

CBR Africa Newsletter

Issue No. 1 Volume 1 2017

Government of Zambia
moves 6th **CBR Africa
Conference** to Capital City

Children with Disabilities:

Parental Involvement key in their future



**Community Based Rehabilitation
(CBR) Africa Network (CAN)**

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**CBR
Africa**

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Message from Executive Director

The year 2017 has been a very fruitful one. CBR work has seen a steady growth with many actors coming on board. This is continental-wide organisation that aims at promoting information sharing and networking.

Like all other actors, CAN has been busy providing interventions aimed at promoting CBR work both in Africa and beyond. For instance, CAN attended SAFOD conference in South Africa, AFRINEAD conference in Ghana, Rehabilitation International in Ethiopia among others. We also provided capacity building for CBR implementers in Zambia on how to document their results, lessons and best practice.

Most importantly, we are now busy making arrangements for the 6th CBR conference scheduled to take place in May 2018 in Lusaka Zambia. In order to promote information sharing on CBR interventions, CAN is introducing another platform CBR News; a bi-annually newsletter that will focus on sharing success levels of CBR work in Africa and Beyond.

On this note, I wish to invite you to this first edition of the CBR News, December, 2017, with the theme: "Showcasing CBR

work for sustainable development," You will find interesting reading specifically on how CBR is changing lives. I wish to appeal to all CBR implementers to take advantage of this platform to enhance information sharing on CBR.

Enjoy your read

Dr. Abdul Busuulwa
Executive Director,
CAN



Message from the Editor

Hi everyone. Welcome to the first edition of our publication: CBR News, published bi-annually. This platform complements our other platforms that we have been using to share information about CBR work in Africa and beyond. Contributions to this CBR News are encouraged from anyone who cares about promoting CBR work.

Congratulations to our members (new and old) for having successfully implemented CBR work during the year 2017. We do recognise your important contributions towards improving the lives of persons with disabilities. Our sincere appreciation goes to our members who shared their information with us, especially Uganda Society for the Disabled Children(USDC) whose report on inclusive education, was uploaded on our website.

Your information played a great role in creating awareness about the relevance of CBR as a tool for inclusive development. We wish to encourage all organisations in Africa to continue sharing their information with CAN for improved livelihood of PWDs.

In this issue, we reflect on the theme: Showcasing CBR work for sustainable development. We particularly bring you updates on

the 6th CBR Africa Conference scheduled to take place in May 7th-11th in Lusaka, Zambia. Members who ever attended CBR conferences will bear us witness with regard to the relevance that comes with important events such as this. Our conferences are collegial, provide supportive environment for members to share their ideas, work ranging from project interventions to research. We look forward to a good time in Lusaka, come May 2018.

In this edition, you will also interact with a number of success stories in line with the theme. We would love to grow this platform. So, please notify us of your achievements that you or your organisation might wish to share via this platform.

You are also invited to visit our website www.afir-can for more exciting resources as well as follow us on Facebook and twitter for an enriching discussion on CBR.

Please share your comments with us on how to best improve on this platform via our email: info@afri-can.org.

Editor
Malinga Joseph
ICO-CAN

A special needs teacher taking the children with special needs through class in Osukur PS Tororo



Updates on 6th CBR Africa Conference

Government of Zambia moves 6th CBR Africa Conference to Capital City

The 6th CBR Africa conference, previously scheduled for Livingstone, will now take place in Lusaka, Zambia. Earlier planned to be hosted at Avani Victoria Falls Resort - Livingstone, the Conference will now be hosted at Intercontinental Hotel - Lusaka from 7th - 11th May 2018.

According to Dr. Abdul Busuulwa, the Executive Director CBR Africa Network (CAN), the decision to shift the conference to the capital city comes after a long discussion with the government of the republic of Zambia.

The new development is meant to increase government commitment, especially guaranteeing participation of high level delegates from government and development partners once the conference is held in the Capital city.

