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Training the Trainers in Community-Based Rehabilitation

Queen's University and the Pan-American Health Organization are collaborating on a project called Community-Based Rehabilitation, designed to aid survivors. The project assists victims with their physical, emotional and financial problems to help them reenter and remain active in their communities.

Central America Land Mine Survivors Project

Proyecto Para Sobrevivientes de Minas Terrestres en Centro América

by John Paterson and Will Boyce, Central America Landmine Survivors Project

Introduction

As reported in the Summer 2000 edition of the Journal of Mine Action, Queen's University is working with the Pan-American Health Organization (PAHO) and the Mexican government to assist survivors of conflict and those affected by landmines, particularly disabled persons, in the countries of Nicaragua, El Salvador and Honduras. The government of Canada, through the Canadian International Development Agency (CIDA), is funding this four-year (1999-2003) project (known as the Tripartite Project) through the humanitarian relief section of its Landmine Initiative.

People injured by landmines display the consequences at several levels as impairments, disabilities and handicaps. The obvious physical impairments include amputations, spinal cord injury, blindness and burns, but mental impairments such as Post Traumatic Stress Syndrome are equally problematic and often as insidious. Landmine-caused disabilities, on the other hand, are the loss of abilities that are normal for a person of a particular age and developmental stage. These disabilities include problems with self-care, mobility or the performance of regular tasks at work. Landmine-caused handicaps are really the result of society's inability to accommodate people with disabilities. These handicaps include a lack of recognition for the existing potential of disabled persons, barriers that limit physical accessibility and attitudes that promote social stigma and isolation.

For over a decade, Queen's University has been actively promoting and researching Community Based Rehabilitation (CBR) in developing countries and post-conflict regions of the world. As the Canadian technical contributor to the Tripartite Project, the Central America Land Mine Survivors (CALMS) project at Queen's University addresses the physical, social and economic problems of landmine survivors and disabled persons through the following three components:

- Integrating Community-Based Rehabilitation into primary health care programs
- Improving access to the training of personnel who provide prosthetic and orthotic devices
- Promoting the economic re-integration of survivors into their communities.

In order to respond to the individual needs of each country, all project activities are determined through an annual planning meeting held in each country, at which people from government ministries (health, education, labor and social security), the NGO community and people with disabilities are represented. This article focuses on the training aspect of the CBR component, the central theme of the project and the only component in which all three countries are actively involved.

Community-Based Rehabilitation (CBR)

The United Nations has determined that one of the most effective means of improving the lives of people with disabilities is by creating and supporting CBR. CBR is a community-based initiative in which all facets of a person's life, such as health, physical and emotional needs, educational programs, employment needs, and recreational and social lives are considered.

The term "CBR" is used widely throughout the world yet understood by very few. The concept of CBR includes a thorough knowledge of how communities operate, an understanding of the range of human needs, an acknowledgement of the impact of a disability on the family and the individual, a belief in an individual's right to determine his/her own future without society-induced barriers, a basic understanding of impairments and treatments and the skills to transfer this knowledge to others.

CBR Training Activities in the First Year of the Project

In the first year of the project (1999-2000), over 300 people in landmine-affected regions of El Salvador, Honduras and Nicaragua attended 15 workshops. These workshops focused on three themes: Awareness of Disability, Planning of CBR and Clinical Skills for Under-serviced Communities. The participants included people from the communities at large, representatives of ex-combatants, spiritual leaders, health-care providers, community leaders, government officials and NGO workers.

Paterson and Boyce: Training the Trainers in Community-Based Rehabilitation

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iv ated by the interactive approach
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Wisconsin. However, this attitude has
ave
al from Nicaragua found that using
the community as a resource helps him
find assistive devices for patients with
mobility problems. Although the impact
of these initial workshops was clear, a more detailed and sustainable model
is needed.

The Training of Trainers (TOT) Model

Rationale
Upon completing the first year of
the project, it became apparent that
there were insufficient resources to
continue presenting CBR workshops
throughout the many landmine-af
fected communities in all three coun
tries. A new model was required, one
that was sustainable and feasible.
Therefore, the “Training of Trainers”
(TOT) model was adopted in the sec
to
r of the project. The TOT model allows project resources to
be better used in developing the skills and knowledge of appropriate people
within each country. In this way, a cadre of personnel, with a thorough
knowledge of CBR and the skills to
teach it to others, will remain in the
region upon completing the project in
2003. Also, each country, community
and village will have the opportunity
to adapt CBR to the needs of their communities, rather than
simply adopting a Canadian, Asian or Mexican model of
CBR. Therefore, CBR does not
become another imposed strategy
dictated from the North or
from centralized government ministries in the capital. The
results are beneficial to all: the
work loads of the limited num
ber of ministry people are dimin
ished; the need for highly trained
medical and rehabilitation pro
fessionals in remote regions is
decreased; and the community gains recognition and a sense of
accomplishment from taking respon
sibility for CBR.

Goal
The program’s goal is to increase
the number of people who are trained
to teach other people about CBR.

Objectives
The TOT objectives are:
1. To teach the knowledge, skills and attitudes necessary to train others
about CBR
2. To present the theory and teaching
skills behind the training of adults in community environments

Strategies and Resources
In keeping with the current best
practices of adult education, all work
shop participants are expected to take
an active role in the learning process
and ultimately assume responsibility
for their own education. Trainers
(from Canada, Mexico and the host
country) act as facilitators, guiding the
participants through a carefully
planned curriculum of activities de
signed to build on their own skills and
knowledge. The TOT training is com
pleted in three separate workshops
(levels 1, 2 and 3), each held a few
months apart. An integral part of the
training directs the participants to
plan, design, present and evaluate
CBR workshops in their home com
munities, involving the community
and people with disabilities. These
participant-led workshops are held in
the periods between the TOT work
shops, so that participants may plan
and review their work with their fel
low TOT colleagues.

