TRAINING COMMUNITY HEALTH WORKERS IN COMMUNITY BASED REHABILITATION (CBR)

TRAINING MANUAL (COURSE ONE)

Ministry of Gender, Labour and Social Development (MGLSD)

Ministry of Health (MOH)

Community Based Rehabilitation Alliance (COMBRA)

1 INTRODUCTIONS AND MOOD SETTING

Purpose

To help participants to know each other
To gather their expectations
To explain the purpose and objectives of the training
To identify office bearers for the training workshop

Method

Buzz
Lecturettes
Brainstorming

Teaching material

Registration forms
Newsprint
Training objectives written on newsprint
Markers

Process

Step1

Facilitator welcomes participants. Requests them to register if they have not done so.

Step 2

Participants pair up and buzz for five minutes on:
Their names, titles, workplace likes and dislikes.

Step 3

Participants introduce each other in plenary

Step 4

The same pairs in Step 2 discuss for 2 minutes their expectations. Each pair is to agree on two expectations.

Step 5

In plenary each pair reads out its expectations. Similar expectations are grouped together on the wall.

Step 6

Workshop objectives are put up, read and compared with expectations.

Step 7

Participants identify offices and office bearers among them selves.

Objectives
The overall obj ejective of this training is to strengthen the capacity of CHWs in the prevention & mgt of disability in the cty.

2. Concepts & Definition In Rehabilitation.

***Performance Objectives*:**

1. Create awareness on disability and CBR in the community.

Learning Objectives:

1. Describe and define the various concepts.

Content:

Concepts and definitions of;

1. Rehabilitation
2. Community Based Rehabilitation (CBR)
3. Impairment, disability, activity, and participation International Classification of Disability Health - 2 (ICDH-2).

Teaching methods:

1. Modified lectures / lecturettes
2. Brain storming
3. Small group discussion
4. VIP cards / flash cards
5. Visualisation

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. Posters

Assessment Methods:

1. Questions and Answers (verbal, written)

Process

Step I

In plenary participants brainstorm on the definition of disability

Step 2

Facilitator explains the meaning of impairment, disability, activity, participation (ICDH-2) and Rehabilitation.

Step 3

Using flash cards, guide the participants through a discussion on CBR

Trainees Notes

Impairment
This is any permanent loss or abnormality of a body part (organ). This includes physical and mental abnormalities.
This definition is medical and focuses on the loss or lack as being abnormal.

Disability
Disability is any restriction or lack of ability to perform an activity in the manner or way considered normal for human beings as a result of the impairment or the environment. The environment acts as a barrier to full participation in community. PWDs say that it is the environment that disables them and not the impairment.

Activity
Includes tasks an individual does on a day-to-day basis. These include walking, feeding, toileting etc.

Participation
Taking part in group or family or community activities.

Disability Process

Impairment ⟶ activity ⟶ participation

Impairment results in limitation of activity. Because of activity limitation, the individual is not able to participate fully in his or her community. For example a with a cataract on the eye has an impairment on the eye ball. He is visually impaired. The visual impairment results in limitation in moving around. The difficulty in moving around is a result of the poor environment for example a building with many corners can confuse the blind man. But his impairment also limits his ability to move around. Because he has limitations in moving around (activity limitation), he cannot participate in community activities. He therefore has limited participation.

A lady who has been amputated following a road traffic accident has an impairment of the lower limb. She therefore cannot move like other people and has activity limitation. The activity limitation results in limited participation in community activities such as digging, collecting firewood, dancing and climbing stairs. In the case of stairs, the environment is the cause of the limitation and not the impairment.

Remember that disability is a result of interplay between the environment and the impairment. The impairment must be permanent in nature. If some one has a fracture and they are using crutches for a few weeks, they are not disabled.

Rehabilitation
Rehabilitation is a process of helping the person overcome the limitations arising from the environment and from the impairment. For example an artificial limb will help reduce the impact of the impairment while ramps instead of stairs will help to correct the environment by improving accessibility.

Community Based Rehabilitation
This is a strategy with in community development for the rehabilitation, equalization of opportunities and social integration of all people with disabilities. CBR is implemented through the combined efforts of disabled people themselves their families and communities and the appropriate health, education, vocational and social services.

CBR in Tororo

3. ATTITUDES TOWARDS PWDS

Performance objectives

Develop positive attitudes towards PWDs
Sensitize the family and communities on impact of attitudes towards PWDs

Learning objective

1. Define the term attitudes.
2. Discuss the causes of negative attitudes within the community.
3. Give examples of negative attitudes towards PWDs
4. Describe the impact of attitudes on PWDs
5. Identify strategies for developing positive attitudes

Content

- Definition of the term attitude
- Causes of negative attitudes in the community
- Examples of negative attitudes towards PWDs
- Impact of attitudes on PWDs
- Strategies for developing positive attitudes.

Teaching Methods

1. Brainstorming
2. Modified lectures.
3. Small group discussions

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. Posters

Assessment Methods

Questions and Answers (verbal, written)

Process

Step1

The facilitator introduces the topic and learning objectives.

Step 2

In Buzz groups participants brain storm on the definition of attitude and causes of negative attitudes towards PWDs in the community.

Step 3

In plenary participants present and facilitator assists them come to a definition of attitude and causes of negative attitude. Examples of negative and positive attitudes and their impact on PWDs are then discussed.

Step 4

In plenary participants identify strategies for developing positive attitudes, and facilitator sums up participants ideas.

Step 5

A PWD gives his/her experience of the impact of attitudes on his/her life.

Trainees' notes

Definition of Attitude.

Attitude is described as a way of thinking/feeling about others and reflects our likes and dislikes. They are largely reflected through our behavior and response to situations. Attitude is basically a result of beliefs, values and experiences. Attitudes can be positive or negative according to the knowledge base, beliefs and experiences of an individual or society.

Causes of negative attitudes in the community

Lack of appropriate knowledge:

Most people in communities do not know what causes the disabilities among them. They only see that a person got fever and became weak, paralysed, or blind. Others are born with the disabilities. They do not understand the cycle of diseases like Polio, and therefore, do not take steps to prevent it or intervene early.

Fear:

Due to limited knowledge there is fear and speculation on how the disabilities and diseases are spread.

Superstitions:

Because of limited knowledge, people attach many unexplainable incidents to the supernatural. Statements like "Disability is a sign that the person is married to the gods", "that was God's will", "He /she was bewitched or cursed", "it was a punishment from the gods or God" are indicative of a helplessness from the community that the problem is beyond them. A person believing in witchcraft and vindictive gods will take a child with disabilities to remove curses and charms instead of running for early intervention.

Beliefs:

Beliefs about disability based on superstitions and misinterpreted experiences that have been passed on in the community. In Kitgum, when a person gets an epileptic seizure, all the people run to a safe distance and pull their earlobes until the seizure is over. This is done to avoid getting infected with epilepsy.

Difficult experiences:

- These are challenges PWDs and their families face because of the disabilities. As a health problem, impairments, and disabilities require a lot of attention, money for hospital bills and transport, especially when one has to lift or carry the PWD. Mothers often have to give up other work to concentrate on the disabled child. Such a situation can easily result into resentment and negative attitudes among the caretakers.
- Refusing to accept the disability and live in denial. This may be true for both the individual PWD and the parent or care taker.
- Lack of appropriate services and facilities for people with disabilities. Lack of services limits opportunities for PWDs to integrate into society. Provision of a wheel chair could enable a person affected by polio go to the market to trade. Giving a child callipers and crutches can enable a child to walk upright and go to school. These examples demonstrate how provision of rehabilitation services brought dignity, independence and social integration to disabled people. Lack of service condemns PWDs to a life of degradation and isolation.

