

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

**CAN Consultancy Report**

**By**

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**and**

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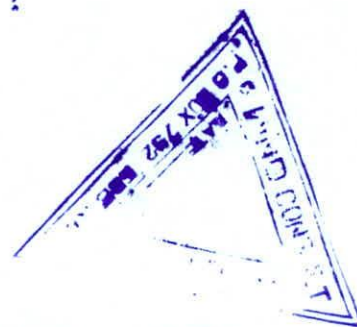
**Kampala**

**April 2003**

The Coordinator CAN

Cc The Executive Director CAN

21<sup>st</sup> May 2003



**Submission of a Report for the Consultancy on Evaluation of CBR Training in Uganda**

Please find attached a report for the above named consultancy. The research team wishes to apologise for the delay in submission; this was because of unexpected interviews and a re-analysis of data following these interviews. The size of the task was also grossly underestimated.

The research team wishes to thank CAN for entrusting us with this assignment and we believe this study and the recommendations will go a long way to improving the lives of people with disabilities in Uganda in particular and Africa at large.

We look forward to comments from CAN membership.

Dr. Alice B. Nganwa

**For: Herself, Dr. Kisanji and Mr. Mirembe**  
**THE RESEARCH TEAM**

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## ABBREVIATIONS

ADL	Activities of Daily Living
AMREF	Africa Medical Research Foundation
CAN	CBR Africa Network
CBR	Community Based Rehabilitation
CDA	Community Development Assistant
COMBRA	Community Based Rehabilitation Alliance
CWD	Children/child with Disability
DCBR	Diploma in CBR
DLA	Daily Living Activities
DPOs	Disabled People's Organisations
DRO	District Rehabilitation Officer
EARS	Educational Assessment and Resource Services
FGD	Focus Group Discussion
HI	Hearing Impairment
ICH	Institute of Child Health
IGA	Income Generating Activities
ILO	International Labour Organisation
LD	Learning Difficulties
LC	Local Councillor
MACBR	Master of Arts CBR
MBR	Mobility
MGLSD	Ministry of Gender, Labour, and Social Development
MOE&S	Ministry of Education and Sports
MOH	Ministry of Health
MR	Mental Retardation
MUK	Makerere University Kampala
NAD	Norwegian Association of the Disabled
NGO	Non-Governmental Organisation
PEAP	Poverty Eradication Action Plan
PGDCBR	Post graduate Diploma CBR
PWDs	Persons with Disabilities
SSI	Sight Savers International
SNE	Special Needs Education
UNEB	Uganda National Examinations Board
UNESCO	United Nations Educational, Scientific and Cultural Organisation
UNICEF	United Nations Children's Fund
UNISE	Uganda National Institute of Special Education
USDC	Uganda Society for Disabled Children
VI	Visual Impairment
WHO	World Health Organisation

## GLOSSARY

Some terms used in this evaluation may mean different things to different people. This became evident during the stakeholders' workshops. We have, therefore, identified the terms and defined them in the context of this study. They are presented in alphabetical order.

Course	A cluster of topics or lessons that may be examined for at the end of the semester or training programme
Empowerment	The process of encouraging people to feel self-actualised or self-confident. In the context of PWDs, it is the process of self-actualisation and confidence resulting in PWDs voicing their needs and accessing tools and opportunities to forge their own destiny.
Facilitator	Trainer in a formal or non formal programme. For purposes of this report, the ex-trainees are trained by trainers or facilitators in the courses under review ( although in another context outside this report the ex-trainees are referred to as CBR trainers).
Field work	Part of or extension of lectures where students visit clients in homes and institutions.
Formal training	Chronologically ordered training programmes



programme	that bear awards recognised by a government body such as a senate or examinations board.
Inclusive education	Education that benefits both disabled and non-disabled in the same learning environment.
Integration	PWDs are in the same environment as non-disabled, and PWDs are 'changed' or modified or rehabilitated to fit into the environment.
Module	A cluster of topics that build or relate to one another and form a complete section of the training programme.
Non-formal training programme	Education programmes outside whose award is recognised by the training institution but not by the examination board or university senates
Practical work	
Primary beneficiaries	Clients ( PWDs and their families) who benefit and are the main target of CBR programmes
Programme	Cluster of modules leading to an award
Secondary beneficiaries	Students that attend or have attended CBR training programmes
Social inclusion	The PWD learns from, changes and benefits from the environment while the community learns from and changes the PWD. It is a two way process of accepting each other.
Trainee	Person being trained in the programmes under this evaluation exercise
Trainer	Facilitator on a CBR training programme



## **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 co-ordinators 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**

A conference for the Africa Region on CBR was held in Uganda in 2001. The theme for the conference was 'CBR a participatory strategy in Africa.' At the conference, training was identified as a key challenge for CBR within the African context. Participants noted that many countries in African lacked training programmes in CBR and those that did, the training lacked National character and recognition because the training served an organisation or CBR programme. Where several programmes exist, they stood alone and were not mutually supportive. One of the recommendations at the conference was to evaluate CBR training in Africa. Uganda was identified as a country with several CBR training programmes at different levels and several lessons could be learnt by Uganda and Africa at large if an evaluation of CBR training programmes was evaluated.

Three consultants were identified by a newly established CBR NGO called 'CBR Africa Network' to carry out the task of the review. Their task was to:

- Describe the existing CBR training in Uganda;
- Establish similarities and differences of the existing CBR training programmes;
- Describe the relevance of the existing CBR training activities to the needs of the beneficiaries; and
- Make recommendations with a view of improving CBR training in Uganda.

Using participatory methods that included stakeholders providing direction in the methodology used, the researchers arrived at the recommendations in this report. As a first step in the process, a report was prepared based on review of documents from CBR training institutions. The report was presented to stakeholders through a workshop referred to as workshop I. The report was studied and discussed. An output from the first meeting with stakeholders provided direction for the rest of the exercise. Focus group discussions were held with ex-trainees from UNISE, COMBRA and MGLSD. These 3 institutions play a key role in CBR training in



Uganda. Discussions were also held with beneficiaries of the CBR programme in the district of Iganga. Family members of and PWDs participated in this FGD. Further literature review and a report were compiled which was presented to stakeholders in a second workshop. This was followed by a special interview with UNISE. Analysis of the findings from Iganga, review of documents from the training institutions and discussions from workshops I and II revealed that:

- The CBR training programmes in Uganda target different levels of CBR intervention
- The shorter training programmes are more intense
- The non formal training programmes tend to be more responsive to new and emerging issues due to less rigidity and formalities
- All the programmes have equipped their trainees with skills that make a positive difference to the lives of PWDs
- All programmes are weak on sensory disabilities and management of IGAs
- Fieldwork practice is not well structured and is weakly supervised especially in the formal programmes.
- The courses are relevant to National policy and international strategies and rules.

The following recommendations were made:

- ✓ The courses need to be synchronised by reviewing their curricula so that progression can be made from one course to the next.
- ✓ Specialisation with CBR training needs to be considered and packages developed for special interest groups.
- ✓ CBR should be packaged and integrated into other relevant courses.
- ✓ Curricula of formal courses need to be revised regularly to keep them relevant
- ✓ Distant learning packages in CBR should be designed to enable women and PWDs benefit maximally.
- ✓ COMBRA should identify strategies to formalise her award.

## **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?**

These criteria and the current CBR definition try to respond to the 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 is of particular 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. Like a modern profession CBR has:

#### ***a. A mission***

CBR seeks to bring about social transformation in order to promote social functioning of PWDs, their families and community with the



ultimate aim of achieving social inclusion. The mission is to promote equalisation of opportunities for PWDs and a conducive environment for their meaningful participation.

***b. A body of knowledge***

The distinct CBR body of knowledge is drawn particularly from development work, social behavioural sciences and the medical field. It includes both theories and practice. However, participants at the first stakeholders' workshop (Workshop I) observed that there is at present greater emphasis on impairments than on disability. A well developed disability theory 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 recognised training institutions. However, at present there are only a few such institutions, especially in Africa, offering CBR programmes.

***d. Principles***

CBR, like any other profession, applies certain principles to separate trained personnel from untrained practitioners whose practices are general in nature. CBR principles are related to the principles of social work.

This shows that CBR does not as yet have its own distinct principles. In addition, there are many features of a profession that are lacking for CBR at present. These features include, among others, the following:

### ***1. 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).

### ***2. Community Recognition***

Participating PWDs and their families feel the impact of CBR activities, where they exist. However, other community members are only remotely affected and hardly know CBR and its role in the community. This is unlike law, medicine, teaching and other professions.

