

**AN EVALUATION OF CBR TRAINING PROGRAMMES IN
UGANDA**

CAN Consultancy Report

**By
Dr. Alice Nganwa,
Mr. Jack Mirembe
and
Dr. Joseph Kisanji**

**Kampala
April 2003**

CONTENTS

Abbreviations	i
Glossary	ii
Acknowledgement	iii
Executive summary	
Executive summary	6
Chapter 1 INTRODUCTION	7
Chapter 2 BACKGROUND	9
Definition of CBR	9
Is CBR a Profession?	11
CBR Components	14
CBR Training Programmes Worldwide	16
Key CBR Ingredients for CBR in Africa	18
Training Needs Assessment	20
Chapter 3 METHODOLOGY	23
Type of Study	23
Research Methods	24
Scope of the Study	25
Participants	26
Study Areas	27
Data Collection	27
Trustworthiness	29
Data Analysis	29
Ethical Considerations	30
Time Frame	30
Chapter 4 EXISTING CBR TRAINING PROGRAMMES IN UGANDA	32
General Objectives of CBR Training Programmes	32
CBR Training Courses in Uganda	34
Formal Training Programmes	35
Non-formal In-service CBR Training Programmes	43
Chapter 5 SIMILARITIES AND DIFFERENCES OF EXISTING CBR TRAINING PROGRAMMES IN UGANDA	51
Similarities in CBR Training Programmes	51
Differences in CBR Training Programmes	55
Chapter 6 RELEVANCE OF EXISTING CBR TRAINING	62

ACTIVITIES TO LOCAL & GLOBAL NEEDS	
Relevance to UN CBR Components	62
Relevance to Secondary Beneficiaries	68
Relevance of CBR Training to the Key Ingredients for CBR in Africa	73
Relevance to Government Policies and Strategies	74
International Relevance	74
Relevance of CBR Training to Global Frame Work Strategies	75
Chapter 7 RECOMMENDATIONS	76
REFERENCES	
<i>APPENDICES List of Participants to Workshop I & II FGD guide primary beneficiaries & alumni</i>	

ABBREVIATIONS

<i>CBR</i>	Community Based Rehabilitation
UNISE	Uganda National Institute of Special Education
MUK	Makerere University Kampala
COMBRA	Community Based Rehabilitation Alliance
PWDs	Persons with Disability
DRO	District Rehabilitation Officer
MGLSD	Ministry of Gender, Labour, and Social Development
MOH	Ministry of Health
MOE&S	Ministry of Education and Sports
CAN	Community Based Rehabilitation African Network
FGD	Focus Group Discussion
ILO	International Labour Organisation
UNESCO	United Nations Educational, Scientific and Cultural Organisation
WHO	World Health Organisation
UNICEF	United Nation's Children's Fund
ICH	Institute of Child Health
MR*LD	Mental Retardation Learning Difficulty
VI	Visual Impairment
HI	Hearing Impairment
CDA	Community Development Assistant
IGA	Income Generating Activity
ADL	Activities of Daily Living
DLA	Daily Living Actvities
LC	Local Councillor
CWD	Children/child with Disability
DCBR	Diploma in CBR
PGDCBR	Post graduate Diploma CBR
MACBR	Master of Arts CBR
DPOs	Disabled People's Organisations
USDC	Uganda Society for Disabled Children
NAD	Norwegian Association of the Disabled

AMREF	Africa Medical Research Foundation
MBR	Mobility
NGO	Non- Governmental Organisation
PEAP	Poverty Eradication Action Plan
UNEB	Uganda National Examinations Board

ACKNOWLEDGEMENTS

The research team wishes to acknowledge the contributions from PWDs and family members of PWDs from Iganga District. The team is grateful to the District Rehabilitation Officer (DRO) of Iganga district who not only granted us permission to work in his district but also organised the meetings that took place there.

Our sincere appreciation to the CBR course coordinators at UNISE, COMBRA and MUK for their invaluable input through documents they so kindly released to the research team and comments made to this report.

Finally, we wish to thank the stakeholders, including members of the Steering Committee of CAN, who provided direction and kindly accepted to join the team in completing this document.

God bless you all.

EXECUTIVE SUMMARY

CHAPTER ONE INTRODUCTION

At a conference on CBR held in Uganda in 2001, training was identified as a key challenge for CBR within the African context. The conference participants noted that many countries in Africa had not established training programmes in CBR and those that had developed programmes their training lacked a national character and recognition because it served the needs of a given organisation and/or CBR programme. Where several training programmes exist, they operate as stand-alones rather than being mutually supportive. This pointed to the need for CBR training to be documented and synchronized at national and regional level so that individuals can progress from one course to another in a hierarchical way. There was a need to include the courses on CBR as part of any other education and training programme and to establish courses for other interest groups, such as parents, bearing in mind that many countries in Africa are multicultural.

Uganda was identified as a country that had several training programmes at different levels. Participants observed that there was little integration between the programmes offered and complementary areas of the programmes remained unknown. It was agreed that Uganda take the lead by documenting her training programmes and making proposals about synchronization and future development.

Documentation of CBR training in Uganda became one of the priority areas in the work plan of the newly formed CBR Africa Network (CAN). Three consultants (two internal and one external) were identified with the following terms of reference:

- To describe the existing CBR training in Uganda;
- To establish similarities and differences of the existing CBR training programmes in Uganda;
- To describe the relevance of the existing CBR training activities to the needs of the beneficiaries; and
- To make recommendations with a view of improving complementarities of the existing CBR training in Uganda.

This report is the output of that consultancy and is organised on the basis of these objectives.

CHAPTER TWO BACKGROUND

The last decade has seen increasing acceptance of the community based rehabilitation (CBR) approach as part of the national policy for promoting rehabilitation and equalisation of opportunities to persons with disabilities in Uganda. At the international level, the 22 articles in the UN Standard Rules for Equalisation of Opportunities for PWDs reflect the concerns of PWDs and lay down the plan for their social inclusion and empowerment. The last decade has also seen increased collaboration of several specialised agencies of UN in promoting CBR as a holistic and multi-sectoral approach (ILO, UNESCO and WHO, 1994). The draft joint position paper of ILO, UNESCO, UNICEF and WHO (2002) takes the above discussion further by promoting "inclusive communities" and underlines the need for strengthening CBR through training programmes for personnel. Indeed, the philosophy of inclusion and inclusive communities is given due attention in the Salamanca Statement and Framework of Action on Special Needs Education (UNESCO, 1994). These international developments have informed curricula for CBR training programmes as well as Government policies and guidelines.

Definition of CBR

However, an analysis of CBR training in any given country necessitates a clear understanding of the approach. It has become apparent in recent years that CBR defies definition. Nonetheless, training programmes all over the world have preferred to use the definition agreed upon by ILO, UNESCO, WHO (1994). It states that:

"Community-Based Rehabilitation" is a strategy within community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through a combined effort of disabled people themselves, their families, vocational and social services.

CBR training programmes should, therefore, be planned to meet the components embodied in the approach as reflected in this agreed

definition, its future refinements or any other that will emerge based on new knowledge and experience.

In addition, attempts have been made to develop criteria for CBR (UN, 1998). These criteria need to be taken into account while developing training programmes for CBR personnel. These criteria include the following:

- People with disabilities must be included in CBR programmes right from the initial programme design.
- The primary objective of a CBR programme is the improvement of the quality of life of PWDs.
- The focus of CBR programme is working with the community to create positive attitudes, to motivate community members to support and participate in CBR activities.
- CBR programmes are gender-sensitive. This is because women are usually the primary family care-givers for all PWDs.
- CBR programmes must be flexible because different social and economic contexts and different needs of individual communities will require different solutions.
- CBR programmes should be multi-sectoral.

Is CBR a Profession?

The above analysis that arises from the current CBR definition tries to respond to a familiar question, "What does CBR train in and what does it not train in?" which also leads to the question, "Is CBR a profession?"

The question of professionalism raises a lot of concern to primary and secondary beneficiaries and service providers. It must be realised that CBR is quite a young area with a very short history unlike law, medicine or theology, but like any other modern profession it has:

a. A mission

CBR seeks to achieve social transformation of society in order to promote social functioning of PWDs, their families and community for social inclusion. The mission is to promote equalisation of opportunities and a conducive environment where participation is for all.

b. A body of knowledge

The body of knowledge is drawn particularly from social behavioral sciences and medical field. It includes both theories and practical techniques. Participants at the stakeholders' Workshop I observed that a lot of theory in relationship to disability rather than impairments is still needed.

c. Educational Standards

CBR training programmes, like any other professional programmes, are award-bearing. Trainees are awarded Diplomas and Bachelor, Master and doctoral degrees from recognized training institutions.

d. Principles

CBR, like any other profession, applies certain principles to separate graduates from others whose practices in nature are general.

e. Formal Code of Ethics

This area is still lacking in CBR. The code of ethics is in relationship to a CBR worker, responsibility to clients, responsibility to colleagues, responsibility to a profession and responsibility to practice (i.e. setting fees).

f. National CBR Association

Such national associations are not formed. However, when formed, the responsibility of an association should be to advise, counsel and/or punish those who violate the code of ethics.

At the Africa Conference on CBR in Africa (UNISE 2001), a strong recommendation was made to initiate national associations for CBR workers. This, if followed through could be a fundamental step towards professionalising CBR.

It should, however, be noted that CBR is not yet developed as a profession despite the fact that emerging issues might qualify it as a profession at later stage.

Workshop I participants observed that CBR training in Uganda fulfils the majority of requirements of any profession. The area of concern that of finding "job market". It was not easy for CBR workers to find jobs because their training is general and not specialized. Both service providers and beneficiaries recommended that specialization should included in CBR training in Uganda so that CBR workers have titles like "CBR worker specialist in mobility for visually impaired persons", "CBR specialist in sign language" and "CBR specialist in hearing loss". This would increase and expand job market for CBR workers.