Examples of negative attitudes towards people with disabilities

Case study 1

A mother gave birth to a child with Spinal Bifida and when she was told her child had a problem, the mother refused to see the child and returned to her home without the baby. The child Katrina grew up in hospital. She has a gift of learning many languages but has never gone to school.

20 years later, the hospital staff requested family members to take Katrina in their care. No family member was prepared to take on the responsibility. Katrina's parents never visited. The mother of Katrina made it clear that she does not want to see a daughter with useless legs. Eventually, Katrina's sister and brother in-law took her in their home.
Namibia. 1999

Case study 2

Madina is a 14-year-old girl with moderate disability from cerebral palsy. Her father abandoned the family because of Madina's disability. Madina was sleeping on grass while the rest of the family had better bedding. Even when a CBR worker gave Madina a pair of bed sheets, the mother kept them that they can be used to wrap Madina's corpse as the girl did not have long to live. *Luwero, Uganda, 1994*

Impact of attitudes towards people with disabilities

There are several effects of either negative or positive attitudes towards people with disabilities.

Some of the effects (impact) due negative attitudes include:

- Excessive dependency of the PWDs
- Poverty
- Low self esteem
- Some are beggars
- Others develop secondary disabilities

However, if PWDs are given opportunities, and society's attitude towards them is positive:

PWDs:

- Can be fully independent in ADLs
- Can be productive members of society
- Go to school
- Self-actualize.

Strategies for developing positive attitudes towards PWDs

Developing the right attitude:

Right attitudes are developed with the fundamental belief:

- That every human being has a right
  - To life and fair treatment.
  - To equal opportunity and equal access to health, education, income, food, legal protection and information.
- That PWDs have a right and a responsibility to contribute to national development like every one else and must be supported with the necessary skills to develop their maximum potential.
- That Disability is not total inability. Focusing on one's abilities will bring out the very best of the person.
- That it is individual, community and national responsibility to support the total development of a person with disability.

Right attitude will be developed through:

- Giving the right information to people in order to dispel fears, superstitions and hopelessness. The right knowledge will also lead to right actions once a disability has occurred or is suspected.
- Counselling the family and supporting parents through the difficult stages of accepting the disability in the family. Helping them find solutions to the functional problems of the child/person with disabilities.
- Showing that you care for the welfare of the whole person and the family. Knowing that they have a friend out there who gives them physical and psychological support.

4. IDENTIFICATION OF PWDS

Performance Objectives:

1. Recognise PWDs and the different types of disabilities in the community.

Learning Objectives:

1. List the types of disabilities found in the community.
2. List the common disabilities found in your community.
3. Describe characteristics of each type of disability
4. Demonstrate skills in using the disability identification forms.

Content:

- Types of Disabilities
  - Movement
  - Mental
  - Hearing
  - Seeing
  - Fits
- Disability identification form

Teaching methods:

1. Modified lectures / lecturettes
2. Demonstrations
3. Case studies

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers

4. Chalk and Board
5. Posters
6. Identification forms

Assessment Methods:
1. Questions and Answers (verbal, written)

Process

Step 1
In groups participants outline the different types of disabilities found in the community.

Step 2
As participants present in plenary, introduce the WHO classification of types of disabilities.

Step 3
Facilitator describes the different characteristics each type of disability.

Step 4
In plenary the facilitator introduces the village and parish identification forms and guides the filling of these forms.

Trainees notes

Remember that disability is a result of interplay between the environment and the impairment. The impairment must be permanent in nature. If some one has a fracture and they are using crutches for a few weeks, they are not disabled.

The different types of disabilities and their characteristics are:

Type of Disability or difficulty	**Characteristic**
Movement difficulties	When a person is not able to move part of his/ her body parts
Mental difficulty	These are two types: **Mental Illness**-People with such difficulties have problems exhibiting behavior that is considered normal. The common but rude word for such people is 'mad'. This word should be discouraged and instead the term 'strange behavior' or 'mental illness' may be used. People with mental illness

	often are of normal intelligence. **Mental Retardation or Learning difficulty** - This includes people who have difficulty learning new things or tasks or have difficulty in understanding.
Hearing difficulty/difficulty communicating	This is when a person finds it difficult to hear sounds and spoken language. A person may be able to hear but finds difficult in communicating. Such a person is grouped under this type of disability.
Seeing difficulty	If an individual has sight problems for example they are not able to see objects clearly that most people can see, then they are said to have seeing difficulty. People who have spectacles to correct their vision, should not be included unless they require help to carry out daily living activities. If person has lost one eye and the other eye is functioning then that person does not qualify to be included among disabled people.
Fits	This is when a person gets episodes of loosing consciousness or the consciousness is impaired. The episodes may last a few seconds or may be prolonged to about two hours. There may or may not be associated strange and uncontrolled body movements.
Loss of skin feeling	People with leprosy and those with spinal injury or lesions have difficulty feeling because nerves that supply messages to their skin are damaged.

In the community where you work there may be other conditions, which the community refer to as disabilities. These are classified as others and may include albinos, impotence, infertility (inability to have children), leaking urine and several others.

5. Assessment OF PWDS

Performance Objectives:

1. Interview PWDs and family

2. Observe PWDs at home
3. Categorize PWDs
4. Assess the health and health related needs
5. Draw a plan of action

Learning Objectives:

1. Describe the development of a normal child.
2. Describe the features of the common disabilities.
3. Demonstrate the process of assessment of PWDs and their families.
4. Discuss the desired behaviour towards PWDs.

Content:

- Normal child development
- Early identification of PWDs
- Early stimulation of CWDs
- Presentation/features of the common disabilities.
- Desired behaviour towards PWDs.
- Plan of action.

Teaching methods:

1. Modified lectures / lecturettes
2. Small group discussion
3. Demonstrations
4. Story telling
5. Field trips

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. Posters
6. Assessment forms
7. Clients / families(at least 5 with different disabilities).

Assessment Methods:

1. Questions and Answers (verbal, written)
2. Return demonstrations

Process

Step 1
In plenary participants brainstorm on the development of the normal child and outline the disabilities that commonly appear during childhood.

Step 2
Demonstrate how to assess a PWD in their home using the assessment form

Step 3
If time is adequate participants in threes or fours assess a disabled person in. Use children and adults with disabilities. Also try and have as many types of disabilities as possible.

6. Prevention of Disabilities

Performance Objectives:

1. Sensitize community on causes and prevention of common disabilities.
2. Be role models in the prevention of disabilities.
3. Sensitize the community on the UNMHCP and the MOH policy.

Learning Objectives:

1. Describe the common causes of disabilities.
2. Discuss ways of preventing disabilities.
3. Discuss hindrances to prevention of disabilities and how to overcome them.
4. Outline the UNMHCP and relate it with prevention of disability.

Content:

- Common causes of disabilities
  - Accidents/War (e.g. landmines)
  - Diseases
  - Hereditary
  - Social (poverty, alcohol, wars)
  - Malnutrition
- Ways of preventing disabilities.
- Importance of the UNMHCP.
- Hindrances to prevention of disabilities.

