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Teaching Children with Communication Disorders



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Must Read

Read about Dyslexia a health condition that can Develop into a Disability

From the Executive Director

2018 has been a year of both successes and challenges. Successes because CBR Africa Network (CAN) has seen more individuals registering as its members; and it held a successful and well-attended conference in May in Lusaka, Zambia.

On the challenge side, 2018 has been the fourth year of our strategic plan, and we must show cause for our continued existence in 2019, the final year of the plan, as we move into the future.

Most importantly, we have begun preparing for the 3rd CBR World Congress scheduled to take place in July 2020 in Entebbe, Uganda; and it will be its first time to be held in Africa.

In order to promote information sharing on CBR, CAN is continuing with the production of CBR News.

On this note, I wish to invite you to this second edition of the CBR News, 2018, where you will find a lot of interesting readings, specifically on how CBR is continuing to mutate as a community development approach. I wish to appeal to all CBR implementers to take advantage of this platform to enhance information sharing on CBR.

Dr. Abdul Busuulwa

Executive Director
CAN



IMPORTANT:

We would love to grow this platform to greater heights

Editorial

Hi everyone. Welcome to the second edition of our newsletter publication: CBR News. This platform complements our other platforms on Facebook and Twitter, which 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 as a strategy for equalization of opportunities and independent living of persons with disabilities.

Congratulations to our members (new and old) for having successfully implemented CBR work during the year 2018. We do recognize your important contribution towards improving the lives of persons with disabilities. Our sincere appreciation goes to our members who shared their information with us, especially CBR practitioners who managed to share their organizational, project and individual profiles. 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 organizations in Africa to continue sharing their information with CAN for improved livelihood of Persons with Disabilities.

In this issue, we particularly bring you updates on the 3rd CBR World

Congress scheduled to take place between 27th and 30th July 2020 in Entebbe, Uganda. Members who attended the 1st and 2nd CBR world congresses in India and Malaysia respectively will bear us witness that these are relevant events worth participating in. The nature of these congresses is interactive, providing a supportive environment for members to share their experience in form of ideas ranging from innovative project interventions to research as well as successes and challenges in everyday work. We look forward to a good time in Entebbe, come July 2020.

In this edition, you will also interact with a number of stories on personal success and challenges, disability conditions seldom talked about and a profile of a CBR program in one African country.

We would love to grow this platform to greater heights; so please notify us of your achievements and lessons that you or your organization might wish to share via this platform.

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

Editor

Is Africa ready for a paradigm shift from CBR to CBID?

By CAN Secretariat

A debate about transitioning from Community Based Rehabilitation (CBR) to Community Based Inclusive Development (CBID) is not about to end any time soon. Until now, there appears to be no position agreed upon over the transition, as many sentiments opposing the anticipated shift continue to emerge.

While the western world is convinced that the shift could hand persons with disabilities the most of what they need to realise their full potential, the developing world is reluctant to believe in that perspective, as they point towards different contexts. What many CBR stakeholders in Africa think is that the continent is not yet ready for change.

Their argument is anchored on the premise that there is still a lot of work to be done in terms of levelling the ground necessary for the change to be effective. Issues like policy development and implementation remain far –fetched because the inherent negative attitudes in the community and among government stakeholders have not yet been addressed.

So, why the parallel views? It appears there are several begging questions. First of all, how does CBR differ from CBID? Secondly, why would the developed

world think developing countries could easily adopt the proposed change? What value can the change bring? Does it mean when the transition finally takes place, persons with disabilities will have had their livelihoods complete?

According to the World Health Organization, CBR was born following the Declaration of Alma-Ata in 1978 in an effort to enhance the quality of life for people with disabilities and their families; meet their basic needs; and ensure their inclusion and participation. CBR is therefore a strategy through which an inclusive society can be realised.

Indeed, the strategy that initially was meant to increase access to rehabilitation services in resource-constrained settings later mutated into a multi-sectorial approach working to improve the equalisation of opportunities and social inclusion of people with disabilities while combating the perpetual cycle of poverty and disability.

Under the CBR strategy persons with disabilities, their families, and communities (with support from government and other development stakeholders) would join hands to ensure quality life for persons with disabilities.

Highlight:

According to WHO, CBR was born following the Declaration of Alma-Ata in 1978 in an effort to enhance the quality of life for people with disabilities and their families.....

For several decades, this strategy has been implemented across 100 countries. Each country has registered results but their level of progress is not universal, given that the implementation is at different stages due to divergent political contexts.

Community-Based Inclusive Development (CBID) on the other hand, brings about change in the lives of persons with disabilities at community level, working with and through local groups and institutions.

It recognizes that building strong communities requires a focus on equal access to good quality services (Health, Education, social and livelihood) and on civic participation aimed at supporting people with disabilities, their families and organizations to have the ability and confidence to fully participate in the social, economic and political life of their communities.

www.cbm.org/Community-Based-Inclusive-Development-250825.php.

In furtherance of this notion, Dr Maya Thomas avers that although CBID has its roots in CBR, CBID is the goal or end result to

be achieved, while CBR is the strategy to reach the goal. The aim here is to ensure that persons with disabilities are fully included in all aspects of community life and have full access to all facilities and services. The twin track approach is often used: focusing on society to remove barriers that exclude persons with disabilities; and focusing on persons with disabilities to build their capacity and supporting them to promote their inclusion. Going by Dr Maya's argument, both approaches reinforce each other. Assuming this is the case, why think of the transition?

