

CBR Policy Paper 2010



CBR Advisory Working Group
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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 |
| ISR | 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

Disability affects approximately 10 - 12% of every country's population ³Less than 5% of people with disabilities have access to services. 80% of people with disabilities live in low income countries⁴. 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. It is estimated that 15 to 20% of the poorest in the world are people with disabilities⁵. 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.

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 quality⁶ 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."** ⁷

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.

³ World Bank (2007)

⁴ WHO (2005)

⁵ Elwan (1999)

⁶ Quality = The degree to which services provided achieve the best possible outcome for the recipient consistent with current evidence based knowledge.

⁷ WHO, ILO, UNESCO (2004)

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."⁸ In short, it is inclusive development.

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:

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

⁸ Paul Edward Muego, CBM CBR Coordinating Office, the Philippines 2010

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:

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

1.4 Rights Based Approach to Disability and Inclusive Development: A Twin Track Approach⁹

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.¹⁰

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,¹¹ 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.

⁹ CBM (2008)

¹⁰ DPI (1981)

¹¹ "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.

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 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.

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:

- a) Understand service options and are able to provide supportive care to their children with disabilities;
- b) Can make informed decisions once all information is shared, and actively participate in planning and implementing programmes concerning them or their children;
- c) With care-givers from other families, organise to support each other and learn through the 'parent to parent' approach;
- d) 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.¹²

- e) 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.

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

1.7 Children and Disability¹³

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 school¹⁴. Research also indicates that children with disabilities are much more vulnerable to abuse and neglect¹⁵ 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.

¹² Please refer to Appendix 1 for further discussion on self-help groups, under the "empowerment" component

¹³ CBM (2009b)

¹⁴ UNESCO (2009)

¹⁵ UNICEF (2007)

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 response¹⁶.

1.8 Disaster Management and CBR

Disasters mainly affect the poor segments of society. Over the past twenty years, about 200 million people¹⁷ 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 children¹⁸. More often than not, persons with disabilities get left behind in the disaster management activities.

Programmes adopting the CBR strategy are excellent resources to facilitate inclusion of persons with disabilities in the disaster management process¹⁹ 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 emergencies²⁰: 1) Response/relief; 2) Recovery/rehabilitation; 3) Vulnerable groups; 4) Preparedness; 5) Disaster reduction; 6) Community development model in the organising and management of services; and 7) 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

¹⁶ Please refer to Chapter 5, Strategies Principles and components of CBR

¹⁷ UN (2004), (This figure relates to disasters caused by hazards of natural origin and related environmental technological hazards and risks)

¹⁸ RI (1992), p.266

¹⁹ Disaster management includes relief, recovery/rehabilitation and disaster risk reduction (preparedness and prevention)

²⁰ CBM (2009a)

going on and to determine appropriate action that can lead to effective damage control, lasting peace and security²¹.

2. International Legal and Political Framework

2.1 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"²²

2.2 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 disabilities²³ 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.

2.3 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

²¹ For further information on CBR and Disaster Risk Management see the Appendix

²² UN (2007)

²³ Washington Post (December 3, 2002)

where adaptive learning resources and special education provisions are available within the mainstream classroom.

2.4 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 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 | Social and Economic Rehabilitation | Equality of Rights Advocacy |
| Focus of Power | Client Receive Services | Clients Make Choices | Clients have Full Ownership |
| Involvement of Others | Focus is on person with disability only | Involving Family Members | Community Participation |
| Range of Activities | Single Service only | Multiple Services | Multi-sectoral Collaboration Referral |
| Disability and Others | One type of Disability and Age Attended | Different types of Disability and Ages Attended | Cross disability including needs of community |

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

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

- a) CBR is clearly defined as a strategy and emphasises community development;

- b) 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

- c) 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;
- d) 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,
- e) 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;
- f) 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

- a) 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

- a) 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.
- b) Therefore, CBR workers²⁴ 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.
- c) 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.
- d) 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

- a) 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;
- b) 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.

²⁴ Please refer to Chapter 7 for further discussion on the scope of work for CBR workers and managers

3.2.5 Enablement

- a) 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.
- b) CBR promotes on-going training and development for all stakeholders, personnel and volunteers, which results in more competent personnel and quality services;
- c) 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"²⁵.
- d) 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

- a) 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

- a) 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.
- b) 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.

