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# Substance of the programme for 2nd exchange round (temporary document)

The Rehabilitation service in Nordkapp kommune and Kazungula and Livingstone District Health Offices

Project name: Community Based Rehabilitation exchange programme in culture, traditions and health between The Rehabilitation service in Nordkapp kommune, Norway and Kazungula and Livingstone District Health Offices, Zambia. Hereafter referred to as CBR programme.

Duration of project: From November 2008 to August 2010. We want to start the exchange from the South in November 2008, and the exchange from Norway right after the preparatory course. It has been a good experience having all 4 participants at the same preparatory course. Each exchange will last for 15 months including preparatory course and information activities. Last two exchanges has been 18 months but was changed because Nordkapp kommune hopes that will make the recruitment easier.

## **1 INSTITUTIONAL FRAMEWORKS**

The community of Nordkapp has a population of 3200 inhabitants. It can be described as a rural area because of the distance to other communities and the history that is attached to our community.

Never the less it is a well functioning community, we have good infrastructure, airport and other public transport both local and to other communities around us. When it comes to public services that are being offered we can offer most of the basic health care.

We have one health centre located in Honningsvåg, the main location in the community. (Approximately 2000 inhabitants)

The rehabilitation service is one of 4 areas of services in the health and social services in the community.

- 1 Health services which includes GP, laboratories, mother and child, and staff in ambulances.
- 2 Home based care which includes nursing care and also helps in maintaining your home tasks if you are having a dysfunction.
- 3 Institutional care for mostly elders who cannot stay in their own homes any more. The nursing home is situated at the health care centre and there are also 3 GP beds for use in emergency situations.
- 4 Rehabilitation service which includes professionals as: Occupational Therapist (OT), Physiotherapist, Mental Health nurses, Environmental Health workers and other professional health workers.

In addition we have a NAV Office. NAV is the Norwegian Labour and Welfare Organisation. It was established on July 1st 2006, and is a comprehensive welfare reform.

Approximately 700 000 people in the Norwegian work force receive different kinds of benefits. Statistics show that this number is increasing, especially among young people. An extensive reform was required to reverse this development.

NAV is a merger of three former organisations:

- o The National Insurance organisation (state)
- o The National Employment Service (state)

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- o The Social Welfare System (municipal)

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In spite of the reform, Social services still offer traditional services for people in need of it. For instance economical support and therapy for people with drug related problems, whereby focusing on an active approach towards the users, and focusing on job oriented activities and individual adjusted follow-up systems are required. It is also necessary for the municipal and state organisations to find an adequate way to interact locally.

The rehabilitation service is offering its services on the NAV office every 14<sup>th</sup> day but in addition we cooperate closely.

The rehabilitation offers services to all the inhabitants in need of rehabilitation. We organize most of our work in teams with other staff from the rehabilitation services, from the other health care services but also from school and kinder gardens.

We try to do our work in the daily situations in the homes of the clients, at work, school or kinder gardens.

The rehabilitation service runs two day care centres, one for the elderly and one within the mental health care. For the elderly we have staff working permanently while the other one, we run by using our own staff.

We also organize our work in teams within subjects such as dementia, mental health and rehabilitation (stroke or other neurological diseases).

The challenges that we are facing are within drugs and mental health, people with chronicle obstructive lungs disease, cancer, dementia (cooperate closely with the GP in doing the diagnosis) and children with various retardation and dysfunctions as, Down syndrome and CP.

Our aim is to integrate the vision of rehabilitation in all the sectors in the community of Nordkapp.

Kazungula and Livingstone District are two of the districts in southern province of Zambia in the extreme south of the country, separated from Zimbabwe and Botswana by the Mighty Zambezi River and the Victoria Falls, one of the world's natural wonders.

Livingstone has a population of 125 000. Kazungula has a population of 87000.

Livingstone has 14 government health institutions of which one is a general hospital, 3 are referral health centres while the other 10 are medium to small clinics within its catchments area.

