

**NARRATIVE REPORT ON THE RESIDENTIAL TRAINING FOR CBR  
WORKERS HELD ON THE MAIN PREMISES OF THE LIBERIA  
NATIONAL RED CROSS IN GBARNGA, BONG COUNTY**

*(An initiative of the AIFO/NCD CBR National Program)*

**TRAINING REPORTING PERIOD JULY 1- 24, 2013**

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## **ABBREVIATIONS**

<b>CBR</b>	Community Based Rehabilitation
<b>ILO</b>	International Labour Organization
<b>DPI</b>	Disabled People International
<b>AIFO</b>	Italiana Amici Di Raoul Follereau
<b>UNESCO</b>	United Nations Educational and Scientific Organization
<b>WHO</b>	World Health Organization
<b>CBM</b>	Christopolis Blinden Mission
<b>UNICEF</b>	United Nations Children Fund
<b>NCD</b>	National Commission on Disabilities
<b>SHG</b>	Self Help Group
<b>UNCRPD</b>	United Nations Convention on the Rights of Persons with Disabilities
<b>DPO</b>	Disabled People Organizations
<b>SHGs</b>	Self Help Groups
<b>PWDs</b>	People with Disabilities

## **ACKNOWLEDGEMENTS**

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Our sincere appreciation goes to all the CBR course facilitators in general for their invaluable input through documents including practical experiences they so kindly released to the CBR workers to ensure the effectiveness of their work at community level.

We wish to thank the stakeholders, including members of the fourth estate who provided their support in ensuring adequate awareness and understanding of the CBR training to the general populace of Liberia.

Finally, we want to use this medium to thank the people of Italy for their moral and unwavering financial support to the Liberia CBR National Program. Without your financial support, this training would not have become a success. It is our ardent hope that God continues to bless the people of Italy so that more opportunities as such can be extended to other under-developed countries.

God bless you all.

## EXECUTIVE SUMMARY

A residential training for CBR workers was held from July 1- 24<sup>th</sup>, 2013 at the Red Cross Compound in Gbarnga, Bong County. The theme of the training was *"PROMOTING THE VALUE OF HUMAN DIVERSITY THROUGH INCLUSIVE DEVELOPMENT"*. At least thirteen (13) community workers from across six counties in Liberia participated in the training course. Disaggregated figures per county ;(*Nimba County- 3 Community workers, Bong County- 2 Community workers, Margibi County- 1 Community worker, Grand Gedeh County-3Community workers, Maryland County-2 Community workers, Rivergee County-2 Community workers*). Out of the 13 Community workers, only 11 were eligible and qualify to be endorsed as a CBR worker. Therefore, in Maryland County, 1 CBR worker emerged while in Rivergee County, 1 CBR worker also emerged. The rest were maintained and fully endorsed as CBR workers following the evaluation exercise.

Experienced facilitators in the development sector specifically on issues relating to disabilities facilitated several topics throughout the training course. Suitable topics relating to the overall establishment of CBR as a strategy were earmarked as part of the training. For example; Disability and CBR, Self Help Groups and Income Generating Activities, Human Rights and CBR, Mental Health and CBR among many other related topics.

The training was identified as a key challenge for the CBR National Program currently being implemented by AIFO Liberia and the National Commission on Disabilities, NCD. The CBR training which was a start-up for the national CBR programme builds on the earlier CBR experiences of the 2010 to 2013 EU- Co funded CBR programme which was implemented in five counties of Liberia. Throughout the training, strong emphasis was placed on awareness-raising and the promotion of inclusive development across a wide array of stakeholders and interest groups, particularly Government in other to continue the CBR programme as a national strategy. Practical approaches in activities of daily living for Pwds were implemented throughout the training. The perception of CBR workers towards Pwds before and after the training was held in other to change the perceptions they had about disability.

This was to a larger extent successful due to the overwhelming understanding of Pwds potentials. At least 7 out of 13 CBR workers strongly agreed that the training met their expectations whereas the remaining 6 CBR workers agreed that the training also met their expectations. Overall, the expectations of CBR workers towards the training were to a larger extent met.

The following recommendations were made:

- That subsequent training considers field visits in CBR project communities in other to interact with the communities and Pwds themselves.
- That conflict management is included in the next training session.
- CBR should be packaged and integrated into other relevant courses.
- That AIFO Liberia considers the provision of motorbikes to each CBR worker in other to be more effective at community level.
- That key stakeholders at local and national level be included in subsequent CBR training in other to fully support CBR as a national strategy.

At the end of the training, participants were fully endorsed as CBR workers with identification cards given and signing of contracts. Their first task is to embark on the identification and registration of Pwds in their assigned communities. CBR workers promised to be fully supportive of the CBR project in their respective communities thereby ensuring sustainable results.

This report is the output of the training and is organized on the basis of the training objectives.

## **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 equalization of opportunities to persons with disabilities in several countries. 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 specialized agencies in promoting CBR as a holistic and multi-sectoral approach. For example; ILO, UNESCO, WHO, DPI, AIFO, CBM among many other international and local groups. 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's, community workers, Pwds themselves and key stakeholders.