²⁵ 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)

CBR should address prevention of causes of impairment in coordination with the respective Health Ministries, with particular focus on health promotion, prevention of disease, 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

- a) 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.
- b) 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.
- c) 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 SWOT²⁶ analysis to determine how well the community functions and whether CBR can be a useful strategy for development. As persons with disabilities are

²⁶ SWOT: Measuring the Strengths, Weaknesses, Opportunities and Threats which face a community, programme or project; sometimes called SWOC replacing 'threats' with 'challenges'

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.

- a) CBR, as a strategy, aims for the inclusion of people with disabilities in society
- b) CBR aims to ensure that people with disabilities have the possibility to lead full and fulfilling lives with dignity.
- c) 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.
- d) CBR strives for a better life for everyone in the community, including people with disabilities.
- e) 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 disabilities²⁷.

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

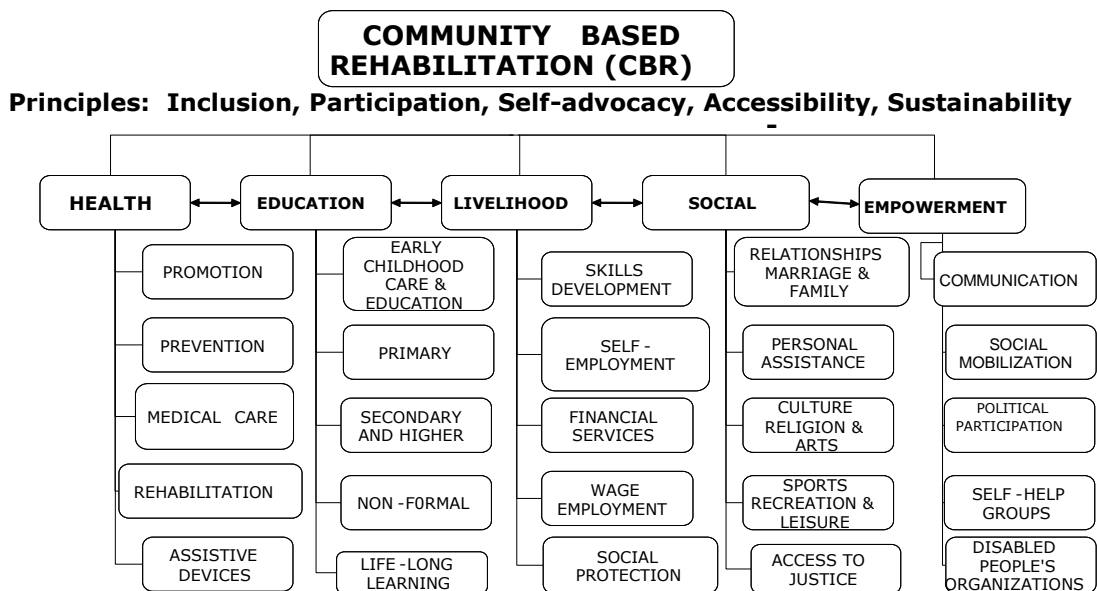
The CBR matrix is a guide in designing, managing, monitoring and evaluating programmes and services using community development strategies²⁸.

²⁷ WHO, ILO, UNESCO (2004)

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.

GOAL: INCLUSIVE DEVELOPMENT ~ INCLUSIVE SOCIETY



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.

²⁸ Please refer to Appendix II for a discussion on the connection between the CBR Matrix and the Community Development Framework.

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 CBR²⁹

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 infirmity³⁰. 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:

- a) 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”.
- b) 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 school³¹. 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 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.

²⁹ For a broader discussion of each of the components, see the Appendix

³⁰ WHO (1948)

³¹ www.unesco.org/en/inclusive-education/children-with-disabilities

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 life³², 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 members³³.

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 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.

³² WHO, ILO, UNESCO, IDDC (to be published 2010)

³³ *ibid*

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”³⁴, 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.

³⁴ 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 quality³⁵. 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.

³⁵ Quality = 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.”³⁶ 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 process³⁷.

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?**

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.

³⁶ 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),

³⁷ Refer to Appendix III and to CBM’s manual on Project Cycle Management.

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, overall 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.

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Appendix I: 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 Organization 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:

- a) 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”.
- b) 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.