Chambers (1997) talks of the need for a new professionalism. CBR is emerging as one such profession. CBR workers have learned not to dominate, they encourage community participation, are facilitators, they teach through experience or "learn by doing" and they engage in participatory action oriented research.

CBR Components

CBR has many components which should be reflected in personnel training. These are

1. Creating a positive attitude towards people with disabilities:

This component of CBR programs is essential to ensure equalization of opportunities for people with disabilities within their own community.

2. Provision of functional rehabilitation services

Often people with disabilities require assistance to overcome or minimize the effects of their functional limitations. CBR workers provide primary rehabilitation therapy while professionals provide referral services.

3. Provision of Education and Training Opportunities:

People with disabilities must have equal access to education and training opportunities. CBR workers provide basic levels of services in areas such as:

- Non-formal education where regular schooling is not accessible.
- Early identification and intervention
- Referral and follow up
- Sign language training
- Braille training
- Training in daily living skills

4. Creation of micro and macro income generation opportunities. People with disabilities need access to micro and macro income-generating activities, including obtaining financial credit. Income generating activities are included in CBR the training programmes.

5. Provision of care facilities:

Often, people with disabilities need assistance especially when they have no families or their families are incapable of caring for them. CBR training caters for such people.

6. Prevention of the causes of disabilities

Many types of disability can be prevented by relatively simple measures. CBR training places emphasis on nutrition, early intervention, decrease in number of accidents as well as other initiatives to encourage people pursue healthy lifestyle over the courses of their lives.

7. Management, Monitoring and Evaluation

The effectiveness and efficiency of all CBR programme components, both in community and in areas of services delivery depend on effective management practices. The impact of programme activities must be measured on regular basis. CBR training in Uganda focuses on management practices, data collection and data analysis to ensure that programme objectives are met.

CBR Training Programmes Worldwide

There are many models of CBR training around the world. This is because CBR has undergone a paradigm shift, from the medical to the social model. It has evolved from “normalization of the disabled” as a philosophy to “removing barriers” imposed by the current

organisation of society. This shift is reflected in the examples presented below.

a) World Health Organization (WHO)

The training is based on the manual "*Training in the Community for People with Disabilities*" (Helander et al., 1989). It consists of 30 training packages dealing with all aspects of impairment and a set of four guides for use at community level by PWDs, teachers and community rehabilitation committees. The manual has been criticised as being too rigid, prescriptive and oversimplified (Milles, 1985a; Jaffer and Jaffer, 1990). Typically, WHO programmes are integrated into Primary Health Care (PHC). The community worker is trained to carry out health tasks and CBR functions are taught using the manual as a technical tool.

b) Guyana Community-Based Rehabilitation Training Programme

This programme used a modified approach from Portage and WHO manuals. Many workers found learning from written materials difficult and therefore local video materials were developed. The emphasis is on practical training of volunteers and nursery teachers. The training is unique as it stresses on volunteerism and most of its graduates are volunteers (O' Toole, 1988).

c) Project Projimo (Mexico)

The training offered by Projimo focuses on PWDs only. It sees adult disabled people as role models that help other PWDs in strengthening their self-esteem. The project workers (who are all PWDs) learn most skills through hands-on, problem solving approach. PWDs and their families often find their own solutions to the difficulties of daily life without professional help. The training materials are developed from the stores of PWDs who need assistive devices, their families and disabled village children (Werner, 1987) as a reference book.

d) Uppsala University Course (Sweden)

The course focuses both on implementors and supervisors of CBR programmes. It developed its own training materials based on what the family is already doing. It uses a multi-sectoral approach focusing on medical, social and economical problems faced by PWDs.

e) The International Centre for the Advancement of CBR, Queen's University (Canada)

The course addresses the physical, social and economical problems of landmine survivors and disabled persons. Its content includes integrating CBR into PHC, access to training of personnel who provide prosthetic and orthotic devices, and promoting economic re-integration of survivors into their communities.

f) Institute of Child Health, University of London

The course is designed for those with experience of community-based disability programmes, who will be facilitating research and evaluating programmes with disabled people in the community in developing countries. The course structure include five core modules and five system modules plus an independent project. The course is modular.

The purpose of these brief descriptions of training programmes in some countries is to relate them to training programmes in Uganda as a way of assessing whether they respond to UN declarations, definition and training needs of the country.

Key CBR Ingredients for CBR in Africa(7)

During the 2001 Africa regional Conference on CBR that was held in UNISE, participants concluded the conference by developing and approving ten key ingredients for CBR in Africa. These are:

1. CBR must take a rights-based approach, empowering disabled people and their families.
2. CBR must involve disabled people, parents and their organizations from the start.
3. CBR must enable key stakeholders to access to information on all issues, including HIV/AIDS.
4. CBR must be holistic; it must look at people with disabilities in totality.
5. CBR must advocate for appropriate legislation and policies.
6. CBR must enhance self-advocacy of disabled persons.
7. CBR must develop long term and short term plans together with all stakeholders. It must be 'strategic'.
8. CBR must ensure inclusion of disability issues in all development programmes. It must collaborate with all sectors.

9. CBR must take into consideration local cultures, resources and practices.
10. CBR must address issues of poverty among disabled people and their families.

Training Needs Assessment

Education and training programmes are developed on the basis of the need of groups of people to acquire new knowledge and skills, or to increase their knowledge and improve their skills, in given areas of human endeavour. There are recognised public and private institutions which offer education and training programmes in which the body of knowledge and skills are determined nationally as in the case of universities and institutes. However, new courses and programmes are developed on the basis of felt, observed and/or expressed needs in the society. These needs are documented and curricula are developed in order to meet the training needs.

Training in CBR began only 25 years ago. In the early years, training was prescriptive based on the World Health Organisation (WHO) manual, *Training Disabled Persons in the Community*. At that time training was targeted on CBR workers and their supervisors and the location of activities was mainly in homes of persons with disabilities. The WHO model has received many criticisms and new models of CBR have emerged.

With time, CBR activities have expanded and personnel now include planners, researchers and evaluators, trainers, supervisors and CBR workers who plan, support and work directly with persons with disabilities at national, provincial/district and community/home level. There is, therefore, the need to assess the training needs of such personnel.

The starting point for training needs assessment is identification of the needs of persons with disabilities and their carers (the primary beneficiaries) and related CBR activities. This can be done through personal interviews, focused group discussions with the primary beneficiaries of CBR and observation in the home and in the community. The findings of this assessment will point to the kind of knowledge and skills required to provide CBR services and the

qualities of the CBR personnel. The knowledge, skills and attitudes identified will form the basis of a training course or programme. Personnel requiring hands-on skills should have a practical/ fieldwork component in the training of a reasonable length.

However, it is worth noting that a body of knowledge on human rights, inclusion, empowerment, gender and disability, poverty and disability and other disability-related issues has developed through local and international experience. This could also form the basis for improving both lower and higher level courses on CBR.

Conclusion

CBR has a very short history as a recognised approach in including and empowering persons with disabilities and their families in their local community. Although it developed as an offshoot of the primary health care (PHC) approach, it is now gaining its own ground as experience, knowledge and skills accumulate. International declarations, conventions and developments, spearheaded by the United Nations and its specialised agencies, have provided policy frameworks that are guiding CBR practices, including training.

CBR workers, supervisors, trainers, researchers and planners have been undergoing training in public and private institutions. However, many CBR training programmes tend to be stand-alones without being integrated as a national or regional human resource development programme and articulated in national policies.

The analysis of the situation in Uganda was carried out against this background. The findings of this study should be able to point to the required review and synchronisation of the training programmes in the country.

CHAPTER THREE METHODOLOGY

Type of Study

The main purpose of this investigation was to evaluate community based rehabilitation (CBR) training programmes in Uganda in terms of their complementarity and relevance to the needs of CBR personnel and beneficiaries, namely persons with disabilities (PWDs) and their families. Specifically, we wanted to document the programmes, identify their similarities and differences and critically analyse their relevance to the training needs of the personnel, PWDs and their families, with a view to making recommendations for improvement. We did not want to impose our own biases and interpretation of the existing CBR programmes. Our approach, therefore, was to engage a sample of trainers, former trainees and beneficiaries to describe the programmes, identify similarities and differences and to point to the benefits of CBR activities carried out by the former trainees. It was envisaged that such an approach would lead us to understand the relevance and complementarity of the programmes and individual courses and training packages being currently offered. Specifically, within this framework, we intended to:

1. document the existing CBR training programmes in Uganda;
2. identify their similarities and differences;
3. analyse the relevance of the training activities to the needs of trainees, PWDs and their families; and
4. assess their relative impact on CBR practice in Uganda.

In order to meet these objectives, we adopted the cross-sectional qualitative approach in order to avoid researcher bias and to be able to critically analyse the multiple constructions and interpretations of the participants who were directly involved in and affected by the training programmes (Guba and Lincoln, 1981, 1989). We wanted to benefit from the concerns raised by the information-rich individuals and groups of people involved in CBR activities.

Research Methods

Four research methods were found appropriate to respond to the research objectives: documentation, workshops, open-ended face-to-face personal interviews and focused group discussions.

Documentation was found to be critical in laying the ground plan for the study. Documents on training programme and course descriptions, course outlines, training materials and reports from UNISE, COMBRA and MoGLSD were reviewed. The first draft of the evaluation report was based on the analysis of the content of these documents and reflection of the first-hand experience of the two Ugandan researchers.

Two workshops were organised to comment on the accuracy of information, its adequacy, presentation style and layout of the draft reports that researchers had prepared, to provide additional or missing data and to advise on additional sources of information (documents and information-rich individuals). Workshop participants acted as the reference group for the consultancy.

In addition, open-ended personal interviews were employed to seek the views and opinions of trainers/facilitators on their programmes and courses. The interviews focused on course objectives, expected learning outcomes, admission criteria, human power requirement and employability of trainees, course content and training methods.

