

CBR Stories from Africa

What can they teach us?

Edited by Angela Coleridge and Sally Hartley

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CBR Africa Network

P.O. Box 114,

Kampala, Uganda

Tel. +256 77 423248

Fax: 256 41 268244

E-mail: info@afri-can.org

Chapters written by: Grace Musoke (Uganda); Rina Ferreira, Thembi Sibeko and Pringle Mhlabane (South Africa); Soumana Pate (Niger); Iva Tanku (Egypt); Laurie Delstanche and Anne Burtin (Angola)

Advisory contributions from: Olive Kobusingye, Jo Ubeido, Joan Okune, Susan Ayat, Phoebe Katende and Peter Coleridge

Editors: Angela Coleridge and Sally Hartley

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Tel: +44 (0) 1603 591672

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Tel: +44 (0)1727 853869

Fax: +44 (0)1727 846852

E-mail: info@talkuk.org/e-talc@talcuk.org

Cover picture: Disabled woman in PRAHN programme becomes a teacher

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This book describes five CBR programmes in Africa and their initiatives to effect change in the lives of people with disabilities. Each individual within these programmes has therefore been a part of this documentation and the lessons which have emerged. Each has had to struggle with setbacks and challenges and it is these which have often allowed the learning to move forward. To all participants in these five programmes we acknowledge the richness and value of all they have given.

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Introduction and purpose of this book

Community Based Rehabilitation (CBR) is an evolving concept. Its effectiveness depends on continuous reflection, debate and learning. This book aims to facilitate this process through the stories of five CBR programmes in Africa, told by those involved with the programmes and reflected on with honesty. The book recognises that CBR practitioners are in a unique position, not only to deliver their individual programmes, but also to inform Governments and other agencies who are interested in working with them to provide structures and services. It also recognises that CBR workers can be the bridge between theory and practice and are themselves an instrument of change. Their learning is vital to the process of expanding CBR programmes and Government involvement, showing the way for services to expand and become increasingly accessible. The diversity of initiatives represented in this publication feeds into a shared wisdom and increasing momentum toward realising the ultimate goals of CBR.

The book is intended for all who are involved with CBR programmes. Its focus has been Africa, but its insights will resonate with programmes in other continents. Five CBR programmes have been selected which represent different African locations and cultures. These include Uganda for East Africa, South Africa for Southern Africa, Niger for French speaking West Africa, Egypt for Arabic speaking North Africa and Angola for Portuguese speaking West Africa. Each chapter of the book profiles one of the CBR programmes in that country.

Each of the five programmes has been invited to document their work, describing how its programme started and assessing the effectiveness of the approach it has chosen. They were asked to identify their successes and challenges, and to reflect on how difficulties are being overcome. Life stories illustrate the impact each approach can have on individual lives.

The book offers itself as a reflective tool, to be used by practitioners. Each chapter asks specific questions of its readers, inviting them to draw comparisons with their own programme. The concluding section of the book outlines ideas for evaluating and developing their CBR programmes. It directs the reader to the *CBR Joint Position Paper*¹ and the *CBR Guidelines*,² showing how these two important documents can be used for reflective programme learning. The questions in the text are offered as a further tool for programme development. These all invite readers to locate the programmes described in the book and their own programme within this evolving framework, helping to broaden horizons and suggest ways forward.

1. World Health Organization 2004. *CBR : a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities : joint position paper / International Labour Organization, United Nations Educational, Scientific and Cultural* http://whqlibdoc.who.int/publications/2004/9241592389_eng.pdf

2. WHO, UNESCO, ILO, IDDC. *CBR Guidelines for community based inclusive development*. In press for 2010 World Health Organization: Geneva. <http://www.who.int/disabilities/cbr/matrix/en/index.html>