### ***3. National Associations***

Such national CBR 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 held at UNISE in 2001 (Hartley, 2002), a strong recommendation was made to initiate

national associations for CBR workers. This, if followed through, could be a fundamental step towards professionalising CBR.

#### ***4. Professional Authority***

Members of a given profession are respected during the discharge of their duties. They occupy a social niche because of their authority in their field of competence. CBR personnel have not yet attained this level of recognition and authority.

From these reservations, it is clear that CBR has not yet developed as a profession. However, the positive features that have been identified might qualify it as a profession at later stage. It is already developing its own culture, akin to the legal robes, wigs and procedures and overcoats and clinics in the medical field, as if to corroborate Chambers (1997) emerging new professionalism. CBR is developing into 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 equalisation 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 minimise 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. 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 teaching
- Braille teaching
- 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 training programmes.



## 5. Provision of care facilities

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

## 6. Prevention of the causes of disabilities

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

## 7. Management, monitoring and evaluation

The effectiveness and efficiency of all CBR programme components, both in community and in areas of service delivery depend on effective management practices. The impact of CBR programme activities must be measured on a 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 the 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 and their families. *Disabled Village Children* (Werner, 1987) is used as a reference book.

d) Uppsala University Course (Sweden)

The course focuses both on implementers 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 includes 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**

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 organisations from the start.
3. CBR must enable key stakeholders to access 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 the 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 and provide guidance for other countries that wish to start or strengthen CBR training programmes in their countries.

## **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 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 (non-formal) 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 (PWDs) 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 focus group discussion (FGD) organised for them. The second focus 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 the first stakeholders' workshop (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 (Workshop I) was incorporated into the report.



Workshop I also identified persons and organisations 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 focus 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 the UNISE meeting were incorporated into the third draft of the report which was then circulated to the CAN Steering Committee members for additional comments.

The tools used in the workshops and in Iganga district are attached to this report (Appendix I).

## **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 focus 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 the 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 International

Each of these four key stakeholders has 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 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 PWD 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 the government and the 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 out the training. In addition, a number of CBR programmes, which were still at formative stages, were started by former London University students.



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 higher learning. The programmes award certificates recognised 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) course.

##### *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 in-service training programmes could join for the purposes of

upgrading their qualifications. It has an approved curriculum. The details of the course 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	75
No. of hours	1125 over two years (15hrs = 1 credit unit)
Aim	To enable students acquire knowledge, skills, values, and correct attitude in the field of CBR
Outcomes	<p>Will be able to :-</p> <ul style="list-style-type: none"> <li>▪ Demonstrate positive attitude towards PWDs</li> <li>▪ Mobilise and sensitise parents, PWDs and the community</li> <li>▪ Explain early detection, assessment, prevention and management of disabilities</li> <li>▪ Explain causes and prevention of disabilities</li> <li>▪ Design and produce appliances</li> <li>▪ Explain income generating activities for self reliance</li> </ul>
Objectives	None written down



Modules	<p><i>Year I Semester I</i></p> <p><b>111</b> Background to special needs education  <b>112</b> Introduction to CBR, disability and rehabilitation  <b>113</b> Medical Approaches to rehabilitation  <b>114</b> Social approaches to rehabilitation  <b>115</b> Education and vocational rehabilitation  <b>116</b> General education studies</p> <p><i>Year II Semester I</i></p> <p><b>211</b> Training, teaching and learning  <b>212</b> Equilisation of opportunities  <b>213</b> Introduction to sports for PWDs  <b>214</b> Social and cultural perspectives  <b>215</b> Community practice II</p>	<p><i>Year I Semester II</i></p> <p><b>121</b> Sensory impairments  <b>122</b> Motor and multiple impairments  <b>123</b> Mental impairments  <b>124</b> Guidance and counselling  <b>125</b> Community practice I  <b>126</b> Analysis of Fieldwork</p> <p><i>Year II Semester II</i></p> <p><b>221</b> Mobility and rehabilitation  <b>222</b> Organisation and supervision of CBR  <b>223</b> Income generating project  <b>224</b> Project  <b>225</b> 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 a whole range of different topics that make up a module. All modules are compulsory and students sit for examinations at the end of each semester.

Under this programme there are four different types of fieldwork:

- 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. Students go into the community and together with PWDs and their families identify a project that will raise household incomes. Students outline 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. Students are accompanied to the field by lecturers once a week.

### *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 away 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 its equivalent
Credit rating	44
No. of hours	660
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"> <li>▪ To apply knowledge and practice necessary for CBR work</li> <li>▪ Nurture positive attitude to PWDs, family and community</li> <li>▪ Apply multi-disciplinary practice</li> <li>▪ Support efforts of other extension workers</li> <li>▪ Train the community on how to manage CBR programme</li> <li>▪ Plan, manage, administer and evaluate CBR programmes</li> </ul>
Objectives	None written down
Modules	<p><b>Semester I</b></p> <p><b>411</b> Introduction to disability and philosophy of equalization  <b>412</b> Identification and assessment  <b>413</b> Causes and Prevention  <b>414</b> CBR modules  <b>415</b> Special needs education  <b>416</b> Empowerment and Participation  <b>416</b> Education and training</p>

	<b>Semester II</b> <b>421</b> Education and training of CBR workers <b>422</b> Employment and Income generating <b>423</b> Community Based Rehabilitation Project Planning and appraisal <b>424</b> Management and Administration of CBR programme <b>425</b> Work shop practical for appliances and aids <b>426</b> Community Practice <b>427</b> Action Plans
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

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

Under this programme there are four different types of fieldwork:

- Community practice

Students are attached to agencies and organisations 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 districts 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 such as crutches, prone-board and callipers, as required by the beneficiary under the care of the student.

The course admits foreign students at subsidised 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 in CBR are introduced to students doing a diploma course in Mobility Rehabilitation 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 two-year 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 programmes who will be facilitating research and evaluating programmes with disabled people in the community. It is multi-disciplinary and students from a variety of backgrounds are eligible, including those with medical, community health, civil society, social work, special education and community development backgrounds. Basic topics in CBR are introduced to students doing social work and social administration as an elective.

The CBR masters course 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 the form of research.

### ***Methods of Teaching in Formal Training Programmes***

Teaching methods used in formal training programmes concentrate on problem solving and include lectures, group discussions and presentations, project work, field visits and situational analyses. Training is carried out by a multi-sectoral team of trainers mainly from Ministries of Health(the National teaching hospital), Education, Gender and Labour and from organisations of PWDs and universities.

### **Non-formal In-service CBR Training Programmes**

The non-formal training programmes are those organised outside the formal education system. They are organised by Government ministries and non-governmental organisations (NGOs) to enable participants acquire attitudes, values, skills and knowledge necessary for carrying out CBR activities in their communities. The organisers award their own certificates, usually certificates of attendance, which are not recognised by government examination bodies. Their courses are not weighted to allow for comparison with other similar formal and non-formal courses and have no strict qualifications for entry.

A simple survey of non-formal in-service CBR training organisations revealed that their training hinges on about six objectives, namely:

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

The courses are hands-on to enable participants to operate as grassroots workers. It is for this reason that UNISE has considered favourably to the prior learning from COMBRA courses in its admission to the DCBR course, though COMBRA certificates are not officially recognised.

Another characteristic of non-formal in-service CBR training programmes is that they are mostly financed by international non-governmental organisations (INGOs) and could, therefore, be prone to donor influence; as a representative of one organisation said, "We have to do what we are able to get money for!!". The donor influence is felt to influence the training programmes to concentrate on mobilising the community for CBR at the expense of rehabilitation yet this "community" aspect of CBR, however important, does not automatically lead to rehabilitation.

The major non-formal in-service CBR training organisations include Ministry of Gender, Labour and Social Development, COMBRA and Uganda Society for Disabled Children (USDC). Other organisations include major topics of CBR in their mainstream training



programmes. Such organisations include the 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 their Empowerment and Employable Skills training.

***Ministry of Gender, Labour and Social Development (MGLSD)***  
***In-service Training Programmes***

The Ministry runs two sets of courses, one for field extension workers known as Community Development Assistants (CDAs) course and another for parents and CBR committees.

The course for CDAs aims at developing CDAs' knowledge, skills and attitudes as CBR implementers at the home level. The duration of the course is eight weeks interspersed with field practice. Participants do theory for the first three weeks, go to the field for three months, come back for theory for another three weeks go back to the field for three months and come back for the final theory input 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 organisations.

