

CBR

Policy Paper



Picture: CBM



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CBM is an international Christian development organisation, committed to improving the quality of life of persons with disabilities in the poorest countries of the world. CBM's vision is of an inclusive world in which all persons with disabilities enjoy their human rights and achieve their full potential.

CBM supports partners in low and middle income countries, addressing the causes and consequences of disability through primary health care, medical, education, rehabilitation, livelihood and empowerment activities. Emphasis is placed on Community Based Services working with families and self-help groups.



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Abbreviations

| | |
|--------|--|
| CBR | Community Based Rehabilitation |
| DFID | Department For International Development |
| DPI | Disabled Peoples International |
| DPOs | Disabled Peoples Organisations |
| HIV | Human Immunodeficiency Virus |
| IDDC | International Disability and Development Consortium |
| ILO | International Labour Organisation |
| INGOs | International Non-Government Organisations |
| ISRD | International Strategy for Disaster Reduction |
| LGU | Local Government Unit |
| MDGs | Millennium Development Goals |
| NGOS | Non-Government Organisations |
| PCM | Project Cycle Management |
| RI | Rehabilitation international |
| SHGs | Self Help Groups |
| SWOC | Strengths, Weaknesses, Opportunities and Challenges |
| UN | United Nations |
| UNCRPD | United Nations Convention on the Rights of Persons with Disabilities |
| UNESCO | United Nations Educational, Scientific and Cultural Organisation |
| WHO | World Health Organisation |



1. Introduction

CBM is one of the largest International Non-Government Organisations (INGOs) working in the field of disability and development. Forming local partnerships, it reaches out globally to millions of people with disabilities around the globe. Together with its partners, CBM aims to improve the quality of life of the world's poorest persons with disabilities and those who live in disadvantaged societies at risk of disability. CBM envisions an inclusive world in which all persons with disabilities realise their human rights and achieve their full potential.

One of the important strategies CBM employs in achieving its aim is Community Based Rehabilitation (CBR). CBM supports local partners using the CBR strategy and this support has grown over the years both in terms of numbers of partners and in the range of disabilities being addressed. At the same time, the CBR strategy has been expanding beyond the traditional focus on health to encompass inclusive education, livelihood, accessibility, disaster management, self-empowerment¹ and inclusion in society. Therefore, there has been a paradigm shift towards inclusive development and cross-disability engagement.

1.1 Defining Disability

To understand this paradigm shift it is important to understand the evolving concept of disability. Disability was traditionally regarded as a problem of the person; directly caused by disease, trauma, or other medical conditions; and a deviation from the normal, resulting in blindness, deafness, intellectual delay, physical difficulty, or mental conditions. Much of CBM's work over the years has successfully focused on improving function and decreasing preventable causes of impairment. But the above mentioned traditional understanding of disability failed to consider challenges that people with disabilities face; barriers which block and exclude people with disabilities from the activities and services enjoyed by non-disabled people.

Subsequently CBM shifted its focus to include these concerns, later preserved by the UN Convention on the Rights of Persons with Disabilities (UNCRPD)² which recognised in the preamble that "disability is an evolving concept, resulting from the interaction between persons with impairments and attitudinal and environmental barriers that hinder their full and effective participation in society on an equal basis with others."

¹ Self-empowerment: in CBR, practitioners help to facilitate the process whereby persons with disabilities and/or their families organise to empower themselves, personally and as a pro-active sector in the community.

² UN (2007)



1.2 Disability, Poverty and Exclusion

According to the World Report on Disability (WRD), launched in June 2011, disability affects approximately 15% of every country's population, including both, moderate and severe disability³. Around 3% of the population experience very severe limitations in functioning. The WRD compiles estimates of access to the broad range of services for persons with disabilities, comparing need, and unmet need. A survey in four African countries presented a broad range of findings in terms of access. Only for health services was access relatively high (61-92%), but for vocational training for example access to services was as low as 5%.⁴ 80% of people with disabilities live in low income countries⁵. Disability and poverty are directly linked: poverty increases the risk factors which lead to disability, and people with disabilities are more likely to be poor because they lack access to health, education, political and socio-economic opportunities available to others in the community. Persons with disabilities also experience higher living costs than non-disabled people, and are more likely to not get access to healthcare because of costs⁶. The disability-poverty cycle is directly linked to community development, or rather, exclusion from development occurring in the community: the poor are excluded from programmes and services and are therefore more likely to be exposed to conditions that lead to impairment; persons with disabilities are excluded from programmes and services and therefore remain, or become, poor.



Picture: CBM

Mahajan (left) playing with her friends at her home.

³ WHO, (2011)

⁴ Ibid., p 42

⁵ WHO (2005)

⁶ WHO (2011)



1.3 Definition of CBR

The evolution of CBR is directly linked to the evolution of the prevailing understanding of disability. CBR is one of the strategies deployed to eliminate barriers to development; it aims to address the causes of disability; and to deliver quality⁷ services and programmes.

The CBR Joint Position Paper (WHO, ILO and UNESCO) adds that CBR is **“a strategy within general community development for the rehabilitation, equalisation of opportunities, poverty reduction and social inclusion of all people with disabilities.”**⁸

The Joint Position Paper reflects the evolution of CBR from a service delivery to a community development strategy and strongly recommends:

- Community participation and community ownership of programmes, two essential ingredients for sustainability.
- People with disabilities, like everyone else, should have equitable and barrier-free access to all services and opportunities, such as health services, education, poverty alleviation and livelihood programmes, social justice, cultural and religious events, and to social relationships.
- The central role of people with disabilities their families and their organisations (DPOs) in implementing and managing programmes using the CBR strategy.
- Partnership between government, DPOs, non-government agencies, business sectors, faith-based groups and other community organisations.

To ensure people with disabilities realise their rights and responsibilities and have the opportunity of leading lives with dignity and fulfilment, CBR adopts a multi-sectoral, inclusive development approach which addresses the key domains of well-being (health, education, livelihood, social participation and empowerment).

To fully appreciate CBR it is important to define it in the perspective of community development since CBR is a strategy of community development. Community Development is defined “as a commitment to the creation of a society that provides equal access to social, economic and political opportunities through participation.”⁹ In short, it is inclusive development.

⁷ Quality = The degree to which services provided achieve the best possible outcome for the recipient consistent with current evidence based knowledge.

⁸ WHO, ILO, UNESCO (2004)

⁹ Paul Edward Muego, CBM CBR Coordinating Office, the Philippines (2010)



Community development starts off from a critical analysis of the community's current situation (e.g., using qualitative and/or quantitative tools), be it at the village level or at a macro level, and how it impacts locally on the lives of the people, particularly the marginalised, and globally on our world (e.g. forest, oceans). It must be emphasised that people who are excluded from participating and benefitting from the fruits of development play a central role in the process. For external development workers, including the excluded is mandatory in order to have a deeper appreciation and understanding of what already exists in a community and to truly start from where the people are and build on what they have.