The two Ugandan researchers facilitated focus group interviews or discussions at Iganga. They collected views and opinions of former trainees on course content, duration, organisation and delivery, fieldwork/practical work, supervision, relevance, certification, impact of training and suggestions for improvement. The interviews for PWDs and their primary carers (the senga, i.e., aunts, grand parents and siblings) on the benefits gained from CBR activities, problems they faced and improvements required to make CBR more beneficial to them. Their responses were expected to point to qualitative impact of the CBR courses and the training needs of course trainees, PWDs and primary carers.

Scope of the Study

The study was only concerned with CBR training courses in Uganda. Most training programmes and individual courses and packages, carried out by both public education and training institutions (formal)

and non-governmental organisations (NGOs) and government departments (informal), were included.

Participants

The selection of participants in the study was purposive. Twenty trainers and facilitators representing institutions carrying out CBR training in Uganda, 10 former trainees, five persons with disabilities and five family members participated in the study. Training institutions represented in the sample were Ministry of Gender, Labour and Social Development (MoGLSD) (two representatives), Ministry of Health (MoH) (two representatives), Ministry of Education and Sports (MoES) (2), Makerere University Kampala (MUK), Uganda National Institute of Special Education (UNISE), Community Based Rehabilitation Alliance (COMBRA), National Union of Disabled Persons of Uganda (NUDIPU), Uganda Society for Disabled Children (USDC), National Organisation of Women with Disabilities in Uganda (NAWODU), Uganda National Association of the Blind (UNAB), Uganda National Association of the Deaf (UNAD), Action on Disability and Development (ADD), German Leprosy Relief Association (GLRA) and Sight Savers. These representatives attended the two stakeholders' workshops. Fifteen of these trainers and facilitators were also interviewed separately. The former trainees were from training programmes in UNISE, COMBRA and MoGLSD. They all participated in a focused group discussion (FGD) organised for them. The second focused group discussion was for PWDs and family members (primary carers). The participants provided the national and local contexts within which CBR training was developed and for which its impact could be assessed. In this report ex-trainees on the courses (alumni) are referred to as secondary beneficiaries and PWDs and their carers are referred to as primary beneficiaries since the CBR courses were primarily created and designed for their benefit.

Study Areas

Trainers and facilitators were met in their stations or during workshops at Ministry of Health Headquarters. Alumni and beneficiaries were met in Iganga district in the office of the District Rehabilitation Officer (DRO) and interviewed through focus group discussions. Iganga district was selected purposively because of the extensive implementation of the CBR programme, the district has ex-

trainees from three CBR courses and as a recommendation from stakeholders workshop I.

Data Collection

The study began with literature review focusing on the curricula, training materials and reports on the various courses from MUK, UNISE, COMBRA and the Internet. This work was carried out by two of the three researchers who know CBR training in Uganda well and who prepared the first draft report. The report was presented to key stakeholders in CBR training in Uganda at a workshop organised for that purpose. Information generated at this workshop was incorporated into the report.

Workshop I also identified persons and organizations to interview and other documents to review. This snowballing strategy was very helpful in obtaining information-rich participants. It was on the basis of the workshop's recommendation that the research team visited Iganga district which had alumni from all CBR training programmes.

At Iganga district headquarters, the team met and interviewed the District Rehabilitation Officer (DRO), alumni from the UNISE, COMBRA and MGLSD CBR courses. The Focused Group Discussions (FGD) at Iganga were analysed and the findings were also incorporated into the report.

A specialist on education and disability from Tanzania joined the team to ensure objectivity, completeness and situating the evaluation within an international context. A second draft of the report was presented to stakeholders at another workshop (**Workshop II**). As a result of the output of workshop II, UNISE requested for another meeting with the researchers to clarify issues pertaining to the course outline and fieldwork programme and experience. Comments from workshop II and UNISE meeting were incorporated into the third draft of the report which was then circulated to the CAN Steering Committee members for additional comments.

Tools used in the workshops and in the district are in the appendix of this report.

Trustworthiness

Research carried out in natural settings has been considered to be weak in validity and reliability and attempts were made in this study to be as explicit and systematic as possible in order to be able to draw realistic conclusions and facilitate replication in future. One of the objectives of the first stakeholders' workshop (Workshop I) was to test the methods and instruments and to increase and ensure the overall credibility and dependability of the investigation. Credibility was ensured through engagement with participants on the content, process and impact of CBR training programmes in Uganda. Both Workshop I and Workshop II were organised for the purpose of checking and verifying with the participants the accuracy of the recorded content from documents and the discussions and interviews. Having the external researcher join the Uganda team ensured further objectivity. In this chapter we provide an extensive and careful description of the procedures followed to collect data on the CBR training programmes and their salience in the lives of the trainers, trainees and ultimate beneficiaries. In this way, we made it possible for the study to be replicated in different settings, thus establishing not only dependability but also transferability.

Data Analysis

We opted to work together as a team of researchers in order to develop a collective understanding of the research process, refine interview procedures, support one another in critical analysis and formulate our common understanding and interpretation of the emerging issues.

After each workshop, interview and focused group discussion, the data were immediately analysed into themes and incorporated into the draft reports for further comments and discussion. There was, therefore, an active engagement with the data among the research team as well as representatives of stakeholders (most of whom were themselves trainers/facilitators) and former trainees. Collection of data from documents and participants in interviews and discussions, preparation of draft reports and presentation of these reports to the stakeholders' workshops served as an ongoing data analysis process. At the end of each day the research team met to summarise the findings and tease out emerging themes and issues. Information

from the FGD was cleaned, transcribed and sorted out manually according to emerging issues.

Ethical Considerations

Permission was granted from the larger training institutions to carry out the study. The purpose of the study was explained to participants during the first workshop and the interviews. Confidentiality of their input was guaranteed, if they so wished.

Time Frame

The time frame for the whole exercise was two months.

CHAPTER FOUR EXISTING CBR TRAINING PROGRAMMES IN UGANDA

Introduction

One of the objectives of this evaluation was to describe existing training programmes for CBR personnel in Uganda. The information on the courses and programmes was collected from documents obtained from relevant government ministries and departments, training institutions and NGOs. Primary data were also obtained through the stakeholders' workshops and focus group discussions with former trainees. This chapter presents the findings on the type and nature of CBR courses and programmes in Uganda.

General Objectives of CBR Training Programmes

There are several corporate bodies in Uganda that are interested and offering courses for training personnel in CBR. Key stakeholders in this area are:

1. Government of Uganda
 - a. Ministries
 - i. Ministry of Gender, Labour and Social Development
 - ii. Ministry of Health
 - iii. Ministry of Education and Sports
 - b. Training Institutions
 - iii. Makerere University
 - iv. Uganda National Institute of Special Education
2. CBR NGO
Community Based Rehabilitation Alliance (COMBRA)
3. Disabled People's Organisations (DPOs)
 - i. National Union of Disabled Persons in Uganda (NUDIPU)
 - ii. National Union of Women with Disabilities in Uganda (NUWODU)
 - iii. Uganda National Association of the Deaf (UNAD)

- iv. Uganda National Association of the Blind (UNAB)
4. Organisations for People with Disabilities
 - a. Uganda Society for Disabled Children (USDC)
 - b. Action on Disability and Development (ADD)
 - c. Sight savers

Each of these four key stakeholders have their aims for mounting courses in CBR. However, the Ministry of Gender, Labour and Social Development, in consultation with other stakeholders, listed the following objectives for establishing CBR training in Uganda. These are (MoGLSD, 1994):

- To develop a human resource, right from the grassroots level in order to provide services to people with disabilities.
- To develop a human resource in numbers that will ensure that an increasing number of PWDs and their families participate, as institutionalised services were seen as outdated, unsustainable and addressing only a limited number of PWDs.
- To train communities so as to manage PWDs services within the environment they were accustomed to.
- To promote community participation in planning, implementation, monitoring and evaluation of CBR.
- To give hope to those people without impairments.

CBR Training courses in Uganda

The development of CBR training courses in Uganda was as a result of Uganda government re-orienting her approach to PWDs from institutional services in favour of CBR programmes. A joint initiative by government and Institute of Child Health (ICH), London University spearheaded the birth of the CBR courses in Uganda. This was because a number of policy makers from Uganda attended the institute's CBR diploma and masters courses and these became interested in developing similar courses at home. The Ugandans who had completed the London Course were readily available for carrying the out training. In addition, a number of CBR programmes which were still at formative stages were started by students from London University.

CBR training courses in Uganda are both formal (longer-term award bearing) and non-formal (short-term, award bearing in-service training).

Formal Training Programmes

These are chronologically ordered training programmes mainly found in institutions of learning. The programmes award certificates recognized by Government, have a fixed course duration of between one to three years and specific qualifications for entry. Such formal CBR training programmes are found at the Uganda National Institute of Special Education (UNISE) at Kyambogo and Makerere University Kampala.

CBR Training Courses at UNISE

UNISE offers two CBR courses, the undergraduate diploma course (DCBR) and the postgraduate diploma (PGD CBR) courses.

Diploma in CBR

The DCBR course started in 1999 with the sole aim of training CBR grassroots practitioners. It is a skills-based course to meet the needs of PWDs within the community. The duration of the course is four semesters of 17 weeks each. It is open to certificate holders in health, community work, teaching and those who have "A" level certificate. It serves as an upgrading course for people who work with PWDs on a day-to-day basis. Other people with certificates from informal in-service training programmes could join for the purposes of upgrading their qualifications. It has an approved curriculum. The details of the course outline are provided in Table 4.1 below.

