

# CBR Effata

2018-2021

CBR Effata is a small Dutch non-governmental organization active in rural sub-Saharan Africa. CBR Effata aims at helping **people with disability** to live in dignity by creating awareness and facilitating rehabilitation and advocacy.

# CBR Effata

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## Background

People living with a disability in rural sub-Saharan Africa have poorer health outcomes, lower educational successes, less economic participation and higher levels of poverty than people without disability. In sub-Saharan Africa an estimated 10-15% of the population is disabled.

Efforts towards reducing the burden of disability remains challenging due to social and political instability, poverty, stigmatization, poor health care system infrastructure, scarcity of trained medical personnel and a severe shortage of rehabilitation specialists.

Community-based programs improve access to treatment and increase awareness in resource-poor settings. **The World Health Organization specifically advocates the use of community-based rehabilitation (CBR) services** to equalize the social integration of people living with a disability. CBR is therefore the methodology used to help people with disabilities in our programs.

## Mission

**The mission of CBR Effata** is to improve physical, mental, and social wellbeing of disabled people in sub-Saharan Africa. Specifically these goals are pursued by:

- 1) providing direct medical care to treat/cure physical disability or epilepsy if possible,
- 2) providing means of living with disability if cure cannot be attained,
- 3) creating awareness of disability in the whole society,
- 4) removing and preventing stigmatization of disability, and
- 5) achieving these goals by use of local resources.

Altogether, these goals are directed towards integration of disabled individuals in society, and their recognition and acceptance by the community.

## Method

CBR Effata is a community-based rehabilitation (CBR) program, indicating that the local community forms the basis of all activities. Rehabilitation is implemented through the combined efforts of people with disabilities, their families and communities. Closely involved are relevant government and non-government health, education, vocational and social services, including the World Health Organization. In the working area of CBR Effata this is realized as follows:

- i*) immobilized people with disabilities are visited and if possible treated at home,
  - ii*) family and community member are always included in the rehabilitation process,
  - iii*) schools, churches and village meetings are attended for awareness activities, and
  - iv*) educational and vocational training take place at village level, through a system of apprenticeship.
- Finally, after successful development, program parts are transferred for local administration.

## Focus countries

**CBR Effata is active in sub-Saharan Africa**, with focus on Nigeria and Guinea-Bissau. In Nigeria CBR Effata is located in Izzi Local Government Area, Ebonyi State, one of the poorest regions of the country. In Guinea-Bissau CBR Effata is located in the rural Oio region.

## Collaboration

**To enhance the effectiveness and sustainability, CBR Effata has established collaborations at national and international level.** In Nigeria we have formal contacts with two general hospitals in Ebonyi State, Liliane foundation in Abuja and several local primary and secondary schools. Both in Nigeria and Guinea-Bissau we collaborate with the Ministry of Health, Education and Social Welfare, local churches and the World Health Organization and with UNICEF, for instance in the mass treatment program against river blindness.

Contacts and effective collaborations have been established with the Governor of Ebonyi State (Nigeria), Enablement (NL), Stephanos Development Foundation (Canada) and Plan and Handicap International (Guinea-Bissau).

CBR Effata contributes to the development of a smartphone application to improve community-based rehabilitation in resource-poor settings. The app is called RehApp (alpha version in Google Play Store) and the

main developer is our partner Enablement. CBR Effata is primary responsible for the chapter on active epilepsy and may also contribute to the pilot testing.

## Registration

**CBR Effata was founded in 1996.** It has officially been registered with the Kamer of Koophandel, The Netherlands, and has been registered as a charitable organization (ANBI). Its official website is [www.cbr-effata.org](http://www.cbr-effata.org). In Nigeria CBR Effata is registered at Federal as well as at State level as a Christian, non-denominational, non-governmental organization. In Guinea-Bissau CBR Effata was recently (2014) registered as a non-governmental organization, called Reabilitação da Base Comunitária (RBC) Effata. It is registered as a medical NGO at the Ministry of Health, Bissau in 2016.

## Financial position

**The total annual budget** of CBR Effata spend in 2017 was €118,599. This budget is predominantly spend on the programs that fall under direct responsibility of the Dutch Board, and on sustenance of the project advisor. A minor part (<2.5%) of the budget is spend on activities of the Dutch Board. The main responsibility and administration of the other programs is with our similarly named Nigerian partner organization CBR Effata. The work of CBR Effata depends on financial support from official sponsors and private donations. The programs are mainly supported by Jars of Clay Foundation, Board of Special Needs (Gereformeerde Gemeenten, The Netherlands) and Stephanos Development Foundation (Canada). We receive private donations for all running programs.