The government position was arrived at in a meeting held on November 23, 2017 between the CAN Executive Director and Zambian government officials including the Minister of Community Development and Social services (MCDSS), several Directors, Heads of department and the Zambian Agency for Persons with Disabilities.

Registration in progress. Early bird is USD320; Late registration is USD350.

Payments can be made to our dollar account

Bank Name: Stanbic Bank Uganda Limited

Bank branch: Acacia Mall

Branch code: 031087

Account Name: CBR Africa Network

Account Number: 9030011369315

Swift Code: SBICUGKX



CBR work in Uganda

In 2016 CBR conducted a writing skills workshop to enhance documentation skills of CBR practitioners. 18 participants were trained. Most of them can now easily document CBR work. Here we bring to you a few of their articles in this first edition of the CBR Africa-news Newsletter.

Children with Disabilities: Parental Involvement key in their future

By Akello Anita

Children with severe disabilities are often not supported to develop basic skills that can help them live independently. Yet the involvement of parents and family members can bring about a great change in this regard.

Indeed, my experience as CBR worker is nothing but full of disheartening tales of how most children are left to live unhonourable life. For instance, at about 10:00am on one Monday morning, as an intern Community-Based Rehabilitation (CBR) worker, I set out to go to the field at some place in Cell

Eastern Ward in Apac District.

While there, I met a 16-year-old boy (names withheld on request) seated with his family – grandparents, a sister and brother -- outside a hut. They lived in a small homestead of 3 huts with a toilet and kitchen. The homestead also had some livestock (2 goats, a cow and a few chickens) but the environment was noticeably clean. The family was so welcoming that they even offered me a seat as soon as I arrived and interacted freely.

The boy was born healthy. Suddenly, his head began growing abnormally in size. His head was not straight and whenever the parents touched it, they felt water-like movements inside. At about 2 months the family noticed the head was divided into two and decided to take him to a nearby hospital where he was again referred to Mbale Regional hospital. While there the family was told this was hydrocephalus. Three operations were performed on him and he nearly lost his life. Thereafter, the

grandmother was supposed to take him back for another operation but she failed due to financial constraints.

As a result of the failed referral, apart from further swelling of the head, the boy also began experiencing fits. This would cause him to laugh uncontrollably and leave his eyes wide open. The seizures occurred frequently because he did not want to take his medication. Sometimes he would even vomit when forced to take it. On even a sadder note, he had weak hands and legs. He also had poor bowel control, which would make him soil his clothes. The perplexed parents could not even attend to the boy, for they lacked knowledge so I decided to mentor them how to handle the boy's situation.

During my next visit, I found the boy seated on a wheelchair for he had greatly improved. The unfortunate, bit was that his wheelchair was worn-out and he had a swollen back, a condition referred to as a spinal curve. Such a curve occurs as a result of oversitting and not changing positions. And for most of the time he refused to be turned on the bed, the

grandmother said. Consequently, pressure sores developed and the epileptic seizures increased. To prevent him from toppling over in case of sudden seizures, the family could tie a rope in front of his wheelchair although the boy could move about by pushing himself backwards with the help of his toes while on the wheelchair in the company of other children.

He could feed himself using a spoon and hold a cup while taking tea or water but with difficulty firmly holding the cup. What he needed was continues exercise to strengthening his hands and fingers. Whilst there were signs of improvements in the boy's development, the family still could not take him back to hospital due financial constraints. No external support had been received. Not event from the district.

I however, urged the family to take back the boy to hospital for another review since the shunt that had been put in his head to drain out the fluid that was making it swell had become visible and needed replacement. I also asked them to continue encouraging the boy to take his medication, in order to reduce the intervals of the seizures.



Inclusive education: children with epilepsy need essential drugs

By Benjamin Olupot

Limited access to essential drugs for children living with epilepsy has great impact on their access to quality education.