Goals are clearly defined based on the analysis of the situation. Again, the lead role of the people in defining their own development goals assures a "fit" or relevance to their actual situation and needs (e.g., health needs, livelihood concerns). Defining development **with** the people stands out against the common practice of defining **for** the people what they need.

People's capacities must be built, if they are to genuinely participate in all aspects of inclusive community development (or CBR). The task of the external facilitator is to help communities build their capacity to:

- Manage their own programmes and projects;
- Set up and strengthen people's organisations to serve as a vehicle for collective actions;
- Identify and develop leaders from their ranks;
- Develop plans to meet their myriad needs in partnership with other rights-holders and duty-bearers;
- Evaluate their efforts, not only to determine performance and gauge impact, but to continually improve their work, and
- Research and document their local initiatives and good practices so that other communities can learn from them.

It must be made clear that in community development, or community-based rehabilitation, we are not only concerned with end results (e.g. access to socio-economic services) but are equally focused on the process that:

- Empowers and includes the disempowered and excluded;
- Breaks down and transforms societal and systemic barriers to genuine participation;
- Builds respect for diversity, and
- Recognises mutual interdependence.



1.4 Rights Based Approach to Disability and Inclusive Development: A Twin Track Approach¹⁰

The human rights based approach to disability has shifted the focus from a person's limitations caused by impairment to a broader focus that includes addressing the barriers in society that prevent people with disabilities from accessing services and opportunities, that prevent them from developing to their fullest potential and from exercising their rights. This is the essence of the social model of disability which emphasises that people are disabled not by their impairment alone but by the barriers in society which exclude people with disabilities from participating in society.¹¹

As a result, a twin track approach adopts the following development strategy:

- Programmes that serve to eliminate or diminish the effects of the person's impairment and to address the causes of the impairment. This becomes developmental in nature when we investigate causes beyond the traditional medical domain (e.g. environmental disaster, poverty, landlessness, war, inequality and so forth). A programme is also developmental and self-empowering when the person is at the centre of their own comprehensive rehabilitation plan that also addresses inclusion, participation, accessibility and self advocacy. The CBR worker plays a catalytic role in ensuring that the plan is implemented by working with the person and his or her family, community programs and leaders, and specialist support according to the priorities and needs that the person has identified.
- Any individual or community programme should also address social change. In order for people with disabilities, or rather, for all people considered different,¹² to access community activities and services, there needs to be change in the attitudes of people. These programs should facilitate the process whereby persons with disabilities and their families empower themselves, so that they can then work with others to eliminate, or significantly reduce environmental, cultural and attitudinal barriers that exclude people from society.

It is not possible for one person to empower another. People can only empower themselves to develop to the best of their ability, to be involved in community affairs, to take a stand, to work in solidarity for the necessary changes in society. What organisations like CBM and their partners can do is to provide opportunities where this

¹⁰ CBM (2008)

¹¹ DPI (1981)

¹² "Difference" implies any person who is seen to be different from what is considered the "norm" which varies from place to place. Essentially, it is any person or sector marginalised by society due to race, gender, sexuality, social status, age or impairment.



process can take place (e.g. inclusive education, work, community organising, medical interventions, provision of assistive devices, making communities accessible, being role models, etc).

1.5 Gender and Disability

Women and girls with disabilities experience additional discrimination based on gender, disability and poverty. Although gender equality, women's empowerment, and sexual and reproductive health are priority areas within development, women with disabilities are often excluded from these mainstream development programmes. They are generally not included in the women's movement, and in many countries they are also discriminated on the basis of caste, colour, religion, race or language. Women with and without disability are more often than not the primary caregiver. Having a child with disability may isolate mothers, because of the time and attention needed to care for a child with disability and because of society's negative attitudes.

CBR is gender sensitive and supports the full participation of women and girls with disabilities and mothers of children with disabilities. CBR promotes the rights of women and girls and contributes to development effectiveness.



Picture: CBM/Backofen Mihm

Class at school for deaf children at "Village Bondeko" in Kinshasa/DR Kongo.



1.6 Parents and Families

The role of parents, particularly mothers, and families of children with disabilities is vitally important to CBR's approach in working with children. Mothers and grandmothers, often the main care-givers, also become the key persons to ensure services and programmes reach their children. The CBR strategy targets parents, particularly mothers and other key care-givers so that they:

- Understand service options and are able to provide supportive care to their children with disabilities;
- Can make informed decisions once all information is shared, and actively participate in planning and implementing programmes concerning them or their children;
- With care-givers from other families, organise to support each other and learn through the 'parent to parent' approach;
- Empower themselves and form self-help groups (SHG), by applying community organising techniques. The SHGs become an essential stakeholder in planning, implementing, managing and evaluating programmes as well as a mechanism for lobbying, gaining access to financial services and engaging in livelihood activities which have a direct impact on child and family well being.¹³
- Support each other in the balance of work, care for their whole family, including their child with disability;

Examples include the use of creative assistive devices which allow the child with disabilities to accompany mother during work-hours; singing and talking with the child when doing household chores; ensure the father is active and playing a decision-making role in all activities; support husbands in organising their own support group or joining the parents' group; enhancing parenting skills and engaging all the family members in early intervention activities; including her child with disabilities in all family activities (eating together, playing together); playing outside with other children; including her child with disabilities in all community activities, including school, religious, leisure, sports and cultural activities; and "babysitting" for other families with children with disabilities, and vice-versa. Persons with disabilities, just like everyone else, are responsible for their own lives and the Government, NGOs, faith based groups, etc., are there to provide assistance and help when needed.

- Learn about reproductive health and other health matters, especially HIV, malaria, healthy lifestyle, and nutrition;
- Join women's and other sectoral groups: be part of what is developing in the community.

¹³ Please refer to Appendix 1 for further discussion on self-help groups, under the "empowerment" component



1.7 Children and Disability¹⁴

Children with disabilities are among the most stigmatised and excluded of the worlds' children. Discrimination against them has serious consequences: it affects self-esteem, leads to poor health, severely limits access to education and future work opportunities, and excludes them from early learning and play. According to UNESCO, 98% of all children with disabilities in developing countries do not attend school¹⁵. Research also indicates that children with disabilities are much more vulnerable to abuse and neglect¹⁶ than their peers without disability.

There is a need to address the causes of disability as well as provide medical, educational, social, pre-vocational and rehabilitation services. Equally important is the need to promote the inclusion of children with disabilities into mainstream society.

The first five years of a child's life are crucial. The earlier the intervention the greater the positive impact on the child's future quality of life. Early intervention develops abilities and prevents secondary impairments, while breaking barriers in society will reduce disabling effects. All these concerns are part of the CBR response¹⁷.

1.8 Disaster Management and CBR

Disasters mainly affect the poor segments of society. Over the past twenty years, about 200 million people¹⁸ have been affected by natural disasters every year. Eighty percent of those killed and disabled during conflicts are civilians, many of whom are women and children¹⁹. More often than not, persons with disabilities get left behind in the disaster management activities.



Picture: CBM

Young man in tent city. Port-au-Prince/Haiti, after the earthquake.