In Liberia, CBR has been promoted and financially supported by AIFO in the past years. Basic social services for Pwds are still lacking if not unavailable in many areas in Liberia. Given the success of the past EU-AIFO Co-funded CBR project which was implemented in five of Liberia's fifteen political sub-divisions and considering the fact that the CBR project provided an appreciated experience in the twin-track approach of empowerment of persons with disabilities through access to health, education and livelihood services and advocacy for inclusive development, a CBR national program ensued as of April 1, 2013 bringing on board the government of Liberia represented by the National Commission on Disabilities, NCD. The strategy is to ensure that NCD assumes full responsibility of the CBR programme as a National strategy given that NCD herself do not have a set strategy for working with people with disabilities in the whole of Liberia. An external evaluator contracted by the European Union, **Mike Davies, formerly of CBM** appreciated the overall success of the CBR project and recommended together with AIFO Liberia a CBR national programme which first saw the need to train community based rehabilitation workers. This was the underlying factor of the training for CBR workers and interestingly those community workers that were fully endorsed as CBR workers happens to be the first batch of qualified CBR workers in the whole of Liberia.

The specific objectives of the CBR national program is to develop a national system of community-based rehabilitation providing improved access to health, educational, livelihood and social services for persons with disabilities. („Health“ includes health promotion, prevention of the causes of impairment, medical/surgical intervention, rehabilitation and the provision of assistive devices for mobility, hearing and vision. „Education“ includes early childhood learning, inclusive primary and secondary education, and higher learning. „Livelihood“ includes self-employment, formal sector work, cooperatives/small production groups). It is envisaged that the CBR national program will consider the following outcomes;

1. An effective community-based rehabilitation system is operational in 450 selected communities in all fifteen counties.
2. 13,000 persons with disabilities identified, registered and gaining access to needs-based services and support in the fields of health, education, livelihood, social participation and empowerment.
3. 150 self-help groups (SHGs) established and actively involved in livelihood and empowerment activities.
4. The National Commission on Disability is enabled to assume full responsibility for the national CBR programme and for advocacy at all levels for the rights of persons with disabilities.
5. Government regulations and operational plans recognise the National CBR Program as a key strategy to realise the UNCRPD.

Notwithstanding, the evaluator observed that there is a risk that insufficient funds (whether from national or external sources) will prevent nation-wide expansion of CBR. He furthered that if insufficient funds are available for a simultaneous introduction of CBR nationwide, coverage must be restricted to a lower number of counties. Therefore AIFO Liberia and NCD are currently implementing the Liberia CBR National Program in 6 of Liberia's 15 political sub-divisions as outlined in the executive summary of this report hoping that sufficient funds is allocated by the government of Liberia and other partners for the expansion of the CBR national program to the rest of the counties in Liberia.

### **CBR Workers Expectations towards the Training**

Prior to the start of the CBR training, participants were asked to highlight their expectations towards the training. Subsequently, each participant noted the below expectations as mentioned in the bullet points;

- To be at the level of responsibility; that is, assuming full responsibility of the CBR programme at community level.
- How to change people's perceptions about Pwds.
- Change my own perceptions about Pwds; that is, changing the already existing perceptions participants themselves had about Pwds.
- To be an agent of change.
- To give ID Cards; that is, obtaining full identification as a CBR worker.
- Action Plan/Strategies; that is, outlining a set strategy or action plan immediately after the training.
- Salary increment.

- Getting the skills to cope with aggressivity.
- Sitting fees.
- Transportation and accommodation.
- Support in mobility at field level.
- Computers to report on.
- Materials/tools for activities with Pwds.
- Food allowances.
- Practical tools to work in the community. □ Understanding the role of a CBR worker.

At least 95% of the aforementioned expectations were met as evident by the evaluation exercise carried out by CBR workers themselves. Notwithstanding, computers for reporting were not adhered to. CBR workers were told to consider the usage of pen and paper for their reporting. Said report will then be forwarded to the regional offices for proper compilation.

## **GENERAL OBJECTIVES OF THE CBR TRAINING**

### **Training Course objectives:**

The training course considered set objectives in order to achieve the desired results as follows;

- To situate disability in the broader cultural, political and social discourses on human relations, power, knowledge, development and legal international instruments as the UNCRPD (2006, finally ratified in Liberia July 26, 2012).
- To articulate principles and strategies of Community Based Rehabilitation as indicated in the World Health Organization CBR Guidelines (2010).
- To be acquainted and able to implement participatory approaches to enhance action-research, advocacy, self-awareness, empowerment and impact on public policies.

It was also envisaged that at the end of the training course, participants should have understood and promoted the following;

- To analyse disability concepts and definitions.
- To address basic issues of persons with disabilities.
- To plan CBR interventions based on 5/5 CBR matrix.
- To initiate/strengthen cross disability SHGs and DPOs of persons with disabilities.
- To promote the rights and opportunities of persons with disabilities.
- To support the inclusion process of PWDs in the society.
- To prepare outline of action plan for the CBR activities implementation in their assigned communities.

**Training Methodologies:** The following methodologies were applied throughout the training period; Group work and presentations, brainstorming, social games, simulation exercises, individual presentations and discussions, role plays, demonstration/practical exercises, storytelling and analysis.