## Monitoring and Evaluation

The projects are monitored and evaluated by means of quarterly reports, annual narrative and financial reports, monthly team meetings, quarterly Board meetings and staff evaluation. A senior consultant (general practitioner, NL) supports the programs in Nigeria on a yearly basis for four weeks and provides dedicated training in reporting, professional donor contacts, transparency and long-term vision and strategy development.

# Management Structure

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CBR Effata consists of several programs each with a local Board at national level, a Program Advisor (Mr. F. van der Maas), and an overarching Dutch Board. The local boards of individual programs are advised by the Program Advisor. The Dutch Board has been particularly involved in development of new programs. Equally important is working on a sustainable environment in the existing programs. As a guiding principle in our organization programs become independent from the Dutch board after successful development and evidence for independent operation of the program. The local board is in this case responsible for the program, but continues to receive training and support from the Program Advisor. This is further supported in Nigeria by a senior physician consultant (Mr. T. Dorresteijn) during his annual four weeks visits. As a result, CBR Effata consists of a number of programs under responsibility of the Dutch Board and the Project Advisor, and a number of independent programs that are advised by the Project Advisor.

# Nigeria

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## Background Nigeria

Izzi Local Government Area, part of Ebonyi State, has a population of approximately 250,000 inhabitants. Ebonyi is primarily an agricultural producing region. It is the most underdeveloped territory in southeastern Nigeria with relative little development assistance from international agencies, compared with neighboring states. The average life expectancy is 45 years. A Participatory Rural Appraisal report conducted some years ago states that the percentage of people with less than US \$1 a day in Ebonyi State is 70%. Most people with disabilities remain at home, untreated. HIV/Aids in Nigeria are additional problems to people living with disabilities. People with disabilities are in particular vulnerable to contract HIV/Aids due to low socioeconomic status and related dependency. Although there is a worldwide attention for the instability due to the activities of Boko Haram, the southern part of Nigeria is at relative peace. The recent outbreak of Lasa virus in the first half of 2018 has, apart from periods of mandatory school closure, not affected any of the programs.

## CBR Effata Programs in Nigeria

Community Based Rehabilitation (CBR) Effata started in 1996 with an Eye Care Unit, an Orthopedic and Epilepsy Unit and a Vocational Training Unit, located in Omorodu Iseke. CBR Effata works closely together with CBM who sends an eye surgeon every five weeks. An orthopedic surgeon visits the project every three months for consultation and operation. In 1999 CBR Effata was expanded with a Special School for the Deaf (primary education), located at Onuenyim Iseke, and in 2002 with an AIDS Ministry located at Nwofe Agbaja. Currently these projects are administered by local boards, and advised by the Project Advisor.

In 2012, CBR Effata started a Primary School called *Bethel* in Nwofe Agbaja to generate income for the other programs and to provide inclusive education. To improve the accessibility of secondary education for disabled, CBR Effata launched *Berea*, a Secondary School with Inclusive Education, actively supported by the local government. Berea started its first semester in September 2014, with both disabled and non-disabled children taking part in the curriculum. Due to the recent initiation *Berea* is still under responsibility of the Dutch Board.

## Independent CBR Effata programs in Nigeria

CBR Effata has a number of independent projects in Ebonyi State, Nigeria:

- Eye project in Omorodu Iseke
- Orthopedic project in Omorodu Iseke
- Vocational training in Omorodu Iseke
- Inclusive primary school Effata, in Onuenyim Iseke
- Inclusive primary school Bethel in Nwofe Agbaja
- Aids Ministry in Nwofe Agbaja
- Water project in Nwofe Agbaja

## The eye project

The eye project combines outreach with monthly visits of an ophthalmologist for consultations and surgery. The local workers visit villages to treat people at the spot or refer them to the center of CBR Effata in Omorodu. Persons who are not eligible for surgery are offered a mobility and orientation training to promote independence. The average number of consultations is around 7,000 per year. The number of eye surgeries is between 450 and 500 per year.

## The orthopedic project

For orthopedic consultations and procedures, CBR Effata is visited four times a year by an orthopedic surgeon. The local workers perform regular visits to six outreach centers in the Izzi area. The yearly number of consultations and surgical procedures are 1,400 and 100 respectively. Children with cerebral palsy receive specific support and many people are being helped with crutches and braces. If needed, wheelchairs and artificial legs are provided for free. The treatment of epilepsy is part of the orthopedic project. This is due to the frequent contractures and injuries as a result of fits and falls in fire. Per month an average of a hundred people are treated with medicines for epilepsy.