¹⁴ CBM (2009b)

¹⁵ UNESCO (2009)

¹⁶ UNICEF (2007)

¹⁷ Please refer to Chapter 5, Strategies Principles and components of CBR

¹⁸ UN (2004), (This figure relates to disasters caused by hazards of natural origin and related environmental technological hazards and risks)

¹⁹ RI (1992), p.266



Programmes adopting the CBR strategy are excellent resources to facilitate inclusion of persons with disabilities in the disaster management process²⁰ to ensure that they have equal opportunities to fulfil their particular needs. Their involvement can follow a twin track approach, on one hand ensuring that persons with disabilities benefit from relief and recovery activities and on the other empowering them through the continuity of the existing CBR activities. These programmes become part of the overall disaster response particularly through participation at the community level.

The CBR strategy ensures that all vulnerable groups, especially persons with disabilities are included and participate in local disaster risk management initiatives. CBM's role in CBR, as an INGO and with its partners, is to ensure that a participatory role is taken in disaster risk management, and to ensure that organisations do not work alone, but are catalysts in response and understand their role as one of many stakeholders in the process.

As in any activity, CBR involves multi-task forces, working together in harmony, avoiding duplication, maximising resources, and ensuring that all parties involved are informed and up-to-date on all operations. CBR adopts a seven-point approach when responding to emergencies²¹:

- Response/relief;
- Recovery/rehabilitation;
- Vulnerable groups;
- Preparedness;
- Disaster reduction;
- Community development model in the organising and management of services and
- Conflict and Peace process.

In CBR, programmes again work with specialists in the field, but adding their unique contribution of knowing the communities and knowing the key leaders. The community grassroots approach helps people to discern what is really going on and to determine appropriate action that can lead to effective damage control, lasting peace and security²².

²⁰ Disaster management includes relief, recovery/rehabilitation and disaster risk reduction (preparedness and prevention)

²¹ CBM (2009a)

²² For further information on CBR and Disaster Risk Management see the Appendix



2. International Framework

2.1 The World Report on Disability (WRD, 2011)

The WRD was launched in 2011. It is a joint WHO and World Bank publication and gives the best available scientific evidence on disability. The report gives a comprehensive scientific analysis and recommendations for national and global action. The report gives evidence for the widespread barriers that persons with disabilities are facing, i.e. inadequate policies and standards, negative attitudes, lack of provision of services, problems with service delivery, inadequate funding, lack of accessibility as well as lack of consultation and involvement of persons with disabilities. The report addresses the same areas that are also addressed in the CBR guidelines. Furthermore, this publication recommends that governments use CBR as a solution for achieving the rights of persons across the fields of health, rehabilitation, employment, enabling environments with disabilities in low resource settings.

2.2 The CBR Guidelines

Launched by WHO, UNESCO in October 2010, the CBR guidelines they are unique in the sense that for the first time, UN agencies, People with Disabilities and their Organisations as well as NGOs came to a common understanding of and approach to CBR. The guidelines promote CBR as a strategy for implementing the UNCRPD, for achieving inclusive development and inclusive societies.

2.3 The UN Convention on the Rights of Persons with Disabilities (UNCRPD, 2007)

The UNCRPD promotes, protects and ensures the full and equal enjoyment of all human rights and fundamental freedoms by all persons with disabilities on an equal basis with others. The principles of the Convention support the guiding principles of CBR. For example, the UNCRPD identifies the shift in focus from the person's limitations, which are a result of impairments, to society's barriers excluding persons with disabilities from the same opportunities as others. The UNCRPD promotes inclusion, participation, respect for diversity in the human condition, equal opportunity, equality between men and women, self-autonomy and the effective use of community development approaches. The UNCRPD urges government and communities to "take effective and appropriate measures to facilitate their full inclusion and participation in the community"²³

²³ UN (2007)



2.4 The Millennium Development Goals (MDGs)

In 2000, the **MDGs** were declared by the United Nations (UN), as a policy approach for combating poverty. Persons with disabilities are not explicitly mentioned in this policy; they are not mentioned in any of the 48 indicators of the MDGs. However, the MDGs cannot be achieved if no specific attention is given to people with disabilities²⁴ and if development programmes are not made inclusive. The CBR strategy can be effective to lobbying efforts with local and national governments for the inclusion of persons with disabilities in order to ensure greater success with the MDGs.

2.5 Education for all

The global "**Education for All**" initiative has made considerable progress in recent years. However UNESCO notes that while progress has been made, 1/3 of children who are not in school today are children with disabilities. Both UNCRPD and CBR promote inclusive education as a right and as a way to ensure all children are included and learning in school. CBR develops self-advocacy groups of disabled and non-disabled children to actively participate in their own learning processes and to work towards change in attitude and acceptance. CBR works for "education for all" by networking with communities and with education systems in creating an inclusive, accessible environment where adaptive learning resources and special education provisions are available within the mainstream classroom.

2.6 Other framework documents

International agreements and declarations which contribute to or build on the above mentioned framework include the Salamanca Statement, the Dakar Plan of Action, the ILO Covenant on Employment, the Biwako Millennium Framework and a variety of regional framework documents including: the African, Asia Pacific and Latin American Decades of Disabled declarations among others.

3. CBM's Future Work in CBR

3.1 Current Direction with Partners

CBM's CBR partners are moving beyond the traditional medical focus to embrace inclusive education, livelihood and social change. More

²⁴ Washington Post (December 3, 2002)



and more focus is put on realising that each stakeholder is just one player among others, and that networking referral and information sharing are crucial. Partners are increasingly focused on facilitating processes whereby people with disabilities empower themselves and form self-help groups, DPOs and organisations of parents of children with disabilities. There is an increasing trend towards a multi-sectoral, cross disability approach which enables people with disabilities to fully participate in society. The gradual shift can be illustrated through the following table:

Classification of Rehabilitation Projects

| | Individual | ↔ | Social |
|--------------------------------|---|---|---|
| Restoration of Quality of Life | Restore Physical Functioning | | Equality of Rights Advocacy |
| Focus of Power | Client Receive Services | | Clients have Full Ownership |
| Involvement of Others | Focus is on person with disability only | | Community Participation |
| Range of Activities | Single Service only | | Multi-sectoral Collaboration Referral |
| Disability and Others | One type of Disability and Age Attended | | Cross disability including needs of community |

(Cornielje H, Velema PJ, Nicolls, P. 2008) adapted by Pfoertner K



Picture: CBM

CBR in Peru



CBR is a complex strategy, which developed from institutional-based to community based rehabilitation, moving from an individual to a social model, but valuing characteristics of both (see twin track approach). This matrix based on five dimensions is used to evaluate programme progress, elaborate indicators for success and compare strengths and weaknesses without a need to judge the 'rightness' of a partner's current approach.

3.2 The Paradigm Shift – Key Concepts

Despite the progress and evolution of CBR over the last two decades, the lives of millions of people with disabilities remain unchanged. They are still excluded, rejected, and not participating in programmes concerning them. Attitudes continue to remain negative or pitying. The number of children with disabilities attending school is low. As a result, the following paradigm shifts are recommended:

3.2.1 CBR as a Community Development Strategy

- CBR is clearly defined as a strategy and emphasises community development;
- CBR is concerned with improving the quality of life of everyone, including health, education, livelihood, social participation and empowerment; to accomplish this, CBR's focus goes beyond the individual by also working to remove society's negative attitudes and barriers to inclusive development in systematic ways.