1.1 Promotion

- a) 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.
- b) Various advocacy activities and campaigns are carried out so that communities will appreciate and recognize 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

- a) Prepare the community to recognize 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.
- b) 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

- a) Establish and monitor the effectiveness of referral systems in order to collaborate with general and specialized 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.
- b) 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

- a) Affordable, appropriate and high-quality rehabilitation measures for children with disabilities are accessible and available from an early age to maximize future potential and competencies¹.
- b) 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

- a) 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.
- b) Services to maintain and repair assistive devices are available, accessible and affordable. Recipients of services and assistive 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 school². 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.

¹ Competencies refer to skills, knowledge and attitude.

² According to UNESCO, 1/3 of children who are not in school today are children with disabilities.

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

2.1 Early Childhood

- a) Early detection of children with disabilities and early assessment of their developmental and educational needs
- b) Early implementation of stimulation and play activities which foster the child's development in movement, communication, cognition, socialization, self-help and psycho-emotional growth. These activities are taught at home and then at the local preschool. Family care-givers and community volunteers share competencies with CBR trainers, who also mentor on a regular basis. Preschool teachers receive additional training and mentorship in order to meet any special education needs of the children, within the scope of the regular classroom.

2.2 Primary Education

- a) Improve opportunities for children with and without disabilities to attend neighbourhood primary schools, in age appropriate learning groups, to participate actively in school life and to achieve their educational goals.
- b) All educators are oriented and trained to recognize and eliminate physical, attitudinal and communication barriers which would hinder any child's entry to school and subsequent learning
- c) In order to achieve success in inclusive education at any level, support systems are needed. This support can include mentorship³ for current educators in inclusive education; presence of trained teacher aides⁴; availability of special provisions such as low vision devices, JAWS software and Braille material; awareness-raising and sharing with all students and school personnel; and accessible grounds, buildings, rooms and toilets. Introduce the "buddy system" and child-to-child activities⁵.
- d) Ministries of Education and universities with education courses should be encouraged to make the shift in course curriculum to inclusive education for preschool, primary and secondary schools. In this way future teacher graduates are more competent to teach all children, including those with disabilities. Special education provision should focus on strengthening the ability of the school system to provide quality education to children with an emphasis on supporting students in the mainstream classroom.
- e) The revised curriculum and re-training programmes for teachers should include:

³ Special education teachers can be re-trained to become advisers, mentors and trainers to regular teachers

⁴ Parents, especially mothers and grandmothers, have taken on this role. Retired teachers, faith based volunteers, and OJT (on-the-job-training) education students can also be tapped.

⁵ Awareness raising among non-disabled peers in school and their roles as buddies and supporters helping their friends with disabilities do well in school.

- appreciating the uniqueness and diversity of each student, and curricula adaptation to meet the education goals of each student
- Strategies for collaborating with family members and other social sectors of the community (for example parent-teacher associations, community school boards, social development programs, child-to-child activities, etc.)

2.3 Higher Education

- a) Increase the inclusion, participation and success of adolescents with and without disabilities in secondary and technical schools, and in universities. Make the same adjustments recommended for the previous elements. Make the curricula accessible to all; train personal assistants if needed.
- b) Facilitate the transition between schooling and employment through the provision of pre-vocational training and career guidance in schools and community-centres and by linking with recognized institutions for livelihood training.
- c) Work with local schools to increase the scope of non-formal education to include students with disabilities: adult learning and literacy classes, on the job training, home based tuition (distance learning courses), early-education classes run by faith based groups or by parent groups, experiential learning, and increasingly, web-based school courses. In line with local cultural traditions additional attention and awareness-raising is required to enable the participation of girls and young women in school.

2.4 Non-formal education & Lifelong Learning

Non formal education (NFE) (e.g. home based learning, faith based groups, open schools) and lifelong learning mean learning outside of the educational system and it is learning for life. It is keeping persons physically and mentally active during all the time of their life, brings the people of the community together and fosters inclusive processes. It is an important opportunity for persons with disabilities to take part in community activities, which leads to the practice of active citizenship. "Many people with disabilities have experienced significant educational disadvantage because of the lack of capacity in the educational system to assess and provide for their particular needs. The development of a strong, lifelong learning policy and an appropriate inclusive structure for delivering such learning would provide exciting opportunities for people with disabilities" (NDA, Ireland, 2009). Many other community members are in a similar position and all can take advantage of non formal and lifelong learning initiatives in the community. NFE and lifelong learning opportunities should be tailored to the needs of the community, have a relevant curriculum and use local resources. The goal is to improve the quality of life of all people, including persons with disabilities.