Kazungula has 19 health centres and is a rural district which caters for all types of health programmes and health related problems. Kazungula is a new district, established in 1997; it used to be a part of Livingstone. Kazungula is now building up offices close to the border in the town of Kazungula.

The challenge in Kazungula District is that most of the clinics are in areas which are isolated.

Both the Districts have a District Health Office, which is lead by the District Director of Health.

Common activities in community based rehabilitation

1. IGA – Income Generating Activities, eg.
  - a. Gardening
  - b. Basketry
  - c. Door mat making
  - d. Curving
  - e. Chicken rearing
  - f. APT: Appropriate Paper Technology
2. Health Education in the community
3. Domestic skills e.g. personal hygiene
4. Social skills e.g. story telling, drumming
5. Leisure activities e.g. sports such as football

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6. Secondary rehabilitation at the hospital with a mental health unit

Other institutions involved in rehabilitation are:

- o Zambezi Paramedical Centre at Livingstone General Hospital with Occupational Therapy and Physiotherapy centre.
- o LIST-centre.
- o Some clinics have clubs for CBR
- o The Ministry of Health in Livingstone is also working hand in hand with the City Council, Prisons department and Mental Health Association of Livingstone.
- o Cheshire home

#### **Some challenges being faced in CBR activities**

1. Lack of transport for outreach programme.
2. Lack of resources to sustain CBR activities
3. CBR not funded by the health sector as a dependant programme.
4. Lack of IEC (Information Education Communication Materials) and lack of resources and equipment for production of these.
5. Lack of reference books for CBR
6. Staff turn-over
7. Inadequate CBR personnel (shortage of qualified staff).
8. Difficulties in networking.
9. Inadequate Community Based health agents.
10. Inadequate skills to carry out rehabilitation activities.

## **2 PREVIOUS EXCHANGE ROUNDS**

The background for this project is based upon two Occupational Therapists work in Zambia in the nineties to establish rehabilitation as an area in the health services in Livingstone.

This led to a Fredskorpset project between the University College in Tromsø and Livingstone Hospital. Nordkapp kommune was one of the communities who were fortunate for a short period to be hosting the two participants from Zambia in 2002. We experienced that we had a lot to learn from each other on the area of rehabilitation and started our own project.

We now have completed the first exchange round including two exchanges involving a total of eight participants. Three partner visits have been done during the last exchange, one in Livingstone October 2007, one in Nordkapp in March and during the development of new programme Nordkapp kommune were having a partner visit in Livingstone and Kazungula in May 2008. Together all three partners plus a representative from The Provincial Health Office, being the signing authority, participated in the development work. The goal for this last meeting was to evaluate the two exchanges and design a new Partnership Agreement and Substance of the Programme.

Partner visits have been done from both North and South this round and we also got one extra grant from FK to do the last one in the South. Since we are three partners the extra partner visit is necessary to strengthen the partnership. Information internal in all partnerships is a challenge, so we decided to make actionplans in addition to the Substance of Programme to ensure that participants are given the best orientation and introduction to their new countries and culture. This will be described in 3.4.

We have decided to keep the same aims and objectives for the whole project from the first exchange round. Because of the contents of the programme we do feel we are on the right track and in short terms we can conclude that we are on the right track concerning the goals. We have

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few changes concerning objective and expected measurable results for both partners. There have been changes in the Coordinators in the South and it has of course had an impact on our project but we believe that by designing an action plan routines will be established and responsibilities shared in both districts.

This programme is based on the partner visits done in the North in March 2008 and the partner visit in Zambia May 2008.

We must underline that feedback from all involved in the evaluation is that this is a project worth working for.

Roles in the project:

As set up in the partnership agreement the following are involved in the project:

In the south:

PHO: The Provincial Health Director as the signing authority and Mental Health Contact person.

DHOs: The District Director of Health  
Manager Planning and Development  
The Coordinator of the FK programme  
Two Norwegian participants

In the north:

Chief Director as the signing authority and mayor of Nordkapp commune  
Director of health and care  
Manager of Rehabilitation  
The Coordinator of the FK programme.  
The two Zambian participants

A definition must be set out in the action plan.