As CBR continues to evolve, a number of calls are being made for the complete switch to CBID on the premise that it provides better solutions to the current development problems facing persons with disabilities globally. Similar sentiments were

Echoed during the 6th CBR Africa Conference that took place in May in Lusaka, Zambia. However, while some delegates were excited about the transition, others were sceptical. Those that shared their views with us welcomed the shift saying the change could help address the discriminatory tendencies by some governments in sub-Saharan Africa.

Some CBR stakeholders, though, believe it is too soon to think of the shift because there is still a lot of work not yet done. Besides, whereas the developed world is blessed with the favourable infrastructure, policies, the right attitudes and other resources from political leaders, most African countries still struggle with high levels of discrimination, negative attitudes, high poverty levels, illiteracy and poor policy formulation and implementation.

One CBR worker from Cameroon noted that whereas the move is good, it is currently not thinkable for most African countries with poor infrastructure. "That can be possible in the developed world with the right systems," He emphasised, "But for (African countries) the terrain is still bumpy, which cannot allow us embrace CBID fully. If we move at the same pace with them, we might end up losing out."

If this observation holds true for most CBR stakeholders in the developing world, what is then left of the paradigm shift that development stakeholders, mostly donors, are pushing for?

CAN Orients new EC Members

By Dr. Abdul Busuulwa



The newly elected Executive Committee Members of CBR Africa Network (CAN) were in August 2018 oriented as they readied themselves for the tough tasks ahead of their tenure. One of the major tasks the new team might have to grapple with is ensuring that the organisation is felt across the African continent by effectively reaching out to people in the Maghreb and Francophone regions and steering the secretariat to yield better results in terms of information sharing on CBR and disability work.

The new team, elected from different countries, includes Mr. Musonda Siame (Chairman-Zambia), Ms. Therese Dibassiwena Adjayi (Vice Chairman - Togo), Mrs. Carolyne Sserunkuuma Maholo (Treasurer-Uganda), Mr. Pascal Ahidjo (Secretary - Cameroon), Nabil Khalil Ezzat (Member-Egypt), Gideon Muga (Member – Kenya) and Ms. Ann Ojugo Obehi (Member-Nigeria).

During the orientation sessions held at City Royale Hotel in Kampala, EC members were taken through the CAN mandate and priority areas. Top among the issues discussed was beefing up resource mobilisation to sustain CAN's work.

3rd CBR World Congress takes shape

By Ms. Rolaine Mwebaza



Ms. Rolaine Mwebaza

After successfully concluding the 6th CBR Africa Conference 2018 held in Lusaka, Zambia, the attention now shifts to the 3rd World CBR Congress slated for July 2020 in Entebbe, Uganda.

In an effort to kick-start preparations, CAN held the first meeting with stakeholders at the Ministry of Gender, Labour and Social Development in August to announce the event and to solicit for support. While chairing the meeting, Mr Samuel Wekesa Masaba, Commissioner for Disability and Elderly Affairs, reiterated government readiness to host the event.

The 3rd CBR World Congress, the first of its kind in Africa, is expected to attract at least 1000 participants from across the globe.

These will have opportunity to interact, learn and share information on CBR work.

The first Congress was held in India in 2012, while the second was held in Malaysia in 2016. Uganda won the bid to host the congress because of its success story in implementing CBR programmes and disability representation at all political levels, which have since become a learning basis for most countries in the world. Furthermore, networking among CBR stakeholders was initiated in Uganda with the establishment of CBR Africa Network (CAN) in 2001, which later gave birth to other CBR networks around the globe.

Mr. Masaba's announcement of the government position places more faith to the success of the event, ending speculation over government's commitment. In fact government, according to Mr. Masaba, would ensure more presence during the preparatory processes to avoid any potential hiccups.

Dr. Alarcos Cieza, who also attended the meeting together with other development partners, praised the government for accepting to host the Congress. She noted that the donor community, including the

CBR Global Network, is happy to support the government and CBR stakeholders to pull off the event.

"We are behind you," she said, adding that Uganda offers unique features that participants of the congress can learn from with regard to information sharing on CBR work.

Finally, the most concrete government commitment to host the 3rd CBR World Congress came in a letter dated 11th December 2018. In that letter it was communicated thus: "The Cabinet meeting sitting on 19th November, 2018, approved under minute ... that Uganda hosts the 3rd Community Based World Congress in July 2020." This approval gives ample time for preparations, fundraising and registration of participants for the congress to take place.

The writer is a staff at CAN Secretariat

My achievements and challenges as a visually impaired person

By Lackson Chipato - Zambia

I am 48 years old. I was born in a family of nine, three boys and six girls, and I am visually impaired. Despite being the only one with a visual impairment in the family, I also happen to be the only one with formal education and employment. In fact, I can just state that I am the family bread winner.

I grew up in the hands of a step father, who got married to my biological mother when I was eight years old. This was so because my father died in a road accident when I was just two years old. I only have one elder biological sister, who was four years at the time of our father's death.

I was born with normal vision and remained in that state until the age of five. At the time of vision loss my first challenge was convincing my step father to consider me as a person who can become useful in life as a visually impaired child. When my mother eventually convinced my father to allow her to send me to school, it remained upon myself to work hard so as to prove my worth. This I indeed managed. I was sent to a residential school, Magwero School for the Blind, in Chipata, Eastern province of Zambia. I was there from grade 1 to 7. For my secondary education I was sent to Munali Secondary School, based in Lusaka, which was an inclusive school. I continued studying in inclusive institutions for my tertiary education. For primary teacher training I was at a college called Malcolm Moffat Teachers Training College. Then I went to Evelyn Hone College for my secondary school Diploma in Music and English, followed with Zambia Institute for Special Education for

my certificate and Diploma in special education. Finally, I went to the University of Zambia (UNZA) for my Bachelor's Degree in special education. Beyond that, I have just completed an online master's programme with the University Of Nicosia, where I have acquired a master's Degree in Education, Leadership and Administration.