**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 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"> <li>▪ Explain importance of early identification, assessment and management of disabilities</li> <li>▪ Demonstrate the skills acquired in identification, assessment and management</li> <li>▪ Have developed positive attitudes towards PWDs</li> <li>▪ Explain causes and prevention of primary, secondary, and tertiary disabilities</li> <li>▪ Mobilise and sensitise PWDs, parents and communities</li> <li>▪ Explain the role of parents, PWDs, and communities in running CBR programmes</li> <li>▪ Design and produce appropriate appliances from locally available materials</li> </ul>
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            Educational rehabilitation            Field work practice</p>
Teaching Methods	Lectures, group discussions, role plays, field visits, use of audio-visual aids, case studies, apprenticeship
Teaching material	Not mentioned
Assessment	<p>Examinations            Field reports            Informal feedback from beneficiaries            Construction of appliances</p>
Reading	Not applicable



Certificate of attendance, only recognised by the Ministry, is given to graduates.

The course for parents and CBR committees mainly aims at removing fear of having a 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 includes the following topics:

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

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

### ***COMBRA CBR Training Programmes***

COMBRA started training implementers of CBR programmes in 1994 by trained planners and trainers from the Institute of Child Health, London University. The programme is are based on the needs of PWDs and their community and is not donor driven despite the fact

that it is partly donor funded. The courses are open to people with "O" and "A" level certificates and any other persons who have experience in working with organisations 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 for implementing a CBR programme to bring equalisation of opportunities for persons with disabilities (PWDs).
- **Understanding impairments and disabilities**  
This module aims at making students identify, assess, explain and rehabilitate PWDs in the community.
- **The management of CBR programmes in the communities.** This module aims at making students manage and direct CBR programmes stressing participation of communities to promote sustainability of the programmes.

**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	Not weighted
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	<p>Trainees will have acquired:-</p> <ul style="list-style-type: none"> <li>▪ Knowledge in disability and rehabilitation process</li> <li>▪ Demonstrate positive attitude to work with PWDs and the community</li> <li>▪ Appropriate skills for implementation of CBR programmes</li> </ul>
Objectives	Same as learning objectives
Content	<p>The course content is organised in 3 modules</p> <p><b>Module I: Foundations of CBR</b>  (Four weeks at the training centre. Each week has a day for field work)  Definitions and classification of 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> <p><b>Module II: Management of Impairments and Disabilities</b>  (Four weeks at the centre. Each week has a day for fieldwork.  Hands-on experience on disabilities)  Participants are exposed to 11 different impairments and disabilities and their management.</p> <p><b>Module III: Management of CBR Programmes</b>  (Four weeks at the centre. Each week has a day for fieldwork)  Management of CBR programmes  Project planning, management and implementation  Sustainability strategies  Supervision  Evaluation  Fieldwork (one month)</p>
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, models, pictures, handouts, films, pamphlets, tools, appliances, course journals
Assessment	<p>Continuous assessment of:</p> <p>Attitude towards PWDs  Home visits  Course journal  Training skills  Fieldwork reports  Adult training skills  Written paper  Field projects</p>
Reading	A list of requirements is attached at the end of the report

COMBRA gives out advanced certificate to students who cover 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 fieldwork between the modules.

### ***Other CBR Training Courses***

There are periodic CBR courses usually conducted by NGOs, DPOs and organisations for PWDs. These courses are carried out in the 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 emerging needs of beneficiaries and communities. Such organisations include USDC, ADD, UNAB, SSI, and religious organisations.

### ***Methods of Teaching in Non-formal In-service 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, DPOs and other relevant bodies.



## **Conclusion**

CBR training in Uganda takes place in institutions of higher learning (Makerere University Kampala and UNISE) and as part of disability action in Government ministries and disability NGOs. The courses at Makerere and UNISE are credit rated according to the number of contact hours, covering a period of one to two years, between the lecturers/trainers and the students, also referred to as trainees, and successfully completing all assignments and passing externally moderated examinations. Makerere offers a Masters programme while UNISE offers an undergraduate and a postgraduate diploma. Graduates from these programmes are expected to work as policy makers, planners, trainers and supervisors as well as grassroots practitioners. Since these institutions have an international standing as institutions of higher learning, their certificates are recognised both nationally and internationally and may be the basis for higher level training and qualifications.

Another development in the institutions of higher learning is that some aspects of CBR knowledge, skills and attitudes are included in other courses such as social work and special needs education and mobility and orientation training. This permeation process raises not only awareness of community action in favour of PWDs and their families, but also personal action in that direction.

CBR training programmes in disability organisations and Government departments have between four and 16 weeks in contact hours. The courses are not weighted and their examinations and other assessment procedures are not externally moderated for recognition and transferability. However, they have extended fieldwork ranging from one day to several a weeks, to field practice of up to six months for a programme. This is in view of the fact that the courses are geared towards producing grassroots practitioners who need hands-on skills.

The Ministry of Gender, Labour and Social Development (MGLSD) and COMBRA have distinctive CBR courses. MGLSD graduates receive certificates of attendance, only recognised by itself. COMBRA graduates receive an Ordinary Certificate in CBR Education when they complete only two of the three modules on the course and an Advanced Certificate in CBR Education when they complete all three modules. Again these certificates are recognised by COMBRA, although they have occasionally been used as the basis for admission to UNISE programmes and employment in a few NGOs. This unofficial recognition may be due to the intensive nature of the COMBRA course which is known by UNISE staff who also participate in its delivery. There may, therefore, be need to upgrade this course so its certificates are formally recognised by institutions of higher learning in Uganda and else where.



One significant feature of all CBR training programmes in Uganda is that they use the same team of facilitators from Government departments, institutions of higher learning and disability NGOs. Most of these facilitators were trained at the Institute of Child Health, London University. First-hand information on disability and the needs of PWDs is gained from the participation of PWDs themselves in the training, both as trainers and trainees.

## **CHAPTER FIVE**

### **SIMILARITIES AND DIFFERENCES BETWEEN 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 in on the definition agreed upon in 1994 by ILO, UNESCO and WHO. This may be due to CBR's simplicity as well as 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 programmes should be multi-sectoral or multi-disciplinary. As a result, in a country where many training programmes exist, these are likely to exhibit similarities and differences in their objectives, content and process. This chapter analyses the similarities and differences among the CBR training programmes in Uganda.

#### **Similarities in CBR Training Programmes in Uganda**

Data on similarities were content analysed from documents collected from the stakeholder organisations as well as from FGDs and interviews. Similarities include:

- a) The missions for various training programmes

The central goal of all programmes is to improve the quality of life of people with disabilities in their community through close co-ordination, collaboration and co-operation between



government and non-governmental organisations of all types and at all levels.

b) A multi-sectoral approach to CBR training

All training programmes use a multi-sectoral approach in that facilitators are drawn from different sectors in Government and disability NGOs. The courses also utilise PWDs as trainers.

c) Course Content

There are six key CBR content areas that are covered by all courses in Uganda. These are:

- Creating positive attitudes
- Functional rehabilitation
- Provision of education and training opportunities
- Creating income generating opportunities
- Prevention of disabilities
- Management, monitoring and evaluation.

However, all courses lack topics on employable skills (computer, Braille, sign language and the traditional vocations such as watch repair, tailoring and carpentry), making CBR irrelevant to the rural youth with disabilities. UNISE faculty emphasised the difficulty of incorporating traditional vocational training into CBR courses as it would take longer than the prescribed duration of the courses to

acquire sufficient skills in some of the vocational areas for employment.

d) All courses were initially based on foreign experiences  
Although the development of CBR training courses in Uganda was influenced by the Institute of Child Health, London University, both the training needs assessment and the needs assessment of PWDs were carried out by the MGLSD. These provided guidance for the development of the courses.

e) All courses were started with donor funding and were, therefore, partly "donor driven"  
All courses at UNISE and Makerere University were started with funding from the Norwegian Association of the Disabled (NAD). Those at COMBRA started with funds from various donors; USDC by USDC funding and others from other sponsoring organisations. Over the decade various courses are now co-sponsored, paid for by government or self sponsored. Curricula of the courses have been revised and changed and are no longer donor driven.

f) Field practice  
All field practice concentrates on medical rehabilitation at the expense of other CBR activities and strategies such as psychological counselling, community resource mobilisation,



community participation, education and training opportunities and poverty eradication strategies.

g) Involvement of PWDs

All courses are open to PWDs provided they have qualifications or experience in disability programmes. PWDs in Workshop I noted that poverty was 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 PWDs. Although income generating activities (IGAs) are included in the curricula, they focus on project proposal writing and not on strategies or actual delivery of poverty alleviation initiatives at household and community level.