Teaching methods:

1. Modified lectures / lecturettes

2. Small group discussion (6-8)
3. Buzzing method

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board

Assessment Methods:

1. Questions and Answers (verbal, written)

Process

Step 1
The facilitator describes the common causes of disabilities.

Step 2

In plenary participants discuss ways of preventing disabilities

Step 3

In buzz groups participants discuss the hindrances to the prevention of disabilities and how to overcome t hem.

Step 4

The facilitator outlines the UNMHCP and then relates this with the prevention of disabilities (If there is adequate time).

Trainees' notes

Common causes of disabilities

There is a whole range of causes of disabilities as follows:

Direct Causes:
These are conditions that directly affect a person and cause impairment. Knowing the causes gives lead to prevention and better management of the impairment.

- Before birth: - Hereditary defects: e.g. dwarfism, clubfoot (sometimes, not always),

- Non-genetic disorders e.g. congenital absence of limbs, clubfoot, cleft palate, rickets, and Down's syndrome
- Conditions of the mother such as: diabetes, measles, rubella in pregnancy.
- Alcoholism and drug abuse of the mother.

- At Birth: - Birth trauma.

- After Birth: - Neonatal problems e.g. jaundice, neonatal infections like meningitis

- Diseases: - Communicable Diseases e.g. poliomyelitis, trachoma, leprosy, malaria, measles, meningitis, ear infections.
  - Non-communicable diseases.
  - Degenerative conditions
  - Diabetes mellitus
  - Sickle cell disease

- Trauma / Injury: e.g. traffic accidents, occupational accidents, domestic accidents, wars and violence

- Malnutrition.

- Drug and Alcohol abuse.

Indirect Causes:

These are conditions that may not directly cause disability but are predisposing factors to causing impairment.

- Malnutrition.
- Poor environmental sanitation.
- Lack of information about proper health measures.
- Lack of proper stimulation and early education of children.
- Drug and alcohol abuse.
- Poor infrastructures.
  - Few health services.
  - Long distances from the health services.
  - Poorly equipped health services.
- Poverty.
- Social stress and emotional disturbances.

What do people believe to be causes of disability? Discuss.

Lack of awareness of the causes has made people to attach witchcraft to disabilities. You hear statements in the community such as,

"He was bewitched"
"She is possessed"
"Ancestors were angry"
"He is married to the gods"
"The mother committed adultery during pregnancy"

These fatalistic beliefs are good excuses for doing little in helping the person overcome the impairment and work for the development of the PWDs. There is therefore need for consistent awareness raising to change these beliefs and redirect efforts to prevention, early identification and intervention strategies.

Ways of preventing disabilities:

Understanding causes of disability is a guide to ways and means of preventing the occurrence of disability. Prevention is best done at three levels:

First Level Prevention: Preventing impairment.

This means reducing the indirect causes of disability. Examples are as follows:

- Reduce poverty and the risk of disease.
- Better Primary Health Care (PHC) for example better reproductive health and childcare, immunization, improved nutrition, water supply and sanitation.
- Improve home installations and work environment.
- Improve infrastructure, agriculture, health services and education for all.
- Information dissemination

Second Level Prevention: Prevent Disability:

These are actions to detect and identify early, the occurrence of disability resulting from the impairments, or preventing an impairment from getting worse. These require measures in three areas:

- Early identification of impairments that lead to disability i.e., diagnoses Leprosy, T.B, a fracture, tests for any suspected infection or condition.
- Proper care of impairment in the acute stage to avoid subsequent disability. For example, skills for first aid for simple splinting of a fractured limb, exercise to prevent contractures, avoiding infection on burns and wounds, etc.

- Proper care of disease and injury in chronic stage. This involves medical rehabilitation done by medical professionals and specialists for example doctors, physiotherapists, occupational therapists, psychiatrists, speech therapists who help to reduce the impact of the disease or injury on the patient and their family. Activities of daily living, providing technical assistive aids such as: hearing aids, callipers and artificial limbs are part of secondary prevention.

The aim of the second level intervention is to reduce the extent to which impairment prevents the functional ability of an individual.

Third Level Prevention: Preventing Handicap.

These are measures to prevent a handicap once an impairment or disability has developed. It is done with a range of activities and actors playing varied roles in:

- Changing negative attitude to disability.
- Removing physical barriers to integration
- Setting laws to prevent discrimination against people with disabilities.
- Helping people with disabilities and their organizations become strong and directed towards self-actualisation.

The third level intervention focuses on creating an environment for equalisation of opportunities and full integration of PWDs in society.

Because the magnitude of work in the prevention process is extensive, it is important for health workers to link with other complementary sectors and service providers in community development, education, agriculture, nutrition, security, police, and administration. It is only in working in partnership and collaboration that prevention, rehabilitation, and development can be done successfully.

Hindrances to the prevention of disabilities and how to overcome them
Knowledge, beliefs and practices
Lack of resources
Inadequate health care services

How some of the elements of the Uganda National Minimum Health Care Package relates to the prevention of disabilities

Element of UNMHCP	Relation to Disability
Integrated Management of Childhood illnesses	Prevent movement disabilities, hearing disabilities, mental retardation, epilepsy
Malaria programme	"
Reproductive health	"
STI/D/AIDS control programme	Prevention of movement, mental, hearing, seeing, epilepsy
UNEPI	"
School health programme	"
Prevention and control of Injury Prevention of Non communicable diseases	Prevents movement disabilities
Prevention of blindness and deafness	Prevents blindness and deafness
Mental health	Mental illness
Rehabilitation of PWDs	Prevention of further disability
Nutrition	Prevention of deafness, blindness and indirectly other disabilities

7. Community Diagnosis in Relation to Disability Issues

Performance Objectives

1. Carry out a Participatory Learning Actions (PLA) exercises in relation to disability.

Learning Objectives:

1. Demonstrate ability to collect information on disability using PRA tools.

Content:

- Common PRA tools for carrying out a community diagnosis in relation to disability.
- Structures addressing disability and CBR in the district
  - Immunisation (Polio, Tetanus, BCG)
  - Nutrition (Mental retardation, stunted growth, congenital abnormalities)
  - Malaria Control (Epilepsy, Cerebral palsy), Congenital abnormalities.
  - Water and sanitation (Polio, Diarrheoa, burns/physical impairments)
  - STI/D and HIV.
  - Antenatal including needs and issues of women with disabilities.

- Reproductive health.

Teaching methods:

1. Modified lectures / lecturettes
2. Brain storming
3. Small group discussion
4. Field trips

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. Locally available materials

Assessment Methods:

1. Questions and Answers (verbal, written)
2. Return demonstrations

Process

Step 1
Define PRA and it's importance

Step2
Describe the features and attitudes favouring PRA

Step 3
Describe an demonstrate how to use the tools the tools

Step 4
If time allows carry out a simple PRA in the nearby community

Step 5
In plenary guide a discussion on available resources for disability in the district

Step6
Make a summary

Trainee's Notes

Participatory Rural Appraisal or Participatory Learning Appraisal
Definition
PRA is a process of learning from and with community members, investigating, analyzing and evaluating constraints and opportunities and making timely and informed decisions regarding development projects. It is a method of collecting information for:

- Needs assessment
- Feasibility studies
- Identifying priorities for development activities
- Implementing development activities where new information needs to be collected
- Monitoring and evaluating development activities.