### **3 THE PARTNERSHIPS OBJECTIVES AND ANTICIPATED RESULTS**

#### **3.1 Primary aims for the project**

The aim is to create an opportunity for professionals between the age of 22 and 35 years to share knowledge, attitudes, skills and related experiences in identified clinical areas with the main focus on Community Based Rehabilitation (CBR). It is also an overall objective to spread knowledge about the Fredskorpset and its activities.

##### **Objectives of the Fredskorpset project**

The objectives are:

- 1 To strengthen and develop Community Based Rehabilitation for all in need of rehabilitation.
- 2 To strengthen and develop health and rehabilitation competence in a cross-cultural perspective.
- 3 To strengthen and develop network in Rehabilitation: locally and internationally.

#### **3.2 The partners' self-interest in the exchange and anticipated measurable and specific results**

### **For partner in the North**

#### 3.2.1 Objective for Partners in the North

1. Gain knowledge of and learn to respect and deal with cultural differences in the professional approach to patients.
2. Achieve increased knowledge of cultural similarities and disparities between Finnmark in Norway and Kazungula and Livingstone Districts in Zambia.
3. Achieve increased knowledge about the relation between culture, health and rehabilitation.

#### 3.2.2 Expected measurable results, short term.

The participants are our tools, and through their activities the partners can reach the goals.

1. Exchange two health professionals for 15 months in Zambia.
2. Information activities are done according to the plan.
3. During the stay, participants share knowledge about cultural differences, especially with regard to information, education, communication and the health care system

#### 3.2.3 Expected measurable results, long term

The participants are our tool, and through their activities the partners can reach the goals.

1. Within the different activities participants have been oriented in themes such as: cultural differences in the professional approach to patients, knowledge and skills related to various health problems specific for Zambia (e.g. HIV/aids, TB, malaria)
2. Share knowledge and skills in how to appreciate available equipment.
3. Participants have incorporated their knowledge and skills related to culture- health- in rehabilitation in daily work with patients.
4. Participants are resource persons upon return guiding and supervising colleagues dealing with patients that have health problems related to a different culture.

### **For partners in the South**

#### 3.2.4 Objective of the Partners in the South:

1. Achieve increased knowledge of cultural similarities and disparities between Norway and Zambia.
2. Gain new knowledge and skills in the management of CBR Programmes.
3. Exchange and enhance competence in the field of rehabilitation.
4. Promote information technology and literature search in the field of rehabilitation.

#### 3.2.5 Expected measurable results, short term:

The participants are our tool, and through their activities the partners can reach the goals.

1. Exchange two health professionals for 15 months in Norway.
2. Information activities are done according to the plan.
3. During their stay, participants share knowledge about cultural differences, especially regarding information, education and communication, also in the health care system.

#### 3.2.6 Expected measurable results, long term:

The participants are our tools, and through their activities the partners can reach the goals.

1. Information have been given to the partners and colleagues in Nordkapp Municipality and both district in themes such as:
  - Cultural differences in the professional approach to patients

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- Knowledge and skills related to various health problems specific for Norway
  - Share knowledge and skills on how to use new and advanced equipment
  - Share knowledge about team building and team work in a multi-disciplinary approach
  - share knowledge and skills in training patients in group therapy
2. Participants have incorporated their knowledge and skills related to culture- health-rehabilitation in daily work with patients.
  3. Participants are resource persons upon return; guiding and orientating colleagues on CBR.
  4. Participants will guide/orient colleagues within information technology and literature search in the field of rehabilitation.

### **3.3 Activities**

Based upon the sites the partners found to be interesting during the first exchange round and feasibility study, the activities that the participants are to attend must be related to the following areas;

Rehabilitation:

- o Mental, medical, social and physical disorders.
- o Orphans, vulnerable children.
- o Individual rehabilitation plans.
- o Family /network influence in the rehabilitation process.

Culture and health:

- o Social and cultural experiences.
- o Awareness of own culture, tolerance and appreciation.
- o Knowledge and attitudes towards the less privileged.
- o Culture in communications
- o Challenges in gender issues.
- o Practice of religion

Other areas of interest:

- o Integration of programmes.
- o Cross-sectorial cooperation.
- o Voluntarism and community participations.
- o System of special education for children with special needs.