Table 4.1
Description of the UNISE Diploma CBR Programme

Name	Diploma in Community Based Rehabilitation (DCBR)
Admission requirement	Uganda Certificate of Education or Advanced certificate of Education or A grade III teacher or holder of a recognised certificate in CBR or equivalent from a recognised institute
Credit rating	First class 4.40-5.00 Second class (upper) 3.60-4.39

	“ “ (lower) 2.80-3.59 Pass 2.0-2.79		
No. of hours	Total credit units are 75. Each unit = 15 contact hours. Number of hours for the 2 year programme = 1125 hrs		
Aim	To enable students acquire knowledge, skills, values, and correct attitude in the field of CBR		
Outcomes	Will be able to :- <ul style="list-style-type: none"> ▪ Demonstrate positive attitude towards PWDs ▪ Mobilise and Sensitise parents, PWDs and the community ▪ Explain early detection, assessment, prevention and management of disabilities ▪ Explain causes and prevention of disabilities ▪ Design and produce appliances ▪ Explain income generating activities for self reliance 		
Objectives	None written down		
Modules	<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 50%;"> <p><i>Year I Semester I</i></p> <p>111 Back ground to special needs education</p> <p>112 Introduction to CBR, disability and rehabilitation</p> <p>113 Medical Approaches to rehabilitation</p> <p>114 Social approaches to rehabilitation</p> <p>115 Education and Vocational rehabilitation</p> <p>116 General education studies</p> <p><i>Year II Semester I</i></p> <p>211 Training teaching and learning</p> <p>212 Equilisation of opportunities</p> <p>213 Introduction to sports for PWDs</p> <p>214 Social and cultural perspectives</p> <p>215 Community practice II</p> </td> <td style="vertical-align: top; width: 50%;"> <p><i>Year I Semester II</i></p> <p>121 Sensory impairments</p> <p>122 Motor and multiple impairments</p> <p>123 Mental impairments</p> <p>124 Guidance and counseling</p> <p>125 Community practice I</p> <p>126 Analysis of Fieldwork</p> <p><i>Year II Semester II</i></p> <p>221 Mobility and rehabilitation</p> <p>222 Organisation and supervision of CBR</p> <p>223 Income generating project</p> <p>224 Project</p> <p>225 Action Plan</p> </td> </tr> </table>	<p><i>Year I Semester I</i></p> <p>111 Back ground to special needs education</p> <p>112 Introduction to CBR, disability and rehabilitation</p> <p>113 Medical Approaches to rehabilitation</p> <p>114 Social approaches to rehabilitation</p> <p>115 Education and Vocational rehabilitation</p> <p>116 General education studies</p> <p><i>Year II Semester I</i></p> <p>211 Training teaching and learning</p> <p>212 Equilisation of opportunities</p> <p>213 Introduction to sports for PWDs</p> <p>214 Social and cultural perspectives</p> <p>215 Community practice II</p>	<p><i>Year I Semester II</i></p> <p>121 Sensory impairments</p> <p>122 Motor and multiple impairments</p> <p>123 Mental impairments</p> <p>124 Guidance and counseling</p> <p>125 Community practice I</p> <p>126 Analysis of Fieldwork</p> <p><i>Year II Semester II</i></p> <p>221 Mobility and rehabilitation</p> <p>222 Organisation and supervision of CBR</p> <p>223 Income generating project</p> <p>224 Project</p> <p>225 Action Plan</p>
<p><i>Year I Semester I</i></p> <p>111 Back ground to special needs education</p> <p>112 Introduction to CBR, disability and rehabilitation</p> <p>113 Medical Approaches to rehabilitation</p> <p>114 Social approaches to rehabilitation</p> <p>115 Education and Vocational rehabilitation</p> <p>116 General education studies</p> <p><i>Year II Semester I</i></p> <p>211 Training teaching and learning</p> <p>212 Equilisation of opportunities</p> <p>213 Introduction to sports for PWDs</p> <p>214 Social and cultural perspectives</p> <p>215 Community practice II</p>	<p><i>Year I Semester II</i></p> <p>121 Sensory impairments</p> <p>122 Motor and multiple impairments</p> <p>123 Mental impairments</p> <p>124 Guidance and counseling</p> <p>125 Community practice I</p> <p>126 Analysis of Fieldwork</p> <p><i>Year II Semester II</i></p> <p>221 Mobility and rehabilitation</p> <p>222 Organisation and supervision of CBR</p> <p>223 Income generating project</p> <p>224 Project</p> <p>225 Action Plan</p>		
Teaching method	Lectures, practicals, tutorials, field visits and projects		

Teaching material	Not mentioned
Assessment	Progressive assessment Written examinations Project
Reading	A list of requirements is attached at the end of the report

Under each of these modules are whole ranges of different topics that make up a module. All modules are compulsory and students sit examinations at the end of each semester.

Under this programme there are four different types of field work:

- Community practice

This takes twelve weeks (six weeks each year). Students are attached to agencies that practice CBR to assess and help in managing at least six PWDs of different impairments.

- Project Work

This takes six weeks by students in second year. Student go into the community and together with PWDs and their families identify a project that will raise household incomes. Students out line project proposals whose objectives are always evaluated by beneficiaries.

- Situation Analysis and Action Plan in the community

Students are placed in their home districts for two weeks during second year to analyse resources available for starting a CBR programme. The situation analysis report and an action plan are drawn to direct the implementation of CBR activities.

- Field Visits

These are part of the lectures and students are accompanied to the field by lecturers once a week.

takes four weeks per semester. This introduces students to fieldwork visits, situational analysis, and community practice and fieldwork project.

Postgraduate Diploma in CBR

The PGD CBR course started in 1996 to train planners and trainers of CBR Programmes. The need for this course was introduced to UNISE by the Institute of Child Health London University through the Ministry of Gender, Labour and Social Development. The course was to assist majority of students from developing countries who were training far a way from the scene of disability and poverty problems. It was also to help the students gain relevant practical experience. The course is open to degree holders. It takes two semesters of 17 weeks each. The students from DCBR course can upgrade their qualifications by joining this course. It has a curriculum approved by the Institute of Teacher Education Kyambogo Academic Board which is now a University.

Table 4.2
Description of the UNISE Postgraduate Diploma in CBR Programme

<i>Name</i>	Post Graduate Diploma in Community Based Rehabilitation
Admission Requirement	A degree or it's equivalent
Credit rating	First Class 4.5-5.0 Second class (upper) 3.5-4.49 “ “ (lower) 2.8-3.49 Pass 2.0-2.79
No. of hours	There are 44 credit units. Each credit unit equals 15 contact hours. A contact hour = one lecture hour. The programme is 660 hours
Aim	Enables learners understand fully the philosophy of CBR, acquire knowledge and skills and practice in areas of rehabilitation and management
Learning outcomes	<ul style="list-style-type: none"> ▪ To apply knowledge and practice necessary for CBR work ▪ Nurture positive attitude to PWDs, family and community ▪ Apply multi-disciplinary practice ▪ Support efforts of other extension workers ▪ Train the community on how to manage CBR programme ▪ Plan, manage, administer and evaluate CBR

	programmes
Objectives	None written down
Modules	<p>Semester I</p> <p>411 Introduction to disability and philosophy of equalization</p> <p>412 Identification and assessment</p> <p>413 Causes and Prevention</p> <p>414 CBR modules</p> <p>415 Special needs education</p> <p>416 Empowerment and Participation</p> <p>416 Education and training</p> <p>Semester II</p> <p>421 Education and training of CBR workers</p> <p>422 Employment and Income generating</p> <p>423 Community Based Rehabilitation Project Planning and appraisal</p> <p>424 Management and Administration of CBR programme</p> <p>425 Work shop practical for appliances and aids</p> <p>426 Community Practice</p> <p>427 Action Plans</p>
Teaching Methods	Lectures, group discussions, role – plays, field visits, use of audio-visual aids, case studies, apprenticeship
Teaching material	Charts, pictures, hand outs, films, pamphlets, appliances, course journals, text books
Assessment	Progressive assessment Practical assessment (project reports, action plan, work shop practicals)
Reading	Attached at the end of the report

Just like the DCBR course, the PGDCBR has modules whose content covers are whole ranges of different topics that make up a module. All modules are compulsory and students sit examinations at the end of each semester.

Under this programme there are four different types of field work:

- Community practice

Students are attached to agencies and organizations that practice CBR for six weeks to assess impairments and provide hands-on experience in management of different disabilities. A report is written and submitted for examination.

- Situation analysis and action plan

Students are placed in their home district for two weeks during the second semester to analyse resources, types of impairments and support services conducive for starting a CBR programme. An action plan is drawn and submitted for examination.

- Field visits

These are part of the lectures where students go to nearby communities accompanied by their lecturers once a week for the whole of the two semesters.

- Workshop practicals and viva

This is a whole module where students are introduced to the institutional workshop at UNISE to design and produce assistive devices for example crutches, prone-board, calipers etc as required by the beneficiary under the care of the student.

The course admits foreign Students at subsidized rates. So far students from Kenya, Zimbabwe and India have gone through the course.

In addition to the courses in the Department of CBR, basic topics are introduced to students doing a diploma course in Mobility Rehabilitation Course that focuses on services and support for people with visual impairment.

Basic topics in CBR are also introduced to students doing diploma and degree in special needs Education to give students an overview of CBR activities and promote link between special Education and CBR.

CBR Training Course at Makerere University:

There is one CBR training course offering a Masters degree at Makerere University. The 2 years Masters Course was introduced in 1996. The development of this course was also initiated by the Institute of Child health London University through the Ministry of gender, Labour and social Development. The course is designed for

those with experiences of community based disability programs who **will be facilitating research and evaluating programmes** with disabled people in the Community. It is a multi-disciplinary and students from variety of different backgrounds may be eligible including those with medical, community health, social societies, social Work, special Education and Community development backgrounds. Basic topics in CBR are introduced to students doing social work and social Administration as a selective course.

It has an approved curriculum by Makerere University Academic Board. Some of the highlights include:-

- Foundations of CBR
- Child Development
- Disability and Impairment.
- Disability and service strategies.
- Management Skills for CBR programmes
- Introduction to Research methods
- Current Issues in disability.