Attitude Favouring the PRA Exercise
For successful PRA exercise the following are required:
Participation
Respect for community members
Show interest in the community's contribution to the exercise
Patience, not rushing, not interrupting
Listening not lecturing
Humility

Features
1.Triangulation
This is a process of cross-checking information being collected using various technique and sources

2. Optimal Ignorance
The team must be willing to learn and in order to do this, they may have to feign ignorance so as to gather and learn from the community.

3. On Sport Analysis
After identifying a problem it is important to immediately discuss with the community members solutions and plans of action.

4. Must take place ion the community
The whole exercise must be done in the community with their participation.

5. Flexibility and Informality
If the method the team is using is not bringing in results, be flexible and use another method. Be informal

6. Off setting Biases and Being Self Critical

The team should avoid speaking to only one section of the community but should seek to reach all groups existing in the community. The team must be careful to analyse it's own biases and try to avoid judging others.

PRA Tools

PRA tools are classified into two broad categories. These are:
1.The eye openers
2. Analytical tools

1. Eye openers

These basically give an overview of the area and include:

- Social and resource maps
- Transact walks
- Diagrams(venn diagrams/chapatti)

Social and resource maps

This is a technique that gives an overview of a geographical area in terms of infrastructure and social setup. For example identifying homes of PWDs, schools, resource persons etc

Transact walks

With a guide or a few people, the team walks through the community to analyse features in the community such as boundaries, water sources, social services such as schools and health centers. This helps with on sport analysis.

Venn Diagrams/Chapati

This helps to identify the important services to the community or target group (in this case PWDs). It helps identify services within and beyond the community. It also gives the value attached to that service.
This exercise can be done on the ground using sticks of other local material. It can also be done on a large piece of paper such as a manila paper. The PWD or target person is marked at the centre of the paper and services shown around him /her. The service is represented by a chapatti. The bigger the chapatti, the higher the value attached to that service. The further away the service, the further away the chapatti is placed.

2. Analytical tools

Analytical tools give an in depth study of a given situation or community issues. These are many but we shall only consider two, which are:

- Pair wise ranking
- Problem tree analysis

Pair Wise Ranking

This tool allows the team to identify the major problems or needs of the community and helps to determine the pressing problems.
It helps to:

- Understand how a given community puts value to certain problems or needs.
- Priorities needs to get the most critical ones.
- plan for limited resources.

The problems or needs of the community are listed and compared with each other to determine the most critical ones.
An example is given below.

Needs of PWDs in Kitera village are Education, appliances, entadikwa funds, housing and medical services
The needs are put on the x and y axis of a table in reverse order.
They are then compared with each other to get the priority. For example in box 1. the community is asked which of the two needs(medical services and Education) is the priority need for PWDs. If the answer is education, '*Educ*'is marked in the box 1. This is repeated until all needs have been compared.

	Educ	appliances	funds	housing	med
Med	1Educ	med	funds	housing	-
Housing	housing	housing	funds	-	
Funds	funds	funds	-		
Appliances	educ	-			
Educ	-				
Score	2	0	4	3	1
Rank	3	5	1	2	4

The number of times a need appears is recorded under the need's name on the x axis to get the score.

The need with the highest score is ranked No. 1. This is continued until all needs are ranked. In this example the priority need is entandikwa funds.

Problem Tree Analysis

After pair wise ranking, the priority need is placed on the trunk of a diagram of a tree. The causes of the problem are analysed and written on the roots of the tree. The results or consequences of the problem are also analysed and recorded on the branches of the diagram.

The problem tree helps identify strategies to tackle the problem. The opposite of the problem becomes the objective; the roots of the problem provide the core of the problem while the branches and leaves provide the consequence. There is need to keep probing until the core problem and effects are reached.

8. Assisstive Devices (Appropriate Technology in Disability)

INTRODUCTION

The topic introduces participants to appropriate technology concepts before Learning how to design and make assistive devices for clients. It will help participants to clearly understand the concepts of appropriate technology, qualities of good devices, how to measure for devices, assembling and finishing off devices, types of devices that can be made and their functions, examples of the various materials and tools.

Purpose

This topic therefore is to provide participants with knowledge and skills for making suitable assistive devices using local materials.

Learning Objectives

By the end of the topic, participants will be able to

- Define appropriate technology
- Describe the process of designing and assembling the devices.
- List examples of materials that can locally be used.
- List advantages and disadvantages of appropriate technology
- Describe qualities of a good assistive device.
- List examples of tools that can be used
- Describe qualities of a good assistive devices and their purpose.

RESOURCES

- Flip charts
- Masking tapes
- Markers
- Case studies
- Samples of devices
- Tools

PROCESS

Step 1
The facilitator introduces the topic and learning objectives, which will be displayed through out the session.

Step 2
The facilitator asks participants to brain storm and define appropriate technology in their own simple understanding. There after the facilitator clarifies on the definitions and concepts of appropriate technology

Step 3
The facilitator provides case studies to the participants and ask them to identify problems of the clients and plan for possible solutions for each case study. The facilitator then guides the participants through the case studies ,jolts down their ideas on the flip chart to establish an entry point to making devices .General discussions are held on to clarify any areas that seem not so clear.
step 4
The facilitator asks participants to brain storm on the advantages and disadvantages of appropriate technology, jolts down their ideas and makes a summary at the end

Step 5
The facilitator finally requests participants to brain storm and come up with qualities of a good assistive device, jolts down their ideas and then makes a summary
Step 6
The facilitator then takes students through a practical session ,to exercise hands on experience ,self discovery and practically make the aids for the different disabilities .Here the facilitator ensures participants touch the tools and materials to explore practical skills

TRAINERS NOTES

What is appropriate technology?

Appropriate technology refers to the use of local materials and technologies available in a given community to make appropriate aids/devices that promote performance of tasks and self-reliance.

When applying appropriate technology in disability, it is important to ascertain the needs of the individual so as to fulfill them. This gives you a foundation upon which to plan an appropriate aid that will serve the needs of a given client

Client's Needs
The best way to establish the needs of a client is to carry out an assessment. This will clearly help you to observe what the client can do and not do. Eventually this will lead you to plan an appropriate device that will serve to meet the needs of the client.

When planning to make any assistive device, it is important to consider the nature of material, type of devise to be made, and the needs of the client.

Nature of material

- Should be durable
- User friendly
- Not harmful
- Easy to work with

There are a variety of materials that can be used which include:

- Timber/wood
- Old tins
- Sisal
- Stones
- Plain paper
- Cassava glue or flour
- Old cloth
- Banana fibers and Paper boxes
-

Various products for clients can be made these can include

- Walking sticks
- Toilet seats
- special seats
- white canes
- hand blocks
- Corner seats
- Stimulating toys
- Feeding straps
- Adapted Tables and many others

Much as emphasis is put to the use of local materials, at times some of these materials may prove a danger to the producer and the user. It is significantly important to first examine the materials to establish their source and safety.

When making a low cost device or any other aid it is rather important to put in mind the qualities of a good assistive device, which include the following;

- Should be durable
- Should be acceptable

- Should be portable
- Should be user friendly
- Should be affordable
- Culturally acceptable
- Fulfill its purpose
- Should be attractive.

It serves no purpose to produce a device that will create more havoc to the user. Therefore, it is vital for one to consider the mentioned points to reduce harm to the client.

NB

When making assistive devices, for a person with disabilities it is important to consider the cultural aspects, as every community has its own traditions and values.