## **SUMMARY OF CBR WORKERS PERCEPTIONS TOWARDS Pwds (BEFORE AND AFTER TRAINING)**

## **QUESTIONNAIRES ON CBR WORKERS ATTITUDE, KNOWLEDGE AND PERSPECTIVE TOWARDS PERSONS WITH DISABILITIES**

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Participants attending the training were told to read each and every statement carefully and tick against that statement which they agree with and cross if do not agree with it. They were also told to just leave it if they do not agree on both sides. Each of the responses was the opinion of each participant and did not represent other views or any conclusions. Participants were also free to make statement or other options. However, the questionnaires were intended to give an overall idea of thinking, developing right attitude and knowledge towards persons with disabilities. Dr. Jayanth Kumar of AIFO India facilitated during the 1<sup>st</sup> and 2<sup>nd</sup> weeks of the training period and firstly presented these statements to the CBR workers. 11 out of the initial 13 Community workers participated in the exercise. At least 40 questionnaires were presented to the participants before and after the training as listed below;

1. People with Disabilities are gifted with special abilities by God.
2. Children with disabilities should not be allowed to play games and discharge their daily routine which will hurt them.
3. People with disabilities are more efficient than non-disabled people.
4. Persons with hearing and visual impairment tend to be more shy than nondisabled.
5. People with Disabilities cannot lead their struggle without the support of nondisabled people.
6. Persons whose both legs are weak or non-functional can break stones.
7. Social welfare or social security benefits are only the way to rehabilitate persons with disabilities.
8. CBR is a best and effective way to rehabilitate persons with disabilities.
9. The potentials of persons with disabilities are fully made use in the development process.
10. Service to disabled is service to God.
11. Persons with disabilities should only fight for concessions, schemes and programmes.
12. Disability issue is given high priority in the country.
13. All NGOs who are working with disabilities have positive attitude towards persons with disabilities.

- 14.Children with mental retardation can read and write.
- 15.Children with disabilities can study in regular schools.
- 16.All disabled persons are helpless.
- 17.Persons with disabilities cannot compete with non-disabled people in any manner.
- 18.Persons with disabilities always need help from others.
- 19.Human rights of persons with disabilities are fully protected.
- 20.Persons with disabilities are more marginalized and excluded than any other marginalized groups.
- 21.Only sympathy and compassion will help persons with disabilities.
- 22.Disability is not just a rehabilitation issue but it is an inclusive development and human rights issue.
- 23.Generally, it is a good idea not to try to win a game when competing with a physically disabled person.
- 24.People with disabilities can also occupy higher positions in the society.
- 25.Disabled feticide is the best preventive measure of disabilities.
- 26.IBR is the best option for the severely disabled persons.
- 27.CBR need to be backed up with resource/information/day care centers.
- 28.DPOs and SHGs are the better forums for discussing issues of persons with disabilities in the society.
- 29.Employment is the empowerment for any persons in the society.
- 30.Women with disabilities are triply marginalized in the community.
- 31.Persons with disabilities need recreation, leisure and sports.
- 32.Persons with disabilities should be part of political processes in the country.
- 33.Persons with disabilities are in better position to represent themselves.
- 34.Mothers are the best persons to represent children with disabilities.
- 35.Persons with disabilities need inclusive development in the community.
- 36.Persons with disabilities can get married and enjoy family life.
- 37.There are right based policies and programmes for persons with disabilities in Liberia.
  
- 38.Persons with mental illness, intellectual disabilities, and multiple disabilities face more barriers than other disabled persons.
- 39.CBR principles and components need to be included in national programmes planned for other persons in Liberia.

40. Do you think this questionnaire has helped you to think better for the inclusion of all kinds of people with disabilities at your work?

**Summary**

Statement #	STATEMENT BEFORE THE TRAINING	STATEMENT AFTER THE TRAINING	REMARKS
1.	11 CBR workers said Yes.	11 CBR workers said Yes.	Please Refer to statement for comparison
2.	2 CBR workers said Yes.	9 CBR workers said No.	Please Refer to statement for comparison
3.	5 CBR workers said Yes.	6 CBR workers said No.	Please Refer to statement for comparison
4.	11 CBR workers said Yes.	11 CBR workers said Yes.	Please Refer to statement for comparison
5.	1 CBR worker said Yes.	10 CBR workers said No.	Please Refer to statement for comparison
6.	11 CBR workers said Yes.	11 CBR workers said Yes.	Please Refer to statement for comparison
7.	11 CBR workers said No.	11 CBR workers said No.	Please Refer to statement for comparison
8.	11 CBR workers said Yes.	11 CBR workers said Yes.	Please Refer to

			statement for comparison
9.	3 CBR workers said Yes.	8 CBR workers said No.	Please Refer to statement for comparison
10.	9 CBR workers said Yes.	2 CBR workers said No.	Please Refer to statement for comparison
11.	10 CBR workers said No.	1 CBR workers said Yes	Please Refer to statement for comparison
12.	8 CBR workers said No.	3 CBR workers said Yes	Please Refer to statement for comparison
13.	7 CBR workers said No.	4 CBR workers said Yes	Please Refer to statement for comparison
14.	5 CBR workers said No.	6 CBR workers said Yes	Please Refer to statement for comparison
15.	10 CBR workers said Yes.	1 CBR worker said No	Please Refer to statement for comparison
16.	11 CBR workers said No.	11 CBR workers said No	Please Refer to statement for comparison