For example, creating a local policy on inclusive development; working against stigma; working at the grassroots and through advocacy campaigns to change attitudes so people will include any person who is considered "different"; supporting multi-stakeholder planning and implementation; promoting the 'citizenship model'. The citizenship model: enabling communities to serve all its citizens and enabling persons with disabilities to serve their community, in order to make development meaningful for ALL.

- CBR is a strategy to help communities enable themselves and to serve all its citizens. CBR is concerned with enabling persons with disabilities to serve their community in order to make development meaningful for all. DPOs and individual persons with disabilities and their families are expected to participate in the life of their community, supporting and participating in other sectoral movements;



- CBR helps to strengthen DPOs so they can take their place alongside government in ensuring persons with disabilities have equitable access to all services and are included in all community activities,
- CBR starts where the community is “at” (that is, what the community is currently experiencing, how it is currently functioning). It learns from the community and builds on what already exists. **Every** community has something to offer. Using resources from within the community is fundamental;
- Community organisers are an essential human resource within CBR – their competencies play a central role in facilitating the process whereby persons with disabilities (and parents) empower themselves.

The community organiser acts as a facilitator and helps identify and develop potential leaders from the group or sector. These new leaders will ultimately search for new recruits, organise the community and sustain planned activities together with other community leaders. The concept of “shared leadership/responsibility” is the key to the success of any community development strategy.

3.2.2 Marketing

- CBR as a strategy is marketed to communities and the entities and organisations that are part of the community as a strategy which benefits people with and without disabilities.

One role of CBR practitioners is to find the “selling point” that will entice government leaders to take on CBR. Inform decision-makers about the international and domestic policies, offer ways to help government achieve their MDGs. It is always good to offer “help” to local communities: for example, we all know this is the responsibility of the government and the community, and we would like to help you” rather than threaten with penalties.

3.2.3 Multiple-stakeholders

- Work with existing sectors in the community: government agencies, community services, NGOs, DPOs, faith based groups and business groups. CBR is most effective when there is a strong collaboration between key players in the community. DPOs must



work alongside local government with the latter taking the lead. The NGO or DPO acts as a resource to the community, in an advisory role, as catalysts/enablers of change, training the community and in developing networks of resources outside the community. NGOs must not be perceived or expected to be the sole agents responsible for change. Change will only come about when the community perceives the value of CBR, takes ownership of the programme and invests in its success.

- Therefore, CBR workers²⁵ are from all walks of life in the community, and are committed to social change and inclusion. They work on planned activities related to health, education, livelihood, social participation and empowerment. They should also have a good working knowledge of community organising skills and principles.
- CBR encourages government, civil society and other sectors to include issues concerning disability in their mandates, and implement appropriate work plans and budgets that reflect these issues.
- NGOs should limit their involvement in a community to enabling the local community, facilitating the process of empowering DPOs to be independent, establishing working referral systems and functioning implementation networks. This will ensure that over time the NGO's can scale down or withdraw while allowing the community to take over and invest in the CBR initiative.

3.2.4 Quality Services

- CBR ensures that essential information related to all aspects of disability and development reaches families, communities and persons with disabilities. CBR remains committed to enable communities to deliver quality services;
- CBR includes all types of disability (cross-disability), and works to ensure full representation across these disabilities and for adults and children, women and men.

3.2.5 Enablement

- This is achieved by adopting a training and monitoring package which involves on-going capacity-building, supervision, mentoring and coaching. It is essential to monitor and evaluate targets (or indicators) established during training and to measure how training has affected the quality of life of people with disabilities, families and communities. It is important to employ experienced trainers and facilitators and to use didactic, experiential and adult learning techniques.

²⁵ Please refer to Chapter 7 for further discussion on the scope of work for CBR workers and managers



- CBR promotes on-going training and development for all stakeholders, personnel and volunteers, which results in more competent personnel and quality services;
- CBR respects the need for both career development as well as personal development for anyone involved in implementing the strategy. It also encourages an on-going programme of “caring for each other and for oneself”²⁶.
- CBR employs qualified personnel with disabilities in all aspects of the programme, including advocacy work. As there may be a problem hiring qualified personnel, whether disabled or not, the key is **not** to hire based on tokenism, but rather to provide opportunities to build the competencies of potential future CBR personnel.

3.2.6 Role of Professionals

- Professionals are encouraged to become trainers and mentors (with a strong monitoring component), so that they can reach many more people with disabilities and concentrate on support services beyond the capacity of the community. Professionals (therapists, educators, livelihood specialists, etc.) should build the capacity of local resources and contribute to ensuring good linkages with specialist services not available at the local level. This enhances inclusive development practice and supports more effective use of limited specialist personnel.

3.2.7 Management & Sustainability

- Project Cycle Management (PCM) is the most effective and embracing process for formulating, developing, planning, implementing and sustaining any programme wishing to use the CBR strategy successfully.
- CBR improves data collection by adding pertinent questions to on-going information-gathering at community level. This then allows planners to include disability as a development and community issue.

3.3 Addressing Causes of Impairment and Disability

A large proportion of impairments and their consequences are preventable or treatable (e.g. polio, cataracts). Yet the incidence of impairment is increasing. CBR should address prevention of causes of impairment in coordination with the respective Health Ministries, with particular focus on health promotion, prevention of disease,

²⁶ Patkai I, Mohanraj, A. and Reyes W., CBM, Mental Health Advisors “Mental Health Perspectives in CBR Framework”, 1st Asia Pacific CBR Congress 18- (February, 2009) Bangkok, Thailand (Session: CBR and Psycho-social Disabilities/Mental Health)



accidents and violence, and occupational health and safety at the primary health/community care level. Poverty and its causes need to be addressed (lack of access to safe water and sanitation, homelessness, refugee situations, etc) as well as exposure of communities to hazardous environments, potential disaster sites, and violence.

Currently most of the socio-political causes of disability are not being addressed despite commitment from many countries to the Millennium Development Goals. Prevention of the causes of disability as opposed to the causes of impairment, include addressing barriers to infrastructure, information, communication, technology and attitudes and is an important focus of CBR, involving collaboration with all sectors of government, civil society groups, business sector, faith based groups, DPOs and grassroots organisations.