Whereas the constitution of the republic of Uganda article 32 and 35 provide for the rights of persons with disabilities, children with epilepsy continue to experience challenges accessing essential drugs. Furthermore, parents of children with epilepsy have limited knowledge on managing the condition, which eventually affects the children's access to quality education.

Essy is one of the many children with disabilities not accessing quality education because of epilepsy. The 10-year-old girl lives in Acowa county, Amuria district in north eastern Uganda. She is an orphan but living in what seems to be a welcoming family. One of her guardians reported that Essy was born normal at home with the help of a traditional birth attendant and she was taken to Acowa health Centre for immunization after three days.

At 3 years, Essy started getting convulsions and she was taken to Soroti regional referral hospital where she was diagnosed to have Epilepsy and was given anti fit medication. However, she got challenges accessing anti fit medication because it was usually not available at the hospital. The next resort

was buying but the guardians had limited resources. As a result, anti-fit medication was abandoned and the fits resumed with more frequency than before. Previously they used to come after two weeks but intensified to daily.

With the uncontrolled seizures also came negative attitudes from Essy's guardians, teachers and fellow school children who made fun of her as a slow learner. Imagine she studied primary one for three years because of inconsistency in reporting to school. Due to meagre resources, the guardians also did not prioritise Essy as one of the children whose education they would support.

Essy has many injuries acquired out of Epileptic attacks. This is so because of lack of knowledge and skills of managing the condition. By the time I met her, she seemed to have given up on participation in activities both at home and in school. Despite that, I noted that Essy had potentials like feeding herself and proper use of the toilet. However, she had difficulties walking. Her condition was assessed at the hospital and intervention was planned with a psychiatric doctor; although her guardians were reluctant to take it up.

After my persuasion the guardians eventually



took her to the hospital and she resumed using anti-fit medication. This enabled her to get back to school and engage more in home and school activities. I also trained the guardians to make for her an appropriate head gear using locally available materials. Besides, I taught them how to identify the warning sign for Epileptic seizures so they could help avoid more injuries to her body.

To increase the resource inflow, I encouraged the guardians to start an income generating activity to earn a living and afford medication for Essy. A poultry project was started with five local chickens. The chickens were kept on free range and were expected to grow into a big farm. The project would help with improving nutrition through the consumption of eggs while some are sold to earn a living. Upon visiting Essy's school I interacted with the special needs teacher to whom I mentioned that Essy's poor academic performance was due to missing classes and it was worsened by the negative attitude around her. Together we addressed

the children in the school, telling them about disability (Epilepsy in particular) and the challenges experienced by children with disabilities.

Encouraging the teachers to make extra time for essy, I advised her to use attractive learning aids so that she would catches up with the rigours of learning. I encouraged her to utilize locally available materials for the aids with the help of parents because this is an effective way to teach children with learning difficulties.

By the end of the community practice, Essy was able to make simple additions and this motivated her Special Needs teacher to continue with the intervention agreed upon. In addition, the collective work with guardians, teachers and the psychiatry doctor greatly improved Essy's life. Her attitude and that of the guardians and teachers also improved greatly. By the time I left she could interact more freely with other children at home and in school; and hopefully today Essy is a joyous child.

Lessons from Zambia

In order to promote information sharing on CBR work we document success stories, best practices so as to build on synergies. In this publication we share with you learnings from Zambia.

Networks promote CBR: lessons from Monze, Zambia

By Sharon Handongwe

Working as a Community-Based Rehabilitation (CBR) practitioner can be very rewarding in building teams and networks. Usually, the teams interact and work closely with grassroots communities. Many a time you are able to witness change in lives while at the same time experiencing pain over the loss of people you had come to know and cherish in your work. The story of Mutinta typifies the level of networking required if CBR is to change lives.

Our story “Receiving a call on one Sunday from the community is not unusual,” Said Femmy Hanene, the Community Rehabilitation volunteer, about his routine of supporting the implementation of CBR work in Keemba village, Monze town, Zambia, “But when the word ‘emergency’ is involved it means there is something really urgent.”

