

OBJECTIVE 3:

Learn, share and internalized practical skills and tools for adopting a new approach aiming for better results ‘on the ground’

OBJECTIVE 4:

Draw an action plan for implementation

- Baseline
- Monitoring
- Learn and share and be a catalyst.



One of the facilitators of the training Mr Kenneth joining and supporting one of the group during presentations

GROUP WORK 1 – ROLES AND RESPONSIBILITIES

In groups, delegates were tasked to outline the role of professionals, parents and CBR workers.

Professionals	CBR Workers	Parents
<ul style="list-style-type: none"> • Assessment and Diagnosis • Intervention 	<ul style="list-style-type: none"> • Awareness creation • Advocacy • Skills/knowledge transfer to parents • Facilitate social inclusion • Give information to parents • Identification • Setting goals with other • Monitor • Co-ordinate Parents Support Groups • Counselling • Create enabling environment • Community mobilization • Formation of PSG's 	<ul style="list-style-type: none"> Primary caregiver / TLC Monitoring of the child’s development/progress Advocate for their children Basic knowledge of the Condition Assist the child in ADLs Co-operate with professionals/child support Groups Accept child’s condition Seeking professional advice Compliance with professionals Financial support Vital information to professionals and field workers Role model to the child

		Educating children at home
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In a plenary delegates were tasked to select four (4) most important roles of the professionals, parents and CBR workers

Professionals	CBR Workers	Parents
Assessment & Diagnosis Intervention & Rehabilitation plan Training of CBR workers (capacity building) Research for evidence	<ul style="list-style-type: none"> • Advocacy /awareness/ • social inclusion • Skills & knowledge Transfer • Identification and Referrals to different Institutions Formation & co-ordination Of PSGs 	Primary caregiver TLC Monitor child’s Developmental progress Assist in ADLs Co-operate with Professionals/PSGs

DAY TWO (2)

INTERNATIONAL CLASSIFICATION OF FUNCTIONING, DISABILITY AND HEALTH (ICF)

ICF is the WHO framework for the classification of health and health-related domains as the functioning and disability of an individual, ICF also includes a list of environmental factors.

Levels of disability:

- Severe - Fully dependent and cannot use an assistive device
- Moderate - Able to use an assistive device, partially dependent,
- Mild - Independent.

REHABILITATION FOLLOW UP LOGBOOK

It’s a logbook used in assessing children with NDD taking into consideration the following: In the logbook is the **ladder of life** where field workers and primary caregivers can discuss the level of the child’s condition about capabilities and through negotiation come up with an individual rehabilitation plan to help the child move up the ladder with improved condition.



GROUP WORK – NDD WORKSHOP

- **Body functions and structures:** This has to do with the anatomical and physical functions which are how the body system works e.g. mental functions and nervous system

- **Activities and participation** are activities/adaptions a child does with others e.g. activities of daily living, learning, schooling and playing etc.

- **Personal factors:** information about personal preferences e.g. age, gender etc.

- **Environmental factors:** information about the family and community e.g. built/physical environment (buildings), socio-economic etc.

- **Individual Rehabilitation Plan:** in drawing the IRP caregiver and fieldworker can have different priorities. Negotiation and advice will lead to a compromise with a well thought out plan where the caregiver and the fieldworker are on the same page.



Another group sessions during NDD Master Trainers Training

Notable points:

- Huib and Kees will meet with the University of Education, Winneba leadership to help develop a new module for training students
- The therapist should and must work with CBR workers and vice versa.
- Professionals to coach CBR workers to use Logbook correctly.
- What structures your organisation has to support CBR workers.
- Environmental factors are key in setting a plan. Do not set nice rehabilitation plans that do not work instead small plans which are achievable and workable must be considered,
- Intervention monitoring helps caregivers/parents better

RECAP:

Participants did a recap of the previous day topics i.e. Goal, Objective, Roles of Professionals, Parents and Caregivers, ICF and the logbook. During the recap, it came to light how important the role of the caregiver is important as they are the primary caregivers to do the monitoring and co-operate with the professionals and the field workers.



Group Sessions /Presentations

Appropriate Assistive Technology and Educational Toys:



equipment, feeding materials/tools, the texture of food, nutritional value, feeding place and quantity/frequency

- Communication is very important for a child to understand language and gestures.
- Goals must not be set focusing on the child alone.

Participants were taken through the logbook with special attention to the rehabilitation problem-solving form. These discussions were centered on the caring of NDD children i.e. child positioning for feeding, drinking and activities of daily living including playing and communication.

Huib introduced several rehabilitation books and advised fieldworkers to use tools/manuals, including information technology in training, coaching and their actual work.

He listed the following books to use as references: Disabled Village, Getting to know Cerebral Palsy, and The RehApp and flashcards provided in the tools box. He further stated that the Tips Sheets were funded by Light of the World during the COVID 19 pandemic. After lunch discussions centered on the use of Appropriate Assistive Technology and Educational toys. A video was shown about a girl walking with homemade assistive devices but the fieldworker prescribed to aid her mobility.



Kenneth one of the facilitators taken his turn during the NDD Training Workshop at Gloriaka Hotel, Winneba Ghana.



DELEGATES AT NDD MASTER TRAINERS WORKSHOP



MR ISAAC, LECTURER FROM KNUST AND DELEGATE MAKING HIS SUBMISSION DURING THE NDD CONFERENCE

This sparked a huge debate between participants and facilitators. Others felt she is better off with the assistive device (walker) whilst others thought using her homemade stick for support whilst walking is the best. Mr Kenneth, a facilitator from Uganda stated that with a new way of rehabilitation we should not try to make the children “perfect” instead we should help enhance the positives/abilities of the children and allow them to do what they can do better and not restrict them with assistive devices which impede their progress. Groups prepared for the next day fieldwork.

DAY THREE (3):

Recap of the previous day’s activities was discussed i.e. use of appropriate technology and devices, rehabilitation plans, posture alignment, communication etc.

GROUP WORK 2

Participants in six (6) groups departed for home visits to use the Logbook. Two groups did their presentation which generated a lot of discussions. Rose of Uganda, herself a primary caregiver shared her experiences. She further added that a logbook is a good tool as it allows the caregiver to express his/her feelings.

Points for consideration:

- Need for professionals, caregivers and CBR workers to work together as one cannot do it alone.
- A lot of common sense must be applied, CBR workers should think outside the box.
- If need be parents/caregivers must be separated to allow free flow of information.
- The logbook is more useful to children with NDD with levels 3, 4 & 5
- Expectations of parents should be managed and not be given false hopes.
- Professionals and CBR workers should look at other abilities of children with NDD.

Community education and sensitization are key.

Parents/caregivers should be counselled.

Offer psychosocial support for caregivers.

CBR workers should not have a 'stiff back', they should interact more, listen and observe.



SECTION OF DELEGATES AT NDD MASTERS TRAINING



Huib and his group during NDD Training field visit



Huib and his group during NDD Training field visit 2