Participants are to report to the partners if they do activities outside the mentioned areas.

The partnership has agreed on the following tasks and duties for the participants:

- a. Participate in the daily activities at the two districts, at specific sites chosen by the partners and described in The Substance of the Programme.
- b. Participate in training and orientation of site focal point persons.
- c. Participate in the different stages of rehabilitation such as preventive, promotive, curative and follow-up activities in domestic setups.
- d. Initiate new activities individually and in groups to enhance learning of different skills

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- e. Learn and experience rural and traditional set-up.
- f. Learn local languages for easy communication with clients.
- g. Promote the vision of Fredskorpset and the MDG's (Millenium Development Goals).
- h. To get an overview of traditional beliefs in both countries.

### **3.4 Activities in the South**

The activities for the participants in the South will be divided into themes/sites. It will be possible for the participants to work simultaneous at different places. The exception is during the Preparation part and Orientation part.

1. Preparation (one week in Nordkapp, three weeks Preparatory Course in Norway)
2. Introduction/orientation of the two districts
3. Mental Health
4. Disabled children
5. Rural set-up
6. Information work/exchange of experiences (5 weeks overlapping)

#### 3.4.1 Preparation part 4 weeks

Before the participants from the North and from the South start the Preparatory Course, they will spend one week together in Nordkapp kommune. The purpose is to get to know the municipality and the people working in the area of Rehabilitation.

Preparatory Course for three weeks is mandatory for all FK-participants.

#### 3.4.2 Orientation part 5 weeks:

Introduction/orientation part:

The districts should have check lists on information and activities for the participants. The check list could contain this information:

- o information/orientation on the DHMT, CBR, CBA, which support groups one can find in the community, examples on income generating activities (for instant making doormats)
- o information on the structure of the rehabilitation system in Zambia in general and Kazungula and Livingstone in particular. Information on patient rights; legislation on health, rehabilitation, education, social services
- o organogram: definition of the different titles in the two districts and the hospital, structure of systems
- o information on HIV/aids, TB, malaria
- o information on/visits to the places participants will be working.
- o self introduction of the participants ("user manual"): information on interests, special knowledge

Possible activities during this part of the program:

- o identify areas for CBR activities and hold meetings with stakeholders to sensitize in CBR (IEC: Information, Education, Communication). Try to create a database on CBS agencies. Create and develop CBR outreach activities through multidisciplinary teams. Organizing quarterly CBR meetings
- o integrate programs with Livingstone General Hospital
- o follow employees at the districts in their daily work and if possible conduct home visitations at the same time

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- o information on what to do in Livingstone; social events, sports, getting to know colleagues at the two districts, join in a work shop, cultural meetings to learn about traditional beliefs and Zambian culture

#### 3.4.3 Mental Health

This includes.....Wanja fyll!!! inn

- o LIST-centre: Working with people with mental problems living at home.
- o Livingstone Central Prison: Working with HEPs (His Excellence Pleasure). This is people from all over Zambia who has committed crimes when they have been mentally disturbed and therefore is sentenced to serve time at this special department in Livingstone Central Prison.
- o Katombora Prisons/Reformatory School (both juvenile and open prison). One of the activities at Katombora could be to help people prepare for a future outside the school/prison.
- o Zambezi Paramedical Centre at Livingstone General Hospital.
- o Static and outreach CBR at these clinics: Maramba, Dambwa, Libuyu, Linda, Mukuni, Simango, Makunka

#### 3.4.4 Disabled children

- o Cheshire Home for children with physical disabilities and learning difficulties. The participants will take part in the various activities at the centre(direct interventions towards the children at the centre in a multidisciplinary approach, workshops for children, staff and family members on important issues and outreach activities). The participants will be part of the team doing outreach to assess the already identified children, to do follow up in the domestic environment of the children and to identify new children in need of rehabilitation in local communities in Livingstone and Kazungula.
- o Livingstone General Hospital, Zambezi Paramedics.This include developing a structure of multidisciplinary cooperation.
- o New sites of interest will be the District Board of Education with focus on special education units and opportunities for disabled children to be integrated in mainstream schools. Home Based Care providers in the children's local communities will also be key resource personnel in the rehabilitation process in cooperation with the families of the disabled children and the institutions mentioned.