Hanene added that his work was interesting but it could also be full of painful moments. One particular incident was when he came across a 15-year-old, Shingalile Mutinta, who had a physical disability and was visibly pregnant. Although her D-day was due, she had no idea that any time she could go into labour. Both Hanene and the mother with whom Mutinta lived had no idea how to help the situation. The girl had never been to any health centre for medical attention given that she had an intellectual disability as well. Even knowing the person from whom she conceived was a nightmare.

To make matters worse, Mutinta’s mother was poor and could not afford even the very basic necessities. It was indeed a hopeless situation. Fortunately, Hanene informed the Holy Family Centre, a CBR organisation in Monze, about the gloomy situation. A team from the Holy Family Centre (HFC) advised him to tell the mother to take Mutinta to Keemba Rural Health Facility for medical attention. Little did the team know that actually while they were busy advising the CRV, the girl had already started labouring and by God’s grace she soon gave birth to a baby girl.

The utterly perplexed Hanene, however, shortly called back with excitement. “She has delivered,” he said, “But there is nothing to feed the baby because she cannot breast feed.” The HFC team made arrangements, which entailed gathering a few important items for a new born from well-wishers and within one hour it had arrived at Keemba community 30km- off the main road to rescue this little angel. The team started off at 03:00pm and arrived at 04:00pm.

What struck us upon arrival was a particular hut standing alone in the wilderness. A quick check showed that the household was indeed very needy; it had no food, no source of livelihood and was struggling. We also learnt that Mutinta had both intellectual and physical disabilities that made independent decision-making very hard for her. It was probably amid this situation that a stranger took advantage of her, to make her pregnant.

Given Mutinta’s condition, HFC engaged other stakeholders such as World Vision, Ministry of Community Development, Social Welfare, Victim Support Unit – Police, Gender Based Violence Unit, Traditional Leadership and the church to come to her rescue. The Traditional leadership immediately started making enquiries concerning who the father of the newly born was. From then on, HFC continued giving the baby an appropriate milk formula. World vision provided the family with four (she) goats for the sustainability of the family. Then the Ministry of Community Development intervened with seed and fertilizer to support the family during the planting season. Another well-wisher gave cowpeas.

The above efforts were however inadequate. Upon realising this, the department of Gender is considering putting Mutinta on family planning as a protective measure. Furthermore, meetings with the headmen, family and stakeholders have been conducted and these have since given an oppor-

tunity for all the interested stakeholders to play their different roles in improving the life of Mutinta and the entire household headed by an elderly lady.

An assessment done on Mutinta’s child (Julie), showed she was growing up normally. But she needed regular monitoring since she was at the risk of developing a disability herself because of the socio-economic status of the family. Indeed, at two months Julie had presented with undernourishment as a result of the ignorance of Mutinta’s mother about the quantities of milk to be given to Julie and the number of times she had to be fed each day. The family has since been given education on the process of nourishment and the importance of this for Julie who is bottle-fed.

Though World Vision has given four goats and the ministry of community development has provided a food security pack (fertilizer and seed), these are long-term and the problem at the moment is the continued supply of food and other necessary items like soap and diapers for Julie.

Mutinta’s story shows the epic of partnership that HFC has with other stakeholders. Every partner has done their part to ensure that the people in this household are taken care of sustainably. What better way to show that the CBR matrix, according to World Health Organization, is fully implemented on an individual! Furthermore, it is interesting to see how the community comes together to ensure that what they have to do is done and with efficiency.

The writer of this article is a CBR coordinator at the St Johns Holy Family Centre

Woman with physical disability ponders her future.

The joy of supporting needy communities

By Sharon Handongwe

Working to change lives of poor communities can be rewarding with feelings of joy and fulfilment. This however, comes with plenty of endurance and hard work.