17.	8 CBR workers said Yes.	11 CBR worker said No	Please Refer to statement for comparison
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18.	11 CBR workers said No.	11 CBR workers said No	Please Refer to statement for comparison
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19.	7 CBR workers said No.	4 CBR workers said Yes	Please Refer to statement for comparison
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20.	10 CBR workers said Yes	1 CBR workers said No	Please Refer to statement for comparison
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21.	9 CBR workers said Yes	7 CBR workers said No	Please Refer to statement for comparison
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22.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
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23.	5 CBR workers said Yes	6 CBR workers said No	Please Refer to statement for comparison
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24.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
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25.	10 CBR workers said Yes	1 CBR worker said No	Please Refer to statement for comparison
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26.	9 CBR workers said Yes	2 CBR workers said No	Please Refer to statement for comparison
27.	9 CBR workers said Yes	2 CBR workers said No	Please Refer to statement

			for comparison
28.	8 CBR workers said Yes	3 CBR workers said No	Please Refer to statement for comparison
29.	9 CBR workers said Yes	6 CBR workers said No	Please Refer to statement for comparison
30.	10 CBR workers said yes	1 CBR worker said No	Please Refer to statement for comparison
31.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
32.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
33.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison

34.	9 CBR workers said Yes	2 CBR workers said No	Please Refer to statement for comparison
35.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
36.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
37.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
38.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
39.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison
40.	11 CBR workers said Yes	11 CBR workers said Yes	Please Refer to statement for comparison

As you will observe in the analytical section of the CBR workers perceptions towards persons with disabilities, there are wide differences between previous perceptions before and after the training. For example; statement 17 states that persons with disabilities cannot compete with non-disabled people in any manner. Prior to the training, 8 out of the 11 CBR workers said YES and after the training all 11 CBR workers said NO. This shows to a greater extent that the training yielded substantial results as far as the perception of CBR workers towards Pwds is

concerned. Several other statements which were negatively perceived by CBR workers were subsequently considered positive as you will observe. Notwithstanding, some perceptions were still difficult to be changed before and after the training. For example; statement 25 states that disabled feticide is the best preventive measure of disabilities. 10 out of the 11 CBR workers said YES while 1 CBR worker said NO. It was observed that CBR workers at the time did not have a broader understanding of the word “Feticide”. This was subsequently explained in depth thereby grasping the full concept. Overall, CBR workers intimated that the questionnaire helped greatly in changing the negative perceptions they had about Pwds.

### **Overview of Week-1 Training Activities (July1-6, 2013)**

Week-1 which started the basis of the month long training focused on the general introduction considering the aims, objectives and methods of the training course facilitated by the Country Director of AIFO Liberia, Dr. Renato Libanora and the Executive Director of the National Commission on Disabilities, Mrs. Ricardia Dennis. The two facilitators endorsed the inputs from participants on their expectations for the training. Said expectations from participants were subsequently addressed as mentioned in the CBR workers expectations for the training. Subsequent interactions from the two facilitators provided general information on Disability perspectives, concepts and definitions. Following this process, a general overview of AIFO in the world was facilitated by Miss. Clara Di Dio, AIFO Multi Country Mental Health Project Manager who is currently on a six months visit to Liberia to assess and support the ongoing mental health project implemented by AIFO Liberia, Carter Center and other partners.

Doing the same week, Dr. Jayanth Kumar of AIFO India and the AIFO/NCD CBR national program regional coordinator, Luther Mendin facilitated on several topics to include; need assessments and ad-hoc interventions, types/groups of disabilities, causative factors, disability prevention, CBR evolution, Rehabilitation concepts among many other related topics. Mr. Mendin who co-facilitated Jayanth’s sessions did an extensive presentation on needs assessment and ad-hoc interventions. He stressed the need for a general assessment of the community profile and the person with disability. Some practical need assessment of Pwds amongst participants also formed part of the presentations. In one instance, CBR workers were blind-folded with clothes tied on their faces and another CBR worker

assessed the needs of that blinded-folded CBR worker. To be specific, they placed themselves as a person with a disability. Some life touching and motivational stories were told by Dr. Kumar in other to reflect on the existing marginalization of persons with disabilities thereby finding an alternative solution in addressing said marginalization. During the same week, The Project Manager of the Multi-country Mental Health Pilot Project Miss. Clara Di Dio did some brief presentations on Disability, Gender and Children. At least 5 female participants were formed in groups to outline violations against women & children with disabilities and make general group presentations. Considering the nature of the CBR programme that has got more establishment of self help groups, the training played key focus on an exhaustive session on Self Help Groups, Income Generating Activities & Disabled People Organizations. In this regard, both the CBR National Coordinator Sylvester Roberts and the Assistant CBR Regional Coordinator, Jonathan Davies presented for two days during the same week on some practical experiences of the past EU funded CBR project and provided best approaches in the establishment, management and sustainability of Self Help groups Formations. More caution was thrown on accountability and shared responsibilities as far as the formation of SHGs is concerned. A subsequent presentation on the CBR matrix was facilitated by Dr. Kumar during the same week. CBR workers were told to identify activities under each element of the CBR matrix. They were then told to outline objectives, activities & linkages of the CBR matrix to each article under the UN convention on the Rights of Persons with Disabilities, UNCRPD. Another round of responses on the questionnaires relating to the attitudes of CBR workers with Pwds was also deliberated on. By and large, week- 1 provided CBR workers a general idea on the concepts of the month long training.