All students undertake an Independent project in a form of research.

Methods of Teaching in Formal Training Programmes

Teaching methods used in formal training programmes concentrate on problem solving and includes, lectures group discussions and presentations, project work. Field visits and situational analyses. Training is carried out by multi-sectoral team of trainers mainly from Ministries of Health, Education, Gender, Labour Organisations of PWDs, Universities.

Non-formal In-service CBR Training Programmes

The programme are organized Education programs outside the formal school systems. It refers to alive-long process where by individuals acquire attitudes, values, skills, knowledge and practice from daily experiences. The Awards are usually not recognized by government examination bodies, their courses are never weighted to match the award and have no strict qualifications for entry.

A simple survey of non-formal in-services CBR training Institutions reviled that their training hinges on about six Objectives namely:-

- A thorough knowledge of how communities operate
- An Understanding the range of PWD needs
- Impact of a disability on a family and the an individual PWD.
- Environmental barriers and individual human rights.
- Understanding of impairments and how to manage them.
- Employable skills training for PWDs to be independent.

Another characteristic of non-formal in-service CBR training programe in that they are mostly financed by international Organisation (NGO's) and are therefore donor driven as one Organisation said "we have to do what we are able to get money for!!". Because they are donor driven they concentrate on how to motivate the Community believing that Community will sustain CBR, promotion of position attitudes and how to enter the Community. Yet this "Community" aspect of CBR however important does not automatically lead to rehabilitation.

The major non-formal in-service CBR training institutions include, Ministry of Gender, Labour and social Development, Combra and Uganda Society for Disabled children; other institutions include major topics of CBR in their training programmes. Such institutions include, Ministry of education in their training programmes for SNE/EARS, Ministry of Health in their training programmes for health workers and nurses and NUDIPU in Empowerment and Employable Skills training.

Ministry of Gender, Labour and Social Development In-service Training Programmes

The Ministry runs two sets of courses one for **field extension workers known as Community Development Assistants (CDA's)** course and one for Parents and CBR Communities.

- The course for CDA,s aim at imparting knowledge, skills and practice to CDAs as implementors and trainers at a home based level. The duration of the course is 8 weeks broken down by field work practice. They do theory for the first 3 weeks, go in the field for 3 months, come back for theory for 3 weeks go back in the field for 3

months and comeback for final theory work for two weeks. The qualification for this course is "O" level certificate. The course also admits PWDs mainly leaders of associations or disabled people's organizations.

Table 4.3
Description MGLSD (Certificate in CBR) Course

<i>Name</i>	Certificate course in Community Based Rehabilitation Programmes for Extension workers
Admission Requirement	“O” Level Certificate and must be working with government or NGOs
Credit rating	None
No. of hours	320 Hours spread over 8 weeks
Aim	Training extension workers in the field of disability with the view of promoting social integration of PWDs into mainstream of society.
Learning outcomes	<p>Shall be able to:-</p> <ul style="list-style-type: none"> ▪ Explain importance of early identification, assessment and management of disabilities ▪ Demonstrate the skills acquired in identification, assessment and management ▪ Have developed positive attitude towards PWDs ▪ Explain causes and prevention of primary, secondary, and tertiary disabilities ▪ Mobilise and sensitise PWDs, parents and communities ▪ Explain the role of parents, PWDs, and communities in running CBR programmes ▪ Design and produce appropriate appliances from locally available materials
Objectives	Not written
Content	<p>Introduction to disability and rehabilitation Introduction to CBR Medical approach to disability Habilitation and social rehabilitation Organisation, supervision and sustainability of CBR programmes Appliances Teaching and learning Equalisation of opportunities for PWDs</p>

	Educational rehabilitation Field work practice
Teaching Methods	Lectures, group discussions, role – plays, field visits, use of audio-visual aids, case studies, apprenticeship
Teaching material	Not mentioned
Assessment	Examinations Field reports Informal feed back from beneficiaries Construction of appliances
Reading	Not applicable

Certificate of attendance, only recognized by the Ministry, is given to graduands.

The course for parents and CBR committees mainly aim at removing fear of having disabled child in a home and creating positive attitudes. This course is carried out by trained CDAs and is open to all parents and CBR committee members. The course takes two weeks spread in four months. Parents and CBR committee members come for theory for one week and go to do fieldwork and come in again for one week in the fourth month. The course has a curriculum and include:

- Causes and prevention of disabilities
- Resource mobilization
- Mobilisation and sensitisation
- Management through daily living activities
- Controlling committees meetings.

The course is very short and recognized by the Ministry and appreciated by the community. A certificate of attendance is given to participants at the end of the course.

COMBRA CBR Courses

COMBRA started training implementers of CBR programmes in 1994 by well trained Planners and Trainers from the Institute of child health London University. The courses are based on the needs of PWDs and community and not donor driven despite the fact that it is

donor funded. The courses are open to people with "O" and "A" level certificates and any other persons who have experience in working with organizations of disabled persons. They attract international students and have trained students from Botswana, Eritrea, Ethiopia, Kenya, Liberia, Namibia, Tanzania and Zambia. The courses are intensive and practical in nature. They have a curriculum that has three modules namely:-

- **Foundations of CBR.** This module aims at making students understand strategies applications and Implementing of CBR program to bring equalization of opportunities.
- **Understanding impairments and disabilities**
This module aims at making students identify assess, explain and rehabilitate PWDS in Community
- **The management of CBR programmes in committees.** This module aim at making students manage and direct CBR programs stressing participation of communities to promote sustainability of the programme.

Table 4.4
Description of the COMBRA CBR Certificate Course (Certificate CBR)

Name	Ordinary certificate in Community Based Rehabilitation education The advanced certificate in CBR education
Admission requirement	Uganda Certificate of Ordinary Education and reasonable command of the English Language
Credit rating	Merit Pass Fail
No. of hours	640 hours spread over 16 weeks
Aim	To train CBR workers in knowledge, skills, and attitude for sustainable CBR programmes
Learning Outcomes	Trainees will have acquired:- <ul style="list-style-type: none"> ▪ Knowledge in disability and rehabilitation process ▪ Demonstrate positive attitude to work with PWDs and the community ▪ Appropriate skills for implementation of CBR programmes

Objectives	Same as learning objectives
Content	<p>The course content is organised in 3 modules</p> <p><i>Module I: Foundations of CBR</i> (Four weeks at the training centre. Each week has a day for field work)</p> <ul style="list-style-type: none"> Definitions and classifications concepts Attitudes CBR as a service strategy General Causes and prevention of impairments Community Development Strategies Concepts of human rights Disability and human rights <p>Module II: <u>Management of Impairments and Disabilities</u> (Four weeks at the centre. Each week has a day for fieldwork. Hands on experience for disabilities) Participants are exposed to 11 different impairments and disabilities and their management.</p> <p>Module III: <u>Management of CBR programmes</u> (Four weeks at the centre. Each week has a day for fieldwork)</p> <ul style="list-style-type: none"> Management of CBR programmes Project planning, Management and implementation Sustainability of strategies Supervision Evaluation Field work (one month)
Teaching method	Modified Lectures, group discussions, role-plays, field visits, use of audio-visual aids, case studies, construction of appliances and aids, demonstrations, songs and pictures.
Teaching material	Charts, modals, pictures, hand outs, films, pamphlets, tools, appliances, course journals
Assessment	<p>Continuous assessment of</p> <ul style="list-style-type: none"> Attitude towards PWDs Home visits Course journal Training skills Field work reports Adult training skills Written paper

	Field Projects made
Reading	A list of requirements is attached at the end of the report

COMBRA gives out advanced certificate to students who covers all the three modules and ordinary certificate to students who cover the first module (Foundations of CBR) and any other one module. Students do extended field work between the modules.

Other CBR Training Courses

There are periodic CBR courses usually conducted by NGOs, DPOs and organizations for PWDs. These courses are carried out in form of seminars and workshops and target volunteers, medical personnel, artisans, primary school teachers, community development workers and organisations of people with disabilities. The aim of their training is to increase capacity for interventions and to meet arising needs of beneficiaries and communities. Such organizations include USDC, ADD, UNAB, SSI, and religious organizations.

Methods of teaching in non-formal in-services CBR training courses

Methods of teaching include lectures, group discussions and presentations, project work, field visits, construction of assistive devices, seminars and workshops. The training team is multi-sectoral mainly from Ministries, Universities, DPO's and other relevant bodies.

CHAPTER FIVE SIMILARITIES AND DIFFERENCES OF EXISTING CBR TRAINING PROGRAMMES IN UGANDA

The courses in Uganda focus on understanding community based rehabilitation. It has become apparent that all courses define CBR differently but for convenience sake all zero on approach agreed to in 1994 by ILO, UNESCO and WHO. This might have been because of CBR's simplicity and its complexity. The simplicity of CBR has to do with its history of starting with the delivery of primary rehabilitation therapy to people with disabilities in their communities.

The complexity of CBR is the result of the current concept that CBR programme should be multi-sectoral or multi-disciplinary because of the above, there are similarities and difference in levels of training.

Similarities in CBR training programmes

Similarities include:

- a) The missions for various training programme
All programmes areas are central to improving the quality of life of people with disabilities through close coordination, collaboration and cooperation between government and non-governmental organizations of all types and at all levels.

- b) A multi-sectoral approach to CBR training
All training programs use a multi-sectoral approach in that training personnel come from different sectors.
The courses also utilize PWDs as trainers.

- c) Course Outlines
All training courses have the same CBR training components. They all address the main CBR components of :
 - Creating positive attitude
 - Functional rehabilitation
 - Provision of education and training opportunities
 - Creating income generating opportunities
 - Prevention of disabilities
 - Management, monitoring and evaluation.