In order to facilitate the inclusion of persons with disabilities in life-long learning, the same principles as practised in primary and secondary education are adopted. It

is important to make non formal learning methods accessible, to learn by doing, to keep contents relevant for the life-experiences of the persons and individual needs should be met in the process.

There are two ways to support inclusive non formal and lifelong education:

- a) Identify existing NFE and support them in order to become inclusive (e.g. awareness building, training, learning by practise, make teaching materials accessible, accessibility of infrastructure, transportation)
- b) Persons with disabilities, families and community determine their needs during community mapping and initiate non formal learning groups. Examples include environmental learning, agricultural techniques, alimentation and primary health care.

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.

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

3.1 Skills Development

- a) Include prevocational skills training in the education process and provide career guidance in education programmes.
- b) Vocational skills (driven by demand) are developed either in inclusive vocational training programmes or by apprenticeship in the community.
- c) Include business skills training in the curriculum of vocational training, such as developing business plans, managing a business, financial management and entrepreneurship
- d) Teach or facilitate the instruction of skills and competencies that permit people with disabilities to live and contribute to the economy.
- e) In the absence of available local vocational training schemes, an organization may set up such a training scheme, but made available to candidates with and without disabilities.
- f) Skills development also focuses on training persons with disabilities on “gainful employment” and “home-based income generating activities”, realizing that many persons with disabilities and family care-givers may not be able to work

in the community due to severity of impairment, geographical inaccessibility and/or family circumstances

- g) Awareness training for policy makers, vocational schools, potential employers, and micro-finance institutions.

3.2 Self-employment

- a) Establishment of microenterprises/self employment opportunities preferably included in a mainstream micro enterprise network.
- b) Self-employment or self-help organizations remain the best potential source of employment/livelihood opportunities for people with disabilities. However, this approach could only be effective if all angles in the business venture are addressed, e.g. the needed working capital, available market for the product/services, production capacity/quality and managerial skills of the members (people with disabilities).
- c) Conduct a market feasibility study before drafting a project proposal for income generating projects. Consider the capacity and capability of the group, the availability of the raw materials needed, and the target market for the product.
- d) Identify emerging markets and opportunities where skills may be put into good use.

3.3 Financial Services

- a) People with disabilities are to be provided with the opportunity of obtaining loans for small scale business through mainline microfinance programs and, when necessary, receive subsidies to gain access to the appropriate vocational training needed to manage a business.
- b) Influence micro-finance institutions to include affiliates with disabilities and not to treat them as "high risk" borrowers.
- c) Persuade micro-finance institutions to provide start-up capital to borrowers with disabilities, based on the feasibility of their project and their livelihood skills.
- d) Financial services should not only include provision of loans but also encouragement in savings and wise investments.
- e) Explore, where appropriate, the possibility of accessing start-up capital: self-help savings groups, family-owned enterprise, micro-finance institution loans, cooperatives, group savings, support/loans from organizations (such as the Rotary, corporations, churches, grants from civil society and foundations, etc.).

3.4 Open Employment

- a) Prepare people with disabilities for open employment through appropriate training related to getting a job and keeping a job.
- b) Advocate and dialogue with employers, trade unions, professional bodies, business enterprises/factories and mainstream vocational training schemes to explore employment or apprenticeship possibilities for qualified persons with

- disabilities (this advocacy work is carried out together with DPOs).
- c) Lobby with employers for equal opportunity: to hire workers with disabilities based on ability.
 - d) Advocate and facilitate equality of treatment at work for people with disabilities (fair pay, conditions of service)
 - e) Advocate and facilitate 'reasonable adjustments' by an employer, including accessible ramps at the workplace for wheelchair users, low vision strips, Braille signs, so that people with disabilities are effective in their jobs.
 - f) Advocate and facilitate supported employment (e.g. job coaching, mentoring, etc)
 - g) Advocate through government, DPOs, and other key stakeholders for the implementation of existing legal obligations and incentives to employers for hiring workers with disabilities. Lobby for amendments to existing legislation on employment, if needed.