### **Overview of Week-2 Training Activities (July 8-13, 2013)**

During the second week, Dr. Kumar presented on the basic concepts of rehabilitation and gave a general overview of its historical background. Practical approaches on rehabilitation techniques also formed part of the presentation. Dr. Kumar further presented on the historicity of CBR, its evolution, concepts, principles and strategies. As part of his presentations, CBR workers attending the training were formed into two groups to debate on CBR and IBR. Although both sides of the divide provided justifiable reasons why either of the two should be endorsed; the debate on CBR emerged victorious given the holistic and practical experiences portrayed. Although it may be argued in some quarters that IBR at

times apply, the training was to a larger extent intended to promote the prioritization of CBR using available local resources. Luther Mendin also cofacilitated these sessions. In other to promote the improvement of services for club foot related interventions under the CBR national programme, the technical team of the training endeavored to involve a local group named FACORC-Faith Clinic Orthopedic Center INC. FACORC is a locally established clinic that focuses on the prevention and treatment of club foot cases in Liberia. The authorities of FACORC facilitated on the procedures, identification and referral for club foot victims. They also endorsed the experience of AIFO's CBR workers as far as club foot is concerned. Some practical demonstration on the procedures, identification and referral for club foot victims was portrayed. Both AIFO and FARCORC will collaborate on referral interventions under the CBR national Programme.

### **Overview of Week-3 Training Activities (July 15-20, 2013)**

During the third week, the Country Director, Renato Libanora presented on stigma in Liberia as far as disabilities is concerned. Before his presentation, a video screen about some disabled personalities like Vincent Van Gogh, Oscar Pistorius among many others were portrayed as revolutionist. This awakens the consciousness of the CBR workers to recognize the potentialities of Pwds. Another session on the driving forces of life was portrayed whereby charitable approach for Pwds was dispelled. Dr. Libanora illustrated a broader idea on the social cultural setting of society. That is, putting an individual between the driving forces of society which has to do with knowledge, power & social change. He further provided a general presentation on the past 3 years EU-CBR project outlining the outcomes & impacts the project has had over the three years period. In addition, a general presentation on the role of CBR workers in the CBR national program and an overall idea about the current budget of the CBR national programme was disclosed. For her part, the Executive Director of the National Commission on Disabilities, Mrs. Ricardia Dennis presented specifically on issues relating to the National Commission on Disabilities. She gave a general overview of NCD and the historical background behind the partnership of the AIFO/NCD CBR national program. The commission's executive director also used the occasion to enlighten the minds of CBR workers to confront issues relating to disabilities practically. She challenged CBR workers to focus more on home visits programs to Pwds in other to improve their status quo as a disabled person. Following her deliberations, the advocacy consultant of AIFO Liberia and a Human Rights Activist, Sahr Yillia gave a

general background and overview of the United Nations Conventions on the Rights of Persons with Disabilities, UNCRPD. A practical group work on the linkages between CBR and the UNCRPD was also enforced and deliberated on.

Presentations on the various elements of the CBR matrix with indicators in the UN convention were reconciled. Mr. Yillia also presented on advocacy strategies, Principles of advocacy, Identification of advocacy issues, Identification of people affected by the problem, Identification of duty bearers/decision makers, and Networking. He encouraged CBR workers to align with concessions and media companies in order to advocate for the rights and social inclusion of people living with disabilities.

During the same week, two Mental Health Clinicians and Registered Nurse facilitated for two days on Mental Health and Mental Illness. Miss. Quendi Appleton and Mr. Johnny Sele- AIFO Mental Health Officer facilitated the sessions. They firstly told participants to pair and share information about themselves. The reason behind said exercise was geared towards ensuring that People hold one another in confidence and that certain secrets be held confidential. Following this session, a baseline exercise on mental health and mental illness was carried out whereby CBR workers were formed into groups to discuss and analyze the two issues. The two facilitators then focused their presentations on community mental health training for CBR workers. Their presentation was meant to understand in which way CBR views people who are susceptible to mental illness. Unit 1 of the presentation focused on an overview of community mental health case delivery system in Liberia, with emphasis on the historical backgrounds while unit 2 was focused on introduction to mental health issues and unit 3 was on the identification of mental illness. Unit 4 was focused on the causes of mental illness and lastly, unit 5 was focused on the main issues confronting mentally ill people. Basic counseling skills and techniques were presented by Miss. Appleton. A participatory exercise ensued during the presentations whereby participants were asked to pick among statements placed on papers and was read by each participant if they feel pleased with the response. Based on the negative responses, participants were again asked whether they would find it difficult to work with such people. These interactions were further discussed and subsequently a broader understanding about the issues confronting persons with mental illness was absorbed. In the same vein, AIFO Multi Country Mental Health Project Manager, Miss. Clara Di Dio presented on Community based rehabilitation and mental health. Participants were asked to identify mental health abuses and outline the