#### 3.4.5 Rural set-up

- o Makunka Village
- o Simango Village

#### 3.4.6 Information work/exchange of experiences: 5 weeks overlapping

The idea of overlapping is that the participants are to learn from each other on what they have experienced during the period.

For the first (3<sup>rd</sup>) exchange we would like the four participants to spend one week together in Nordkapp from the 1<sup>st</sup> of November before they start the Preparatory Course the 9<sup>th</sup> of November. The Preparatory Course will end the 28<sup>th</sup> of November 2008.

In the end of the program the participants will spend two weeks together in Zambia.

Before the second (4<sup>th</sup>) exchange this will be evaluated to see if it is any need for changes the program.

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**Name of immediate superior:**

In all the places where the participants go there will be local site persons. The names on contact persons should be in the action plan.

**Necessary professional background and/or experience of participant:**

All participants must be professional health workers.

**Other important personal qualities of participant:**

The participants must be:

- o Willing to learn about the other cultures and ways of living
- o Cultural competence; here meaning an interest for the new culture.
- o Mature, open-minded, responsible, keen to learn, self motivated, social, patience, humble and have willingness to perform.

Its also of high interest that in the recruitment period the applicator get to talk to previous participants to ensure they can consider the challenges before a decition is being made.

### **3.5 Activities in Norway**

#### 3.5.1 The preparation part 4 weeks

Before the participants from the North and from the South start the Preparatory Course, they will spend one week together in Nordkapp kommune. The purpose is to get to know the municipality and the people working in the area of Rehabilitation.

Preparatory Course for three weeks is mandatory for all FK-participants.

#### 3.5.2 Orientation part/general rehabilitation in the Rehabilitation service

Introduction / orientation part. The Rehabilitation service should have check lists on information for the participants. The check list could contain this information:

We will fill this in after have had an evaluation with the participants upon returning home after the partner visit.

this is being integrated in the daily work in the rehabilitation service and the aim is to get an overview of the Health system in our community. Its also of high importance that the participants will be able to learn some basic Norwegian and therefore the period in the beginning will be based in the Rehabilitation service.

Participants are to participate in the rehabilitation service daily tasks and together with the different professions.

This will include:

Homebased care

Institutional care

Hospital rehabilitation: Participants shall look at the collaboration at different levels of service provision i.e. hospital, community and consumers.

The health clinic for children and youths

Participants shall share their way of working with mother/child/family.

#### **3.5.3 Mental health**

Within the care of people with mental illness it's of high interest to share knowledge on different methods of working with cultural aspects.

Places of interest:

Møteplassen

Honningsvåg Produkter

#### 3.5.4 Disabled children

During this period the participants will also be able to do follow up of clients within different ages, sexes and with different problems. It therefore will include kindergartens, schools, workplaces and clinic work within rehabilitation.

Estimated duration;

#### 3.5.5 Care of the elderly

The home based care

Dagtilbudet

The institutional care

It includes working in the department for people with dementia.

#### **3.5.6 Indigines people**

**Karasjok kommune:**

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Karasjok kommune is a kommune with the highest amount of the population is indigenous people. Karasjok kommune has different programs for their Sámi people and participants will be able to get an overview on how they live in relation with the perspective of rehabilitation. Participants are also to get an overview on the traditional beliefs affect persons with mental illnesses in the Sámi area.

### 3.5.7 Information work/exchange of experiences: 5 weeks overlapping

The idea of overlapping is that the participants are to learn from each other on what they have experienced during the period.

For the first (3<sup>rd</sup>) exchange we would like the four participants to spend one week together in Nordkapp from the 1<sup>st</sup> of November before they start the Preparatory Course the 9<sup>th</sup> of November. The Preparatory Course will end the 28<sup>th</sup> of November 2008.