For Dr. Bernie, a visiting consultant psychiatrist this is certainly true in every aspect of it. Bernie who was visiting the remote areas of Monze district in southern Zambia, carries with her a sense of joy and fulfilment on the face as she walks through the woods and swamps in company of a missionary team as they head to this poor communities to render services to vulnerable children with disabilities.

“The Community Based Rehabilitation (CBR) team here at the Holy Family are simply medical missionaries in the 21st century,” she observed. Every Tuesday and Thursday, the CBR team goes out to a pre-determined place to offer therapeutically and education services to persons with disabilities. In February, 2015, the team visited Ntaamba, in Bweengwa, in Monza district. Dr. Bernie together with husband Leo joined the team.

The couple had visited the country to understand challenges CBR practitioners encounter while striving to improve the lives of Persons with disabilities especially with clients who presented psychiatric conditions. The trip did not only provide a lifetime experience for the couple, but also orientated them to the realities that CBR workers face.

One interesting experience is when the team had to abandon their vehicle for close to half a mile away and crossing the stream



and swampy area on foot. The car could simply not go that way. While it was such a difficult moment for the visiting couple, it was just an everyday life for the local team.

Over the other side of the swamp, a school administration had been waiting warmly to welcome the team and allocated them a class to conduct a screening exercise. At least 13 new cases were identified during the outreach. The major cases presented conditions ranging from Neurological conditions, physical conditions, deaf-blindness and intellectual disability.

The team also gave a talk on disability to the school at the time. Social welfare issues that came up were also addressed. Officials from the orthopedic department also gave the necessary advice and work on some assistive devices that needed minor repair.

As for Bernie, she had a great time supporting the Holy Family physiotherapist to handle some of the cases. Leo was great with the children and kept most of the pupils entertained with his picture taking. Overall, the goal of CBR was achieved, which is to take services as close to the people as possible.

How legal frameworks promotes rights to education in Zambia

Story by Bruce Chooma

Japhet Banda, 19, was born in Lusaka, Zambia. He has a physical disability and is a wheelchair user. His Elder brother is equally disabled. The residents of Kanyama in Lusaka have lived a deficit life as they have had to deal with several limitations including access to health care and education.

With almost no one to turn to, save for their mother Faggie Banda, whose hard work has given them hope, the duo has had to put with discrimination. The mother is very supportive and strives to ensure her sons realise improved life. For this reason, the duo now considers her as an angel destined to give them the much-needed hope.

Faggie Banda, is a member of the Zambia Association for Parents of Children with Disabilities (ZAPCD). ZAPCD is a partner of Disability Rights Watch, an organisation that builds the capacity of small organisations to advocate for the rights of PWDs. Her involvement with ZAPCD and DRW, has since greatly built her competencies to promote the rights of her children. With the skills received ZAPCD was able to establish a pressure group for children and youths with disabilities to which Ian and Japhet are members.

Japhet's story in as far as access to education is concerned is an epitome of the abuse of the rights of children with disabilities. In Zambia, Children with disabilities continue



to suffer from negative attitudes from service providers, including government. As such, many have had their future affected due to limited access to education.

Japhet, is one of the many children with disabilities who have faced stigma and discrimination. For instance, when his parents went to New Kanyama Primary school in 2014 seeking to be enrolled, the school authorities refused to enroll him on the account that the school did not have special needs teachers. This news however, devastated the entire family.

However, using the skills acquired from DRW trainings on self-advocacy, the family mounted pressure on the school administration using the provisions of the Conventions on the Rights of Persons with Disabilities (CRPD) that states that 'no school should refuse to enrol a child on the basis of the disability.'

"I personally went to the school with my brother and asked to see the head teacher. The school insisted that they had facilities for my brother. I warned them that the law was clear that they needed to include my brother because his disability did not make it impossible for him to learn provided the school made adjustments. After I read the provisions the head master asked us to come back after a few days, they then accepted my brother into school," Ian explained.