Purpose for the device

It is important to clearly study the abilities and limitations of the client so that you can get a firm basis upon which to make an ideal aid for a client in need

Making Assistive devices:

Before making any device, one has to consider important elements shown below:

Positioning:

Put the client in a normal functional position so that you can clearly observe the difficulties.

Measuring:

- When measuring ensure that you correctly get the right size and use the same scale throughout.
- If you do not have a tape measure, you can use a string or fiber.
- Recording after measuring, it is important to keep records as you start to produce the device. This will help to guide you get the proper size for the client and suiting the needs of the client.

Once you have fulfilled the above then you can now embark on making the Aid/device

Advantages of Appropriate Technology

- Local materials are easily available in most communities.
- Local materials used are usually very cheap or free.
- Local materials are durable.
- Local materials are easy to work with.
- This knowledge can easily be passed on to the other members of the community.

Disadvantages of appropriate technology

- There are some devices that cannot be made using local materials and technologies i.e. wheel chairs these need professional technicians and can be obtained from orthopedic workshops.
- Some materials produce poor products, which are not durable.
- Some materials are harmful.
- Some materials are scarce in some communities

The Role of Rehabilitation workers

- Training local artisans.
- Monitoring the use of the devices
- Advising the clients on the regular care and maintenance
- Checking if there is need for any adjustments
- Establishing whether the client is comfortable

Precautionary measures while using the devices/Aids

◈As you train the client to use the aid be mindful of the be would dangers for example avoid shape edges on the device that may cut or injure the client through smoothening.

◈Some aids like stimulating toys may be too small that young children may swallow them or put them in the nose, here you need to advise the parents or caregivers to be on the alert as the child plays with the devices

◈Finally at times the locally available materials may have contained dangerous chemicals which if brought in contact may be poisonous, in this regard should either clean the material thoroughly or totally avoid them

Precautionary measures for handling tools

As you work with the tools a lot of care is needed to avoid injuring one's self, and also avoid causing damage to the tools

CONCLUSION

For a successful rehabilitation process to take place all efforts and inputs are vital. Therefore as community workers it is our role to continue discovering more raw materials and be creative to produce more assistive devices as a means to promote self-reliance for persons with disabilities.

Trainee's Notes

APPROPRIATE TECHNOLOGY

What is appropriate technology?
Appropriate technology refers to the use of local materials and technologies available in a given community to make appropriate aids/devices that promote performance of tasks and self-reliance for persons with disabilities .

When applying appropriate technology in disability, it is important to clearly internalize the needs of the individual so as to fulfill them. This gives you a foundation upon which to plan an appropriate aid that will serve to meet the needs of a given client

Client's Needs
The best way to establish the needs of a client is to carry out an assessment. This will clearly help you to observe what the client can do and not do. Eventually this will lead you to plan an appropriate device that will serve to meet the needs of the client.

When planning to make any assistive device, it is important to consider the nature of material, type of devise to be made, and the needs of the client.

Nature of material

- Should be durable
- User friendly
- Not harmful
- Easy to work with

Various devices for clients can be made these can include :

- CP seats
- White canes
- Walking sticks
- Toilet seats
- special seats
- Corner seats
- Stimulating toys
- Feeding straps
- Standing frame
- Crutches
- Learning boards and many others

There are a variety of materials that can be used which include:

- Timber/wood

- Old tins
- Sisal
- Stones
- Plain paper
- Cassava glue or flour
- Sticks
- Bottle tops
- Old cloth
- Banana fibers
- Paper boxes and so on

Much as emphasis is put to the use of local materials, at times some of these materials may prove a danger to the producer and the user. It is significantly important to first examine the materials to establish their source and safety.

Qualities of a good device

When making a low cost device or any other aid it is rather important to put in mind the qualities of a good assistive device, which include the following;

- Should be durable
- Should be acceptable
- Should be portable
- Should be user friendly
- Should be affordable
- Culturally acceptable
- Fulfill its purpose
- Should be attractive.

It serves no purpose to produce a device that will create more havoc to the user. Therefore, it is vital for one to consider the mentioned points to reduce harm to the client.

NB

When making assistive devices local materials for a person with disabilities it is important to consider the cultural aspects because every community has its own traditions and values.

Purpose for the device

It is important to clearly study the abilities and limitations of the client so that you can get a firm basis upon which to make an ideal aid for a client in need

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Before making any device, one has to consider important elements shown below:
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Role of Rehabilitation workers

- Training local artisans.
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- Checking if there is need for any adjustments
- Establishing whether the client is comfortable

Precautionary measures while using the devices/Aids

♦As you train the client to use the aid be mindful of the would dangers for example avoid shape edges on the aids that may cut or injure the client through smoothening.

♦Some aids like stimulating toys may be too small that young children may swallow them or put them in the nose, here you need to advise the parents or caregivers to be on the alert as the child plays with the devices

♦ Finally at times the locally available materials may have contained dangerous chemicals which if brought in contact may be poisonous, in this regard should either clean the material thoroughly or totally avoid them

Precautionary measures for handling tools

As you work with the tools a lot of care is needed to avoid injuring one self, and also avoid causing damage to the tool

CONCLUSION

For a successful rehabilitation process to take place all efforts and technologies have to be combined therefore as community workers it is our role to continue discovering more raw materials and be creative to produce more assistive devices as a means to promote self reliance for persons with disabilities.

9. Community based rehabilitation management information system (CBRMIS)

***Performance Objectives*:**

1. Use CBRMIS
2. Record, store, retrieve, and use information on PWDs and families.
3. Write reports; activity and progress reports.
4. Use data collected to feed into the planning.

Learning Objectives:

1. Explain the importance of record keeping.
2. Describe the data collection tool.
3. Describe the process of data collection, interpretation, storage, retrieval and use of information.
4. Explain how to fill the identification forms, the village and parish registers for PWDs.
5. Describe the characteristics of a good report.
6. Discuss the importance of report writing.
7. Explain the importance of data in planning.

Content:

- Record keeping.
- Data /Information collection tools
- Data storage
- Interpretation and utilization of information.
- Report writing

Teaching methods:
1. Modified lectures / lecturettes
2. Brain storming
3. Small group discussion
4. Return demonstrations

Teaching materials:
1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board

Assessment Methods:
1. Questions and Answers (verbal, written)
2. Demonstrations

10. Referral System

Performance Objectives:
1. Refer appropriately
2. Prepare the family and PWD for referral

Learning Objectives:
1. Explain meaning of referral.
2. Explain reasons for referral.
3. Identify existing referral structures within and beyond your community.
4. Discuss guidelines for preparing and writing a referral.

Content:
- Reasons for referral
- How to refer
- Where to refer Eye Specialists, Ear specialist, Physiotherapy, Orthopedic officer, Occupational therapist, community development assistants, vocational training and other Social services, Schools including special schools and units, Health facility and Disabled peoples organisations (DPO).
- Guidelines for preparing and writing a referral note.

Teaching methods:
1. Modified lectures / lecturettes
2. Role play
3. Brain storming
4. Demonstrations

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. Referral forms
6. Field trips

Assessment Methods:

1. Questions and Answers (verbal, written)
2. Return demonstrations

Procedure

Step1

In plenary brainstorm on reasons for referral

Step 2

In plenary discuss how to refer and supplement the discussion with additions form the notes

Step3

Guide the discussion on ' where to refer'

Step 4

Using the referral guide in the CBR MIS user's manual, guide the discussion on how to refer.

Trainee's notes

Reasons for referral

The PWD requires expert or non-expert assistance that you and the family are not able to provide.