3.4 Needs

- Individual needs vary from person to person, according to age, gender, type of disability, sexuality, geography, socio-economic status, culture and religion. CBR, as a grassroots participative strategy, responds to the stated needs and suggestions of individuals with disability in the community.
- People with disabilities have the same needs, priorities and aspirations as people without disabilities: good nutrition, clean water, housing, a means of livelihood, healthy relationships and so on. People with disabilities must be able to move about the community easily and without fear for their safety. Like everyone else, people with disabilities want to be part of social and community life, want to be self-reliant and want to contribute to the development of their communities. They want to exercise their rights, to vote, to participate in decisions made about them, to help others, to address environmental, attitudinal and spiritual barriers in their communities.
- Needs must be determined by people with disabilities, their families, their primary care-givers, and by the community. It is the role of CBR personnel to ensure people can make informed choices and fill gaps in knowledge through joint problem solving. Needs assessment by individuals and groups is a continuous process involving the key stakeholders, e.g. people with disabilities, families and community members. It is a process of discernment, where all stakeholders analyse the situation in their community, including general statistics, geography, socio-economic status, culture, resources available, style of governance, legal framework, policies and accessible features. With this information they can use a SWOT²⁷ analysis

²⁷ SWOT: Measuring the Strengths, Weaknesses, Opportunities and Threats which face a community, programme or project; sometimes called SWOC replacing 'threats' with 'challenges'



to determine how well the community functions and whether CBR can be a useful strategy for development. As persons with disabilities are identified, they gather to discuss their concerns, share together about underlying causes which helps them identify their own needs. Needs also include the needs of the community.

4. **Aims & Objectives**

Together with its partners, CBM, using CBR as one of its strategies, aims to improve the quality of life of the world's poorest persons with disabilities and those at risk of disability, who live in the most disadvantaged societies.

- CBR, as a strategy, aims for the inclusion of people with disabilities in society.
- CBR aims to ensure that people with disabilities have the possibility to lead full and fulfilling lives with dignity.
- CBR aims to:
 - Remove the barriers that stand in the way of development;
 - Deliver quality services and programmes;
 - Address the causes of disability;
 - Bring persons with and without disabilities together on an equal basis.
- CBR strives for a better life for everyone in the community, including people with disabilities.
- CBR contributes to the inclusion of all marginalised groups in the development of a community, and calls for action against poverty.

In summary, CBR is a strategy for the rehabilitation, equalisation of opportunities, poverty reduction and inclusion of all people with disabilities.²⁸

5. **Strategies: Principles and Components of CBR**

A comprehensive multi-sectoral CBR strategy covers the key components of well-being: health, education, livelihood, social participation and empowerment of people with disabilities and their families. This comprehensive approach is represented by the CBR Matrix, which further divides each component into five specific elements. These components and elements are well known – CBR is not a new concept, nor is it re-inventing the wheel. The matrix is a tool-box for planning holistic community development programs. Subsequently, it will help planners and decision-makers monitor and evaluate their work. The

²⁸ WHO, ILO, UNESCO (2004)



elements and components do not stand alone. They are interrelated and affect one another.

The CBR matrix is a guide in designing, managing, monitoring and evaluating programmes and services using community development strategies²⁹. Stakeholders will note that they may be carrying out some of these activities already. However, they should not be overwhelmed and believe that they need to work on all the components right away; they can focus on these activities when the time is right, or when the need arises or when resources are obtained.

Fundamental to the development of CBR across the matrix is the understanding that a well functioning network of stakeholders is crucial to the success and sustainability of the strategy. **“Together we can do more”**. No single entity or programme is responsible for all components and elements of the matrix.

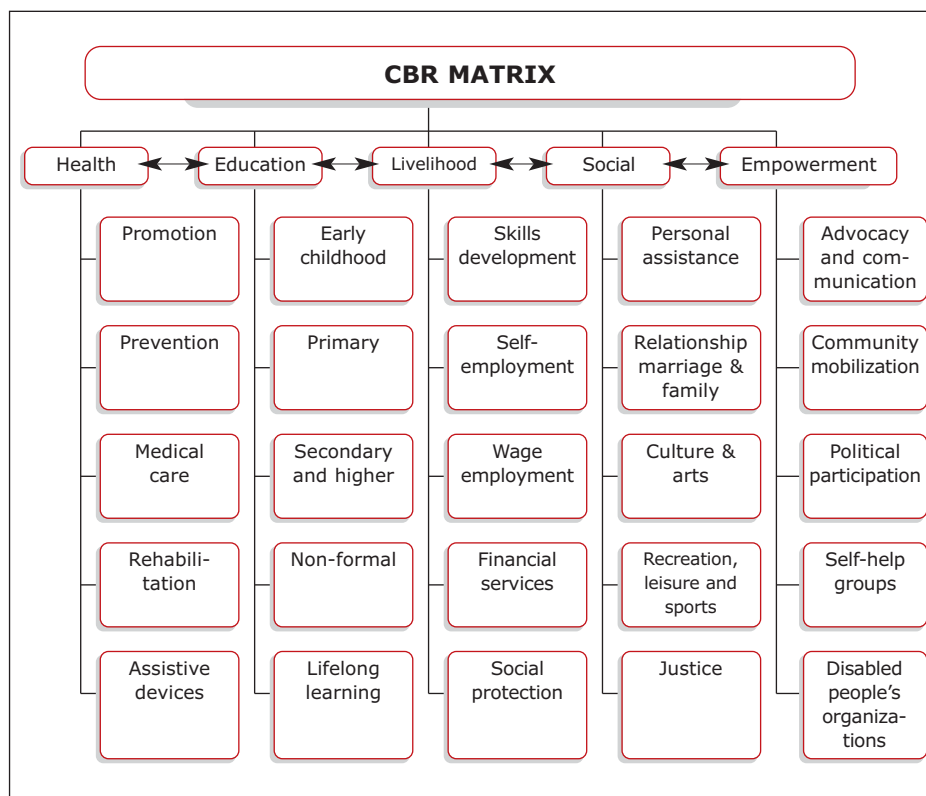


Table 2³⁰

²⁹ Please refer to Appendix II for a discussion on the connection between the CBR Matrix and the Community Development Framework.

³⁰ WHO, ILO, UNESCO, (2010)



5.1 Principles of CBR

The matrix is underpinned by the principles of inclusion, participation, self-advocacy, accessibility, and sustainability. It is important that these underlying principles be kept in mind to avoid a simple ticking of “component” boxes in CBR work. By embedding CBR in these principles, the strategy aims to achieve the rights of persons with disabilities, inclusive development, community ownership and long-term sustainability.

5.1.1 Inclusion

To ensure people with disabilities are included in all community activities, services, and institutions.

5.1.2 Participation

To ensure people with disabilities and their families decide, plan, evaluate, manage, and implement programs, in partnership with the community. Participation means persons with disabilities have choice and decide for themselves. Persons with disabilities must have access to the same opportunities as others, and the same opportunity to have an impact in their own lives and those of others. It also means that persons with disabilities are recognised as citizens, as voters, as having equal rights as everyone else.

5.1.3 Self-advocacy

To ensure people with disabilities organise themselves and are the centre of the rehabilitation process, to advocate change, to lobby for their rights and for information, to make informed decisions about what they need.

5.1.4 Accessibility

To ensure persons with disabilities have access by eliminating all physical, attitudinal, and communication barriers. When accessibility is discussed, it is not only in reference to 1) built environments, but also, 2) access to transportation, and 3) access to information. Accessibility is an entry point for an inclusive society and is crucial to any CBR program.