In all the tertiary institutions attended I worked extra hard in order to pass exams. The same spirit of hard work is what has made me to succeed in the 24 years I have worked as a teacher both at primary and secondary school levels. But the truth of the matter is that I also went through a lot of challenges as I can explain. For example, at primary school I lacked adequate funds because it was only mammy who looked for funds for me to go to school. Secondly, the school was almost 400 kilometres away from home, which meant enduring irregular visits from my guardians. This being a boarding school, I occasionally lacked personal effects like soap, sugar and eats to supplement the food rations at school. The same happened at my secondary level. The good thing this time round was that after obtaining the highest result in grade 7, I was sent to a high standard secondary school that was located in the capital city. This school was nearer home than the previous one, which made life a little better.

After completing my secondary school education, I could not go to the university because the education system was not conducive for me as a visually impaired person.

Apart from two resource teachers, there were no special education teachers, no supporting learning aids such as tactile materials, writing equipment like typewriters by which to transcribe my work, no Braille paper and cassette recorders on which to listen to recorded material. Learning was extremely difficult. However, I managed to get a good general school certificate, which enabled me to go for tertiary education where I was trained as a teacher. Tertiary training was not devoid of challenges either. These ranged from lack of sponsorship to inadequate learning and teaching aids as well as specialized lecturers. The only advantage this time round was that I was an adult and, since I had been going through the same experience before, I was able to cope more easily. For example, although I lacked accessible aids for reading and writing, I had to ensure I was trained in computer so that I could write work that anybody with or without vision could read, as long as one is computer literate. In order to overcome the challenge of reading work that is in print, because of being computer literate, I was able to obtain and read work given in soft copy.

Even as a teacher, because of being visually impaired and working under managers who were not specially trained, I faced challenges of discrimination. I have found that despite having the same qualifications, my consideration as a teacher has always been different from others who have sight. I cannot see any hope for promotion for example. However, this has not discouraged me

from pursuing my career. It has instead encouraged me to find ways of slowly changing my managers' negative attitudes. The trick has been promoting myself through studying very hard.

Owing to the challenges I have experienced over time as a visually impaired person, even after training as an ordinary teacher, I decided to go for specialized courses so as to save my folks from undergoing similar challenges. I am now helping them to learn how to use a computer so as to ease their studies. At least I know that with this skill they can do research on the internet to supplement their work.

Further, the experience I have gained over the years has made me a more confident person despite my disability. I have led others in society, managed to develop new ideas, have utilised and shared what I learnt, and have subsequently inspired many I work with and those in the disability movement.



*The writer is:
A Special Needs Education Teacher in Zambia*

Teaching Learners with Speech, Communication and Language Disorders: A reflective Encounter in a Zambian Classroom

By Daniel Mpolomoka and Monde Sokai

You may perhaps have never been confronted with a situation where you had to teach learners with various disabilities and at the same time are having speech, communication and language disorders. Unique as it sounds, this was the situation one teacher found at Lions School for the Blind in Ndola, a school on Copper belt, Zambia. As a result, three case studies were done to find out how learners with speech, communication and language disorders but also visually impaired, can be taught.

The study was prompted by the fact that a growing number of learners with speech, communication and language disorders exist in Zambian schools. The disorders may be at early childhood, primary or secondary school levels of education; yet inability to tackle such inadequacies can affect the learning and integration of learners.



It therefore becomes vital to probe into the language, speech and communication potentialities of learners through the lens of specialist teachers who handle them. The authors hope the information gathered from the three case studies will help teachers by enriching their classroom knowledge and skills of handling such learners. It can also help parents and other key stakeholders interested in the education of children with language and communication disabilities. In addition, the research would help policy makers and young researchers in special needs education by building the storehouse of tools for handling learners with special education needs.

The first Case Study is about a teacher's encounter with a child who stutters. This is a reported verbatim.

While teaching a grade five class, I came across Jafe (not real name) who had a speech disorder of stuttering. At first it was difficult to teach Jafe until I had to dig into his medical history so as to ascertain the cause of such a challenge. The family told me that although Jafe had been born like that, this did not interfere with his cognitive abilities. This was an encouraging point on which to embark on the strategies that would be effective in teaching and learning. First was motivating Jafe to participate in discussions. This I did by introducing a discussion method when teaching, where all pupils were expected to report what they discussed or read. I was never afraid to ask Jafe to repeat a word or sentence and was patient not to supply words or finish thoughts for him.

The story Continues on the next page

Secondly, having developed a rapport with Jafe, each time I wanted to address him I would look for possible facial, hand, or other responses that would signify a speech challenge so I could render some minimal assistance. Cognizant that speech was not the only form of communication, I could deduce meaning from looking at the accompanying gestures as Jafe struggled to pronounce targeted words. Throughout this process I created a supportive environment by avoiding to urge him to slow down or start all over again as that would worsen the stuttering. I also discouraged teasing and mocking by fellow pupils, and whenever this occurred I exercised zero-tolerance by punishing the culprits.

Thirdly, without showing any favouritism, I appointed Jafe to be the class monitor. I knew that through taking control of the class he would be engaged in speech production practices, thereby improving his own speech. Finally, I privately encouraged Jafe to attend church regularly and take an active role in church service. This was after knowing that a person with a speech disorder usually can play a musical instrument or ring a bell without difficulties; and this can eventually lead to the erosion of stuttering.