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 and 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 courses 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 utilising the Internet for regular updating of trainers' notes, handouts and students' personal study. Where the facility is well established in UNISE, there is low utilisation. Low funding limits access to the Internet services on a regular basis.

l) Assessment

All courses carry out assessment through continuous assessment procedures, written examinations and project work.

### **Differences in Existing CBR Training Programmes**

The CBR training programmes in Uganda have been found to differ in their stated course aims, objectives, admission requirements, duration, content and weighting. Differences in these areas are briefly described below.

a) Course Outline Details



Course or module outlines provide basic information on the course or module to allow applicants to make informed decisions on the relevance of the course or module to their career/professional needs *and interest*. They also inform students what to expect and what is expected of them. The basic information presented in a course/module outline is as listed in Table 5.1.

CBR training programmes in Uganda show some differences in the information provided under most course outline headings, especially in the areas of admission requirements, credit rating, duration of courses, course objectives and teaching materials, as shown in Table 5.1.

#### 1. Admission Requirements

Admission requirements for formal training programmes in institutions of higher learning lay emphasis on academic qualifications such as a degree or diploma and its equivalent. Courses that are offered in an academic institution demand academic rigour and the graduates receive academic qualifications according to the statutes establishing that institution. The courses are offered within the country's formal education system.

Courses offered outside the formal education system, especially those that are geared towards skills development, are categorised as non-formal. In this study, the CBR training programmes organised outside UNISE and Makerere University Kampala are non-formal.

These courses admit participants with secondary education certificates and with interest in disability issues or who are serving in programmes dealing with disability matters.



**Table 5.1  
Differences in CBR Course Details**

<b>Course Elements</b>	<b>MUK</b>	<b>UNISE</b>	<b>UNISE</b>	<b>COMBRA</b>	<b>MGLSD CDAs</b>	<b>MGLSD Parents</b>
Award	MA	PGDCBR	DCBR	'O' Certificate Adv. Cert.	Certificate of Attendance	Attendance
Name	MA in CBR	PGD in CBR	Dip. in CBR	Cert. in CBR Education	Cert. in CBR for Extension Workers	CBR Course for Parents
Admission Requirements	Degree holders with disability experience	Degree or its equivalent	'O' or 'A' Level Cert.; G.III teacher; Cert. in CBR	'O' Level Cert.; good command of English	'O' Level Cert.; Working with Govt. or NGO.	Parent of PWD; CBR committee member
Credit rating	Not available	44	75	Not rated	Not rated	None
No. of hours.	"	660	1125	640	320	80
Duration	2 years	1 year	2 years	16 weeks	8 weeks	2 weeks
Aim	Not available	To enable learners to fully understand the CBR philosophy and to acquire knowledge, skills and practice in rehabilitation and management	To enable students acquire knowledge, skills, values and correct attitudes in CBR	To train CBR workers in knowledge, skills and attitudes for sustainable CBR programmes	To promote social integration of PWDs into mainstream of society	To remove fear of having a child with disability in a home and to create positive attitudes
Objectives	"	Same as learning outcomes	Same as learning outcomes	Same as learning outcomes	Same as learning outcomes	Same as learning outcome
Learning outcomes	"	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	Will be able to :- 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	Trainees will have acquired:- Knowledge in disability and rehabilitation process Demonstrate positive attitude to work with PWDs and the community Appropriate skills for implementation of CBR programmes	Trainees shall be able to:- Explain importance of early identification, assessment and management of disabilities Demonstrate the skills acquired in identification, assessment and management Have developed positive attitudes 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	Removal of fear and negative attitude towards disabled member of family Skills in handling CWDs Prevention of disabilities Reaching out to other parents

					running CBR programmes Design and produce appropriate appliances from locally available materials	
Content	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;	Foundations of CBR; Models of CBR; Management of CBR programmes; Current trends in disability; Fieldwork and workshop practices; Research methods; Project designs; Action plans.	Introduction to disability processes; Causes and prevention of disabilities; Identification and assessment; Management of disability programmes; Teaching and training methods in the community; Writing action plans; Production of assistive devices; Fieldwork and field experiences.	Three modules (see details in Table 4.4): Foundations of CBR; Understanding impairments and disabilities; Management of CBR programmes.	Mobilisation and sensitisation of communities; Resource mobilisation strategies; Understanding PWDs and community needs; CBR strategies and programmes; Causes and prevention of disabilities; Identification and assessment; Management of disabilities and DLAs; Teaching and training methods; Production of simple assistive devices; Report writing and actions plans; Field work.	Causes and prevention of disabilities; Resource mobilisation; Mobilisation and sensitisation; Management through DLAs; Controlling committee meetings.
Teaching methods	??	Lectures, group discussions, role – plays, field visits, use of audio-visual aids, case studies, apprenticeship	Lectures, practicals, tutorials, field visits and projects	Modified lectures, group discussions, role-plays, field visits, use of audio-visual aids, case studies, construction of appliances and aids, demonstrations, songs and pictures.	Lectures, group discussions, role plays, field visits, use of audio-visual aids, case studies, apprenticeship	Not mentioned
Teaching material	??	Charts, pictures, hand outs, films, pamphlets, appliances, course journals, text books	Not mentioned	Charts, models, pictures, handouts, films, pamphlets, tools, appliances, course journals	Not mentioned	"
Assessment	??	Progressive assessment Practical assessment (project reports, action plan, work shop practicals)	Progressive assessment Written examinations Project	Continuous assessment of: Attitude towards PWDs Home visits Course journal Training skills Fieldwork reports Adult training skills Written paper Field projects	Examinations Field reports Informal feedback from beneficiaries Construction of appliances	"



Thus admission requirements for courses offered within the mainstream education system are different from those in non-formal establishments.

## 2. Credit Rating

Institutions of higher learning determine the number of hours that a student needs to spend attending lectures and on private study and assignments in order to qualify for an academic award, given that the resources and overall learning infrastructure are supportive and of reasonable quality. A credit is given to a student when he/she completes a prescribed number of hours. In this evaluation, it was found that a student at UNISE earns a credit after completing 15 hours of work on a course. The PGD CBR at UNISE has 44 points and the diploma 75 points. The credit points for the Masters CBR course at Makerere were not investigated. However, all non-formal courses in Uganda are not being weighted on a credit rating basis.

As such all courses differ in the manner they are weighted. It is thus difficult to compare their relative level of intensity, in the absence of other measures such as quality of staff and other inputs.

## 3. Duration of Courses

All formal training programmes are of long duration ranging from one to two years while informal courses may take from one day to 16 weeks.

#### 4. Content and intensity of curriculum

All the formal courses have established and approved curricula. However, 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 and CBR training. As such, their depth, intensity and quality are likely to differ. The UNISE programme focus on the components of the UN criteria for CBR, the MUK course does not.

Differences were also noted between the formal and non-formal courses. The non-formal courses 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 COMBRA curriculum was rich in content and intensive. Stakeholder participants at the workshops noted that there was a mis-match between the richness and intensity, on the one hand, and the mere certificate award that has not been officially recognised and/or considered for accreditation of prior learning (APEL) at UNISE. In addition to the



researchers noting this mis-match in their content analysis, it was mentioned as an issue in both Workshop I and FGD with ex-trainees.

These differences will affect any effort aimed at synchronising the training programmes so that individuals can progress from one to another in a hierarchical and productive fashion.

#### 5. Practical work

The MUK training programme aims 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. There is, therefore, less emphasis on practical work and fieldwork.

UNISE aims at developing supervisors and implementers who spend most of their time in the field and in homes. On their part, 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 grassroots intervention is needed most. As such, both UNISE and non-formal programmes lay particular emphasis on practical workshop skills and fieldwork.

#### 6. Supervision of Practical Work

All courses except MUK carry out supervision of practical work to 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. For example, a CDA trained at UNISE stated that:

Fieldwork facilitation is low and therefore students stay close to headquarters.

This is done in order to avoid travelling long distances. As a result the same clients and families are used over and over again by different students. This may lead to client – fatigue and families rejecting students as different people come asking the same questions. Ex-trainees hinted that it is not only client fatigue that affects fieldwork 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 and, therefore, supervisors have seen clients before. This can lead to laziness in the lecturers.