The evolving concept of CBR

The concept of CBR has evolved a long way since it was first formulated by WHO at Alma Ata in 1978. It was then focused on providing affordable health related rehabilitation services at the community level. Today this focus has moved onto the importance of human rights, the empowerment of disabled people to take more control over their own lives, and using CBR as a strategy for reducing poverty. This revolutionary shift in thinking began its journey with the medical model which aimed to normalize disabled people and required them to fit in with able-bodied society. There was then a move towards a social model which focussed on society adapting and changing to accommodate the needs and rights of disabled people, and now a human rights led comprehensive model recognises that disability has many dimensions, all of which need to be addressed in any service support or social structure that strives for inclusive development.³

Disabled people are among the poorest in society, and their poverty is intimately tied to the general poverty that surrounds them. Consequently disability must be linked to other development issues and to poverty reduction strategies in particular. That is why CBR is now viewed, in the current debate about its future development, as primarily a strategy for poverty reduction. Yet mainstream approaches to poverty alleviation continue to ignore the rights of people with disabilities, who remain marginalized or absent from initiatives such as the Millennium Development Goals.

To counter this, a key objective of any current CBR strategy is the inclusion of people with disabilities in the civil, social, political and economic structures of the community. This means people with disabilities playing a full part as citizens of their society with the same rights, entitlements and responsibilities as others, while contributing tangible benefits to the whole community. In this way, any poverty alleviation strategy which targets people with disability will also bring socio-economic benefits to the whole community and ultimately to the country.

There are widely different contexts between and within countries. This means that 'there cannot be one model of CBR for the whole world. There are many models of CBR programmes; each is unique to its own situation. This is the uniqueness and at the same time the challenge of CBR programmes.'⁴ However, basic norms for a valid CBR programme are needed. In particular, 'evidence is needed that a particular CBR strategy being used is the most effective and efficient approach to enhance the quality of life for people with disabilities and their family members.'⁵

3. WHO, UNESCO, ILO, IDDC. *CBR Guidelines for community based inclusive development*. In press for 2010
World Health Organization: Geneva HO, CBR Guidelines (forthcoming 2010)

4. Ibid

5. Ibid

Overview of CAN and CBR Projects in Africa

CAN stands for Community Based Rehabilitation (CBR) Africa Network, a Non-Government Organisation whose secretariat is based at the Faculty of Special Needs and Rehabilitation at Kyambogo University in Uganda. The vision of the CBR African Network is the equalization of opportunities, social integration and rehabilitation of people with disabilities in Africa. CAN was established in 2001 following resolutions made at the CBR Africa Regional Conference: 'CBR as a participatory strategy in Africa'. CAN aims to facilitate the sharing of information about community-based services for persons with disabilities and their families in African countries.

CAN was formed at a time when existing information about CBR was scarce and when the information that did exist was not readily available to those working in the field. Due to the oral tradition that dominates the communication process in Africa, there was minimal evidence of documentation and sharing of CBR experiences. This undermined the progress of CBR in the rehabilitation of people with disabilities, as good practices were not shared and programmes remained unevaluated. It was a threat, especially in African countries which have embraced the CBR approach and yet lack the documented evidence to eloquently defend the strategy.

To address this problem, CAN facilitates a number of activities through the efforts of its secretariat team in Uganda and the support of an executive committee from seven African countries. These include organising conferences and writers' workshops, encouraging the formation of CBR National Associations, managing a website (www.afri-can.org) and promoting publications. CAN information is accessible all over the world. Through the formation of CAN it was hoped that CBR workers and consumers would have a chance to share their practice experiences. Interaction amongst those involved in CBR and the sharing of experiences and information would also lead to the development of better CBR practices, with the end result of improved quality of services and human rights of people with disabilities in Africa.

The CBR Stories selected for this book

This publication is a response to such a commitment, telling the stories of different CBR programmes, their strategies and the evidence of learning that accompanied them. The five stories have been selected to represent various African contexts and cultures, each profiling a CBR programme in different countries. These are the Tororo CBR model programme in Uganda, the Mpumalanga Disability Support Programme in South Africa, PRAHN CBR programme in Niger, the child-focused CBR programme in Egypt, and Handicap International's CBR programme for economic empowerment in Angola. Each illustrates a different position on the spectrum of CBR development, from service provision to a fully rights-based approach. Where each programme lies on this spectrum is determined largely by the political and social context of the country it operates in and the extent to which the Government has understood and embraced the principles advocated by CBR.