5.1.5 Sustainability

To ensure sustainability, there must be coordination among government, (especially local government), non government organisations of and for people with disabilities, professional bodies, academe,



community leaders, civil society, faith based groups and the business sector. The DPO plays a central role throughout. It is essential to mobilise the community's resources: human, technical, environmental, to meet the stated needs of citizens with disabilities. Local authorities should assume direct responsibility for these services and the community undertakes these activities because it recognises the relevance, quality and necessity of these activities.

Most important, CBR is not a strategy for one marginalised sector. It intends to ensure inclusion for persons with disabilities, within a community development framework that is beneficial to the community at large.

5.2 The Components of CBR³¹

5.2.1 Health

All people with and without disabilities have the right to health. The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity³². This definition allows one to identify the non-medical needs and to improve the social situation and the social well-being of people. This definition makes health the responsibility of people, institutions, non-governmental organisations, and governmental departments within and outside the medical domain. CBR as a strategy helps to fulfil this definition.

In the health domain, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:

- The main elements for CBR in the health domain are the promotion of well-being, the prevention of causes of impairment, the delivery of affordable medical and rehabilitation interventions and the provision of affordable assistive devices that "fit".
- People with disabilities', like everyone else, have a right to good health. In CBR, actions are taken to meet their medical needs and to ensure good health and well-being – as a right.

5.2.2 Education

Education is a human right and yet most children with disabilities do not go to school³³. CBR is a strategy to achieve inclusive development. Therefore programmes using the CBR strategy should facilitate the

³¹ For a broader discussion of each of the components, see the Appendix

³² WHO (1948)

³³ www.unesco.org/en/inclusive-education/children-with-disabilities



inclusion of children in neighbourhood schools, in age-appropriate classes. The strategy is employed to help eliminate physical, attitudinal and communication barriers that exclude and deprive them of choices and opportunities. CBR is principally focused on inclusive education. Special education provision should be used as support to improving quality of education in regular classrooms but can, when this is not feasible initially, be an alternative education provision in the community particularly where communication differences can severely limit the ability of regular classrooms to provide good quality education.

In the education component, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the entire life experience, from early childhood to schooling to lifelong learning.

5.2.3 Livelihood

Livelihood is a universal basic need and right, and a vital component of the CBR strategy.

People with disabilities, like everyone else, have a right to work. In CBR, actions are taken to meet their livelihood needs in order to ensure financial security, job satisfaction and inclusion in society, and to contribute to taxes and services – as a right. The elements include skills training, self and open employment, access to lending institutions, advocacy work to change attitudes of employers and fellow co-workers and social protection.

5.2.4 Social

Participation in family and community activities and programmes is a human right. CBR challenges attitudes, practices and behaviours that exclude people with disabilities and their families from fully contributing to community and family life³⁴, while building confidence and self-esteem of people with disabilities and their families. The participation of people with disabilities in all aspects of life in the community is a clear indicator of how a community values and embraces the diversity of all its members³⁵.

Children and adults with disabilities, like everyone else, have a right to be included as citizens. In CBR, actions are taken to meet their social needs and to ensure that each person is participating in society to their fullest potential, from family, to neighbours, to community leaders, to having close relations with chosen loved ones and

³⁴ WHO, ILO, UNESCO, IDDC (2010), Social component, pg 1

³⁵ Ibid



friends. The social domain involves building up a corps of personal assistants and setting up procedures to ensure social justice.

5.2.5 Empowerment

Empowerment is essential in order for persons with disabilities and their family members to confidently challenge negative attitudes in the community and to claim their right to equity, justice and inclusion in society. Persons with disabilities empower themselves so that they are fully aware of the issues and capable of responding in a proactive manner. Being empowered means enabling people speak for themselves, ensuring they are well-informed and articulate, are united through a process of mutual respect and have well-defined roles and responsibilities within their organisations. These organisations are built on values which members hold dear, and which define the pulse of the organisation.

Empowerment means that persons with disabilities can lobby for social change and for a better life for all. Becoming empowered is a right for everyone. The ability of persons with disabilities to speak for themselves, to genuinely represent their organisations in fair and balanced ways, is a right and again, is a clear indicator of how a community values and embraces the right of people to speak up about issues that concern them.

In CBR, actions are taken to ensure that each person can access the processes which facilitate people empowering themselves – as a right.



6. Roles of Stakeholders in CBR

In order to prepare, plan, implement and evaluate the various components of a programme using the CBR strategy, a well prepared, credible CBR team of community leaders is needed. Their role as policy makers, planners and implementers should be clearly defined. This team works within the established structure of the community and/or government to ensure convergence of decision-making and activities. In many countries this mechanism may be a local and/or national CBR committee/council.

In many countries where governance has broken down, it may be perceived that such a committee or council is not a viable proposition. But even in the most chronically devastated communities, there is always a cohesion, if however tenuous. There is always the potential to identify potential leaders. Community members will demand some system or structure to order their lives. Therefore, it can never be said that there is “nothing” in a community. There are always the people, however downtrodden. And in CBR, we start where the people are “at”.

The roles of stakeholders vary according to local situations, but the key is to identify the main “gatekeepers”, the leaders from the different community sectors: government, civil society, faith-based sectors, business sector, grassroots groups, professional bodies, academe and the disability sector. These leaders, representing their sector, are on the national or local committees.

Each role is clearly identified: government takes the lead coordinating role; the NGO or faith-based group could be a catalyst, or like the professional bodies, be a source of expertise and training. Professionals should be “on tap, not on top”³⁶, as trainers and specialists when the community is not able to meet the needs locally.

It is important to ensure representation of people with disabilities, their organisations (DPOs) and families at all levels of the programme and throughout the entire management cycle from pre-planning to evaluation.

The Committee defines policies based on the needs and priorities of the community, especially the needs of persons with disabilities and their families. Policies are essential for providing direction, guidelines and to defining support systems. Policies must be institutionalised with local and national legislation to ensure continuity and to secure annual budgets and other resources.

³⁶ Werner (1986)



The appropriate response to the identified needs is to plan activities using CBR principles and the five CBR components. Each community has its own system, but within that system, it is important to incorporate the main activities of each of the five CBR components. The Committee may even decide to create smaller teams, representing each of the components, so the work is spread across the community, and not loaded on one overworked group. Each team is made up of the community members who are skilled or interested in that particular component. In summary, the entire community is engaged.

Volunteerism is valuable, but may take on various forms in different places. Volunteerism is a clearly defined word. If volunteers are paid, they are no longer “volunteers” and this distinction should be made. Volunteers rarely can afford to stay long in a programme, and this must be factored into planning, so that the next generation of potential recruits and leaders, are waiting in the wings – and are being trained and mentored. The same can often be said of workers and professional support, therefore it is imperative that capacity building and community organising continues. Persons with disabilities, mothers, fathers and primary care-givers are often the most effective CBR volunteers and workers, but in any community CBR has a large pool of human potential to choose from.