3.5 Social Protection

- a) Ensure that people with disabilities have access to social protection measures available to the general population and specifically, to people with disabilities.
- b) To provide social protection, individuals with and without disabilities who are unemployed, who cannot work, or who do not have a decent income, must be given access to:
 - Social security
 - Micro insurance schemes like pensions, social benefits, health insurance, and funeral expenses.
- c) Empowering the community, DPOs, parents, support groups to be advocates on accessing basic needs through social networks and from the main service providers. CBR is a strategy for everyone.

4. Social

Participation in all 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 life⁶, while at the same time building the 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 members⁷.

Children and adults with disabilities, like everyone else, have a right to be included in all activities and aspects of their community. In CBR, actions are taken to meet

⁶ WHO, ILO, UNESCO (to be published 2010)

⁷ ibd.

their social needs and to ensure that each person is participating in society to their fullest potential, and where every person is a winner – as a right.

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

4.1 Relationships, Marriage and Family:

- a) Increase awareness on what constitutes an enabling, supportive and loving relationship, marriage and family.
- b) Lobby and advocate (with persons with disabilities and other victimized community members) for the end of oppressive social and family practices.
- c) Challenge the community to provide support for people with disabilities in vulnerable or abusive circumstances.
- d) Promote the rights of persons with disabilities to fulfil their social roles in the family and other relationships, including the right to have friendships and intimate relationships, to marry, to have children and to raise them.

4.2 Personal Assistance

- a) Increase awareness and understanding about the rights of people with extensive/multiple disabilities to decide and direct their own assistance needs, for example: personal care, childcare, education or employment.
- b) Train people with disabilities and their personal assistants/carers to work harmoniously together, to identify and meet needs in mutually caring ways.

4.3 Culture and Arts

- a) Ensure the ability of people with disabilities to participate in the cultural, religious and artistic life of the community, as it is an important part of self-development, spiritual and self-growth, while affirming one's sense of belonging and identity.

4.4 Leisure, Recreation and Sport

- a) Support communities to develop a range of leisure, sporting and recreational activities that are available for all, including children and adults with disabilities.
- b) Arrange events which allow persons with disabilities and non-disabled people to form teams together and compete in local, regional and national games, to have playgrounds for all, to have access to more exotic sports (scuba diving, sailing, rock-climbing, mountaineering), accessible resorts, libraries and clubs.
- c) Tap into youth groups, women's groups, faith-based groups, sports clubs as avenues for participation.

4.5 Access to Justice

- a) The goal of CBR is to create a situation where persons with disabilities enjoy full rights, full participation, inclusion, equal rights and opportunities in the mainstream of society. The advocacy in CBR is to bring about positive change

in the perception, attitudes and values of persons, groups, government and the community. This is done by taking collective action based on a clear plan and goal, gathering as much support from within and outside the sector. The aim of the advocacy campaign can be achieved when the various stakeholders in the community work together to make it all happen.

- b) Raise awareness in the community about the rights of children and adults with disabilities, about the rights of everyone to enjoy a satisfactory quality of life in a just society.
- c) Work with DPOs to find ways to change negative practices and to influence key decision makers such as families, doctors, health-care providers, employers, teachers and community leaders.
- d) Encourage people with disabilities, their families and organizations to work with the community on issues of social justice. Advocacy is not only focused on the particular concerns confronting persons with disabilities in their own community. Advocacy is about the disability sector supporting community concerns, the concerns of other individuals and groups in the community.
- e) Successful advocacy lies in recognizing that change is more likely to happen if many people are actively involved. This requires that advocates learn to cooperate and collaborate for a common goal. They must also be guides in helping others do what they can to work for the change. Therefore it is crucial in advocacy to strengthen the ability of communities and civil groups to lobby for that social change to happen; it will anticipate what events it can use to its advantage; it will utilize approaches and activities that ensure public support and attention and action from those in authority. In preparing for advocacy on the rights of people with disabilities, three important actions must be taken:
 - Conduct orientation and consultation workshops with persons with disabilities and support groups on the issues that concern them and how others are responding to these issues. Disabled role models, who can speak with confidence and authority, can be identified.
 - Encourage people with disabilities to organize themselves into self-help and advocacy groups to spearhead the protection of their rights. Persons with disabilities should be their own advocates and their own spokespersons whenever possible.
 - Advocacy⁸ is an on-going activity in development work (and NOT a “once-off” event).
- f) Support DPOs and local committees to seek legal advice and international instruments (such as the UNCRPD)⁹ to take forward cases of discriminatory practices through district and national courts.
- g) Support people with disabilities and their families to access information on legal rights and entitlements in formats which are accessible.