All courses, however, lack topics on employable skills (computer, Braille, sign language and the traditional vocations such as watch repair, tailoring and carpentry), making CBR irrelevant to rural youth with disabilities. UNISE faculty emphasized the difficulty of incorporating traditional vocational training into CBR courses as these take a long time to acquire sufficient skills for employment.

d) All courses started on imported experiences

Although the development of CBR training courses in Uganda was influenced by Institute of child Health-London University, a needs assessment of PWDs and training needs assessment – both carried out by MGLSD, provided guidance for the development of the courses(9).

e) All courses were started with donor funding and therefore are partly "donor driven"

All courses at UNISE and Makerere University were started by the Norwegian Association of the Disabled (**NAD**) funding, those at COMBRA by various donors; USDC by USDC funding and others by sponsoring organization. Over the decade various courses are now co-sponsored, or paid for by government or self sponsored. Curricula of the courses have been revised and changed as they are no longer donor driven.

f) Fieldwork practice

All fieldwork practice concentrates on medical rehabilitation at the expense of other CBR intervention such as issues of psychological counseling, Community resource mobilization, family conditions, community involvement, education and training opportunities and poverty eradication strategies.

g) Involvement of PWDs

All courses are open to PWD provided they have qualifications or experiences in disability programs. PWDs in workshop I noted that poverty is a hindrance to PWDs attending the CBR courses.

h) Key CBR Ingredients for Africa

All courses address key CBR ingredients for Africa except issues of poverty *and HIV/AIDS* among disabled people. Although IGAs are included in the curricular they focus on project proposal writing and not strategies of overcoming poverty.

i) Distance Education Packages

All courses do not have distance education packages.

In order to reach all stakeholders and beneficiaries many courses have developed distance *education* packages to assist people who could not access residential training for various reasons including gender roles. Distance *education* packages concerning PWDs have been started by the Special needs Education programme, Adult and Community Development Course both run at UNISE. MOH together with AMREF are in the process of turning the health workers in service training manual on disability and health care into a distance-learning course.

j) CBR Ethics

None of the CBR training course has a topic on ethics in CBR practice. This was noted as an important gap.

k) Reading List or references

All courses have outdated reading references. They lack appropriate journals and newsletters. There was little evidence of utilizing the internet for regular updating of trainers notes, hand outs and students personal study. Where the facility is well established in UNISE, there is low utilization. Low funding limits access to internet services on a continuance basis.

l) Assessment

All courses carry out assessment through progressive assessment written examinations and project work.

Difference in CBR training programmes

a) Course outline

All courses differ in course outlines especially in areas of admission, credit rating, duration of courses, teaching materials and course objectives as shown in the Table 5.1.

**Table 5.1
Differences in CBR Course Outlines**

Course outline	MUK MA	UNISE PGDCBR	UNISE DCBR	COMBRA cert	MGLSD cert	MGLSD parents
Name						
Admission Requirements						
Credit rating						
No. of hours.						
Aim						
Objectives						
Learning outcomes						
Content						
Teaching method						
Teaching material						
Assessment						
Reading list						

b) Content and Intensity of curriculum:-

Although all the formal courses have established and approved curricula, their content and intensity differ. This is because of the trainers or facilitators at MUK have no background training in CBR and the course concentrates on research methodology while those at UNISE have background of special needs training and CBR training. The UNISE course focuses on the criteria for CBR components.

Differences were noted between the formal and non-formal courses. The non- formal have courses that are rich in content

and this is partly because the curricula are flexible and responsive to new or emerging issues. The formal courses do not have this advantage as their curricula are subjected to the bureaucratic process of approval by the university senate.

In the non-formal courses, the trainers and those involved in curriculum development and reviews have CBR training background and are practitioners of CBR. It was noted that the content and intensity of COMBRA curricula is rich and presents a mis-match to its award of a mere certificate. In addition to the researchers noting this in the course content, it was mentioned as an issue in both workshop I and FGD with ex-trainees.

These differences have made it difficult to synchronise courses so that individuals can progress from one to another in a hierarchical and productive fashion.

(C) Admission Requirements

Admission requirements for formal training programmes stress academic qualifications eg degree or diploma and their equivalences. Informal courses admit participants with certificates and with interest in disability issues or must be serving in programmes dealing with disability matters.

d) Credit rating

All courses differ in their credit rating. The formal ones use credit units and contact hours determined by the university examination boards. Informal courses on the other hand use assessments that determine merit, pass or fail.

e) Duration of Courses

All formal training programmes are of long durations ranging from 1 year to 2 years while informal courses may take from one day to 16 weeks.

f) Awards

Because of the admission requirements, credit rating, number of hours and course content awards differ. The formal ones offer

masters degree, post graduate diploma and diplomas while informal courses, offer certificates. COMBRA offers an advanced certificate when one completes all the CBR modules and an ordinary certificate when one completes the compulsory module and either of the other two.

f) Practical work

MUK training programs target at developing Managers and researchers who spend most of their time in offices. This should not, however, be seen as a disadvantage because management skills are required to implement CBR programmes. UNISE aims at developing supervisors and implementers who spend most of their time in the field and in homes. On the other hand, non-formal in-service training programmes aim at developing implementers who include parents, volunteers and PWDs who spend most of their time in homes and communities where grass root intervention is needed most.

g) Supervision of Practical Work

All courses except MUK carry out supervision of practical work in varying degrees. Supervision carried out by formal courses is usually interrupted by irregular funding whereas, non-formal courses carry out supervision extensively as they aim at ensuring hands-on skills to trainees. This was pointed out during workshop I and also mentioned by the CDAs in Iganga who provided various reasons why this was so.

A CDA stated that, 'Field work facilitation is low and therefore students stay close to headquarters...'

This is done in order to avoid traveling long distances. As a result the same clients and families are used over and over again by different student. This may lead to clients getting fed up and families rejecting students as different people come asking the same questions. Ex-trainees hinted that it is not only client fatigue that affects field work but supervisors may also develop lethargy by seeing the same client every year. A CDA put it this way, 'students in Unise are placed in the same place, therefore, supervisors have seen clients before. This can lead to laziness in the lecturers.'

On the hand non formal courses carry out their field work practical systematically as they are short and well funded. An ex-

trainee observed that, ‘ COMBRA practicals limited to 1 month with good supervision and work is intense. Practical at COMBRA group us and trainer follows us closely and there is interchange into all disability (types) leading to cross section of disability experience’.

h) Investment in formal training CBR courses

Currently government investment in CBR -training programmes is not a priority. The number of student on government sponsorship is very low. In non-formal in-services training programmes training of CBR-workers is a priority and takes a lot of resources.

i) Training of interest groups

Formal training institutions have no packages for interest groups such as parents, other programs or communities. Informal training programs have packages for these groups which enriches community participation and multi-sectoral approach in CBR programmes. The assumption that parents and community will be responsible despite time, energy, resources and attitudes could be a reality through the above training packages.

i) Course Fees

Course fees differ according to duration and course awards as seen in the table below.

Course	Duration	Award	Fees in Us \$	Fees Uganda Shilling (April 03 exchange rate)
MUK CBR	2years	Masters of Arts in CBR	1,000	2 million
UNISE PGD	1 year	PGD in CBR	360	720,000
UNISE Diploma	2 years	Diploma in CBR	700	1.4 million

COMBRA	16 weeks	Certificate in CBR	478 *	856,000
MGLSD	8 weeks	Certificate of attendance in CBR	Paid for by donors and only by invitation	-

*The course fee for foreign students at COMBRA is Us \$ 2, 754 which is inclusive of field work, out of pocket, medical insurance, tuition, accommodation, meals and local travel.

CHAPTER SIX

RELEVANCE OF EXISTING CBR TRAINING ACTIVITIES TO LOCAL AND GLOBAL NEEDS

This chapter, discusses relevance of CBR training in relationship to CBR components as spelt out in the pppppppp. Later in the chapter the relevance to Uganda's policies and strategic direction, CBR ingredients for Africa, International needs and global framework strategies are discussed.

Relevance to CBR Components

6.1. Creating a positive attitude towards people with disabilities:

Creation of positive attitude towards PWDs is essential in creating equalisation of opportunities. Positive attitude among community members are created by involving them in the process of programme design and implementation. This in turn strengthens the self esteem of PWDs and their families. In this study both the family members and PWDs provided ample evidence for change in attitude as a result of interacting with ex-trainees of the CBR courses. An amputee who had acquired the impairment as an adult said, ' Before CBR education I was shy, never appearing in public, but now I am helping others and I am a Musawo for sleeping sickness.' An aunt of a child with LD said that, ' I feel no shame to walk with her, even if she is different from others....people appreciated my efforts. I help other parents who come to enquire, 'How did you get this.' She is now in school so I walk with her with joy.'

The benefits of CBR training are further demonstrated by a PWD who told the FGD that, ' Those who did not attend CBR training still have negative attitude.' He was referring to parents of CWDs.

Another PWD said, ' They have taught PWDs how to expose themselves and be confident to stand as LCs. CBR has made me a good citizen and enabled me to help other PWDs.'

Although clients or primary beneficiaries were not asked where their CBR worker had trained; neither were they expected to know this; CBR training (formal and nonformal) has influenced positively the attitudes of PWDs and their families.

6.2. Provision of functional rehabilitation services

Functional rehabilitation services are included in curricula to promote rehabilitation therapy. Change in function of the individual PWD is one of the cornerstones for developing confidence and acceptance of the CBR programme in the community. Among the clients and family members interviewed, there were three children who had achieved ADL independence through the intervention of CBR workers. One who had learning difficulty had greatly improved in function and was now contributing positively to the home.' CBR workers visit our lame people, give advice which I followed (the advice)- how child can do work at home. She can now do house hold chores. She is now integrated with other children. It is good to follow the advice of the visitors(CBRworker).

In another client, the child had received surgery, special shoes, calipers and a wheelchair to carry her the long distance to school. She had started schooling, however, due to poverty at family and sub-county level, the outgrown assistive devices were not changed. The CBR worker was the key person who connected this family to the rehabilitation service at Katalamwa Cheshire home.