On the other hand, non-formal courses carry out their fieldwork systematically, as they are short and well funded. A COMBRA ex-trainee observed that:

COMBRA practicals are limited to one 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 a cross section of disability experience.

## 7. Awards

Because of the admission requirements, credit rating, number of hours and training programme content, awards differ. The formal programmes offer a masters degree, postgraduate diploma and diploma from legally established education and training institutions, while non-formal courses offer certificates which are not issued by nationally recognised examining boards. 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. However, these certificates, despite the depth and intensity of the course, are not recognised by the Uganda National Examination Board (UNEB) and the academic boards of the senates of institutions of higher learning in Uganda.

In addition to the programme outline details described in paragraphs 1-7 above, there are areas in which differences exist. These areas are Government prioritisation of CBR programmes, meeting the training needs of specific interest groups and the fee structure. These features are important when addressing the issues of complementarity and synchronisation.

### b) Investment in formal training CBR courses

Currently government investment in CBR training programmes is not a priority. This is evidenced by the low number of students on

government sponsorship in formal CBR courses. Training of CBR-workers through non-formal in-service training programmes is given a high priority as the Government is placing a high level of human and financial resources in this area of CBR development.

c) Training of interest groups

Formal training institutions have no packages for interest groups such as parents, CBR committee members and community leaders. Non-formal training programmes have packages for these groups, which enrich community participation and the multi-sectoral approach in CBR programmes.

d) Course fees

Course fees differ according to duration and course awards as seen in Table 5.2 below.



**Table 5.2**  
**Fee Structure of CBR Training Programmes in Uganda**

<b>Course</b>	<b>Duration</b>	<b>Award</b>	<b>Fees (US\$)</b>	<b>Fees (UShs)</b> (April 03 exchange rate)
MUK CBR	2 years	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 fieldwork, out of pocket, medical insurance, tuition, accommodation, meals and local travel.

The training programme costs per unit of time reveal the investment made into the course. When fees are analysed per unit time, COMBRA fee is almost 5 times that of the UNISE diploma.

Some of the advantages or positive issues in the COMBRA training can partly be explained by the high fee per unit time.



## **CHAPTER SIX**

### **RELEVANCE OF EXISTING CBR TRAINING PROGRAMMES TO THE NEEDS OF THE BENEFICIARIES**

Chapter Five presented similarities and differences between the different training programmes in Uganda. This chapter presents data on the relevance of the programmes to the primary and secondary beneficiaries. However, in order to relate the local context to the wider picture of the CBR field, the findings have been organised to show to what extent the training was also addressing internationally recognised CBR components, CBR ingredients for Africa and regional training needs. The relevance of the courses has also been analysed in relation to Uganda's policies and strategic direction and global strategies.

#### **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 attitudes 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 of change in attitude resulting from their interaction 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 (local health worker) for sleeping sickness.

An aunt of a child with learning difficulties (LD) said:

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 were 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 children with disabilities (CWDs). Another PWD then gave the following testimony:

They (CDAs) have taught PWDs how to expose themselves and be confident to stand as local councillors (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, and they were not expected to know this, CBR training (formal and non-formal) had positively influenced 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 in 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. A family member stated that:

CBR workers visit our lame people, give advice which I followed (the advice) ... now child can do work at home. She can now do household chores. She is now integrated with other children. It is good to follow the advice of the visitors (i.e., CBR workers).

For another client, the child had received surgery, special shoes, callipers 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 Katalemwa 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 in an FGD that:

The 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. From the interviews, FGDs and Workshop I, a tendency was revealed for more success with movement than sensory disabilities.

### 6.3. Provision of Education and Training Opportunities

Educational and training opportunities form a fundamental basis of the CBR components. Ex-trainees reported that they were 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 the management of their disabilities and have been encouraged to continue with school. One reported that he had been encouraged to remain in school by a CBR worker. He said, "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 in God. I thank the teacher (CBR worker) 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 she now climbs trees for mangoes and jackfruit. She can cook and I am grateful to CBR 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 the care of 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, Mariam's (child with LD) parents went

with the normal [sic] children to Kampala and left CWD with an aunt so all CBR teaching goes to Senga (aunt) and not to the parents.

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 is also an area for further research.

Another issue that mars the successes gained by CBR training is the limited skills to provide persons with VI and HI with support services. Ex-trainees brought 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 went to the field, they paid particular attention to physical impairments rather than sensory impairments. A PWD volunteer also mentioned that lack of sign language limited her interventions for a child with HI. During Workshop I, it was also pointed out that the lack of skills in addressing HI and VI by the training institutions had limited persons with sensory impairments from benefiting maximally from CBR programmes.

#### 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 were tree planting, proposals and operation of 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 seven 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 have been reported to be weak in developing skills in IGAs. Both ex-trainees and carers expressed this concern. One carer mentioned, among the gaps in the CBR programme, inadequate training in IGA. An ex-trainee also reported that he had not received enough skills in managing IGAs during his training. This problem was also raised in Workshop I, where a participant said the courses concentrated on initiating IGAs but not on their management.

#### 6.5. Provision of care facilities

All data gathered did not show evidence of this component, both in the training curriculum and in the field.

#### 6.6. Prevention of 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. Monitoring and Evaluation

For the success of any programme, monitoring and evaluation are vital. This is especially so for a relatively new field like CBR. This is an

area the research team did not enquire into and therefore there are no findings addressing this important CBR component.

Table 6.1 summarises the benefits of CBR training programmes in Uganda to the primary beneficiaries, both the PWDs themselves and their families. The summary is based on the analysis of the FGD with PWDs and family members.

**Table 6.1**  
**Benefits of CBR Training Programmes in Uganda to Primary Beneficiaries**

Primary beneficiaries	Benefits directed at disability management	Benefits related to psychological support and self advancement	Environmental benefits	Gaps
Family -Parents -Siblings -Aunt (senga)	Advice on ADL Taken for medical intervention in Katalamwa Taught on mgt of disability	Being handled in a good way by CDAs Used to worry but now firm (settled) No shame to walk with disabled child	CWD involved in family chores Many CWDs in school CBR workers do not interfere with carer's work	Poor participation 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 Mariam (MR) not yet accepted in school Outgrown appliances, wheelchair broken down
PWDs		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	Teasing has shifted to PWDs of less education only	For volunteers, transport to help others Lack of sign language for PWD volunteers



The non-formal courses that are conducted by NGOs such as USDC evolve around the issues at hand within that community and can, therefore, be assumed to be relevant to the primary beneficiaries.

### **Relevance to Secondary Beneficiaries**

The secondary beneficiaries have been described as the students or trainees that attend these CBR courses. Are the CBR courses relevant to the trainees? This question is not posed to address the issue of trainees being able to meet the needs of the primary beneficiaries but focuses on the benefits of the trainees at a personal level. The answer to this is an overwhelming YES. Several gains were cited. The first and foremost was that new knowledge was gained and, as the old 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.

The awards gained from the CBR courses are an important personal benefit. Shorter courses offer certificate of attendance, the longer non-formal course at COMBRA offers a higher certificate in CBR; while a shorter one is rewarded with an ordinary certificate. Both

UNISE and Makerere University Kampala offer diploma, postgraduate diploma and masters in CBR respectively. The various awards offered by UNISE and Makerere University are important for career development and promotions, especially in the rigid government hierarchy.

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 is not recognised by UNEB, university academic boards of senate and the accreditation councils mainly because it does not fall within the country's mainstream education system. It thus remains a certificate 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. The certificate has assisted ex-trainees enter UNISE. One major advantage of the COMBRA course is its ability to admit people of lower educational level who are unable to access University accredited courses.

Alumni and those who have gone through non-formal training have been involved in identifying PWDs, referral, providing advice to the family and community sensitisation. The UNISE and COMBRA alumni have gone further to provide physical rehabilitation interventions



such as provision of locally made assistive devices, training in ADL and simple physical exercises.

Adult PWDs and professionals developed curricula for formal training. Meetings of alumni from the COMBRA and UNISE courses have assisted in making the courses more relevant to the target group, PWDS and their families. The COMBRA former trainees identified the following issues that they felt would 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 would not directly impact on the PWDs and their families except for support to the 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 organise refresher courses targeting active former students. Five 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 Uganda, with respect to secondary beneficiaries, based on the analysis of FGD with former trainees is presented in Table 6.2.