⁸ Harvard Project on Disability (2008), http://www.hpod.org/pdf/Change_Your_Life_With_Human_Rights.pdf

⁹ UN (2007)

- h) DPOs, together with the community, liaise with legal and social services to intervene in cases where people with disabilities are at risk, or have suffered abuse, exploitation or neglect.

5. Empowerment

Empowerment is essential in order for persons with disabilities and their family members to confidently challenge negative community attitudes 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 way. Being empowered means they can speak for themselves, are well-informed and articulate, are united through a process of mutual respect and well-defined roles and responsibilities within their organization. This organization is built on values which members hold dear, and which define the pulse of the organization.

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 organizations 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.

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

5.1 Communication

- a) Essential for empowerment in CBR is the ability to communicate. The communication system used is therefore important, but may not be the conventional one (i.e. language). Essential to the process is to ensure that communication is clearly understood and presented in a wide variety of media/formats (sign language, interpreters, Braille, computer programmes such as the JAWS programme and encoding responses, and mobile phone technology) so that interaction is possible among non-disabled people and people with different impairments.
- b) Communication also refers to the ability to clearly articulate needs and make sure the desired and correct intervention is provided. This requires a person-centred approach in service provision.
- c) “Channels of communication” refer to how different sectors use language: does one sector understand the language of the other sectors, and is therefore able to build mutually beneficial networks? For example,

- government has its own language and communication system, which may be alien to civil society or faith based groups – and vice-versa. Each sector needs to learn the “language” of the other if they are to work as multi-stakeholders.
- d) This way of communicating is evident within the sector as well. How many people with disabilities, who are not Deaf, can understand or use sign language? What are the implications if they cannot? Supporting a cross-disability movement requires a focus on ensuring that language¹⁰ and communication methods take into account the varied styles of the sector in order to support mutual understanding and collective action. For example, communication methods are adapted to ensure the participation of people with intellectual impairment. Learning each other’s language and communication styles within the disability sector minimises unintended slights and misunderstandings and enables the movement to flourish and develop effective action.
 - e) Communication also requires close cooperation between DPOs and organizations of parents of children with disabilities. Adults with disabilities can play a powerful mentoring role in the lives of children with disabilities. Parent of children with disabilities are better able to support their children’s transition to adulthood and independence when mentoring is encouraged.

5.2 Social Mobilisation

- a) Self-help groups (SHGs) and DPOs are the principle actors in social mobilization aimed at ensuring behaviour change among people with and without disabilities to promote the inclusion of people with disabilities. In order to be effective in social mobilization, groups must first understand the social situation around them.
- b) Social communication is key to social mobilization. Identify ways in which information about the needs and the rights of persons with disabilities can be shared with the broader community. A variety of methods can be used including print/posters, street theatre, radio spots and programs, television, etc.
- c) Faith based groups and human rights groups in the community can be important allies in social mobilisation. Support SHGs and DPOs in developing relationships with these groups for mutual learning and for stronger action.
- d) Although parents of children with disabilities and DPOs are not always allies, bringing these groups together to mobilize community action creates a broader impact.
- e) Understanding people’s motivation and learning advocacy and negotiation skills are important to social mobilization. CBR can be helpful in facilitating mentorship between seasoned organizations and more isolated or younger groups lacking these skills.

¹⁰ “Language” here refers more to the cultural aspects built into communication systems: are people very direct in the way they communicate and will the respondent take offense? Does the person fail to get to the point quickly, and likewise irk the listener?

5.3 Political Participation

- a) Support DPOs and parent groups in their advocacy to ensure that people with disabilities are involved in the political process and their issues are included in the political agenda. This is often more successfully achieved on the local level and builds confidence and skill within the organization
- b) It is important that political participation involves responsibility and accountability to the sector. Representatives should be genuinely credible leaders, with a track record of success in inclusive development. The platform should be very clear and in line with the aspirations of persons with disabilities and parent/family groups. The CBR strategy can be an important ally to DPOs in building a movement which includes people with disabilities outside of large cities and from particularly poor or marginalized areas.