Ex-trainees were proud of clients in their care who had improved function because of their(ex-trainees) interventions. One CDA informed the group that,' Community is proud (of me)because clients follow me and when I go through the sub county, they admire me because so many can now walk, parents have gained knowledge to train others and some received appliances.'

Functional rehabilitation is an area where all the CBR training has been relevant to both clients and ex-trainees.

6.3. Provision of Education and Training Opportunities

Educational and training opportunities form a fundamental basis of CBR components. Ex-trainees reported that they are equipped with knowledge and skills to teach PWDs and their families about the disabilities and how to overcome environmental barriers. They have also enabled many CWDs enter formal education.

An example is quoted here from a CDA(ex-trainee). ' I have registered some achievement. I was invited and transmitted knowledge to teachers and there is school placement of CWDs.'

PWDs have received training in management of their disabilities and encouraged to continue in school. One reported that he had been encouraged to remain in school by a CBR worker.' They encouraged me to learn and now I am in S5'.The same person later reported that,'

'Parents in the programme have their children in school.'

Our parents used to keep us behind the door but now we are also preaching- do not keep the children behind the door-now children are in school. In summary, we have benefited.'

Parents too reported on how they had been helped to train their children in ADL and to send them to school. An aunt who was the primary carer of a child with learning difficulties is quoted below.

'I used to worry but I am now firm and trusting God. I thank the teacher (CBR workers) for coming to teach us and for not despising us. Mariam has improved and now washes food and helps(in) cooking'.

Another carer, a mother reported that,

'I kept her from work but after CBR teaching, I have involved her in chores such as digging fetching water and climbing trees for mangoes and fene. She can cook and I am grateful to CRB workers.'

CBR training in Uganda both at institutional and community level has helped in home-based training and also promoted formal schooling of PWDs. These gains by the ex-trainees are marred by the lack of involvement of men in training and care of PWDs especially children. In the interview with primary beneficiaries, it came out strongly that men are not participating in CBR. For example a parent said,' In CBR training men are few. Those who come, come for allowances.'

A PWD volunteer supported this statement by saying,' What ladies said is true. Even when the father is at home, he says wait for the wife and even climbs his bicycle and lives you. For example Marium's(child with LD) parents went with the normal children to Kampala and left CWDs to aunt so all CBR teaching goes to Senga(Aunt) and not to the parents.

Another issue that mars the successes gained by CBR training is the limited skills to reach persons with VI and HI with support services.

Ex-trainees bring this out at two levels. They reported that CBR did not equip them with skills for the Hearing Impaired. They also reported that even when supervisors go to the field, they pay particular attention to physical impairments rather than sensory impairments. A PWD volunteer too mentioned that lack of sign language limited her interventions for a child with HI. During workshop I, the lack of skills in addressing HI and VI by the training institutions had limited the persons with sensory impairments from benefiting maximally from CBR programmes.

Special attention needs to be taken in CBR training at all levels to address the issue of non participation of some men in CBR. This also an area for further research.

6.4. Creation of micro and macro income generation opportunities.

CBR is a strategy that lifts PWDs and their families from perpetual poverty to an improved standard of living. Ex trainees have been involved in a number of IGAs both for themselves and for the clients. Among the activities mentioned are tree planting, proposals for loan schemes and savings/ credit groups. One ex-trainee said he had started two groups in saving and credit without external funds. Another had started a loan scheme that had benefited 7 groups. A person with an amputated lower limb said the CBR programme had helped him start a drug shop that was helping him and his family. On the other hand, CBR programmes experience difficulties with IGAs training activities. One carer mentioned among the gaps in the CBR programme inadequate training in IGA. An ex-trainee also reported that he did not receive enough skills in managing IGAs during his training.

This issue was also raised in Workshop I, where a participant said the courses concentrate on initiating IGAs but not on their management.

6.5. Provision of care facilities

All data gathered did not show evidence of this component either in the training curriculum nor in the field.

6.6. Prevention of the causes of disabilities

Although prevention of disability is taught in all the courses, the issue of prevention was not enquired into in the field and during the two workshops.

6.7. Management, Monitoring and Evaluation

For the success of any programme management, monitoring and evaluation are vital. This is especially so for a relatively new field like CBR. The ex-trainees reported in the FGD that they had received management and office skills, which have not only helped them in CBR work but also in their personal efforts to make ends meet.'

I gained management skills for home and workplace and CBR programme'.

In the office, I sit in the department and come up with programmes to help district. These (the plans) are accepted. I have accessed fame in the community and I am a role modal.

In the office I am able to plan for my department. The above quotations from 3 ex-trainees from different training institutions demonstrate the contribution training in CBR has made to the management skills. In addition to improving performance in management skills for formal work, the course helped the ex-trainees perform better socially and raised their status in the community. Some said they provide advice which is accepted, are accepted as the experts in disability and are some had improved in private IGAs.

The summary in the table below shows a summary of the analysis of the FGD with PWDs and parents.

Table 6.1
Summary of Analysis of Primary Beneficiaries

Primary beneficiaries	Benefits directed at the disability	Benefits towards psychological support & self advancement	Environmental benefits	Gaps
Family	Advice on	Been handled	CWD involved	Involvement

<p>-Parents -Siblings -Aunt</p>	<p>ADL Taken for medical intervention in Katalemwa Taught on mgt of disability</p>	<p>in a good way by CDAs Used to worry but now firm No shame to walk with disabled child</p>	<p>in family chores Many CWD in school CBR workers do not interfere with carer's work</p>	<p>of fathers Those who come, it is for allowances Absentee parents IGA training Some parents refused to participate in pge Their children are not in school Marium(MR) not yet accepted in school Out grown appliances, wheelchair broken down</p>
<p>PWDs</p>		<p>Confidence to stand in LC No longer hides in shame Now I am a health worker for sleeping sickness Opened drug shop Taught to manage disabilities</p>	<p>Teasing has shifted to PWDs of less education only</p>	<p>For volunteers, transport to help others Lack of sign language for PWD volunteers</p>

4.3 Relevance to Secondary Beneficiaries

The secondary beneficiaries have been described as the students that attend these CBR courses. Are the CBR courses relevant to the trainees? This question at this point is not addressed to the trainees meeting the needs of primary beneficiary but do the courses benefit the trainee at a personal level? The answer to this is an overwhelming YES. Several gains can be sited. The first and foremost is new knowledge is gained and as the adage goes knowledge is power. Knowledge opens closed doors. The longer CBR courses especially the UNISE and COMBRA courses are also empowering. The trainer returns to his community with a new edge to him/her. Several of the COMBRA alumni have held and continue to hold positions at various levels in the Local Council. The empowering spin off from the COMBRA course seems to have benefited PWDs more than the non-disabled trainees. COMBRA at the request of her alumni, held a special course on leadership that targeted PWDs holding positions in the local councils.

Accreditation from the CBR courses is an important personal benefit. Shorter courses offer certificate of attendance, the longer informal course at COMBRA offers a higher certificate in CBR; while a shorter one is rewarded with an ordinary certificate. UNISE offers, diploma, degree and masters in CBR. The various accreditations offered by UNISE and Makerere University is important for career development and promotions especially in the rigid government hierarchy. Many trainees as mentioned earlier use the UNISE and Makerere courses not for development on services for PWDs but for promotion to new salary scales or new lucrative jobs. The certificates in this case are very relevant to the trainees. The COMBRA course on the other hand, tends to attract less job seekers and more people with genuine interest in disability issues and CBR. The certificate is problematic in that it has weak accreditation- that of COMBRA only! The information and skills learnt at COMBRA are therefore, more relevant to the trainee than the certificate. On the extreme end those who hoped to use the COMBRA certificate to hunt for jobs end up frustrated. This should not give the impression that the COMBRA certificate is of null value but it lacks punch behind it. One major advantage of the COMBRA course is its ability to admit people of lower educational level which is lost in University accredited courses.

Alumni and those who have gone through informal training have been involved in:

Identifying PWDs

Referral

Advice to the family

Community sensitization

The UNISE and COMBRA alumni have gone further to provide physical rehabilitation interventions such as provision of locally made assistive devices, training in ADL simple physical exercises.

As mentioned earlier, adult PWDs and professionals developed curricula for formal training. Meetings of alumni from the COMBRA and UNISE courses have assisted in making the course more relevant to the target group – PWDS and their families.

The COMBRA former trainees identified the following issues that they felt will make the course beneficial to more clients:

The management of mentally handicapped children

Practical intervention in Cerebral palsy

Management of persons affected by leprosy.

Issues that were not impairment related often centred on management and resource access but these will not directly impact on the PWDs and their families except for support to management of IGAs.

Concerns and recommendations from these meetings have resulted in adjustments to the course to make them more relevant. This has been easier with COMBRA since she is in a more flexible environment being an NGO. The second strategy COMBRA used to address these issues from the alumni meetings was to organize refresher courses targeting active former students. 5 such courses have been held so far and these have addressed leprosy, mental handicap and cerebral palsy COMBRA *has also developed training video films to assist in the teaching of difficult subjects*. The relevance of CBR training in respect to secondary beneficiaries can be seen from the analysis of FGD with former trainees in Table 6.2.