How to Refer

Be clear about the reason you are referring

Identify the person or organization you are referring to

Write the referral note or letter

Explain to the family why and where you are referring their family member

Do not refer where there is no practical help or where the referral will be a dead end. For example referring a blind child from a poor family for special education in Braille in Kenya unless you have arranged support.

Where to refer

For health related issues that have to do with the impairment or the general health refer to a health worker. Refer as follows:

Disability issue	Person to refer to
Visual problems	Ophthalmic clinical officer

Hearing problems	Medical officer or clinical officer with additional training in prevention of deafness
Movement problems	Medical officer or clinical officer or physiotherapist or orthopaedic officer
Mental problems	Medical officer or psychiatric clinical nurse or psychiatric clinical officer
Epilepsy	"

For Education refer to nearest primary or secondary school depending on the educational level. A teacher responsible for special needs education in the nearest primary school will offer further advice.

Incase of need for training in artesian skills refer to vocational training institute

For income generation refer to the nearest Entandikwa scheme

For further help with agricultural related activity refer to National Agriculture Advisory Development services (NAADS) programme.

Writing a referral note

Name of person, Age, sex, date, Name or title of person you are referring to, reason for referral, request the person you are referring- to to write to you a brief report describing his findings, action taken and what follow up activity should be done.
If available use the referral frame guide in the CBR MIS manual

11. Monitor and evaluate rehabilitation activities in CHWs areas.

Performance Objectives:

1. Identify whom to involve in monitoring and evaluation.
2. Monitor and evaluate rehabilitation activities in their areas.

Learning Objectives:

1. Explain the meaning of
   a) Monitoring b) Evaluation c) Indicators
2. Explain the importance of Monitoring and Evaluation.
3. Describe ways of Monitoring and Evaluation.
4. Identify who is involved in Monitoring and Evaluation.
5. Explain when Monitoring and Evaluation are done.
6. Identify tools used in Monitoring and Evaluation.

7. Describe Evaluation indicators.
8. Describe the relationship between Monitoring and Evaluation.

Content:

- Monitoring and Evaluation
- Indicators for Monitoring and Evaluation
- Importance of Monitoring and Evaluation
- Ways of Monitoring and Evaluation
- Who is involved in Monitoring and Evaluation
- The process of Monitoring and Evaluation
- Tools for Monitoring and Evaluation
- Barriers to evaluation

Teaching methods:

1. Modified lectures / lecturettes
2. Small group discussion (6-8)
3. Demonstrations

Teaching materials:

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. Monitoring forms

Assessment Methods:

1. Questions and Answers (verbal, written).
2. Return demonstrations.

Procedure

Step1
Brainstorm in plenary on the definitions of monitoring (M), evaluation (E) and indicators
Provide the definition in the notes.
Step 2
Give a mini-lecture on the importance of M&E
Step 3
Guide the group through some of the M&E CBRMIS forms
Step 4
In plenary discuss barriers to evaluation an fill in gaps using the notes

Trainee's Notes

Monitoring

This is a routine follow-up of activities through collection, analysis and use of data and information during implementation to ensure that operations ate proceeding as planned and are on schedule.

Evaluation

This is a systemic way of learning from experience and using the experience to promote better planning by careful selection of options. Evaluation therefore acts as a mirror to show us where we are.

Whereas evaluation is periodic for example mid or end project lifetime, monitoring is continuous. Monitoring and evaluation are in built into the rehabilitation programme or project during project writing.

Indicators

This is a marker that helps measure change. It helps us know how far we have to go to reach our objective or target.

Importance of monitoring (M) and evaluation (E)

M &E help us know the direction we are taking in our work. It helps us know how far we have gone and how far we have to go. M&E assist us in planning and directing resources and effort. They also help us compare two programmes and help in improving service delivery. We are able to identify strengths and weaknesses and avoid errors. Performance and effectiveness can be improved through M&E.

Who is involved in M&E?

In disability, the implementers of the rehabilitation work, the PWDs, their families are involved in Monitoring.

In Evaluation the above-mentioned people are involved, however because this is a time of looking back over time an outsider is brought on board the evaluation process to help provide an objective assessment.

Tools for M&E

In disability and community based rehabilitation, tools to measure progress of individual clients as well as those used for measuring community progress can be developed and used for M&E.

Examples of areas that should be covered include:

- Progress made by individual PWDs
- Progress made with in the family
- Training that has been done
- Referrals made etc

All these are measured against set targets and can be used during evaluation.

Barriers to Monitoring and Evaluation

- Disability is a complex multi –dimensional issue with very many different aspects to evaluate.
- Some implementers regard M&E as a waste of time
- Data is usually not adequately analysed or utilized
- Sometimes Indicators are too many and cumbersome to collect
- No feed back from higher level
- Evaluation results not disseminated

- Resistance by implementers to evaluation

12. Follow-up in the community

Performance Objectives:
1. Follow up PWDs in the community.
2. Draw tentative CHWs programme for follow-up.
3. Keep records.

Learning Objectives:
1. Define the term follow up.
2. List reasons for follow-up.
3. Outline the activities within a follow-up programme.
4. Describe the process/importance of keeping records in a follow-up.

Content:
- Definition of follow-up
- Reasons for follow-up
- Activities in follow-up
- Record keeping.

Teaching methods:
1. Modified lectures / lecturettes
2. Small group discussion
3. Demonstrations

Teaching materials:
1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board
5. CBR follow-up forms

Assessment Methods:
1. Questions and Answers (verbal, written)
2. Return demonstrations
3. Field trips reports

Procedure

Step1

In plenary brainstorm on the definition of follow up

Step 2

Discuss the activities done during follow up

Step3
Discuss the importance and methods of record keeping

Step4
Let participants identify their roles in follow up

Trainee's Notes
Definition of follow up.
This is a way of checking on progress made after an intervention and identifying and addressing gaps and limitations.

Some of Activities done during follow up
Enter the home politely. Do not be rigid in your approach.
Check on clients progress according to action plan that was drawn
Identify needs of client
Prioritise
Draw new action plan
Discuss the plan with family members and client
Demonstrate to the family or PWD how to carry out simple pocedures and other interventions
Make appropriate aids if required
Counseling of client and family or work-mates or school-mates
Make appropriate referral

Record keeping
If a record is kept with the client, update it after each visit.
Develop a checklist to guide you during home/school/workplace visits
Keep a summary of the client's progress with you
Keep a record of your activities in the community which can be used to provide you with support supervision and help with planning at parish, sub-county and district levels.

Examples of formats for record keeping are available in the Community Based Rehabilitation Management Information System user's manual which is available with your CDA.

13. Exercises as a means of treatment

Introduction:

Exercises are vital for our well being as they make our bodies strong, flexible and health.

Some people think that because they are active at home or at work they don't need to carry out specific exercises.

Many persons with physical disabilities need particular exercises which have to be performed through full-range of motion (full-ROM). Therefore it is very important that community health workers acquire basic knowledge and skills about exercises to enable them perform, conduct and supervise some simple exercises for persons with disabilities in the community.

Objectives:

By the end of the session participants should be able to: -

1. Define Full Range Motion Exercises.
2. Outline reasons for giving exercises
3. Describe the different movements permissible at different joints
4. Outline the different types of exercises.
5. Outline the precautions taken when doing exercises
6. Demonstrate the different types of exercises.