In **Uganda**, the Government itself began implementing CBR using the international guidelines. Through its own learning process, it recognised the need to involve disabled people and their families and there is now a very active national DPO: the National Union of Disabled Persons in Uganda (NUDIPU). This has resulted in the Government seeing disability as a rights issue, and provision has now been made within the constitution for disabled people to be represented at all levels of elected Government, from local council up to the national parliament. This has very positive implications for work in CBR, which finds doors open for advocacy and participation by disabled people.

South Africa offers an example of people with disabilities being both advocates and service providers in a collaborative structure managed and supported by the Government. The CBR programme in Mpumalanga is a joint project between the Government and the main national DPO, DPSA (Disabled People of South Africa). It uses its CBR workers to identify needs, refer clients to appropriate services, provide those services and advocate for even better services. Lobbying by DPSA with the South African Government has also resulted in progressive legislation in favour of disabled people, and a commitment to implementing it.

In **Niger** there is only one CBR programme: PRAHN (CBR Project for Blind and Other Disabled People in Niger). **The Government has no national policy on disability, and there is only a general policy on social development that does not take account of the needs of disabled people.** However there are signs of change as a result of the UN Convention on the Rights of Persons with Disabilities. Individual single-disability DPOs are represented nationally by the Federation Nigérienne des Personnes Handicapées (FNPH) which is active in lobbying for change. PRAHN tries to involve DPOs in planning and implementation, and is encouraging the Government to develop a national CBR programme.

Angola, with its history of conflict, has a DPO representing disabled ex-combatants, but there is as yet no cross-disability DPO and the Federation of Disabled People is not fully representative. Disability is recognised as an issue by the Government, but its main activity is to provide aids and appliances. As yet there is no clear policy or strategy. Handicap International is trying to involve DPOs locally despite the problems caused by lack of funding and capacity, and is planning to transfer management of a CBR programme to a DPO in one province in 2010.

In **Egypt** the Child Focused CBR programme has primarily been one of service provision for disabled children, with no DPO involvement, and no obvious role in influencing Government policy. Disability is still seen by the Government as a charity issue, giving no fertile ground for DPOs or other civil society organisations to take root. The idea that disabled people can mobilise and advocate by themselves is a concept still to be understood. Yet there are indications that this is beginning to change. The Government is in the process of ratifying the UN Convention for the Rights of People with Disability. A national CBR network has been formed and has clearly identified the need to empower people with disabilities, supporting the creation of DPOs, advocacy and networking at all levels.

Map of Africa showing the location of countries whose projects are included in this book



List of Acronyms

ADL	Activities of Daily Living
AFEHA	Action pour Femmes et Enfants Handicapés (Niger)
AHED	Association for Health and Environmental Development (Egypt)
CAN	CBR Africa Network
CBM	Christoffel-Blindenmission
CBR	Community Based Rehabilitation
CBR-DSP	Disability Support Programme (South Africa)
CDA	Community Development Associations (Egypt)
CSO	Civil Society Organisation
DPO	Disabled People Organisation
DPSA	Disabled People of South Africa
FNPH.....	Federation Nigérienne des Personnes Handicapées
HI	Handicap International
IDA	Agricultural Development Institute (Angola)
IDDC	International Disability and Development Consortium
ILO	International Labour Organisation
MDG	Millennium Development Goals
MINARS	Ministry of Social Assistance and Reinsertion (Angola)
MIS	Management Information System
NAD	Norwegian Association of the Disabled
NGO	Non-Governmental Organisation
NQF	National Qualification Framework (South Africa)
ONIPRAM ...	Organisation Nigérienne pour la Promotion des Aveugles et Malvoyants (Niger)
PRA	CBR Project for the Blind People (Niger)
PRAHN	CBR Project for Blind and Other Disabled People in Niger
PRSP.....	Poverty Reduction Strategy Policy
SAR	South African Rand
SARS	South African Revenue Service
SCUK.....	Save the Children UK
SETI	Support, Education and Training for Inclusion (Egypt)
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organisation
US\$	United States Dollar
WHO	World Health Organisation