In the end of the program the participants will spend two weeks together in Zambia.

Before the second (4<sup>th</sup>) exchange this will be evaluated to see if it is any need for changes the program.

### Name of immediate superior:

In all the places where the participants go there will be local site persons.

### Necessary professional background and/or experience of participant:

All participants must be professional health workers.

### Other important personal qualities of participant:

The participants must be:

- o Willing to learn about the other cultures and ways of living
- o Cultural competence; here meaning an interest for the new culture.
- o Mature, open-minded, responsible, keen to learn, self motivated, social, patience, humble and have willingness to perform.

Its also of high interest that in the recruitment period the applicator get to talk to previous participants to ensure they can consider the challenges before a decision is being made.

## **4 GENERAL PARTICIPANT INFORMATION**

### **4.1 Participants will be recruited from:**

- o Own staff
- o For the partners it might be needed to recruit externally. In that case the participants will have to get to know their partner before they are sent abroad.

On posting the participants shall as much as possible be on sites separately.

## **5 MONITORING**

The partners have planned the following for exchanging information about the progress of the project:

### **5.1 The partners will exchange information between themselves about the progress of**

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**the project through:**

Annual partner meetings. North partner will visit Zambia March 2009. Because of big turnover of staff at the South, the South partner will visit Norway twice during the first exchange. This will be June 2009 and late 2009/early 2010.

During partner visit always meet with signing authorities.

**Regular internal reports**

After finishing a posting the report should be written from that posting/site (mental health, disabled children, rural set-up).

**Final narrative report**

Nordkapp kommune should complete the final narrative report no later than one month after the conclusion of the project. Kazungula DHMT and Livingstone DHMT should complete its contribution to the final report before the participants leave for follow up. The reports should include the following: introduction.....

**5.2 Communication vis-à-vis participant will be done by the following means:**

Participants are to send their reports to host partner Nordkapp, Kazungula and Livingstone due to the contact information.

The DHO should send the reports to the sites. The reports are to reach all partners the second week of the following site/posting.

Employee appraisals of participant to be conducted by host partner 2 times during the period of 15 months.

Communication between the partners and participants is to be covered by telephone and email. In both countries it is important with regular meetings with the participants.

Participants are responsible for the contact with the sending partner but should not be less than every second month.

**6 FOLLOW-UP ACTIVITIES**

The participants are to prepare a plan for the participant's feedback of knowledge and experience to his/her sending partner and surrounding specialist network. The activities should primarily be performed after the exchange, but may also be done during the posting in the host country.

It is hoped that the overlap will allow the participant to share and compare and exchange skills and initiative gained both sides.

**6.1 Scope of the Agreement**

	<b>Number of participants</b>	<b>Duration per participant (number of months)</b>			
		Preparatory course	Posting abroad	Homecoming seminar and follow-up activities	TOTAL

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North-South	2	1,5 month	12 month for 1 exchange	1,5 months	15 months for 1 exchange
South-North	2	1 month	12 months for 1 exchange	1,5 months	15 months for 1 exchange
TOTAL					

## 6.2 Target groups

Colleagues on both sides. Also groups both sides who are working within the rehabilitation area.

Suggested from the partnership:

- other health professionals
- Signing authority
- The places where the participants were
- other health professionals
- People in the local community and nearby area
- Union groups
- NGO
- Mental health organisation in Norway
- Politicians
- Department of social services, culture and education

Internally within the sending partner's organisation and the surrounding specialist network, and any other relevant target groups.

## 6.3 Activities

The participants are to make a plan for the activities. It should also have a budget related to it.

In both sides the participants could be in motivated and inspired to write an article in the local newspaper.

Also as much as possible contact with all kind of Medias; Unions, magazines, internet, websites.

Livingstone and Honningsvåg may and june 2008

Anne Trine Elde  
Director of Health and Care

Simon Mutembo  
Director of health

Sarah Shankwaya  
Director of health

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Nordkapp kommune

Livingstone District

Kazungula District