The prime resource for the TOT
workshops is each participant, who
brings his/her own training, expertise,
skills and attitudes to the workshops.
Participants are expected to use the
resources in their own communities,
such as landmine survivors, people
with disabilities, their organizations
and other related community groups.
The facilitators act as resource people
to encourage each participant to maxi
mize his/her own capabilities. Queen’s
University has prepared detailed
manuals for each level of the training.

Topics
There are two basic themes within the training: Education and
CBR. Table 1 details the topics
covered and the level at which each topic is discussed.

Discussion
At the time this article was writ
ten, the TOT process was still in
progress, and a full evaluation of its
impact remained to be completed.
Early impressions and feedback from
the participants have yielded some in
teresting findings. Participants have
been consistently encouraged and
motivated by the interactive approach
of the workshops. It is a style of teach
ing to which most people in Central
America are not accustomed, and yet
they readily accommodate the ap
proach with enthusiasm and typical
cultural enthusiasm. Participants are
less comfortable with the sense of
openness and self-criticism that is en
couraged during the workshops. Per
haps this is to be expected in a society
recently torn apart through internecine conflict and one in which
conformity is expected. Nonetheless,
as future trainers of trainers, they are
encouraged to develop skills of self
evaluation and critical thinking.

Since the beginning of the
CMALPS project, dealing with the
predominantly medical focus of the ac
tivities has been a challenge. The con
cept of CBR has always been to pro
mote the rehabilitation of disabled
despite the need for a more holistic
manner, in which the individual is
viewed as a person, not just a patient,
mothers, clients, worker or student.
Because the CALMS project is adminis
tered in the countries by the various
ministries of health, it is difficult for
the integrated approach to CBR to
take hold. The participants and facilita
tors are predominantly from a health
background, which promotes the im
port of disability as a purely medical
problem, contrary to the predominant
view of disabled activists who view
disability as a social issue. On the other
hand, the health/medical systems are
the best-developed services within
each country and are often linked to
other ministries (education, labor,
etc.), therefore allowing the project
easy access to people in the remote
regions most affected by landmines.

Another early finding is that the
participants are serving as the work
shops stressed and tired, as they tend
to belong to an already very busy and
active segment of their communities.
Participating in the TOT workshops
places an additional demand on their
already limited time and resources.
This raises the question of the long
term sustainability of the TOT ap
proach: how can a country with lim
ited capacity find the resources to sup
port and promote CBR activities and
CBR trainers? With the exception of

| Table 1: Topics covered and levels at which each is dis
cussed. | Levels |
<table>
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<tbody>
<tr>
<td>Education</td>
<td>CBR</td>
</tr>
</tbody>
</table>
| Goals and objectives | 1.2 | Disabili
| Educational principles | 1.2 | t principles |
| Adult education | 1.2 | of disability |
| Learning styles | 1.2 | Determinants of disability |
| The teacher | 1.2 | Prevention of disability |
| Teaching strategies | 1.2 | Dimensions of CBR |
| Developing a lesson | 1.2 | Attitudes to disability |
| Determining learning needs | 1.2 | CDDM |
| Use of resources | 1.2 | Evaluation of community needs |
| Motivational techniques | 1.2 | CBR: the three ele
| Group strategies | 1.2 | Placing CBR |
| Curriculum development | 2.3 | Rehabilitation in the community |
| Evaluation | 2.3 | Rehabilitation and PHC |
| Alternative methods, e.g., | 2.3 | RBC in post-conflict regions |
| Workshops | 2.3 | Development of resources |
| Problem solving | 2.3 | CBR: planning and implementing |
| Learning in the community | 2.3 | Strengthening CBR in the community |
| Multiple disciplinary aspects | 2.3 | Mental health |
| Evaluation | 2.3 | Cultural awareness |
| Sustainability | 3 | 1,2,3 |
| Working with people with disabilities and families | 3 | 1,2,3 |
| New learning technologies | 3 | 1,2,3 |
Landmines in the Sand: The Falkland Islands

The Falkland Islands contain approximately 117 mine fields. Many of the mines were remotely delivered. About 80 percent of these landmines are hidden beneath sandy beaches and peat, which can shift a mine's position and make detection and removal very difficult.

by Juan Carlos Ruan, Inter-American Defense Board and Jill E. Macheme

Introduction

Ever since John Strong, a British naval captain, first set foot on the Falkland Islands (Malvinas) in 1690, this South Atlantic Island arc has been subject to numerous skirmishes and fiery debates between countries all vying for control. However, none of these disputes created an armed conflict comparable to the islands' most recent conflict between Britain and Argentina.

In 1765, Britain established a settlement on the Falkland Islands and declared ownership in the name of King George III. Since then, the British have maintained control over the Falkland Islands asserting their sovereignty. However, Argentina contests Britain's rights to the islands and contends that their rights to the islands are defined in the Spanish Papal Grants of 1493 and 1494, which claimed all of South America (except for regions maintained by Portugal as territory of Spain). Argentina also sees the Falkland Islands as a representation of British colonialism, and it states that its proximity to the islands compared to that of Britain warrants control. Though these opposing views have created bouts of turmoil for over 200 years, the most recent conflict occurred in 1982.

The British were unprepared for the attack, and the defensive attempts of the Royal Marines were ineffective against the thousands of Argentine troops. The British forces retreated to Montevideo, Uruguay, in order to organize a counterattack. During the next two months, the Argentinas justly and successfully gained control of the islands building up a military post of more than 10,000 troops and naming

Falkland Islands on April 2, 1982.

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