It is important to clearly identify the scope of the role and responsibility of each team member. As with all CBR personnel, from policy makers to grassroots workers and volunteers, the important consideration is to ensure quality³⁷. Quality is achieved through capacity building, on-going supervision, mentoring, regular assessment and experiential learning, based on the role of each personnel.

CBR is therefore not dependent on one player. It is not the jurisdiction of a CBM project partner, for example, to accept responsibility for all the work to be done for the disability sector in a community. A CBM partner may be the catalyst, the one to get things started, but the “terms of reference” between the catalyst and the community should be clearly identified from the outset: role, jurisdiction, clear “entry to exit” strategy and timeframe, and the emphasis should focus on enabling the community, in partnership with a local DPO/parents’ group, to take responsibility for the sustainability of the project.

Everyone in the community has a role to play, linked to the role they already play in the community, but not limited to that role.

³⁷Quality = The degree to which the services provided achieve the best possible outcome for the recipient consistent with current evidence-based knowledge.



7. Management and Sustainability in CBR

7.1 The Four Stages of the Planning – Management Cycle

CBR implementation requires strong planning and management. Good planning is built on the concept of “think first, then act, reflect on what has happened and then move forward.”³⁸ It is the “**Reflection – Action – Reflection – Action**” cyclical model, where we learn lessons, move forward, improve on our work, and advocate for the model to be developed in other communities. Basically, good management follows the practices developed in the Project Cycle Management process³⁹.

7.1.1 Pre-planning

By establishing a clear picture of the current situation in the community, pre-planning analysis makes sure that CBR is more responsive to needs, more cost-effective, and more realistic.

7.1.2 Plan Development

Planning ensures that the most appropriate interventions are introduced, based on the expressed needs of persons with disabilities and their families. Planning involves the active participation of all community leaders, especially persons with disabilities and family members. Planning is based on the baseline information gathered during the pre-planning stage.

7.1.3 Implementation and Monitoring

The third stage involves implementing the plan of action, based on the stated needs of persons with disabilities, their families and the community. Monitoring is similar to a “to do” list: what must be done today, based on the plans made and activities drawn up? And at the end of each day, we check to see if these activities were conducted and check to make sure they were done well. **In other words, did we do the right things today?**

³⁸ For the influential Brazilian educator Paulo Freire reflection was the critical component of education. Reflection, he believed, resulted in “critical consciousness” in which learners become actors, not observers, and authors of their own decisions. Freire, P. (1973). *Education for Critical Consciousness*, 3. New York: Seabury Press, in: TAP (2000),

³⁹ Refer to Appendix III and to CBM’s manual on Project Cycle Management.



7.1.4 Evaluation

The fourth stage in the CBR planning-management cycle is evaluating how well the programme is achieving its objectives, considered in terms of: relevance, suitability, success, quality, quantity, time, and cost.

7.2 Sustaining programmes using the CBR strategy

The essential elements for sustaining CBR include:

7.2.1 Quality enhancement

Continuous improvement in quality of service and programmes is essential to sustainability. There is significant reduction in the effects of impairment, marked improvement in each person's development to their fullest potential and inclusion in society. Services and programmes are high quality and meet the needs of the community as expressed in regular feedback sessions

7.2.2 Social change

Barriers are removed and there is positive attitude change reflected in inclusive programs, access and participation in cultural, religious and social events, accessible features such as ramps and flashing warning lights

7.2.3 Governance

Participative management, which is transparent and accountable, responds to the needs of the community, and will enhance development in the community. The community knows what is going on and the program builds credibility as it accumulates a successful track record. National and local policies must be in place to ensure continuity. CBR activities are included in the government's national and local annual work and financial plans. Documentation, information and data must be up-to-date. Decisions should be made on evidence as well as experience.

7.2.4 Organising Resources

During the planning process, it is important to pose the question: what human, technical, environmental, and financial resources are needed to get the work done and reduce dependency on external help. Management of resources ensures a clear chain of command, co-ordination and transparency.



Organisational and manpower support systems are in place (e.g. National and Local CBR/Disability Committees for policy making, over-all planning and evaluation; sub-committees, based on CBR components but using local systems, for planning, implementation and monitoring; DPOs, parents' organisation, government CBR focal persons, community workers and volunteers, technical and training teams, referral system, efficient planning and implementing system, inclusive activities) and are regularly monitored and upgraded.

Referral services are functioning well: community level implementers are well versed in the referral options and how to make referrals and referral centres/options provide information and referral back to the community level.

The community is expanding existing services to include persons with disabilities by using existing structures (school, local hospital and health centres, church premises, government and semi-government institutions).

7.2.5 Participative leadership

Participative leadership in management, where the DPO takes a central role alongside the LGU, ensures ownership and the sense that the programme is controlled by persons with disabilities and their families. Local leaders, workers, and volunteers are extensively trained, and second liners are always waiting in the wings. Leadership is the ability, and the will, to transform and rally people to a common purpose.

7.2.6 Community Ownership

CBR enables the community to manage and implement the program. There is a genuine sense that the community did it for themselves, that they did it together. It is a high quality program, benefiting everyone, and the community wants to invest in its development and sustainability. People will feel that this is their program, because they are the ones involved and managing it.



8. Summary

CBR as a strategy not only helps to improve the well-being of people with disability but everyone in a community. CBR interventions only become meaningful when there is real impact in the lives of people with disabilities and real change in society. For example, the positive effects of rehabilitation are greatly enhanced when discrimination no longer exists, and the child with disability attends the local school, benefiting from an inclusive curriculum. The focus shifts from trying to fit people with disabilities into existing systems to making significant changes in society to ensure it accommodates the diversity of the human condition.

CBR is more likely to be sustained when the national/local government and community continue to pursue its own vision and goals, using its own abilities, resources, and networks. CBR relies heavily on people's initiatives and determination to pursue development. The motivation to do this will be largely determined by the level of confidence, ability and amount of experience in doing things by themselves

The role of the CBR catalyst is to facilitate this motivation, to ensure that communities build on what they already have and learn new competencies. As the community develops its capacity to use the CBR strategy, its fruits begin to benefit all members of the community. In this way, the community begins to regard CBR as essential to its well-being and will begin to invest in it.