5.4 Self-Help Groups

- a) Ensure CBR personnel understand what a self-help group (SHG) is. Self-help groups, as the name implies exist for mutual support among members. The 'help' may take the form of companionship, mutual support or practical activities such as savings and livelihood activities. The primary aim of the SHG is to help its members meet their needs. SHGs are NOT therapy groups established by professionals aimed at teaching parents of children with disabilities how to do home-based rehabilitation. While SHGs may indeed seek support and advice about issues related to impairment and preventing secondary conditions, especially at the initial stages, their purpose is mutual support, not group classes.
- b) Promote the formation or strengthening of SHGs of people with disabilities and parents of children with disabilities in the area. These groups will most often but not always be separate as members have different needs.
- c) Link experienced self-help groups with newly formed groups so that members of new groups can learn from those with experience.
- d) There are SHGs for people with disabilities and SHGs that are mainstream. A twin track approach can be applied by both encouraging the inclusion of people with disabilities in mainstream SHGs and supporting the formation and strengthening of SHGs of people with disabilities or parents of children with disabilities.

5.5 Disabled People's Organizations

The process whereby people with disabilities empower themselves is achieved at three levels:

- The **individual level** by developing autonomy and capacity to have more control over one's life choices,
- The **collective level** by structuring, strengthening, giving expertise and legitimacy to DPOs and SHGs so they can influence the destinies of persons with disabilities.

- The **institutional level** by developing an enabling environment, policy framework and legal system.

In order to facilitate empowerment, CBR focuses on the following aspects:

a) At the individual level:

- Ensure that people with disabilities and parents of children with disabilities are strongly represented, not just in CBR, but in all community decision-making bodies
- Ensure that the rehabilitation process builds on the expressed needs and goals of people with disabilities themselves and parents/caregivers of children with disabilities. Ensure that each individual has the opportunity for personal growth and autonomy.
- Encourage the development of self esteem of people, especially women and girls with disabilities
- Guarantee that people with disabilities (especially women with disabilities) are present and participate at all levels: management, staff, volunteers, etc.
- Hold meetings and trainings in accessible venues.
- Provide information in formats accessible to people who are hearing, intellectually or visually impaired.
- Promote the full participation and self-representation of girls and women with disabilities

b) At the collective (programmatic¹¹) level:

Coordinating and collaborative work with representative organizations (Disabled Peoples Organizations (DPOs), parent organizations and Self-Help Groups (SHGs)).

- Identify the representative organizations in the CBR catchment area and at the national level
- Identify common areas of work and activities in which to cooperate, such as:
 - Invite a DPO to train CBR personnel and people with disabilities on the rights of people with disabilities
 - Support the affiliation of people with disabilities and parents of children with disabilities in representative organizations
 - Ensure that people with disabilities take leadership positions in awareness-raising campaigns, in CBR work and in other community activities
 - Support the training of representative organizations if requested

¹¹ "Programmatic" refers to planning, implementation, monitoring and evaluation done by all major stakeholders in a particular catchment area, as opposed to small organizations working solo as individual projects in a small location. Even if the latter are doing great work, their resources are not being maximised or shared and they cannot serve a significant number of people (given the hundreds of millions who need to be included in society).

- Promote the formation or strengthening of DPOs in the catchment area. An effective way to promote the formation of DPOs where they do not exist is to work with DPOs (often based in national or provincial capitals) in establishing affiliate member groups in areas where the CBR programme is working, the DPO member base is strengthened and the DPO supports the empowerment of people with disabilities in marginalized and rural settings.
- Encourage DPO's to mentor children and youth with disabilities
- Organisations, especially DPOs, using the CBR strategy should align with other civil society organizations

c) At the institutional level:

Use resources and formal structures in the communities where CBR is being used as a strategy for inclusive development

- A disability NGO and/or DPO, parent group, and SHG should establish formal relations with community authorities
- Promote permanent representation of the DPO and parent group in local task forces, committees, advisory bodies, etc. Establish local CBR committee(s), which operate on a community development model, composed of key stakeholders which include significant representation of people with disabilities, parents of children with disabilities and local government
- Establish cooperative alliances and means of coordination with entities in the different community sectors (schools, health centres, business establishments, faith based groups, development organizations, human rights groups, DPOs, etc.)
- Work with local authorities, government services, civil society groups and legal authorities to ensure the elimination of barriers which prevent people with disabilities from accessing and being included in services and opportunities.
- Promote the dissemination of information in the media, government sectors and civil society groups in accessible formats

6. Disaster Risk Management and CBR¹²

Disasters mainly affect the poor segments of society. More often than not, persons with disabilities get left behind, while disasters also cause impairments.