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

### **Relevance of CBR training to the Key CBR Ingredients for Africa**

Participants at the 2001 Africa Regional Conference on CBR developed and approved 10 key ingredients for CBR in Africa (see chapter 2). Do the formal and non-formal CBR training programmes in Uganda address these CBR ingredients? The shorter non-formal courses organised by both NGOs and government departments address different items on this list, depending on the mission of the organisers and the situation that needs to be addressed. For example, the orientation manual for frontline health workers in MOH (Ministry of Health 2001), addresses items 1 (adoption of a rights-based approach and empowerment of PWDs and their families), item 2 (involvement of PWDs and parents from the start), item 4 (looking at PWDs in totality, holistic), part of 8 (inclusion of disability issues in all development programmes) and part of 9 (taking into consideration local cultures, resources and practices).



**Table 6.2**  
**CBR TRAINING IN UGANDA:**  
**Analysis of FGD with Former Trainees in Iganga District**

<b>Institution</b>	<b>Duration</b>	<b>Content</b>	<b>Course organisation &amp; Delivery</b>	<b>Relevance of CBR work</b>	<b>Field work &amp; practicals</b>	<b>Field work supervision</b>	<b>Certification</b>	<b>Course impact</b>
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 organised 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 is weak Supervisors spend only a few hrs with student Interested in nearby cases only Interested in physical disability No external supervision after completion of the course Students need to cover a wide area yet they have little funds Client fatigue because same client used every year Practicals are well supervised Recommended a day per student for field work supervision	Current duration and award OK Course content and length can be raised to a degree level  Govt values UNISE certificate	CV improved Gained management skills Ex-students need to be followed up
COMBRA	Very short Not enough field work	Course too compact Is skills based Handles all disabilities Appropriate technology done with practice	Adequately organised Short courses on MR, CP, & leprosy to cover gaps.	Nothing is irrelevant All content is applicable in the field Acquired knowledge skills and practice Not enough skills in management of IGAs	Field work limited to one month, intense  Regular practical after theory	Field work well supervised Students followed up after course Refresher courses organised Ex students supervised	Increase duration to one year and upgrade to diploma Graduate admitted to UNISE on strength of COMBRA certificate Certificate more respected by NGOs eg USDC than UNISE	Able to attend higher course Able to help clients with disabilities

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 not Supervised		Improved personally Improved quality of life of PWDs.
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The longer courses tend to be more relevant by addressing all the 10 issues. However, items 3 (enabling key stakeholders to access information on all issues including HIV/AIDS) and 10 (addressing issues of poverty among PWDs and their families) are weakly covered. COMBRA is the only institute that addresses the HIV/AIDS issue. As mentioned earlier, COMBRA's course is non-formal and, therefore, more flexible in addressing new emerging issues such as the HIV pandemic.

### **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 marginalised 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 development issues of Uganda. Although PEAP strategies are not among the content of the course, the strategies are addressed indirectly and as a result, the CBR programme contributes towards the goals for PEAP.

Evidence has emerged from this study that CBR activities carried out by the graduates of the training programmes have helped to change the attitudes of PWDs and their families. They have raised their self-

concept and self-esteem to the extent that some of them are now able to contest local leadership positions, as local councillors, to work as volunteers to help others, to enrol in school or continue with their education. Those who participated in this study indicated that they feel proud and confident about themselves and other family members. It has been reported in the preceding sections that some PWDs were able to start their own shops and to participate in savings/credit groups. Empowerment through income generation is one powerful strategy for poverty eradication. CBR training in Uganda has begun to contribute towards that national goal.

### **International Relevance**

Training programmes in Uganda relate to specialised agencies of the UN ( ILO, UNESCO,WHO, UNICEF) in promoting CBR as a holistic and multi-sectoral 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 the field. The UN concern for creation of positive attitudes towards PWDs by the community is highlighted in all the course contents. The courses in Uganda do address the 1998 UN criteria for CBR (listed in chapter 2). All courses address the 22 standard rules for equalisation of opportunities for PWD either as a topic or under sub –topics that address human rights.

Although the formal training at UNISE and the non-formal one at COMBRA have admitted and trained students from other countries in



Africa and Asia, the relevance of the training can only be indirectly deduced. One of the factors(albeit a weak one), 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 which has trained students from Tanzania and Eritrea on more than one course. Other countries that have sent students to COMBRA are Zanzibar, Botswana, Kenya and Ethiopia. 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. This was the very reason for establishing the courses and still remains relevant today.

### **Relevance of CBR Training towards the Development of CBR as a Profession**

CBR practice has shown signs of developing into a profession. Training programmes especially the formal ones could play a prominent role in providing the professional authority-one of the ingredients required to evolve a discipline.

This may explain the stance taken by the CBR stakeholders at the first workshop. Workshop I participants observed that CBR training in Uganda fulfils the majority of requirements of any profession. However, they were concerned about the size of the "job market".

They noted that it was not easy for CBR workers to find jobs because their training is general and not specialised. Some service providers and beneficiaries recommended that specialisation should be 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 the job market for CBR workers. The uni-disability representatives were keener on this direction, however, the CDAs in Iganga felt specialisation was too early for rural settings where the community may not require or differentiate between specialists.

## **CHAPTER SEVEN**

### **WHERE DO WE GO FROM HERE?**

#### **Introduction**

The Terms of Reference (TOR) for this evaluation were:

- 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.

The first three objectives have been addressed in Chapters 4, 5 and 6 in that order. This last chapter discusses the major findings briefly in



order to draw conclusions and identify gaps that provide the basis for the recommendations aimed at improving the programmes and their inter-linkages for meeting local and national human resource development needs.

### **Origins of CBR Training in Uganda**

Uganda recognises CBR as a powerful approach for creating an inclusive society in which PWDs, their parents, caretakers, professionals and the whole community are partners in action for their own development. The Government of Uganda and disability NGOs are being guided by the UN Standard Rules on Equalisation of Opportunities for Persons with Disabilities (UN, 1993) to include PWDs in the mainstream of services at both local and national level. Indeed, Uganda is one of the few countries in Africa in which PWDs are represented in the political structure from the grassroots to the national level. Focus group discussions showed that PWDs were being elected to local councillor positions as well. There was testimony to the part played by the CBR programme in developing self-esteem and confidence among PWDs to be able to stand for the elections.

There are Government supported CBR programmes and NGO supported programmes. As such both have been training personnel to work at grassroots and higher levels. Sending their staff to train abroad, at the Institute of Child Health (ICH), University of London, was aimed at obtaining CBR planners and trainers. It is the graduates

of ICH who set up the various personnel training programmes in Uganda. Researchers, planners and trainers are being trained at Makerere University Kampala, at Master of Arts level, and at the Uganda National Institute of Special Education (UNISE), at diploma level. Grassroots workers are being trained through short courses by Government departments and disability NGOs.

### **Possible Approaches to Personnel Training**

Experience in special needs education has shown that the special educational needs (SEN) element can be provided in initial teacher training through three complementary approaches, namely permeation, focused and specialisation (Mittler, 1992, 1995). In CBR, these approaches may be described as follows:

- a. Permeation, in which the CBR element is made an integral part of all theoretical and practical courses and experiences in a training programme;
- b. Focused, in which attention is concentrated on CBR issues during a course of lectures, seminars or practical experiences; and
- c. Optional or specialisation, in which students have an opportunity to study CBR practice in greater depth.

In permeation all tutors teach CBR elements as an integrated part of every course they are responsible for. The criticism levelled against this approach is that the mainstream tutors may not be very versed with all CBR elements. As such the focused and optional approaches taught by CBR specialist tutors would be preferred.



Permeation and focused approaches would not result in a CBR certificate. The award would be that of the main course, such as *Diploma in Special Needs Education* or *Master in Social Work*. These two approaches have the advantage of spreading the CBR knowledge to a wider audience and the graduates would be change agents in favour of PWDs and their families.

UNISE seems to have adopted permeation and specialisation. CBR elements are integrated in special needs education and mobility rehabilitation courses to promote multi-sectoral co-operation and collaboration. However, there is greater emphasis on specialisation in which specialist CBR tutors are involved. UNISE could also adopt the focused approach if it organised short CBR courses as credit rated, non-award bearing stand-alone modules that could later form the basis for accreditation of prior learning (APEL). In the APEL system, such courses or modules from elsewhere may enable an applicant at registration to a formal course to earn credit points and, therefore, be required to complete fewer modules than the number taken by applicants without APEL. The COMBRA course could be affiliated to UNISE so that its graduates earn APEL credit points when they register for the formal long-term courses or the course is awarded an UNISE certificate straight away.