Materials

- Newsprint
- Masking tape
- Markers
- Models or persons with disabilities

PROCESS

STEP 1

The facilitator introduces the topic and learning objectives, which are displayed throughout the session.

STEP 2
The facilitator asks participants to brainstorm on the meaning of full Range of Motion Exercises (ROM)

STEP 3

The facilitator summarises the discussion and puts up the definition of ROM on news print.

STEP 4

The facilitator asks participants to break in groups of six. They are asked to brainstorm on the reasons for doing exercises.

STEP 5

The participants are asked to present their findings.

STEP 6

The facilitator summarises the presentation and gives input on a newsprint.

STEP 7
Participants brainstorm on the different movements that can be performed at different joints.

STEP 8
Participants are asked to brainstorm on the different types of exercises.

STEP 9
The facilitator sums up the discussion and presents.

STEP 10
Participants brainstorm on what precautions are taken when doing exercises them the facilitator gives a summary.

STEP 11
The facilitator demonstrates full range of motion exercises and participants give return demonstrations with clients or in pairs among themselves.

Trainees' notes

Exercises as a means of treatment

Introduction:

Exercises are vital for our well being as they make our bodies strong, flexible and health.

Some people think that because they are active at home or at work they don't need to carry out specific exercises.

Many persons with physical disabilities need particular exercises which have to be performed through full-range of motion (full-ROM). Therefore it is very important that community health workers acquire basic knowledge and skills about exercises to enable them perform, conduct and supervise some simple exercises for persons with disabilities in the community.

Full range of motion exercises (ROM)

These are exercises that straighten and bend a joint or joints and move them in all directions that joint normally moves.

Reasons for doing exercises

To mobilize joints and maintain joint range.

- To strengthen muscles or maintain strength.
- To correct posture.
- To improve balance.
- To relax tensed up muscles.
- To stretch tight muscles.
- To improve blood circulation.
- Many people do general body exercises for physical fitness.

Movements that can be performed at different joints.

Flexion - Bending a limb

Extension - Straightening a limb

Abduction - Movement away from the midline

Adduction - Movements towards the midline

Internal rotation & External rotation are permissible only in ball and socket joints i.e. shoulder and hip joints.

Circumduction - Combination of all movements at a ball and socket joint.

Supination & Pronation are only permissible at the forearm joints.

Inversion - turning the foot inward

Eversion - turning the foot outward

The different types of exercises

Passive exercises (Movements)

Movements that are produced by another person where one cannot do it by himself in case: - Where a patient is unconscious

-Where muscles are paralyzed e.g. polio.

Assisted exercises (movements)

If somebody is able to move the affected limb a little and another person helps to complete the movement.

As the power of muscles increases the assistance is reduced proportionally.

Passive and assisted exercises or movements usually help to prevent joint stiffness.

Active exercises (movements)

Movements done by a person when she/he can move the affected part of the body through its normal range of movement without assistance.

Free active Movement - Active movement done by a person without any resistance.

Active resisted exercises-The affected part of the body is moved against a resistance. Resistance may be given by:-

- Gravitational force
- Manual (given by another person)

- Springs or other elastic structures.
- Weights - sand bags or heavy balls.
- Pulley on which weights are added.
- Water.
- Substances which are malleable.

Active exercises mobilise joints and strengthen muscles.

Precautions taken when doing exercises

⇒ Comfort-when doing exercises think about comfort and stability of the patient then the patient will concentrate on required movement.

⇒ The pattern of movement should be clearly understood by the patient.

⇒ Protect the joints – fix the bone above the joint to be moved.

⇒ The movements should be gentle.

⇒ Do not harm.-in case of fractures (broken bones) exercises of certain joint should not be done.

⇒ Never force- in case of tight muscles take care not to cause tear.

⇒ Extra care must be taken when a child can not talk or does not feel.

⇒ In case of contractures or deformities do exercises in opposite direction..

⇒ Consider whether the increased range of movement will make it easier for the person to move e.g when the person is walking on tip-toe.

⇒ When performing ROM exercises care must be taken not to make bones slip and cause damage to the spinal nerves. e.g. do not use force to make a person bend her neck.. Let her do it slowly.

⇒ In children with spasticity– standard full range of motion exercise will increase spasticity making bending and straightening difficult. Positioning a child in a certain way will help a child relax before doing exercises.

Note: *Fast movements increase spasticity so take care*

⇒ In case of muscle imbalance strengthening exercises are done to the weaker muscles not to strong ones.

⇒ Resisted exercises are usually progressed. **Note: increase weight or repetition with time.**

⇒ Exercises should not be boring but fun. e.g kicking a ball or throwing a ball.

⇒ Before performing any movement at a joint you must be sure of what movements are permissible at that joint normally.

⇒ In case of pain - heat treatment and massage before exercises will make movement easier with less pain.

SUMMARY

With more community health workers able to perform simple exercises in the community rehabilitation of PWDs particularly those with physical disabilities will be greatly appreciated.

14. Counseling

Performance objective

Provide counseling to PWDs, their families and peers

Learning Objective

Define the term counseling
List reasons for counseling
Outline the process of a counseling session
Explain the role of a counsellor.
Discuss problems associated with counselling.

Content

- Definition of counseling
- Reasons for counseling
- Process of counseling
- Role of a counsellor.
- Problems associated with counselling.

Teaching method

1. Modified lectures / lecturettes
2. Small group discussion
3. Demonstrations

Teaching material

1. Flip charts
2. Masking tape
3. Markers
4. Chalk and Board

Assessment Method

Questions and Answers (verbal, written)
Return demonstrations

Procedure

STEP 1

The facilitator introduces the session and its objectives, which are displayed through out the session.

STEP 2

The facilitator introduces the concept of counselling and its importance.

The facilitator then uses the question and answer technique to get feed back from participants. The facilitator finally clarifies, gives input, and summarises the concept.

STEP 3

The facilitator introduces counselling skills and they are role played as follows:

Role play

The facilitator asks the class to act a role-play in which there will be;

i) A woman with disability who has wished but failed to get married.
ii) A counsellor

The woman has wished to get married for a long time but has failed to get a partner, as a result of society's negative attitude. Meanwhile men have been approaching her for sexual affairs, but she insists '*no sex before marriage*'. As a result of failing to get a partner she is thinking of giving in to anybody so as to satisfy her sexual urge and probably get a child.

It is at this stage that she goes to the counsellor to tell her story and ask for guidance. The facilitator gives about five participants a chance to act as a counsellor for five minutes each.

The facilitator then asks the class to identify the roles the various counsellors have displayed in the role play, as he notes down there responses on the flip charts.

The facilitator finally clarifies, gives input and summaries their findings on the flip charts.

STEP 4

The facilitator asks participants to brainstorm on ***'the roles of a counsellor'*** as the facilitator records their responses on the flip chart. The facilitator then generates discussions and finally clarifies, gives input and summaries their findings on the flip charts.

STEP 5

The facilitator divides participant into groups of 4-5, each group to discuss *'problems associated with counselling'.* In plenary, each group presents their findings as one participant records responses. The facilitator then generates discussions and finally clarifies, gives input and summaries their findings on the flip charts.

