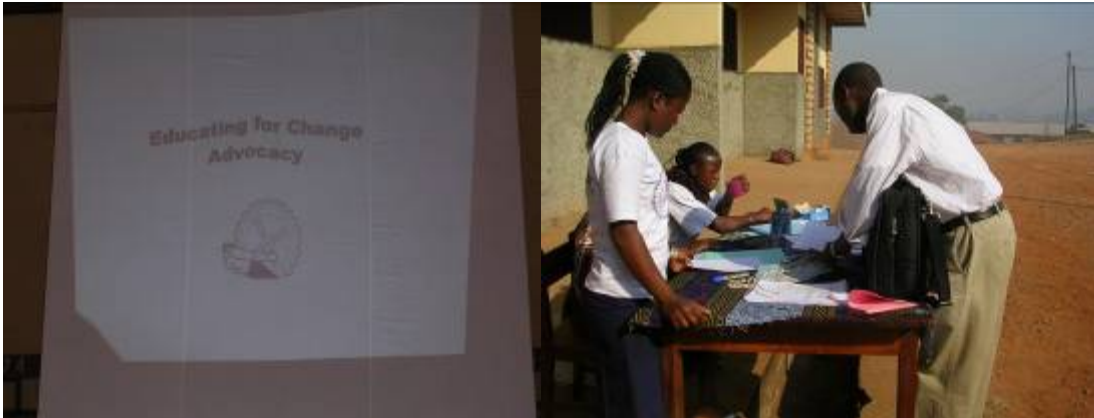
Family photo after the conference(left) VSO presentation at the conference (right)



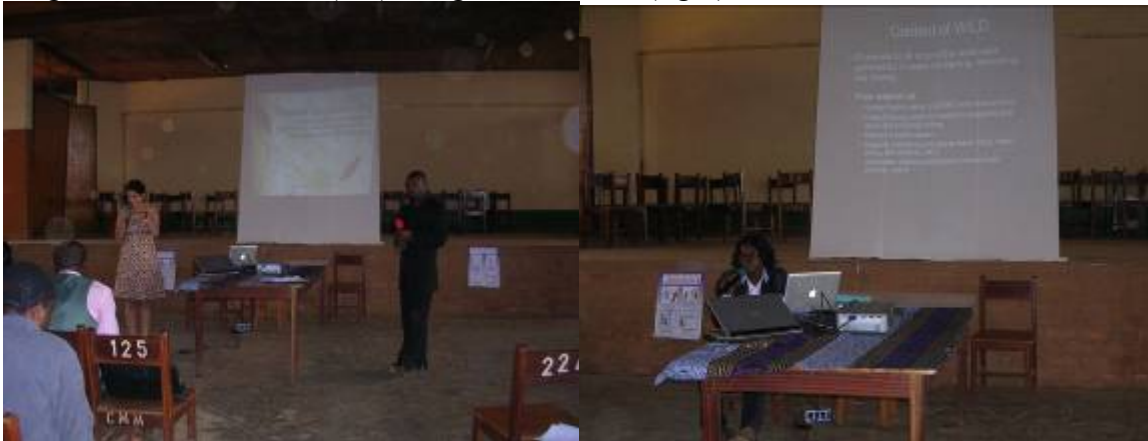
Ms Magdalane Directrees CEFED (left) Mr. Fanfon presenting at the conference.



Panelist on the panel discussion (left) cross section of participants (right)



Slogan at the conference (left) Registration desk (right)



Shirin inter. volunteer presenting (left)
from Oregon (right)

Ruth presenting on inter. Experience on advocacy



Ruth presenting (left)

Participant having lunch (right)



Participants at the conference (left) Prof. Ndi presenting (right)



Prof. Ndi continuous (left) Mrs. Ngala rep. of Women empowerment and the family ®



SENTTI special needs teachers in making presenting a sketch on ADVOCACY



Volunteers at the conference with staff of the center



Volunteers at the conference with Executive Director of the BCCSDR.

Annex 1.

5th Bamenda conference on Disability and Rehabilitation
Theme: Advocacy: Translating words into action
Big Mankon Cathedral Hall
27th -28th January 2011

Registration Form

| No | Name | Affiliation | Contact info | Fee |
|----|------|-------------|--------------|-----|
| 1 | | | | |
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| 12 | | | | |
| 13 | | | | |
| 14 | | | | |
| 15 | | | | |

NB. Persons with Disabilities – Fee waived, Regular – 1500 FRS, Students – 1000 FRS

Annex 2.

**5th Bamenda conference on Disability and Rehabilitation
Theme: Advocacy: Translating words into action
Big Mankon Cathedral Hall
27th -28th January 2011**

Evaluation Form

Please list three things you enjoyed MOST about this conference

Please list three things you enjoyed LEAST about the conference.

Is there anything about the conference you would like to see changed for future conference?

Is there anything about the conference you would like to see remain the same for future conferences?

What topics would you like to see addressed at future conference?

Do you feel this conference has been beneficial? Why or why not?

Please provide any additional comments about the conference or the speakers below or on the back of this sheet.

THANK YOU- Please return this form to the conference organizers.