different names calling in Liberia for people affected with mental illness. In order to erase the negative perceptions participants themselves had about people with mental illness, they were again asked to outline some moderate and positive names calling of people affected with mental illness. In this regard, some Positive names were identified. For example; Mentally Ill. Following the initial assignment given to female participants to discuss on sexual abuses women with disabilities encounters, the women participants finalized their discussions thereby debating and presenting on their assignment as part of Clara's presentations. The female participants also portrayed a drama on sexual abuses and preventions. During the last days of the third week, the CBR National Coordinator and Regional Coordinator Presented on the different kinds of CBR project forms expected to be used by CBR workers at field level. Forms exhausted includes, Weekly activity form, Narrative reporting form, Disability Data form, Individual intervention plan and progress monitoring form and referral form respectively. The individual intervention plan and progress monitoring form captures the progress of a client with disability outlining long and short term goals while the weekly activity form highlights activities expected to be carried out for the week for a CBR worker. This form also pin-points objectives and indicators for each activity. The narrative reporting form provides general information on the monthly activities of a CBR worker outlining progress, challenges and recommendations whereas the Disability Data form is primarily meant for registration of a Pwd. The referral form highlights the different kinds of referral interventions noted by a CBR worker. It also tells whether the referral intervention has been adhered to or not.

### **Overview of Week-4 Training Activities (July 22-24, 2013)**

Subsequent presentations on Community based rehabilitation and mental health and Identification of mental health abuses and names calling followed during the fourth week by Miss. Di Dio. The aforesaid mentioned forms were also further expanded on during the fourth week.

At the end of the month long training, Journalists from Radio Gbarnga captured the views of participants and inform the general public of Bong County on the overall success of the CBR training and the role expected of local authorities in complementing the project's efforts. Participants were fully endorsed as CBR workers with identification cards given and signing of contracts. Their first task is to embark on the identification and registration of Pwds in their assigned

communities. CBR workers promised to be fully supportive of the CBR project in their respective communities thereby ensuring sustainable results.

## **General Evaluation of the CBR Training**

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

- To describe the relevance and impact of the CBR training activities to the needs of the beneficiaries and the understanding of CBR workers.
- To make recommendations with a view of improving complementarities of subsequent CBR training.

### **Course Aims and Objectives**

The evaluation of the training considered five options. Out of the five options CBR workers were asked to tick only one. The five options earmarked during the evaluation exercise are as follows; strongly agree, agree, neutral, disagree and strongly disagree.

7 out of the 11 qualified CBR workers strongly agree that the training course met its aims and objectives while the remaining four agrees that the training course met its aims and objectives. The objectives of the courses are similar to learner outcomes; therefore, participants' evaluation suggests that the training yielded the desired results.

### **Course Content**

At least 9 out of the 11 qualified CBR workers strongly agreed that the course contents provided during the training were to a larger extent pertinent while the remaining 2 agreed that the course contents were pertinent. Notwithstanding, CBR workers recommended that subsequent training should consider other topics relating to Braille, sign language so as to make CBR more relevant to Pwds.

### **Course Delivery**

CBR courses are multi-sectoral in approach, both in terms of the content and the staff who teach them. They are also delivered through lectures, discussions, roleplay, field visits etc. The training was facilitated by 10 experienced facilitators who have worked in the development sectors specifically on issues relating to

disabilities for couple of years. Some of these trainers also contribute to other CBR courses organized by Government ministries and disability NGOs. The quality of a facilitator teaching a course also determines the quality and depth of the course. In this regard, CBR workers were also told to evaluate the course delivery by each facilitator. At least 7 of the CBR workers strongly agreed that the course delivery was effective while the remaining 4 CBR workers agreed that the course delivery was effective. Notwithstanding, CBR workers also recommended that subsequent course deliveries should consider practical experiences at field level involving field visits.

### **Relevance of the Courses**

CBR workers indicated that the training was relevant to the them. 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 and/ or interactions. All 11 CBR workers strongly agreed that the training courses were indeed relevant.

### **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. Participants promised beyond all reasonable doubts that the knowledge and skills gained during the course will be applied in the field. Overall, CBR workers demonstrated their transformed knowledge about Pwds and pledged that the training offered will enable them to work effectively in the community.

## **Conclusion and/or recommendations**

In summation, the month long training was to a greater extent paramount to the ongoing CBR national programme currently being implemented by AIFO Liberia and the National Commission on Disabilities, NCD. Although it is acknowledged that more CBR training needs to be conducted given the unavailability of qualified CBR workers in the whole country, this training yielded the desired results in setting the pace for subsequent CBR trainings. At least 11 community workers for the first time in Liberia has been qualified and fully endorsed as a full time CBR worker, thanks to the AIFO/NCD CBR National Programme initiative. We believe that the current development in Liberia can only be successful if persons with disabilities are accorded all opportunities as enshrined in the UN Convention on the Rights of Persons with Disabilities which has been fully ratified by the Government of Liberia. Although statistics in Liberia is not exact as to the actual number of persons living with disabilities in the whole country, it is assumed that at least 500,000.00 Liberians one way or the other have had some kind of disability be it external or internal. This is evident by the many mentally ill clients seen on the principle streets of Liberia not to talk about those physically challenged that continues to beg for ants' meat. We believe that the CBR approach as opposed to all other approaches for persons with disabilities involves the holistic development of the persons with disabilities themselves and the entire community. We want to use this medium to encourage all those working in the development sector and government at large to incorporate CBR in their development programs in other to achieve this dream. This is a healthy development for providing personnel to advance CBR practice at local community, provincial and national level. We recommend that this development is prioritized. In addition to this general recommendation, we present the following specific recommendations.