The Makerere course is a specialisation for researchers in CBR. CBR elements could have been integrated into other courses through the permeation approach. This is not happening at present, thus the

opportunity to reach a wider audience is being missed. COMBRA, on the other hand, cannot adopt permeation or focused approaches. It is a CBR organisation whose mission is to train CBR workers. Its course is a specialisation, albeit at a lower level.

### **The CBR Training Curricula**

An evaluation of training programmes needs to examine their curriculum aims, structure and content in order to compare and contrast them. Baine (1999: 5) defines curriculum as "the content and sequence of the knowledge and skills to be taught in an area of instruction". The selection of content and its sequencing are determined by the aims and objectives of the programme, which are in turn drawn from local, national and international community needs and the subject matter itself. We discuss the aims, content and delivery of the CBR programmes in Uganda in order to assess their strengths, weaknesses and inter-linkages.

### ***Course Aims and Objectives***

Throughout this document we have referred to the relevance of the training programmes to the needs of the primary beneficiaries, their community, national policies and international thinking and policy frameworks. We have also referred to CBR as an emerging profession with a gradually developing body of knowledge and working style. These societal and subject matter needs should determine the aims and objectives of the programmes.



A programme normally has long-term objectives, or aims, and short-term objectives. An attempt has been made to state the aims, objectives and learner outcomes in each programme. As Tables 4.1, 4.2 and 4.5 show, the aim of both courses at UNISE is to enable students to acquire knowledge, skills and correct attitudes in CBR. For the PGD CBR course an understanding of the CBR philosophy is included. The objectives of the courses are similar to learner outcomes. In addition, although the aim is to develop knowledge and skills, learner outcomes focus more on knowledge than skill gain.

MGLGSD and COMBRA have also articulated the aims of their courses. MGLGSD course seeks to promote "social integration of PWDs into the mainstream of society", based on societal needs, while COMBRA aims at developing "sustainable CBR programmes", based on the needs of the field. However, in both cases the objectives are stated in a way similar to learner outcomes. Thus all courses seem to suggest that the objectives are stated as a matter of routine requirement rather than to serve a particular purpose as shown in literature (Kyriacou, 1998).

### ***Course Content***

All courses cover six CBR content areas. These are creating positive attitudes; functional rehabilitation; provision of education and training opportunities; creating income generating opportunities; prevention of disabilities and management, monitoring and evaluation. There was a suggestion from PWDs that employable skills

(computer, Braille, sign language and the traditional vocations such as watch repair, tailoring and carpentry) should be included in the courses to make CBR relevant to the rural youth with disabilities. While traditional vocations require intensive, long-term training, computer skills could be offered as optional courses. Braille and sign language are covered in the module on "Communicating with Persons with Special Needs".

However, what is of greater concern in the current courses is credit rating of the courses and modules students are expected to complete during training. Students at UNISE complete 21 modules (75 credit units) in four 17-week semesters for the Diploma in CBR and 14 modules (44 credit units) in two semesters for the Postgraduate Diploma in CBR. The COMBRA students cover four course units with a total of 540 hours in 16 weeks, equivalent to one university semester. If the course was to be given university-related credit points, COMBRA students would earn only two credit units analysed as follows (L stands for lectures, P for Practical or fieldwork, CH for credit hour and CU for credit unit):

<b>UNIT</b>	<b>NAME</b>	<b>L</b>	<b>P</b>	<b>CH</b>	<b>CU</b>
I	Introduction to Disability and Rehabilitation	108	32	124	8.27
II	Management of Specific Impairments	88	32	104	6.93
III	Fieldwork	0	140	70	4.67



IV	Community-Based Management Programme	140	0	140	9.33
	<b>COURSE LOAD</b>	<b>336</b>	<b>204</b>	<b>438</b>	<b>29.20</b>

This analysis indicates that the load of 29 credit units for COMBRA students in a 16-week course is heavier than the course load for the 15-week lecturer-student contact period at UNISE by an average margin of at least seven credit units. Unfortunately, the certificate awarded by COMBRA is not formally recognised by the academic boards of senate of the universities in Uganda or the national accreditation council. Thus COMBRA course graduates are not guaranteed progression to the diploma at UNISE and Masters programme at Makerere.

### ***Course Delivery***

CBR courses are multi-sectoral in approach, both in terms of the content and the staff who teach them. They also delivered through lectures, discussions, role-play, visits, practical work in workshops and fieldwork.

The programme at UNISE is taught by a team of 11 permanent staff members specialising in CBR (three members, with backgrounds in physiotherapy and community development), Psychology (1), visual impairment (3), hearing impairment (1), learning difficulties (2) and speech and language difficulties (1). Nine of these are lecturers (one is a senior lecturer) holding Masters degrees gained from Europe and

Makerere. One staff member, a lecturer, is a PhD holder while another is an assistant lecturer holding an UNISE PGDCBR. UNISE also makes use of part-time lecturers. There are two such staff members specialising in psychology and CBR and both are Masters degree holders. UNISE also invites PWDs to give presentations on the course.

Some of these trainers also contribute to other CBR courses organised by Government ministries and disability NGOs, including that of COMBRA. The quality of staff teaching a course also determines the quality and depth of the course.

In Chapter 4 it was reported that all courses except MUK carry out supervision of practical work to varying degrees. Stakeholders and CDAs have reported that non-formal courses carry out supervision extensively as they aim at ensuring hands-on skills to trainees. They also carry out their fieldwork systematically, as they are short and well funded. However, whatever the level of responsibility after the course, fieldwork and workshop skills ensure that graduates are well equipped for the tasks ahead. Supervision ensures that the trainees are carrying out the tasks skilfully. As such the lower the level the more the practice in the community and this seems to be the case at the moment.



## **Similarities and Differences**

Courses in Uganda cover more or less the same topics related to the development of CBR practice and use the same pool of trainers drawn from education, health, community development and psychology. Students are assessed through continuous assessment of assignments, practical work and fieldwork and, except for non-formal courses, written examinations. They differ in terms of admission requirements, duration, being modular and non-modular, weighting, awards and their accreditation and expected job level. All these differences have implications for educational and training progression from one training level or course to another. These differences need to be streamlined in order to allow for training progression.

## **Relevance of the Courses**

Stakeholders' workshops and focus group discussions indicated that CBR practitioners at the community level are succeeding in bringing about positive attitudes towards PWDs and CBR practice, developing self-esteem and confidence among PWDs and their families, developing functional, survival and income generation skills and helping in educational access and participation. However, concerns were expressed on the need for greater emphasis on income generation activities (IGA) and sign language in the courses at UNISE and COMBRA.

CBR training is also relevant to the trainees themselves. This can be deduced from the fact that they were able to gain knowledge and

skills which have been positively evaluated during the focus group discussions.

### **Impact of the Courses**

The impact of the courses was not directly assessed. However, evaluation of the courses in terms of their relevance was also indirectly an assessment of their impact. The knowledge and skills gained by trainees during the course were being applied in the field. Only the CDAs trained at UNISE, COMBRA and MGLGSD working as grassroots practitioners showed that the courses enabled them to work effectively in the community.

### **Conclusions**

From the foregoing summary of the study of CBR training programmes in Uganda, the following conclusions were drawn:

1. CBR training in Uganda takes place at four levels:
  - a. Institutions of higher learning offer diploma, postgraduate diploma and masters degree courses within the formal education system.
  - b. COMBRA provides an intensive course for grassroots workers, which could be equated to one semester's work, outside the formal education system.
  - c. The Ministry of Gender, Local Government and Social Development (MGLGSD) runs a CBR course for Community Development Assistants (CDAs) as grassroots practitioners,



which could be equated to a quarter-semester's work, outside the formal education system.

- d. The Ministry of Health (MoH) and disability NGOs run shorter awareness and specific single-issue courses for their workers, PWDs, parents and local communities.
2. Elements of CBR are integrated into all special needs courses at UNISE and into courses for health workers in the MoH.
  3. There is inadequate coverage of income generation activities (IGAs), Braille and sign language knowledge and skills in both formal and non-formal CBR courses. Research methods are also missing in the courses.
  4. Courses in educational institutions are normally rated in credit units related to the number of contact hours and assignments and examinations are assigned grade points to determine class of the award. Courses outside the formal education system are not weighted and, therefore, difficult to compare with similar courses offered elsewhere.
  5. Teaching staff in formal education and training are required to have prescribed qualifications and experience as the quality and depth of training are determined by quality of committed staff. Quality of staff outside the formal education system, in terms of

qualifications, experience and communication skills, should also become a criterion to determine the quality of training.