9. References

- **CBM** (2008), CBM's Twin-Track approach to disability and development.
- **CBM** (2009a), CBM Emergency Strategy Paper.
- **CBM** (2009b), Draft strategy paper on providing comprehensive Services for Children with disabilities.
- **Disabled Peoples International (DPI)** (1981), Constitution, Stockholm.
- **Elwan, A.** (1999), Poverty and Disability: A Survey of the Literature, Social Protection Discussion Paper Series, The World Bank.
- **Harvard Project on Disability** (2008), A self-advocacy book for people with disabilities, "Change Your Life with Human Rights" www.hpod.org/pdf/Change_Your_Life_With_Human_Rights.pdf



- **Rehabilitation International (RI)** (1992), Disabled, War-injured and Refugee Children, World Congress Proceedings
- **Technology Assistance Programme (TPA)** (2000), Volume 3, Issue 2; www.sedl.org/pubs/tapinto/v3n2.pdf
- **UNESCO** (2009), Inclusion of Children with Disabilities, the Early Childhood Imperative, Policy Briefing on Early Childhood
- **UNESCO**, www.unesco.org/en/inclusive-education/children-with-disabilities
- **UNICEF** (2007), Children with disabilities, ending discrimination and promoting participation, development and inclusion, UNICEF Program Guidance
- **United Nations (UN)** (2007), Convention on the Rights of Persons with Disabilities, New York
- **UN** (2004), Hyogo Framework for Action, United Nations International Strategy for Disaster Reduction, Geneva
- **Washington Post**, (Dec 3rd 2002), Wolfensohn, J., President, World Bank
- **Werner** (1986), Strengthening the Role of People with Disabilities in CBR Programs
- **WHO** (1948), Preamble to the World Health Organisation Constitution
- **WHO** (2005), Disability, including prevention, management and rehabilitation; Report by Secretariat to World Health Assembly
- **WHO** (2011), World Report on Disability
- **WHO, ILO, UNESCO** (2004), CBR: A Strategy for Rehabilitation, Equalization of Opportunities, Poverty Reduction and Social Inclusion of People with Disabilities, Joint Position Paper
- **WHO, ILO, UNESCO** (2010), CBR Guidelines, Geneva
- **World Bank** (2007), Human Development Network Social Protection, Mont, D. (Disability and Development Team), Measuring Disability Prevalence



Appendix

The Components of CBR, including CBR & Disaster Risk Management

This appendix briefly explains the components and elements of the CBR matrix and provides examples of the scope of possible work in each of these areas. In addition, the appendix outlines the role of CBR in disaster risk management.

1. Health

All people with and without disabilities have the right to health. The World Health Organisation defines health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (WHO Constitution, 1948).

In the health domain, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:

- The promotion of well-being, the prevention of causes of impairment, the delivery of affordable medical and rehabilitation interventions and the provision of affordable assistive devices that “fit”.
- People with disabilities, like everyone else, have a right to good health. In CBR, actions are taken to meet their medical needs and to ensure good health and well-being as a right.



Picture: CBM/argum/Einberger

Outreach visit, Uganda

1.1 Promotion

- CBR ensure there is access to information, in alternative formats, regarding healthy lifestyles, regarding access to all available services in and outside the community, and with respect to maintaining a healthy environment. Some examples include focus group discussions; information sharing during pre-natal check-ups;



nutrition classes for communities using affordable ingredients; eye-catching and culturally relevant posters; radio, TV and internet campaigns; soap opera characters with disabilities; role play during religious, social and cultural events; community “clean-up” drives; community group exercise classes, etc. Have information presented in Braille, large print, spoken word, through sign language and mime, through games; translated to the local language. Make sure this information is presented in a way that enables people to make informed choices about their well-being, health needs and environment. Making informed choices about healthy lifestyle is best achieved when participatory learning approaches are used and when teaching acknowledges local practices and corrects misconceptions without demeaning.

- Various advocacy activities and campaigns are carried out so that communities will appreciate and recognise that people with disabilities have the same needs and rights to health as everyone else. Some examples of effective approaches include radio spots or shows, soap operas on radio or TV, songs, puppet shows and question answer sessions.

1.2 Prevention

- Prepare the community to recognise potential dangers and risk factors, therefore preventing the occurrence of unnecessary disease, injury and potential impairment. This can only be achieved by ensuring every community member has access to affordable screening and medical services. This leads to early intervention, which may be medical, surgical or changes in lifestyle so that function may not be impaired or the impairment may be minimal. Examples include: early detection of physical, visual or hearing impairment; early detection of high blood pressure, blocked arteries or diabetes mellitus preventing strokes or diabetic retinopathy. Use educational and advocacy activities to highlight the importance of vaccinations, newborn screening, on-going child development screenings, nutritional advice and supplements, personal safety, safety in the home, in the workplace and in the street, stress-releasing activities and disaster management.
- Persons with disabilities participate with the general population in addressing the socio-political causes of diseases and disability, such as environmental pollution and destruction, corruption, poverty, violence, exclusion policies and man-made disasters. Encourage people with disabilities to participate in community groups focused on these issues and encourage these groups to reach out to the disability community. People with disabilities learn about measures that will prevent the worsening of their impairment. Example: care of the feet to prevent trophic ulcers in a person with leprosy.



1.3 Medical

- Establish and monitor the effectiveness of referral systems in order to collaborate with general and specialised medical care services at all levels, so that people with disabilities of all ages can access these services. Start with the resources and systems already available and share information among each other. Avoid building new structures and systems which cannot be sustained. In some cases it may be necessary to add an additional unit to an existing structure or service, provided that human and financial resources can accommodate it. In some locations services will need to be built from the ground up as they are simply not available. The process, though, should focus on strengthening existing systems and building local and national commitment to provision of necessary services.
- Health care providers at all levels are made aware of the needs and rights of persons with disabilities to medical care, and to respect these rights, including the right to be informed in accessible ways about treatments in order to make informed decisions. In pre service formation this is often achieved through medical ethics classes; in service values formation workshops for field health workers and professionals facilitated by peers. At the same time people with disabilities and their families can overcome fears about speaking up and asking questions when visiting health professionals. CBR workers can be an important support in this empowerment.

1.4 Rehabilitation

- Affordable, appropriate and high-quality rehabilitation measures for children with disabilities are accessible and available from an early age to maximise future potential and competencies⁴⁰.
- Professionals leave their centres and train, mentor and monitor community groups in rehabilitation techniques to ensure high quality service. Professionals regularly assess persons with disabilities of all ages to ensure interventions are working well.

1.5 Assistive devices

- Appropriate assistive devices are accessible, affordable and available in a timely manner to persons with disability to ensure that they lead an active independent and safe life.
- Services to maintain and repair assistive devices are available, accessible and affordable. Recipients of services and assistive

⁴⁰ Competencies refer to skills, knowledge and attitude.



devices are expected to provide equitable counterparts, whether cash, in kind, through volunteer work, and being responsible for the care and maintenance of their devices and resources.

2. Education

Education is a human right and yet most children with disabilities do not go to school⁴¹. CBR is a strategy to achieve inclusive development. Therefore programmes using the CBR strategy should facilitate the inclusion of children in neighbourhood schools, in age-appropriate classes. The strategy is employed to help eliminate physical, attitudinal and communication barriers that exclude and deprive them of choices and opportunities. CBR is principally focused on inclusive education. Special education provision should be used as support to improving quality of education in regular classrooms but can, when this is not feasible initially, be an alternative education provision in the community particularly where communication differences can severely limit the ability of regular classrooms to provide good quality education.

In the education component, CBR makes a difference in the lives of community members, especially persons with disabilities, by focusing on the following:



Pre-school in Tanzania, Community worker during regular visit to a girl with cerebral palsy.

2.1 Early Childhood

- Early detection of children with disabilities and early assessment of their developmental and educational needs.
- Early implementation of stimulation and play activities which foster the child's development in movement, communication, cognition,

⁴¹ According to UNESCO, 1/3 of children who are not in school today are children with disabilities.