- That subsequent training considers field visits in CBR project communities in other to interact with the communities and Pwds themselves.

- That conflict management is included in the next training session.
- CBR should be packaged and integrated into other relevant courses.
- That AIFO Liberia considers the provision of motorbikes to each CBR worker in order to be more effective at community level.
- That key stakeholders at local and national level be included in subsequent CBR training in order to fully support CBR as a national strategy.
  
- Subsequent training should consider other topics relating to Braille, sign language so as to make CBR more relevant to Pwds

## APPENDICES

### List of Qualified CBR Workers who were eligible after the Training

No.	Name	Position	County
1.	Felecia Wamie Doe	CBR Worker	Grand
2.	D. Albestine Tozay	CBR Worker	Nimba
3.	Korpo T. Jallah	CBR Worker	Bong
4.	Steven W. Gbeisaye	CBR Worker	Nimba
5.	Augustus Makor	CBR Worker	Nimba
6.	Samuel Konah	CBR Worker	Margibi
7.	Caroline Broody	CBR Worker	Grand Gedeh
8.	Christiana J. Toe	CBR Worker	Mary Land
9.	Alger Doe Timothy	CBR Worker	River Gee
10.	Edwin Z. Kormah	CBR Worker	Bong County
11.	Robert Watkins	CBR Worker	Grand Gedeh

TIME	DAYS DATES	SUNDAY June 30, 2013	MONDAY July 1, 2013	TUESDAY July 2, 2013	WEDNESDAY July 3, 2013	THURSDAY July 4, 2013	FRIDAY July 5, 2013	SATURDAY July 6, 2013

8:00AM - 8:30AM	<b>A R R I V A L</b>	<b>B R E A K F A S T</b>					
8:30AM - 12:30PM		<b>Introduction to the course:</b> aims, participants' expectations, methodology and expected achievements. Main Facilitators: <b>Dr. Renato Libanora &amp; Mrs. Ricardia B. Dennis</b>	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Dr. Jayanth Kumar</b>  Co-Facilitator: <b>Mr. Luther Mendin</b>	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Dr. Jayanth Kumar</b>  Co-Facilitator: <b>Mr. Luther Mendin</b>	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Dr. Jayanth Kumar</b>  Co-Facilitator: <b>Mr. Luther Mendin</b>	Training Session: <b>SHGs &amp; IGAs</b>  Main Facilitator: <b>Mr. Sylvester Roberts</b>  Co-Facilitator: <b>Mr. Jonathan Davis</b>	Training Session: <b>SHGs &amp; IGAs</b>  Main Facilitator: <b>Mr. Sylvester Roberts</b>  Co-Facilitator: <b>Mr. Jonathan Davis</b>
12:30PM-1:30PM		<b>L U N C H</b>					
1:30 PM – 4:30PM		Training Session: <b>Disability &amp; CBR</b> <b>Topics:</b> <ul style="list-style-type: none"> <li>Introduction to the training section</li> <li>Disability perspectives, concepts and some definitions</li> </ul>	<b>Topics:</b> <ul style="list-style-type: none"> <li>Type/groups of various disabilities</li> <li>Causative factors and disability prevention</li> </ul>	<b>Topics:</b> <ul style="list-style-type: none"> <li>Situational analysis of persons with disabilities</li> <li>Statistical data on disability &amp; identification procedures</li> <li>Need assessment and <i>ad hoc</i> interventions</li> </ul>	<b>Topics:</b> <ul style="list-style-type: none"> <li>Disability and gender</li> <li>Disability and children</li> </ul>	<b>Topics:</b> <ul style="list-style-type: none"> <li>Introduction to the training session</li> <li>Role of the SHG in the CBR</li> <li>Identification of members and establishment of a SHG</li> <li>Duties and tasks of the SHG</li> </ul>	<b>Topics:</b> <ul style="list-style-type: none"> <li>Rules and procedures to manage a SHG</li> <li>Tools to account and report to the members</li> <li>Internal democracy and participation</li> <li>Relations with local authorities and partners</li> </ul>

**Training Course Outline**

7:00PM – 8:00PM	D I N N E R						
<b>DAYS DATES TIME</b>	<b>SUNDAY July 7, 2013</b>	<b>MONDAY July 8, 2013</b>	<b>TUESDAY July 9, 2013</b>	<b>WEDNESDAY July 10, 2013</b>	<b>THURSDAY July 11, 2013</b>	<b>FRIDAY July 12, 2013</b>	<b>SATURDAY July 13, 2013</b>
8:00AM - 8:30AM	B R E A K F A S T						
8:30AM – 12:30PM	F  R  E	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Dr. Jayanth Kumar Sylvester Roberts</b>  Co-Facilitator: <b>Mr. Luther Mendin</b> Facilitator:	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Dr. Jayanth Roberts</b>  Co-Facilitator: Co- <b>Mr. Luther</b>	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Kumar Dr. Jayanth</b>  Facilitator: Co- <b>Mendin Mr. Luther</b>	Training Session: <b>Disability &amp; CBR</b>  Main Facilitator: <b>Kumar Dr.</b>  Facilitator: <b>Mendin Mr.</b>	Training Session: <b>SHGs &amp; IGAs SHGs</b>  Main Facilitator: <b>Jayanth Kumar Mr.</b>  Luther Mendin Co-  <b>Mr. Jonathan Davis</b>	Training Session: <b>&amp; IGAs</b>  Main Facilitator: <b>Sylvester Mr.</b>  Facilitator: Co-  <b>Mr. Jonathan Davis</b>
12:30PM – 1:30PM		L U N C H					