During classroom assessment, the teacher said he deliberately included an oral examination where questions were given in advance for the pupils to go and research on before presenting to the whole class. Poems were also encouraged, where the best speakers would be rewarded. This encouraged everybody to participate, including Jafe.



Besides, the teacher developed a checklist within the individualized education program (IEP) in which he recorded strengths and weaknesses on which to build his interventions. One of the interventions was encouraging co-operative learning, where each learner felt important and developed a sense of belonging. This in turn triggered positive self-outlook. "I also strove to understand what

Jafe was saying by focusing on what he wanted rather than how he was saying it," The teacher said, "And I intentionally spoke clearly and distinctly, but taking care that Jafe was not demoralized or make his friends to feel I gave him special attention."

The above narrative points out several teaching strategies. One of them is motivation, which was instrumental in helping Jafe gain self-confidence, concentrate more on learning than his speech challenges, and locate himself amongst the peers. In turn, this also helped Jafe's peers appreciate him more as a member of their cohort.

The second case Study is about teaching a pupil with communication disorders. The teacher here had over 10 years of working experience, teaching both learners with and without special educational needs. Without doubt, learning takes place through the process of communication and the ability to participate in active and interactive communication with peers and adults in the educational setting is essential for a student to succeed in school.

The story Continues on the next page

Below is a detailed experience of the teacher with a pupil known as Mamu (not real name) her communication exhibited a lot of disorders due to a hearing impairment. As before, let's have this experience verbatim:

"When teaching Mamu I ensured I was patient and attentive whenever she was contributing in class so as to give an appropriate response," the teacher said, "Thereby not frustrating her efforts. Further, in order to facilitate effective teaching and learning, the teacher said he engaged in learning sign language to ensure total communication. Then, apart from sitting her in front, he ensured he spoke naturally while maintaining an eye contact so that Mamu could also benefit from lip-reading. Since Mamu was a bit slow when reading, the teacher gave her more time in order to attempt all the questions during class exercises and tests. The teacher also simplified the language for easy understanding and participation.

Intervening in the teaching-learning of a child with a communication disorder is not easy. This is predominantly because learners with disabilities exhibit other disorders that still interfere with their learning besides the observable and diagnosed disorder. Below is a narration of intervention strategies the teacher under observation employed.

First was inviting the parents of Mamu to avail him with her medical history from which he built his foundation both in understanding her disorder and also to formulate an IEP. One of the intervention strategies he used was task analysis; reducing complex ideas to simple and easy to follow instructions. He also promoted sign language by sensitizing other learners to appreciate sign language as usable by everybody in class. Further, the teacher embarked on finding out what Mamu's strengths and weaknesses were so that teaching could be done starting from what she knew to what she did not. The final strategy was making repetitions of key sentences and phrases.

The third case Study is about teaching a learner with a language disorder. Monde (again not real name), was a grade three pupil who had mixed receptive and expressive language disorders (involving difficulty in understanding and using the spoken language).

The teacher in the case study, aware of Monde's challenges, reported that he skillfully taught him the understanding of words and concepts through using actual objects; and progressed from the concrete to the abstract. Then he consistently checked for understanding by deliberately sitting Monde in a position that facilitated the use of prompts and cues during teaching and learning. Also, before initiating any conversation with Monde, the teacher ensured that his attention was captured first; and where necessary, a slow speech rate was employed since this would facilitate information processing. This was helped by use of exaggerations and gestures, especially when reinforcing the meaning of a word that symbolized an object or action. The teacher also employed the use of pictures to reinforce and review the taught vocabulary. Besides that, he used role play as a regular feature of language learning as this helped alternate the speaker's and listener's roles.

The following are some of the strategies a teacher uses when assessing a learner with a language disorder:

- ✓ Modelling the desired behavior. When the child answered a question with a one-word sentence, it is important to respond by modeling back with a full, correct sentence so that the child can hear the words in correct order.
- ✓ Giving choices. Instead of asking the pupil open-ended questions, you should ask 'either-or questions', so that the pupil can choose the correct answer.
- ✓ Planning ahead. It is vital to tell the pupil beforehand that he/she would be called upon to say something. This will give him/her more time for composure in readiness for reception and expression.



Critical Reflection

The three encounters of teachers with learners having the three types of disabilities (stuttering, communication and language disorders) helped their learners to develop various skills. For example, social skills were developed by encouraging learners to communicate with their peers as much as they could. The teachers also encouraged learners to sing and play different types of games. They further made reading an interactive experience for learners. For instance, pictures in books and classroom vicinity were discussed and allowed learners to make up new endings or act out the story with puppets. In many instances where teachers faced challenges, they sought for timely advice from fellow specialists and/or parents. In the end, this made their teaching very easy and successful.



Dealing with Dyslexia

By Dr. Eria Paul Njuki(PHD)

What is dyslexia?

The word dyslexia is a Greek word that means difficulty with words. Dyslexia is an inherited neurological condition that makes it extremely difficult to learn to read, write and spell despite being intelligent, motivated to learn and being exposed to teaching methods that almost work for anyone else. Dyslexia runs in families.

Dyslexia is a condition that gives someone a brain that functions differently. Dyslexia is very common. According to the National Institute of Health in the United States of America, dyslexia affects 1 out of 5 people i.e. 20% of a normal population. Although dyslexia is a life-long condition, children respond to timely and appropriate interventions; hence increasing their school success. In addition, dyslexia may come along with associated learning and developmental challenges. The most common coexisting conditions that usually come along with dyslexia include ADD (Attention Deficit Disorders), dyscalculia (an inability to manipulate numbers) and dysgraphia (challenges with written expression). Studies conducted worldwide indicate that dyslexia is the leading cause of: Illiteracy, high school drop-outs, juvenile delinquency and drug abuse.