Japhet is now in grade 8 and pursuing his studies alongside non-disabled learners. His presence in the school has helped other children to understand disability thus helping to curb some of the stigma associated with it.



In 2017 CBR conducted a writing skills workshop to enhance documentation skills of CBR practitioners Livingstone, Zambia. 24 participants were trained. Most of them can now easily document CBR work. Here we bring to you a few of their articles in this first edition of the CBR Africa-news Newsletter.

Restoring Hope: the benefit of effective CBR initiatives in Zambia

Bruce Mubuyayeta Nasilele, 37, is a resident of Dambwa North in Livingstone, Zambia. He is a member of Zambia Psychosocial Disability Association and Zambia Association for Hydrocephalous and Spinal Bifida.

Nasilele lives with psychosocial disability. He suffered from cerebral malaria and spine problems during childhood and since then, he has had to cope with community stigma and discrimination from his family and community members.

Given his disability, Nasilele could subtly act in compromising ways that at some point landed him in jail for Juvenile delinquency. While in prison, Nasilele received correctional and rehabilitation services from Livingstone Central Hospital. This later turned out to be a turning point in his life. The hospital did not only help him recover, but was able to help him realise his potential.

Experience from Writing Skills Workshop, Zambia



Nasilele is skilful in making assistive devices such as CP Chairs, corner seats as well as standing frames for children born with disabilities -- more so, those with cerebral palsy. After fully recovering from mental illness he opted to volunteer his services with Livingstone Central Hospital in the Rehabilitation services department.

On top of the locally available materials such as newspapers, carton boxes and papers that he collected from various offices to make the assistive devices, the hospital administration provided him with a start-up capital. Ever since he embarked on this trade, some of his products are sold to raise upkeep, while the rest are handed over to the hospital for distribution to children born with disabilities.

20 years down the road, Nasilele is not about to regret contributing to the improved lives of fellow persons with disabilities. Besides, making the assistive devices, during his free time Nasilele, provides counselling to persons with psychosocial disabilities.

Nasilele's motivation is anchored on maximising equity in development for all regardless of one's condition. "I believe that you must leave a place better than the way you found it," He said with a smile, "And develop a place from lower to higher levels towards a conducive environment for others."

His experience supporting persons with disabilities has not only impacted on his character, but has inspired him greatly to engage in sensitising their families and interested CBR stakeholders on the challenges that persons with psychosocial disability face.

Despite everything said above, Nasilele's life is not far from poverty stricken. From the look of things, the hospital is not about to think of any interventions that might change his financial status, even when he is contributing to the wellbeing of children with cerebral palsy. Neither has he thought of turning his trade into real employment for himself and supply the hospital with the products at a commercial rate.

"I haven't thought that way, all I can say is that this type of work requires a quiet environment which am enjoying at the moment and good for my concentration and healing process," Quipped Nasilele.

Nevertheless, Nasilele is still happy that he is contributing towards the development of fellow persons with disabilities. From his work he believes he is getting double satisfaction. Firstly, his work helps him to cope with the psychosocial disability because he works under a quiet environment. Secondly, his work helps impact on the children with cerebral palsy, their families and the communities in which they live.

"It is a two-way benefit to myself and to the children. It also changes parents' attitudes and how the community treats us as persons with disabilities," emphasised, Nasilele.

One thing Nasilele is sure of is the discrimination of persons with disabilities, which he says is still too much in the community; and unless stakeholders understand that all humans are equal despite their diversity, people like him may continue remaining at the periphery of society. His story is therefore an indication that effective CBR initiatives can have great impact on society.

This article was written by participants of the writing skills workshop held in Livingstone, Zambia - June 2017. Contributors: Julius Nantungapa Simfukwe, Musola Catherine Kaseketi, Mweene Gelasius, Mubila Mubila, Alick Yambayamba, Eckiwe Kamanga, Mutinta Makondo, Margaret Nkhoma, Precious Moonga and Maambo Lemba.