6. Grassroots workers and their supervisors should develop practical, hands-on skills to carry out day-to-day counselling, therapeutic, advisory and poverty eradication projects in and with families and wider community. Workshop skills for appropriate technology and fieldwork need to be closely monitored and supervised.
7. CBR courses in Uganda differ in their admission requirements, duration, being modular and non-modular, weighting, awards and their accreditation and expected job level. These differences have negative implications for educational and training progression from one training level or course to another.
8. PWDs and their families have benefited from the work of the former CBR course trainees. The courses are, therefore, relevant to and have an impact on the beneficiaries and the communities in which they live. However, IGA, Braille and sign language skills need to be given more emphasis in the training of CBR workers.
9. There are practitioners in the field who want to advance themselves through training but are unable to go on training due to family and other commitments. These are mainly women and some PWDs.



These conclusions identify the strengths, weaknesses or gaps in the existing CBR training programmes in Uganda and point to recommendations for future action.

## **Recommendations**

We noted the wide range of providers of CBR training in Uganda. This is a healthy development for providing personnel to advance CBR practice at local community, provincial and national level. We recommend that this development be maintained. In addition to this general recommendation, we present the following specific recommendations.

1. To complement the permeation of CBR elements that is taking place at UNISE, it is recommended that a focused CBR unit should be developed and introduced in training programmes for teachers, nurses, artisans (vocational training) and micro-finance personnel all over the country.
2. Curricula for training within the formal education system are reviewed regularly, between five and seven years. Curricula for other training outside the education system are normally reviewed as and when need arises. It is recommended that curricula should be reviewed to include and strengthen training in HIV/AIDS, management of IGAs, Braille, Uganda Sign Language and introduction to research methods.

3. It is also recommended that CBR workers should be given the opportunity to specialise in such areas as orientation and mobility *for blind* and visually impaired persons, Braille, Uganda Sign Language (as interpreters) and inclusive education in order to widen their job opportunities and improve their career development opportunities.
4. It is also recommended that close supervision of fieldwork and practical work should be carefully planned, guidelines developed and implemented to ensure trainees acquire hands-on skills critically needed by grassroots practitioners and their supervisors.
5. CBR courses in Uganda differ widely in their staffing, admission requirements, duration, being modular and non-modular, weighting, awards and their accreditation and expected job level. Differences in admission requirements, duration, weighting, awards and expected job level are necessary if training progression is desired. However, validation and accreditation of the courses and their awards are critical when graduates want to progress from one qualification to another. It is, therefore, recommended that COMBRA and MGLGSD should explore ways of validating and accrediting their courses, such as approaching the Ministry of Education and Sports so that their courses are validated and accredited by the Uganda National Examination Board (UNEB) or approaching UNISE for affiliation.



6. It is further recommended CBR training programmes synchronise and provide the following awards:

MGLSD	certificate
COMBRA	diploma
UNISE	Degree and postgraduate diploma
MUK	Masters

7. Some individuals who are committed to act in favour of PWDs are sometimes unable to attend residential courses because of their biological and/or social roles. It is, therefore, recommended that the courses presented in this report should also be developed into distance education formats so that more women can participate.

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## APPENDICES

### APPENDIX I

#### Research Tools

##### *1. Guide for Training Institutions*

#### **Objectives of the course**

Contents of the curriculum

Teachers/lecturers and their qualifications

Fieldwork and Fieldwork practice

Reports by external examiners

Entry requirements

Qualification on completion of course

Length of training

Feelings and opinions about the course

Balance of course on key CBR issues

##### **2. Guide for Consumers (only those who have worked with ex-trainees)**

#### **FGD guide**

#### **Introduction**

You are welcome to this focus group discussion. The purpose of this meeting is to discuss CBR training in Uganda and how it has helped you.

The information you give us will help Uganda to improve CBR training and

1. Have you heard about the CBR programme?
2. Have you benefited from it?
3. In what ways? Probe. Give examples.
4. What were your feelings towards your child before the programme reached you? (For parents)
5. What were your feelings towards yourself before the programme reached you? (For PWDs)
6. How do you feel now? Probe for specific examples.
7. Who in the CBR programme has been with you most?

### **3. Guide for ex –trainees**

#### **Introduction**

You are welcome to this focus group discussion. The purpose of this meeting is to discuss CBR training in Uganda and how it has helped you. The information you give us will help Uganda to improve CBR training and help other countries that wish to start.

1.Name of course

2.Was the course duration adequate?

Probe

3.Was the course organization and timing suitable? (Flow of modules)

4.Did the course you attended give you the knowledge, skills and practice you expected?

5. Did the course adequately equip you for the work you are doing?

Probe for gaps and irrelevant contents.

6.Please make recommendations on how the course can be improved.

#### **4. Document Review**

Supervision reports of COMBRA

Curricula from institutions



## 5.Presentation outline

### *CBR TRAINING EVALUATION – WORKSHOP 1*

PROGRAMME FOR 4<sup>TH</sup> APRIL 2003

<b>TIME</b>	<b>ACTIVITY</b>	<b>PERSON RESPONSIBLE</b>
8:30a.m	Stakeholders Assembly	CAN
9:00a.m	<ul style="list-style-type: none"> <li>• Background Information</li> <li>• Objectives of the meeting</li> <li>• Objectives of research and Methodology.</li> </ul>	CAN
9:30a.m	Draft Baseline report outlined	Dr. Alice Nganwa Mr. Jackson Mirembe
<b>10:30a.m</b>	<b>Tea Break</b>	<b>CAN</b>
11:30a.m	<p>Group Discussions:</p> <p>a. Existing CBR Training programme. Similarities and differences.</p> <p>Are there any missing gaps? How can they be filled in?</p> <p>b. Relevancies and recommendations.</p> <p>Are there any missing gaps? How can they be filled in?</p> <p>Are there any missing? How can they be filled in?</p>	
12:30p.m	Plenary: -General discussion after presentation by groups.	Dr. Alice Nganwa Mr. Jackson Mirembe
<b>1:00p.m</b>	<b>Close</b>	<b>CAN</b>

**CBR TRAINING EVALUATION WORKSHOP II**

**PROGRAMME FOR MONDAY 14<sup>TH</sup> APRIL 2003 AT THE MINISTRY OF HEALTH,  
KAMPALA.**

<b>TIME</b>	<b>ACTIVITY</b>	<b>PERSON RESPONSIBLE</b>
9:00	Stakeholders assemble	CAN
	Background information	CAN
	Objectives of the training	CAN
9:30a.m	Introduction	
10:00a.m	Report Outline	Dr. Alice Nganwa Mr. Jackson Mirembe Dr. Joseph Kasanji
<b>11:00a.m</b>	<b><i>TEA BREAK</i></b>	<b>CAN</b>
11:15a.m	Group Discussions: a. Existing programmes and their similarities and differences-what are the gaps? b. Existing programmes and their relevance to PWDs, families, primary beneficiaries and government policies- what are the gaps?	
	Reporting	
12:5p.m	Plenary: General discussion	
1:00p.m	Close/Administrative Matters.	CAN

Each group should look at:

- Report layout
- Style of writing
- Language level



## APPENDIX II

### Participants to Workshop I &II

#### 4. 4 03 WORKSHOP I

1. Paul Ojwang	UNISE	
2. Atiibwa Harriet	UNISE	
3. Peter Kiwendo	NTBLP	
4. Batesakyi Barbra	COMBRA	
5. Richard Anguyo	UNAB	
6. Jackson Atria	USDC	
7. Kawikizi Moses		
8. Paul Ojwang	UNISE	
9. Kabango Margaret	MOH	
10. Kaggya N.B	MGLSD	
11. Alice Nganwa	Researcher	
12. Phoebe Katende	CAN	
13. Jackson Mirembe	Researcher	
14. Akot Wilfred	NUWODU	
15. Mwesigye James	NUDIPU	

14.4.03 WORKSHOP II

1. Akot Winifred	NUWODU
2. Beatrice N. Kaggya	MGLSD
3. Tumukunde Melda	NUDIPU
4. Batesakyi Barbra	COMBRA
5. Atiibwa Harriet	UNISE
6. Ddamulira Moses	UNISE
7. Kimedo Moses	UNISE
8. Paul Ojwang	UNISE
9. Kabango Margaret	MOH
10. Alice Nganwa	Researcher
11. Phoebe Katende	CAN
12. Jackson Mirembe	Researcher
13. Dr. Kisanji	Researcher