So is dyslexia a disability?

Dyslexia, just as with any other impairment, can lead to disability, although it is not necessarily a disability. For example, a person might have a visual impairment that requires the use of spectacles. This does not however qualify as a disability per se. But when a person has a visual impairment that severely impacts on the person's ability to negotiate the world around him/her; access print information; and which often results in marginalisation, exclusion and discrimination, this does qualify as a disability. So, when dyslexia results in a slight difficulty in reading, writing, or interpreting words, letters and symbols, it does not qualify as a disability.

But where a person who is dyslexic experiences severe difficulties in reading or writing, to an extent where it leads to negative attitudes, name calling, not being considered for employment or any other acts of discrimination, then it does constitute a disability.

Common symptoms of dyslexia

Given that dyslexia is a genetic condition, it affects as many girls as boys. The symptoms of dyslexia show up early in a child's life. For purposes of early identification, the following are the warning signs we look out for:

- A child who is not speaking at all by its first birthday. Although a speech delay may be caused by other factors, it is a major warning sign.
- Inability to establish a dominant hand. A child with dyslexia often confuses left versus the right hand. In fact many children with dyslexia are left-handed or use both hands when performing activities of independent living. They face enormous challenges with words that imply a direction e.g. up/down/, left/right, push/pull, over/under etc.
- Difficulties with putting on slippers. They confuse the right one for left and vice versa, despite several corrections by adults.
- Number/letter reversals past primary one. The most common reversals include; b/d, p/q, 9/6.
- Challenges with sequencing i.e. failure to master the alphabet in order.
- Difficulty telling time on a clock with hands.
- Failure to master spellings.
- Failure to memorise rote facts such as the multiplication table.

.....Dyslexia is a condition that gives some one a brain that functions differently.....

- Difficulty with reading despite using teaching methods that helped peers of the same age.
- Having a close relative who struggled with school work i.e. a father, mother, uncle, aunt, cousin or grandparent.

What are typical attitudes people display towards children with dyslexia?

Given how intelligent people with dyslexia are, they are often subject to severe mislabelling, name calling and bullying at school. Often teachers force them to read aloud to the class, as they (teachers) believe they are being naughty by 'pretending' not to be able to read or write.

Learners with dyslexia are often labelled as being 'stupid', or 'intellectually disabled', or 'lazy'. This often leads to severe emotional trauma; with the child withdrawing from peers; isolating themselves; becoming aggressive; suffering from depression and anxiety and eventually opting to change or drop out of school. From my experience as a dyslexia screening consultant, by the time many learners with dyslexia complete grade 7 or primary seven, they have been to four or five schools.

This scenario has obvious psychological impacts on the child including the lack of emotional stability and secure attachment, all of which are detrimental to their adult lives.

As we all know, reading and writing skills are core to an individual's quality of life. It is undoubtedly true as asserted by the American Federation of Teachers that:

" No other skill taught is more important than reading.

It is the gateway to all other knowledge. Those who read

with ease in the early grades have a foundation on which to

build new knowledge. Those who do not are doomed to repeated

cycles of frustration and failure"

Barriers People with Dyslexia Experience

We live in an information era where 80% of information is visual, in writing. If you struggle with reading or writing, you are often excluded from most forms of social media; email communication; the internet.

You also might not be able to plan or negotiate your trip using maps or road signs. You might struggle reading labels of food and comparing food prices of a specific item.

You might struggle managing your finances independently as you cannot read your bank statements; or calculate your income versus your expenditure (budget).

This all of course makes people with dyslexia to some extent dependent on others to assist them with reading, writing, accessing information and communicating in writing. The White Paper on the Rights of Persons with Disabilities includes this type of assistance under personal assistance services. Apart from the cost of these services (even when others volunteer to assist), it is transport costs for two people etc. It also creates vulnerability if the people you have to trust are not trustworthy. Running a business as an entrepreneur with dyslexia is therefore more expensive, as one has to either procure expensive assistive technology, or employ a personal assistant.

If the learner or student with dyslexia does not have access to adequate and appropriate learning support materials that are accessible to them, they fall behind in class, and often drop out or severely under-perform. This makes their lifelong education and training journey a very difficult one, often with dead end streets.

.....Dyslexia is Genetic and it affects both boys and girls.....

What is available to break down these access and participation barriers?

First and foremost, get the learner to be tested for dyslexia by a qualified professional. Unfortunately, there are very few qualified professionals on the African continent who can accurately screen for dyslexia. Most teacher's world over and more so in developing countries are not adequately trained to satisfactorily take this role. Once dyslexia has been confirmed to be the cause for the child's learning challenges, then the right placement should be sought. To avoid the repeated cycles of failure for the learner, the parent/guardian should consider some guidelines when making a decision on the child's school placement. They include:

- The right setting, i.e. a school with a policy on supporting learners with Special Needs including those with specific learning challenges such as dyslexia and associated conditions.
- The right programme for teaching literacy e.g. one that employs multisensory synthetic phonics such as the Jolly phonics and Barton Reading Spelling Programmes.
- A realistic pupil-teacher ratio i.e. not exceeding 20 students would be ideal.
- The right intensity of instruction i.e. a minimum of 1 hour per week for reading and writing instruction delivered via one-on-one. It may take up to 36 months when all factors are constant to get a child with dyslexia to read and write at or above grade level.
- The right teachers i.e. where teachers have adequate training required to teach/support learners with dyslexia and associated learning challenges.