### **Vocational training**

People with disabilities who finish school or are too old to attend classes are able to follow professional training in their chosen profession. These are professions such as hairdressers and carpenters. Blind students are supported at the Blindschool in Iboko. Students with physical disabilities receive financial and mental support in order to follow the regular education.

### **Inclusive primary school Effata**

From 1999, CBR Effata gives primary education to children with deafness or hearing impairment. The policy changed in 2015. Instead of "Special Education", "Inclusive Education" is now given, which means that children with and without disabilities receive lessons in the same class. The total number of children enrolled in this school is around 200 of which at least one third is deaf. Three teachers are also deaf.

### **Inclusive primary school Bethel**

This school started in 2010 and has close to 500 pupils enrolled. A minority is physically disabled and thirty orphans from the AIDS program also attend classes.

### **Aids Ministry**

The AIDS Ministry started in 2003. Today 600 HIV rapid tests are carried out annually. Close to fifty people receive help with antiretroviral drugs. There is an active Support Group for HIV-positive people. The Support Group gathers every month. Aids orphans are helped with education and livelihood. In terms of awareness and prevention an annual youth camp is organized with 250 participating teenagers of which half is disabled.

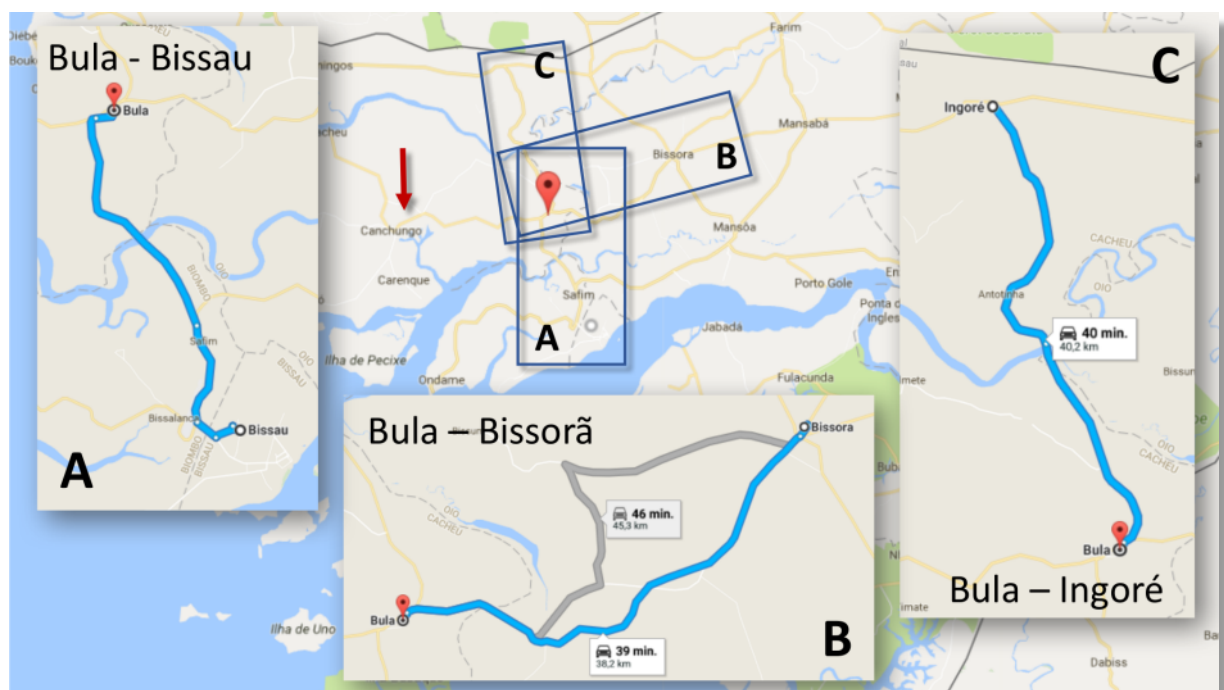
### **Water project**

Many disabilities in Nigeria are the result of poor hygiene. We therefore consider it important to also work on preventive measures. One way to improve hygiene is by offering clean drinking water. Clean drinking water is a big problem in Izzu during the dry season. Due to the success of the construction of 5000-liter water tanks in Guinea-Bissau, we have introduced this concept in Izzu. It also offers employment opportunities for young people with disabilities who have completed the secondary school and want to settle independently. Currently twenty masons are trained of which eight are deaf.