The CBR strategy ensures that all vulnerable groups, especially persons with disabilities are included and participate in local disaster risk management initiatives.

¹² CBR programs have an important role to play in "Disaster Risk Reduction" defined through the "Hyogo Framework for Action"; UN (2004)

CBM's role in CBR, as an INGO and through its partners, is to ensure that we take a participatory role in disaster risk management, and ensure that partners do not work alone, are catalysts in response but 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, maximizing resources, and ensuring all parties involved are informed and up-to-date on all operations. CBR adopts a six-point approach when responding to emergencies¹³:

6.1 Response/relief

The provision of emergency services and public assistance immediately after a disaster. This involves ensuring "search and rescue" operations; liaison with a multi-task force to facilitate identification and location of persons with disabilities; public safety; water purification; responding to health needs; ensuring evacuation centres are well managed with good sanitation practices in place; providing food relief and provision of basic hygiene, household and clothing needs; supply of individual/family security kits (including battery for hearing aids, medicine, catheter, etc.). Support isolated persons with disabilities in temporary shelter.

6.2 Recovery/rehabilitation:

Whenever possible, restoring and/or improving livelihoods (at least replacing lost work tools) and improving living conditions (temporary shelters and even permanent ones, if housing and land authorities can be engaged), provision of rehabilitation services for persons with injuries; psycho-social interventions; replacement of damaged or lost assistive devices (wheelchairs, hearing aids, spectacles, artificial legs, maintenance medication); installation of appropriate warning systems, provision of therapy and services for those impaired by the disaster, and the creation of child-friendly spaces within evacuation centres.

6.3 Vulnerable groups, especially persons with disabilities:

Ensuring that any response ensures the safety and recovery for the most vulnerable sectors of society, including persons with disabilities: what warning systems are in place to ensure their safety; making sure they are included in all post-disaster relief efforts; and following directions listed in the previous point.

6.4 Preparedness:

In the aftermath of any disaster, crisis or war, the first to respond are always community members and organisations. Therefore if the community is prepared, knows and recognizes the dangers and consequences, and know how to

¹³ CBM (2009a)

respond, they may save many lives before outside help arrives. CBR works with communities to effectively anticipate, respond and quickly recover from disaster threats. CBR shares knowledge, experience and skills which have already been developed by experienced “disaster-related” organizations. Pre-identify potential needs for personal assistance in case of disaster and set up a “standby” support network (sign language translators, physical mobility assistant, etc.). Awareness raising and advocacy for inclusion of persons with disabilities in relief programs. What warning systems are in place to ensure their safety?

CBR trains on “first aid”, “search and rescue”, identification of disabilities and other essential activities. It involves hospitals/health centres/schools preparedness planning and staff training. It involves school awareness-raising about disaster risk and prevention measures, teachers’ preparedness and training. It ensures accessible and safe school buildings and other centres (often used as temporary evacuation shelters). CBR promotes inclusion of persons with disabilities in any task, and follows the recognized and respected government and professional procedures.

6.5 Disaster reduction:

Looking at ways to reduce the risk of disaster, which includes minimizing exposure to hazards, making communities safe (tree planting, managing land wisely, installing warning and escape systems, lobbying against unsafe practices such as illegal logging, indiscriminate mining, poor waste disposal).

6.6 Community development model in the organising and management of services.

This practice focuses on capacity building and education in the management of programmes. It includes working in partnership with government agencies, relief groups, professional bodies and specialist “disaster teams”, to avoid duplication and maximise resources. Local resources are tapped as much as possible, as well as those of national and international organizations and bodies.

6.7 Conflict and Peace Process:

Many emergencies are related to conflict and war. Many of the problems are similar to natural and man-made disasters: safe and secure shelter, coping with mass migration, management of evacuation centres, and food and medical relief. As in other emergencies, many people become disabled, or many persons with disabilities become displaced. Items 1 to 6 still apply with additional activities related to self-defense, guarding vulnerable populations, and dealing with deep-rooted attitudes (bias and bigotry, fear, bitterness, resignation, lack

of hope, anger, revenge, fear of the unknown, etc). 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 lasting peace and security. This process involves everyone, including persons with disabilities. Persons with disabilities and family groups can play a major role in any peace process, offering their solidarity for the bigger picture.