The good News

With timely and appropriate intervention, many people with dyslexia become successful adults. Given their brain difference (i.e. being right hemisphere dominant), persons with dyslexia have unique strengths such as: Art, Athletics, Music, People skills (very sensitive), highly intuitive, Mechanical skills, 3-D visualisation, Creative and global thinking.

Good careers for people with dyslexia include

Architecture, Interior and exterior design, Psychology, Teaching, Sales and Marketing, Politics, Carpentry, Performing arts, Music, Engineering, Information and Communications technology, Electronics, and Mechanics.

Some famous people with dyslexia include:

Artists -- Rodin, Leonard daVinci, Walt Disney, Charles Schulz, Ansel Adams.

Musicians -- Harry Belafonte, Cher, John Lennon.

Entrepreneurs -- Charles Shwab, Craig McCaw, Bill Hewlett, John Chamber.

Politicians -- Churchill, Rockefeller, King of Sweden, Woodrow, Bush.

Writers -- Agatha Christie, Hans Christian Anderson, John Irving.

Scientists -- Edison, Einstein, Jack Horner, Pete Conrad.

The author is an independent Consultant in Dyslexia and Autism Screening & Tutoring

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Read About the Integrated Community Based Rehabilitation Program for Children and Persons with Disabilities in Eritrea



1. Introduction

This is a brief documentation about the integrated Community Based Rehabilitation (CBR) programme in Eritrea, focused on the rehabilitation and integration of children/persons with disabilities and their families at the community level. The CBR programme is under the implementation of the Ministry of Labour and Human Welfare (MoLHW) across the six administrative regions of Eritrea. The CBR programme is run by trained community based volunteers in terms of providing psychosocial support, physical rehabilitation and socio-economic reintegration of children/persons living with disabilities. With the equity agenda and sustainable result for children,

UNICEF has continued to support the integrated community based rehabilitation programme to reach the most disadvantaged Children with Disabilities with special emphasis on hard-to-reach communities.

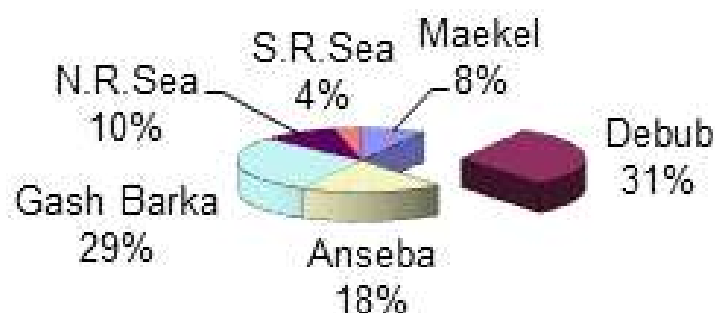
This piece of documentation is focused on the overall integrated CBR activities, development, organizational structure, achievements, lessons learned, best practices and challenges. The objective of this documentation is to provide an overview of community based rehabilitation activities designed to promote service delivery for children living with disabilities. This documentation was prepared based on the field monitoring visits and analysis of desk review.

2. Context

Due to social stigma and mobility barriers, Children with Disabilities are the most vulnerable and excluded from accessing basic social services, particularly in hard-to-reach communities. In Eritrea where the residual effects of the 30-years struggle for independence are still visible, the infrastructure and services for Children with Disabilities are quite limited. Though advocacy and attitudinal change appear to be successful and this has been gained through the participation of persons with disabilities at all levels in the CBR structure, some of the key challenges on infrastructure, services, mobility barriers, social stigma, overprotection and lack of socio-economic support still has a visible effect on the lives of children with disabilities.

In 2009, the national survey on persons with disabilities was conducted by the MoLHW. The survey identified 75,212 persons with disabilities (58.1% male and 42.9% female), and about 23% of them were children with disabilities. Disability resulted from the impact of war -- landmines, road accidents, domestic and forest burns, falls, diseases and other causes. Blindness accounted for the highest proportion of disability (38.4%) followed by mobility difficulty (34.9%). This national survey also indicated that there is very limited access to basic social services for children with disabilities. The latest Eritrean Population Health Survey (EPHS) 2010 also indicated that there are 150,000 persons with disabilities in the country.

Distribution of Persons with Disabilities by region - Source of data - Ministry of Labour and Human Welfare 2018



3. Development and implementation of the CBR Program in Eritrea

The integrated CBR programme in Eritrea started with the plan of action in 1994 followed by a pilot programme in 1995 in zoba Debub, covering two sub zobas. The promising results from the pilot led to a decision to implement CBR at national level in 1997. The CBR programme can be described as a national strategy for rehabilitation of persons with disabilities. According to this national strategy, by 2015 CBR was planned to be implemented at the national level with over 90% national coverage across the six administrative regions.

The CBR programme in Eritrea was initiated using the World Health Organization guidelines. The 32 community based guide manuals were translated into local languages to facilitate the CBR training at community level. At the initiation of the CBR programme, the Norwegian Association of Disabled (NAD) was the major contributor - of funding for the planned community based activities.

In 2004, NAD contracted SINTEF Health Research to carry out an independent evaluation on the overall effectiveness of the CBR programme. Overall, the findings of the evaluation were significant in terms of programme effectiveness, relevance and impact on the lives of children/persons with disabilities.

Some of the findings included:

- i) Changing the negative attitude of the community, social stigma and discrimination on children with disabilities;
- ii) Mobilizing community resources for equal access and opportunities and advocacy on the rights of children with disabilities;
- iii) Increased access to services for psychosocial support, physical rehabilitation, referral services, access to education, social inclusion and socio-economic reintegration.