# Guinea-Bissau

## Background Guinea-Bissau

Guinea-Bissau, located in West Africa, is one of the poorest countries in the world and has one of the lowest scores on the human development index. Political instability further contributes to the continuing poverty. As a result the country lacks basic health care facilities and has a relative high burden of people living with disabilities. Although no statistics on disability are available for Guinea-Bissau, extrapolations from the neighboring country Senegal estimate that 10% of population suffers from disability. In 2010 we initiated a CBR program in the North of Guinea-Bissau. Initially the local community in Bissorão, Oio region was included. The work has recently extended to the more centrally located city Bula and Ingoré. The CBR Effata program in Guinea-Bissau is under responsibility of the Dutch Board and advised by the project advisor. An important aspect of the work in Guinea-Bissau is provide sufficient Portuguese sign language teaching material and Bible stories in Portuguese sign language. This is mainly done with small video's compatible with old mobile phones.



**Figure. Map of North Guinea-Bissau.** CBR Effata's work locations in 2018 are Bula, Bissorã and Ingoré. The program was initiated in Bissorã, but the location of Bula is much more central. The office will therefore be relocated to Bula. The travel distance from the centrally-located Bula to the capital Bissau (insert A) is thirty minutes - ideal for patient referral. Bissorã (insert B) and Ingoré (insert C) are forty minutes travelling by car (Max. one hour by motor cycle). The new location that will be included in the program is the village Canchungo in the West, marked with a red arrow.

# Aims and location 2018-2021

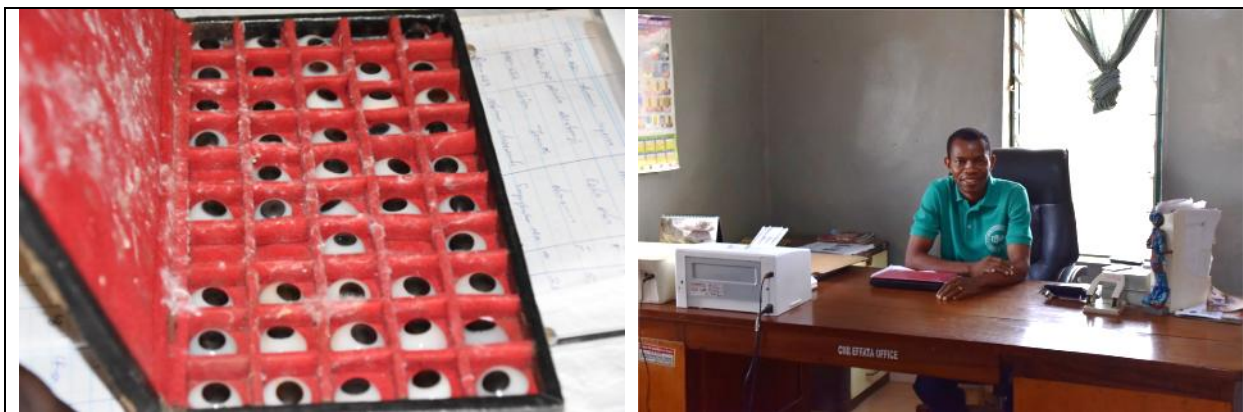
<b>General aims</b>	<b>Relevant for</b>
To continue provision of community based rehabilitation for children and adults with visual, physical, mental and hearing impairments.	Nigeria and Guinea-Bissau
To further improve educational opportunities for blind, hearing impaired, mental and physical disabled children.	Nigeria and Guinea-Bissau
To increase economic independence (livelihood) of people with disabilities.	Nigeria and Guinea-Bissau
To create further awareness among the general population about prevention, treatment and rehabilitation of persons with disabilities.	Nigeria and Guinea-Bissau
To effectively support orphans and vulnerable children affected by Hiv/aids.	Nigeria
To reach economic independence by own Income Generation and provide inclusive education.	Nigeria and Guinea-Bissau
To incorporate spiritual support in the programs.	Nigeria and Guinea-Bissau
Guarantee sufficient quality in all projects.	Nigeria and Guinea-Bissau
<b>Specific aims</b>	
Contribute to development of community-based rehabilitation smartphone application <i>RehApp</i> (with Enablement)	Nigeria and Guinea-Bissau
To obtain permanent residence permit for project advisor.	Nigeria
Construct 100 water tanks in Izzi.	Nigeria
Equip school library of Berea secondary school with sufficient books for all six classes.	Nigeria
Organize annual youth camps for school pupils to address livelihood skills, reproductive health and Hiv/aids knowledge.	Nigeria
Expand outreach program to Canchungo, West of Bula.	Guinea-Bissau
Improve Portuguese sign language teaching material and acquire video's with Bible stories.	Guinea-Bissau
Establish small, central office in Bula.	Guinea-Bissau