1:30PM – 4:30PM	E	<b>Topics: Topics:</b> <ul style="list-style-type: none"> <li>Rehabilitation concepts</li> <li>Historical Livelihood different productive and <input type="checkbox"/></li> <li>definitions and <input type="checkbox"/></li> <li>CBR Matrix</li> </ul>	<b>Topics: Topics: <input type="checkbox"/></b> <ul style="list-style-type: none"> <li>CBR historical overview and <input type="checkbox"/></li> <li>evolutions Empowerment <input type="checkbox"/></li> <li>Guidelines <input type="checkbox"/></li> <li>Training and of <input type="checkbox"/></li> </ul>	Income <input type="checkbox"/> Fund <input type="checkbox"/> <ul style="list-style-type: none"> <li>5 Health elements</li> <li>5 Education elements <input type="checkbox"/></li> <li>5 Liberia Assessment and <input type="checkbox"/></li> <li>elements elements</li> </ul>	<ul style="list-style-type: none"> <li>5 Social elements management Profit, feasibility of the <input type="checkbox"/></li> </ul>	Generation Activities in <input type="checkbox"/> Bank overview of the <input type="checkbox"/>	management account WHO-CBR <input type="checkbox"/> 5 approaches		
7:00PM-8:00PM		<b>D I N N E R</b>							
<b>DAYS DATES</b>	<b>SUNDAY</b>	<b>MONDAY</b>	<b>TUESDAY</b>	<b>WEDNESDAY</b>	<b>THURSDAY</b>	<b>FRIDAY</b>	<b>SATURDAY</b>		
<b>TIME</b>	<b>July 14, 2013</b>	<b>July 15, 2013</b>	<b>July 16, 2013</b>	<b>July 17, 2013</b>	<b>July 18, 2013</b>	<b>July 19, 2013</b>	<b>July 20, 2013</b>		
8:00AM - 8:30AM	<b>B</b>	<b>R</b>	<b>E</b>	<b>A</b>	<b>K</b>	<b>F</b>	<b>A</b>	<b>S</b>	<b>T</b>



8:00AM - 8:30AM	<b>B R E A K F A S T</b>				<p><b>Course objectives:</b></p> <ul style="list-style-type: none"> <li>To situate disability in the broader cultural, political and social discourses on human relations, power, knowledge, development and legal international instruments as the UNCPRD (2006, finally ratified in Liberia July 26, 2012).</li> <li>To articulate principles and strategies of Community Based Rehabilitation as indicated in the World Health Organization CBR Guidelines (2010).</li> <li>To be acquainted and able to implement participatory approaches to enhance action-research, advocacy, selfawareness, empowerment and impact on public policies.</li> </ul> <p><b>At the end of the training course, the participants will be able:</b></p> <ol style="list-style-type: none"> <li>To analyse disability concepts and definitions.</li> <li>To address basic issues of persons with disabilities.</li> <li>To plan CBR interventions based on 5/5 CBR matrix.</li> <li>To initiate/strengthen cross disability SHGs and DPOs of persons with disabilities.</li> <li>To promote rights and opportunities for persons with disabilities.</li> <li>To support the inclusion process of PWDs in the society.</li> <li>To prepare outline of action plan for the CBR activities implementation in their assigned communities.</li> </ol> <p><b>Participatory learning methodologies will be applied:</b> Group work and presentations, brainstorming, social games, simulation exercises, individual presentations and discussions, role plays, demonstration/practical exercises, storytelling and analysis.</p>
8:30AM – 12:30PM	<b>F R E E</b>	<b>Training Section: Mental Health &amp; CBR</b>  <b>Main Facilitator: Ms. Clara Di Dio</b>  <b>Co-Facilitator: Mr. Johnny C. Sele</b>	<b>Training Section: Mental Health &amp; CBR</b>  <b>Main Facilitator: Ms. Clara Di Dio</b>  <b>Co-Facilitator: Mr. Johnny C. Sele</b>	<ul style="list-style-type: none"> <li><b>Test to be qualified to the 1<sup>st</sup> level CBR Worker</b></li> <li><b>Evaluation of the training course</b></li> <li><b>Official closing of training course</b></li> </ul>	
12:30PM – 1:30PM		<b>L U N C H</b>			
1:30PM – 4:30PM		<b>E</b>	<b>Topics:</b> <ul style="list-style-type: none"> <li>An overview of the historical concept of mental health</li> <li>Legal international framework</li> <li>De-institutionalization policies</li> </ul>	<b>Topics:</b> <ul style="list-style-type: none"> <li><input type="checkbox"/> Community Mental Health in other countries</li> <li><input type="checkbox"/></li> </ul>	
7:00PM-8:00PM	<b>D I N N E R</b>				