4. Organization of the Community Based Rehabilitation Program

Within the Ministry of Labour and Human Welfare, the CBR program is under the Department of Social Welfare located in the Section "Rehabilitation of Persons with Disabilities". At the zoba level, the zoba Directors at MoLHW Office are responsible for the coordination of Social Workers. The social workers at zoba and sub zoba levels closely monitor, supervise, assess the effectiveness and provide on-going supportive capacity building training and guidance of the overall operational activities of the CBR program.

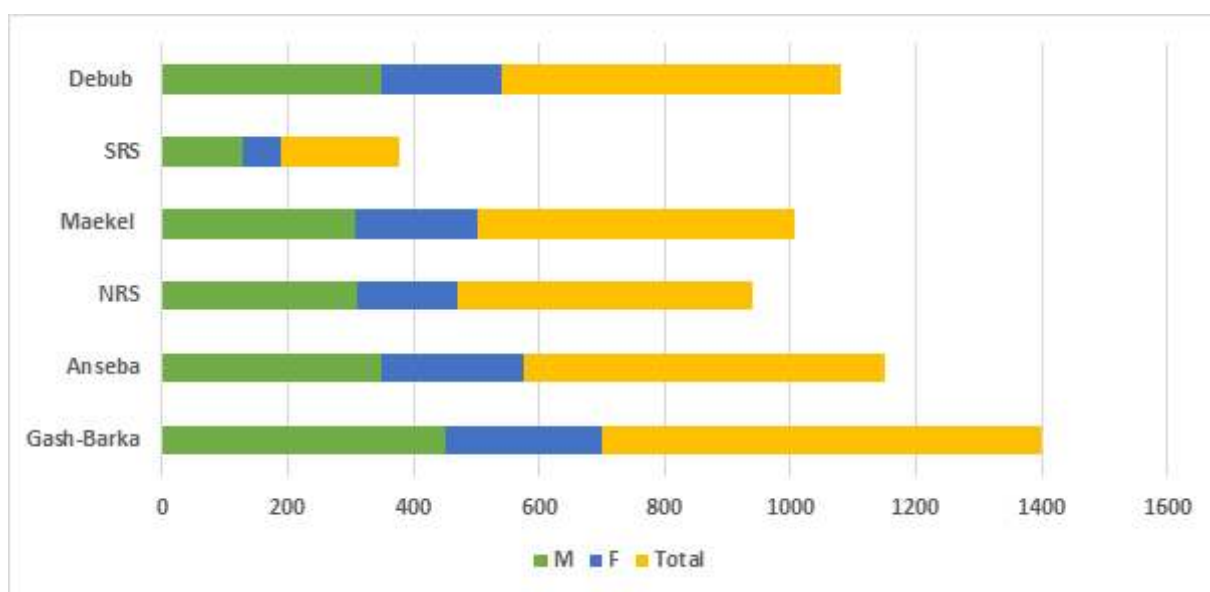
The process of establishing and introducing the CBR program at the community level is under the overall coordination and guidance of the MoLHW. At the commencement of the CBR program at the community level, a local rehabilitation committee is established and local supervisors are recruited.

A common composition of the local rehabilitation committee includes a representative from the village administration, representative from the National Union of Eritrean Women, the village elderly, MoLHW and a person with disability (who is also often a local supervisor). The rehabilitation committee plays an important role to nominate and elect potential candidates to be CBR volunteers. The committee also plays a central role in the provision of support to the CBR activities by allocating community resources for children/persons with disabilities.

Following the establishment of the CBR program. The CBR volunteers receive an intensive training for six weeks before they are operative in the field. The training is focused on the overall disability and rehabilitation process. A household survey is then conducted to identify children/persons with disabilities at sub zoba level. The CBR volunteers visit every family in the designated area to identify children/persons with disabilities. The graph below shows the distribution of the CBR workers across the six administrative zobas disaggregated by sex.

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Distribution of CBR Volunteers Across the six Zobas



5. Activities of the Community Based Rehabilitation Program

The CBR programme is run by community based volunteers who are given a comprehensive training focused on skills, knowledge, and communication required to deal with children/persons with disabilities. The CBR social workers provide community based activities like psycho-social support, referral services, home visits, and awareness on social stigmatization and over protection, disability prevention and socio-economic reintegration. Besides enhancing community awareness, the CBR volunteers play a critical role in the advocacy for equal access to opportunities for children with disabilities and their families.

Some of the key activities of the CBR program on empowering Children/Persons with disabilities include:

- Promote access to education and agricultural land for persons with disabilities for livelihood improvement
- Encourage children with disabilities and their families to engage in out-door activities for social participation in their communities and to play with their peers, including psychosocial support
- Encourage persons with disabilities to get married and have families for social inclusion
- Create job opportunities and vocational training in their communities
- Provide for representation of persons with disabilities in the local administrations
- Link and refer to social services for physical rehabilitation, health and other social services
- Organize community support during ploughing and harvesting season on agricultural activities
- Organise gatherings or meetings among children/persons with disabilities aiming at sharing peer support, experience and information exchange
- Link with computer services related to access to Information and Technology for children/persons with disabilities.
- Mobilize communities and promote awareness on the prevention of social stigma and discrimination against children with disabilities
- Prevention of child injuries, violence and disabilities, particularly on mines and explosive remnants of war affected communities.
- Integrate children with disabilities in school
- Ensure children with disabilities receive access to education through providing mobility services

6. Key Achievements of the Community Based Rehabilitation Program

The CBR program has been introduced in 52 Sub-Zobas covering 80% of the entire country. There are over 3,000 community based rehabilitation volunteers who are dedicated to support children/persons with disabilities and their families. They are change agents in terms of strengthening awareness to families, community members,

-advocating for the rights of persons with disabilities to have access to opportunities and resources on an equal basis with other citizens. They convene meetings every two months in their sub zobas to exchange experiences, to express achievements made, challenges encountered and to plan.