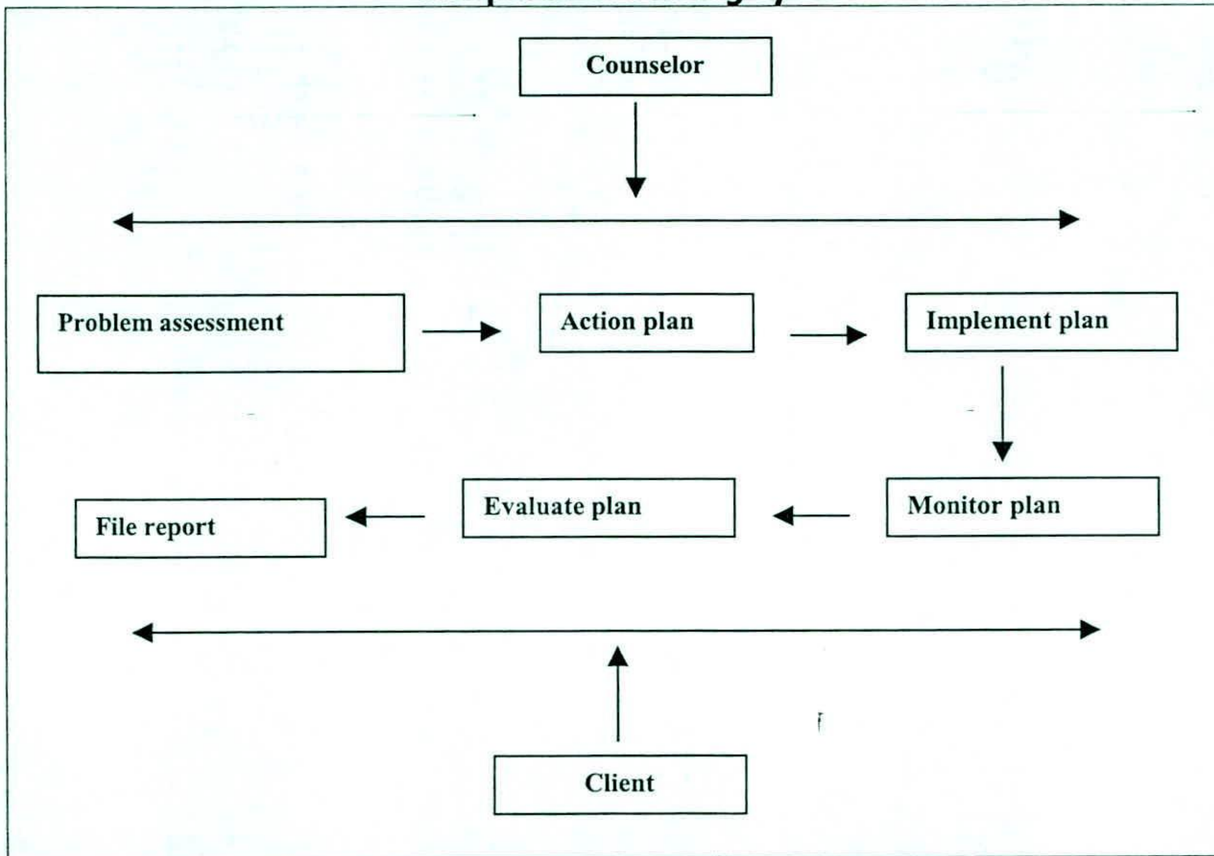
Trainee's Notes

Meaning of Counselling: It is the provision of assistance and guidance in resolving personal, social or psychological problems and difficulties especially by a trained person on a professional basis. (The New Oxford Dictionary of English, 1998).

Importance of counseling

- To help the client identify the problem
- Create self awareness through sensitisation
- Enable the client make an action plan to solve the problem
- Empower the client

The problem solving cycle



Basic counseling skills

1. Listening

The art of listening involves more than keeping silent. It includes putting aside everything one is doing, positioning oneself to indicate that one is willing and ready to attend fully to the person in front of them.

While listening to a client, one can use non-verbal cues like humming or nodding so as not to interrupt flow of information. A good listener should avoid yawning, fidgeting or looking out of the window. These are indications of boredom or impatience and may discourage the client to continue with the discussion.

How can one demonstrate good listening skills?

Relaxed; shows that you do not have much on your mind to distract attention.

Open; prevention fidgeting and maintain focus.

Leaning forward; this shows interest in what is being presented to the counsellor

Eye contact; this helps the counsellor capture the unsaid things (non- verbal communication), by reading facial expressions and feelings.

Sitting/standing near the client; this draws the client both physically and emotionally.

2. Checking understanding

This can be done by repeating what the client has told the counsellor.

" *You have said that.........*"

3. Asking Questions

There are two types of questions;

- **Closed questions;**

" *How old is your son*" or " *How many children do you have*" such questions may sound very sensitive or interrogative and may thus yield inappropriate or false responses.

- **Open ended questions;**

" *Can you tell me about ....*" or "*Can you please explain......*"
or " *What is your knowledge/attitude about........*"
such questions give the client a chance to talk or explain their concerns, they also seek for a clients knowledge, opinion, view, or ideas.

Note:

- Questions should be framed in simple and clear language.
- Ask one question at a time to avoid confusing the client.
- Use a key word from the previous response to phrase the next question. "*I feel so worried about this leg*", the key words are worried and leg and so the counsellor should frame the question using the key words " *What worries you about your leg*"

4. Answering questions

i) Before answering the clients questions always find out why the client is asking the question and what knowledge he has about the question before answering it.

ii) Provide accurate information

iii) Use simple language in answering questions

iv) It is not offensive for a counsellor to say "*I don't know*" in cases where answers are not available. " *How long will I live*"

5. Summarising

The counsellor should summarise the session and give a feed back to the client. File the summarised version, which will be used at the beginning of the next visit.

Roles of a counselor

- Helping the client identify their problem
- Providing information to clients
- Refer for other intervention that enhances counselling
- Joint formulation of an action plan for the client to make the right decision.
- Creating self-awareness by sensitising the client.
- Empowering the client to achieve self-esteem and self-actualization in order to promote their inter-personal relationships.
- The counselor should always be aware of the following reactions that are normally displayed by clients; shock, denial, anger, depression e.t.c. the counselor should always be with the client and show empathy.

Note: The counseling skills are qualified by the principles of counseling which are the same as the priciples of social work.

Problems associated with counselling

- Language barrier
- *High* expectations from the clients
- Attitudinal and cultural/traditional barriers; religious beliefs, and behaviour of individuals
- It is difficult to abide with the principles of counselling e.g. confidentiality, and emotional involvement.
- Poverty
- Ignorance

15. Networking

Performance Objectives:

1. Identify whom to network with.
2. Identify areas for networking.

Learning Objectives:

- Explain the meaning and the reasons for networking.
- Describe how and when to network.
- Outline challenges in networking.
- Outline advantages in networking.

Content:

- Networking
- Reasons for networking
- The process of networking
- Challenges in networking
- Advantages in networking

Teaching methods:

1. Modified lectures / lecturettes
2. Brain storming
3. Small group discussion (6-8)

Teaching materials:

1. Visualisation
2. Flip charts
3. Masking tape
4. Markers
5. Chalk and Board

Assessment Methods:

1. Questions and Answers (verbal, written)
2. Return demonstrations

Procedure

Step1

In groups of 8 to 10 participants, discuss the:
Meaning of networking
Reasons for networking

Step2

In plenary after presentations summarise the meaning and reasons for net working as put forward by the participants.

Step3

In groups discuss:
How and when to network (groupI)
Challenges in networking (groupII).
Advantages of networking (groupIII).

Step 4

Groups make and discuss presentations

Step 5

Facilitator makes a general summary.