Table 6.2

CBR TRAINING IN UGANDA Analysis of FGD with Former Trainees Iganga

Institution	Duration	Content	Course organization	Relevance of CBR	Field work &	Field w supervis
--------------------	-----------------	----------------	----------------------------	-------------------------	-------------------------	-----------------------------

			& Delivery	work	practicals	
UNISE	Duration short Needs to be lengthened especially practical work	CBR covers many things Some disabilities not adequately covered esp HI and communication skills; Content wide & some not applicable Only a few disabilities covered Appropriate technology not well covered	Well organized but weak in practical element. Theory should be followed by practical work	Some content not applicable in the field History of education as an example is irrelevant Acquired knowledge, skills and practice but not enough skills for IGAs	Field work of 6 weeks is often shortened to 3 wks More practical work required	Supervision of field work weak Supervisors spend only a few hrs with student Interested in nearby community only Interested in physical disabilities No external supervision after completion of the course PGD students need to cover a wide area yet they have little fun Cliental fatigue because client use every year Practicals well supervised Recommend a day per student for field work supervision
Institution	Duration	Content	Course organization & Delivery	Relevance of CBR work	Field work & practicals	Field work supervision
COMBRA	Very short	Course too	Adequately	Nothing is	Field	Field work

	Not enough field work	compact Is skills based Handles all disabilities Appropriate technology done with practice	organized Short courses on MR, CP, & leprosy to cover gaps.	irrelevant All content is applicable in the field Acquired knowledge skills and practice Not enough skills in mgt of IGAs	work limited to one month, intense Regular practical after theory	well supervised Students followed after course Refreshed courses organized Ex students supervised
MGLSD	6months is too short Pumping Some topics not well understood	Sign not well covered	Well organized, Systematic but time too short Lay out and sequence good Gaps in identification of disabilities	Got knowledge, skills and practice Started loan scheme Problem of small capital and high demand		Field work Supervised

In all courses there is a bigger percentage of participants of males as compared to females and yet females are the primary carers of PWDs. Factors that hinder female participation need to be researched into and if necessary a package addressing this gap developed.

4.4 Relevance of CBR training to the Key CBR Ingredients for CBR in Africa(7)

Participants to the 2001 Africa regional Conference on CBR concluded the conference by developing and approving 10 key ingredients for CBR in Africa (see chapter 2). Does the formal and informal CBR

training in Uganda address these CBR ingredients? The shorter informal courses organized by both NGOs and government departments address different items on this list depending on the mission of the organizers and the situation that needs to be addressed. For example the orientation manual for frontline health workers (6) in MOH items 1,2,4,part of 8 and part of 9.

The longer courses tend to be more relevant by addressing all the 10 issues, however, item 3 and 10 are weakly covered. COMBRA is the only institute that addresses the HIV/AIDS issue. As mentioned earlier, COMBRA's course is informal and therefore, more flexible in addressing new emerging issues such as the HIV pandemic.

4.4 Relevance to Government Policies and Strategies

Uganda like many developing countries has developed strategies for poverty eradication. As part of this plan, government has drawn a Poverty Eradication Action Plan (PEAP). In line with this plan several ministries have developed strategic investment plans to address their role in poverty eradication. PWDs are among the marginalized groups that are addressed by the policies on health, education, housing, transport, social development and agriculture. CBR courses need to match these emerging policies and plans if they are to remain relevant to the developmental issues of Uganda.

4.5 International Relevance

Training programmes in Uganda relate to specialized agencies of the UN (ILO, UNESCO,WHO, UNICEF) in promoting CBR as a holistic and multisectoral approach. The courses promote inclusion of PWDs both in CBR programmes at the institutions and in the community by using them as facilitators in the institutions and primary clients in field work. The UN concern for creation of positive attitudes towards PWDs by the community is highlighted in all the course contents. The courses in Uganda, therefore, address the 1998 UN criteria for CBR(8).

Although the formal training at UNISE and COMBRA has included international students, the relevance of the training can only be indirectly deduced. One of the factors that reflect a positive impact and therefore relevance is the country sending more students to the course. This has happened in the case of the COMBRA course and

Tanzania and Eritria. UNISE has received students from Kenya, Zimbabwe and India. The fact that both COMBRA and UNISE still receive applications from outside Uganda is witness to the fact that both institutions are offering courses which are relevant to these countries. The courses in Uganda remain more contextually relevant, cheaper and able to reach more CBR practitioners in Africa than courses in Europe(5). This was the very reason for establishing the courses and still remains relevant today.

4.5 Relevance of CBR training to Global Framework Strategies (this refers to UN conventions, rules and instruments)

CHAPTER SEVEN RECOMMENDATIONS

Curricula

- We noted the content and intensity of the curricula both in formal and informal training programs and recommend that a committee of all stakeholders be put in place to review curricula bearing in mind progress of an individual from one course to another in a hierarchical way, weighting of the course to determine duration and a ward.
- The curricula should always focus of Key Ingredients for Africa and UN Standard Rules (UN 1994).
- A package for people with practical skills, committed and Experienced in disability issues be developed (as distance learning) to assist this category which fails to access formal or informal training because of qualifications. Since this is distance learning the package will help female students who have not benefited because of their biological and social roles.

1. Courses on CBR as part of other Education programs.

Realizing the important role-played through a multi-sect oral strategy, we recommend that:

- A CBR Unit Course be developed and forms part of other Education programs such as training for nurses, teachers, micro finance-Institutions, Special needs Education.
- A package of CBR be build in vocational training curriculum to promote Employment Skills training in communities.
- Packages of CBR training on current issues such as HIV/AIDs. Human Rights, Refugees, Street Children be developed and taught under "Foundations of CBR programmes"
- Although IGA are taught they concentrate on project profiles and proposals. We recommend that Management of IGA,s be stressed as this relieves PWDs, families and communities.

- We recommend that courses put emphasis on fieldwork practices. It could take 50% of duration. *It should also put a lot of emphasis on supervision by providing clear guidelines and well laid down assignments to students and agency supervisors.*
- *All curricula should have a modal on specialization so as to create desired job market. CBR workers should have opportunities for specialization for example in mobility and orientation, sign language, Braille, integrating people with visual impairments and other areas of disability.*

2. Courses for other interested group (Parents, communities).

We noted the importance of partnerships in organization plans and implementation in service provision for PWDs. We recommend that courses for interested groups especially parents and communities be developed bearing in mind time, energy, other biological and social roles played by parents.

3. Role of Combra in training grassroot workers.

We have compared all curricula for CBR training in Uganda and concluded that Combra curriculum is very intensive in content. We have also noted that the course is very short and the Award is too low in comparison with the content. We recommend that the course be weighted to match both duration and award. We also recommend that Combra approaches Ministry of Education and Sports to recognize the course and let Combra issue recognized certificates or Diplomas by the Examination Body (UNEB). This will be the first step in synchronizing CBR training programmes in Uganda. We also recommend that Combra expands in order to accommodate rising need in CBR grassroot training strategies.

Key CBR ingredients for Africa

There is need to modify the longer courses so that they are more relevant to the needs of Africa today by advocating for them to address the entire ingredients that arose from the Africa regional conference.

APPENDISES

References

???

5. Ojwang and Hartly; Pg53 CBR a participatory strategy in Africa
- 6 health workers manual
- 7 Mirembe & Hartley; CBR in Africa: The Way Forward Pg199 CBR a participatory strategy in Africa
- 8 From Mirembe UN criteria for CBR 1998
- 9 Gender report on needs assessment
10. Hartley. S. (2002) CBR A participatory Strategy in Africa, Based on the Proceedings of a conference 2001. National Printing Press Bangalore – India.
11. Heleander. E. (1990), Training in the Community for People with Disabilities, Geneva.
12. Ministry of Gender Labour and Social Development (1995) The Community Based Rehabilitation Curriculum for training Extension Workers, Kampala.
13. COMBRA (2001) COMBRA Curriculum for the Certificate Course.
14. UNISE Kyambogo (1999) programme of Study for the Diploma in Community Based Rehabilitation (Dip. CBR), Kampala.
15. Makerere University (1994), Programme of Study for the Post Diploma in Community Based Rehabilitation (PDCCBR), Kampala.
16. The Alma Ata Declaration (1978), UN Publication, 1979.
17. UN (1998) Document No E/CN 5/291, Social Development Division.
18. Chambers. R. (1993) Challenging the Professionals, London, Intermediary Technology.
19. Kisanji. J. (Ed.) 1992, Basic Facts about Special Education in Tanzania, Dare salaam, Ministry of Education and Culture.
20. ILO, UNESCO and WHO (1994), Joint Position Paper of Definition of CBR
21. ILO, UNESCO and UNICEF (1994) Salamanca Statement and Framework of Action on Special Needs Education, UNESCO.
22. UNESCO (1994) Salamanca Statement and Framework of Action on Special Needs Education, UNESCO.
23. 'O' Toole. B. J. (1991), Guide to Community Based Rehabilitation Services, UNESCO.
24. Thorburn. M. J (2000), Training of CBR Personnel: Current Issues and Future Trends. Asia Pacific Disability Journal, Vol. 11 No1.
25. UN Resolution 48/96 (1993), the Standard Rules on the Equalisation of Opportunities for Persons with Disabilities, UN. New York.
26. Asia Pacific Decade of Disabled Persons (2002), Understanding Community Based Rehabilitation.

27. Miles. M. (1985 (a)), Children with Disabilities in Ordinary Schools, Peshawar: Mental Health Centre.
28. Jaffer. R. (1990) The WHO – CBR approach: Programme or Ideology. Some lessons from the CBR Experiences in Punjab, Pakistan.
29. ‘O’ Toole B.J. (1998) A Community Based rehabilitation Programme for pre-school disabled children in Guyana. International Journal of Rehabilitation Research. 11 323 – 334.
30. Werner. D. (1987), Disabled Village Children: a Guide for Community Health Workers, Rehabilitation Workers and Families. Palo Alto, CA: Hesperian Foundation.
31. Maya Thomas, M.V. Thomas and Rajendra (2001) Asia Pacific Disability and Rehabilitation Journal, July 2001.
32. University of London – Centre of CICH: MSC/Diploma in Community Disability Studies. London WCIN. IEH.
33. John Paterson and Will Boyce (2001), training the Trainers in Community Based Rehabilitation: Central America Landmine Survivors Project: Journal of Mine Action: Queen’s University.
34. IDF. (1999), The World Disability Report: Geneva, Switzerland.

Research Tools