Community Mobilization on the Prevention Of Social Stigma and Discrimination Against CWDs:

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Successful story of the CBR programme is fighting-against social stigma and discrimination on children with disabilities in the communities .Since the launching of the CBR programme in Eritrea, majority of the communities and families were sensitized on disability. This community campaign and sensitization brought a significant change on the lives of children/persons with disabilities in terms of changing communities' negative attitude, prevention of overprotection, socio-economic reintegration, and access to basic social services and prevention of violence and abuse. The community awareness also promoted participation and inclusion of children/persons with disabilities.

Community Awareness on Social Stigma and Discrimination Against CWD and Disability Prevention



Home Visit: Psychosocial Support for CWD and Guidance to Families with CWD and Physical Rehabilitation



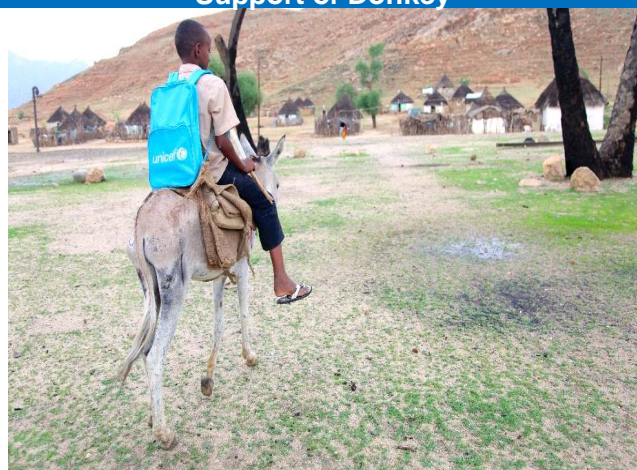
Psychosocial Support and Home visit to Children with Disabilities and Families:

Providing psychosocial support to children/persons with disabilities and counselling to their families is a crucial aspect of the CBR programme. Since the introduction of the CBR programme, over 40,000 children/persons with disabilities (about 60% children) received psychosocial support, counselling, guidance and physical treatment through home visit. This psychosocial support brought immense contribution to the well-being of Children with Disabilities (CWD) and eased the burden of families on the treatment of disability.

Community Based Donkey for School Initiative:

In hard-to-reach terrain communities where infrastructure is virtually none-existent, Children with Disabilities have limited access to education due mobility difficulties. The Donkeys for School is community-based project, initiated and implemented by the Ministry of Labour and Human Welfare (MoLHW) and UNICEF. The Donkeys for School project provides children with a disability living in hard to reach communities or difficult terrain with a donkey as a means of mobility/transport so they can travel to school. The donkey for school initiative is run by the CBR workers. Through this innovative approach, over 1,500 Children with Disabilities received access to education in hard-to-reach communities.

Donkey for School Project Initiative: in Terrain Communities CWD Travel to School with Support of Donkey



CBR Workers Encourage and Support children with disabilities and their Families to Access Education

Due to mobility problems and other social factors, Children with Disabilities are the most excluded from access to education. Promoting access to education for Children with Disabilities is a prime initiative of the CBR programme. To increase access to education for children with disabilities, the CBR volunteers encourage and counsel families, provide mobility support through referral services, physical rehabilitation and regular follow-ups.

Mobility Support and Removing Physical Barriers for Children/Persons with disabilities:

Mobility difficulties is one of the critical challenges for children with disabilities.

This is particularly true in remote communities where infrastructure and services are extremely poor. The CBR workers refer to service providers like the orthopedic workshop to solve the mobility problem for children with mobility difficulties.

With the support of CBR workers, over 40,000 (an estimate 45% children) received various mobility support that enabled them to participate in social life and economic support, overcoming physical barriers. This includes: crutches, wheelchairs and prosthetic limbs.

Orthopedic workshop Provides Mobility Support for PWDs to be Active and Productive Members of their Communities



Prevention of Child Injuries and Disabilities: The 2014 Health Management Information System (HMIS) analysis revealed that deaths and injuries from road traffic accidents, domestic burns, falls, landmines and explosive remnants of war have become a significant public health burden. In response to this, the CBR programme plays an important role in raising community awareness on the prevention of child injuries, violence, disabilities and promotion of home safety and friendly environment for children. This prevention focuses on the key injury factors related to landmines and explosive remnants of war, domestic burns, falling, road traffic accident, drowning, poisoning and home safety promotion.

Socio-Economic Support and Equal Access to Community Resources:

The CBR workers promote equal access and opportunities for children/persons with disabilities on community resources. This include socio-economic support, job opportunities, access to land and other community resources. According to the Ministry of labour and Human Welfare, since the initiation of the CBR programme 51,316 persons with disabilities have been reached and supported with various livelihood activities through the CBR workers. CBR workers also facilitate social inclusion/participation of children/persons with disabilities in their communities. This includes marriage, family acceptance, social gathering, public holidays and other community events.



The figure below shows the detailed community based support provided through the efforts of CBR Volunteers



We thank you for sparing time to read through our Newsletter, if you have any comment or any info to share with us feel free to contact us.

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