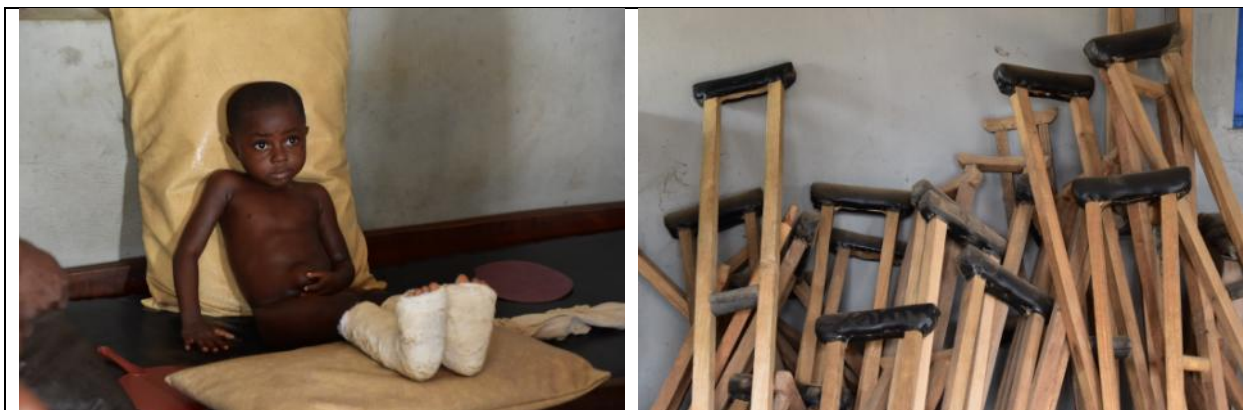
## Photos from the Nigeria programs in 2017



**Inclusive secondary school Berea, in Nwofe Agadja.** Two pictures from *class o*. *Class o* is a special class for new students not familiar with the American Sign Language (ASL). The crash course ASL helps to get the baseline communication skills to a sufficient level before the students enter the regular inclusive education program.



**Eye project, in Omorodu Iseke.** Most people with eye problems are helped with surgery and rehabilitation. Those with permanent damage may select an artificial eye (left). The program is coordinated by Job Nwiboko who lives on the compound where the eye program is located (right).



**Orthopedic project, in Omorodu Iseke.** The number of people applicable for surgery in the Izzi villages is not decreasing. An important procedure to help children with the birth defect clubfoot is the Ponseti method (left). A method to correct the clubfoot without invasive surgery. Rehabilitation material is produced locally as much as possible (right).





**Vocational training, in Omorodu Iseke.** Vocational training helps people with disabilities to become independent. Many find a job, with support from a microcredit, in the local market. For instance in producing and repairing clothing's (left: deaf girl, also enrolled in Berea education) or as a barber (right: deaf boy, also enrolled in Berea education).



**Inclusive primary school Bethel, in Nwofe Agbaja.** Bethel is a fully functional inclusive school for all disabilities except hearing impairments. Children are enrolled in nursery (left) until class 6 (right; during morning prayer).



**Inclusive primary school Effata, in Onuenyim Iseke.** The inclusive primary school Effata is specialized in providing education for children with hearing impairments. The program contains formal elements (left) as well as more informal elements such as games to fully integrate children with and without disabilities (right).



**Aids Ministry, in Nwofe Agbaja.** Hiv/aids is a sensitive topic. Proper knowledge is important, in particular for vulnerable young people. Life skills training and reproductive health are integrated in the regular biology program in secondary inclusive education program Berea (left). Many aids orphans are included in the primary Effata program, anonymously (right; picture is taken from random set of pupils).



**Water project, in Nwofe Agbaja.** The Izzi people are very enthusiastic about the construction of water tanks (left) to provide drinking water in the dry season (right). The concept is taken from Guinea-Bissau and introduced in Nigeria in 2017-2018. Construction teams will be inclusive.