From Pain to Joy:

The Beauty of Successful Habilitation

When it dawned on Christabel that her baby was born with impairment and would not function like other children, she was heart-broken and hopeless.

To see a child who could not sit on her own and function normally was the worst nightmare in any mother's experience. Her daughter Ketty had Cerebral Palsy and the condition was serious.

Community members did not help either. They turned Christabel and her child into a laughing stock of the neighbourhoods. She spent nights and days crying herself into sleep. Christabel's only encouragement at this point was the hospital staff.

She had to commit herself to taking her child for endless rounds of physiotherapy as well as range of motion exercises done at home on daily basis. It was not too long before Christabel began seeing positive results. Her daughter started responding to the therapy and her depression slowly but steadily went on the wane. Soon she was a happy mother.

"I cried then and I still cry now," She said, "Even as you speak to me you can see me crying. It is not that I regret having this child; she's a blessing. But when I look at where I am coming from, I can't help but to get emotional. I am grateful for the support from her father, my family and the hospital."

Unlike other children, Ketty was able to sit on her own at the age of two. By the time she began to walk she was four years old. The child's functional abilities had greatly developed thanks to the commitment shown by her parents to acquire basic physiotherapy skills, which they used to support her growth.



From then, because of her steady growth, there is a significant level of acceptance of Ketty. She now mixes and plays freely with friends both at home and at school. The hope once lost is now in abundance. Ketty is studying at a private school near her home. She has become happier and is clearly benefitting from socialisation.

Christabel has now been linked to the Zambia Association for Parents of Children with Disabilities (ZAPCD), and she will soon join a support group and benefit from information sharing and learning from the experiences of other parents.

This article was written by participants of the writing skills workshop held in Livingstone, Zambia - June 2017. Contributors: Passwell Nyambe, George Mizinga, Dorcas Lengwe, Winnie Bwantu, Anita Siluwaile and Bruce Chooma.

Against all odds, Mwiinga attains independent living



By Passwell Nyambe

Everyone desires to live an independent and happy life. This desire is even stronger in the heart of a mother who wishes to see their children grow up normally. Parenting is not an easy journey but with positive expectations, there is usually light at the end of the tunnel. This is true for some parents and not so for others.

The latter scenario sums up the journey Salome Mwiinga's parents have had to trek

in order to have her live a decent life. When Mwiinga was born, her parents, like many others, were full of joy. Shortly however, the Joy was replaced with long and sorrowful days because the newly born had been diagnosed with a permanent condition (suspected cerebral palsy), which rendered the upper part of Mwiinga's waist frail. This meant she would never develop functional ability in her upper limbs.

Despite such a gloomy situation, the mother made a resolve to better Mwiinga's life come what may! She was aware of the hefty

medical bills; so, she resorted undertaking home-based training in physio therapy. In very unusual circumstances given the low literacy level, little exposure to advanced technology and specialized medical attention, the mother was able to soon turn her home into a special needs education and resiliency building school for Salome.

With protracted guidance and unwavering support, Salome is now able to conduct some Activities of Daily living using her legs. She has developed exceptional skills at using her feet to feed, draw water and position her baby during breastfeeding. It takes exactly five toes twisting and legs crisscrossing in order to firmly handle a spoon, cut nshima, pick relish and finally guide the load to the unsteady mouth. Her dexterity is really amazing!

“It’s a great joy for us to see her feed and draw water for herself,” Said her victorious looking teacher and mother. With continued support, Salome does wonders with her legs, which have compensated for her lost upper limbs.



This article was written by Participant of the Writing skills workshop conducted in June 2017, Livingstone Zambia

Our online presence

 Facebook- 23000

 Twitter following- 606

 Website hits- 863,680



Staff members



Dr. Abdul Busuulwa
Executive Director, CAN



Malinga Joseph
Information and
Communications Officer (ICO)



Rolaine Kagwa Mwebaza
Finance and Administration
Officer

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