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A supervisor gives support and advice



UGANDA

Listening to disabled people helped change a CBR programme

The Ugandan Government began implementing CBR by following international guidelines, but in the process they discovered the importance of involving and listening to disabled people and their families. This chapter explores the changes it brought to the Tororo CBR model programme. Staff there now see partnerships and involvement with disabled people, local service providers and volunteers as essential ingredients for a successful dynamic programme. The aim is for people with disabilities to be both implementers and beneficiaries of a programme that meets their needs and for their voices to be heard at all times. Disabled individuals identify and provide for local needs within a system where specialists may not be available. Much can be learnt from both the successes and challenges of this programme and Anyango's story (not her real name) tells about the changes it can bring to one person's life and the role model she can be for others.

INTRODUCTION

Although hospitals and health centres exist in all areas of the country, access to these services remains a challenge for most people, particularly those with disabilities.

The Government of Uganda has always wanted to bring essential health services within reach of all its citizens. Although hospitals and health centres exist in all areas of the country, access to these services remains a challenge for most people, particularly those with disabilities. Action was needed within the framework of limited financial resources, lack of trained medical personnel, and large distances between homes and medical facilities.



Using locally available resources to make a standing frame

The Government decided to be more proactive in meeting the health and other needs of people with disabilities and in 1989 a plan for Community Based Rehabilitation (CBR) was mapped out. The aim of this programme was to reach as many people with disabilities as possible. Within each district, locally available resources were used as much as possible, such as community leadership structures, local materials, families of disabled people, volunteers and other service providers. Using these helped to bring services within reach of persons with disabilities.

The plan was approved, and in 1992 the Government signed an agreement with the Norwegian Association of the Disabled (NAD). Implementation first began in three districts in Western Uganda: Kabale, Mbarara, and Bushenyi. Programme activities included: conducting a needs assessment; raising public awareness; capacity building of communities; production of local appropriate assistive devices; referral services; income generating activities; and cultural activities like village theatres by disabled people. The CBR programme was initially started in fifteen sub-counties of each district. The lessons learned from the three pilot districts were used to extend the programme to seven more districts. Among them was Tororo which was later selected to become a model site.

By listening to disabled people, the nature of the Ugandan CBR programmes changed from one that sought to meet the challenges of disability primarily from a health only perspective, to one that sought to address the full range of need as expressed by disabled people and their families. The essential ingredient to the process of change was the involvement of disabled people and their families in the planning and implementation of programmes. This chapter explores how these partnerships were achieved in the Tororo district. The goal is now full participation, equality and empowerment of persons with disabilities concentrating on giving disabled people responsibility in the programme and increasing their opportunities. It also builds the families' capacity, so that the quality of life for all concerned can be improved.

IMPLEMENTATION STRATEGY

The guiding principles of this programme are that disabled people have the capacity to manage disability at the local level and that they and their families must participate in the programme. There is respect for diversity of community values, norms and practices, and an approach based on human rights rather than charity.

Initially a District Resource Team, made up of the District Rehabilitation Officer, Chief Administrative Officer, District Planner, District Education Officer and the Director of District Health Services, was given responsibility for training personnel in CBR at the sub-county level. The trained community development workers, called CBR workers, then trained a team to carry out home-based activities at the parish level. This team was a great help in identifying persons with disabilities. The team included a Health

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A CBR worker carries out a home-based activity

Assistant, CBR Volunteer, Community Development Officer, Special Needs Education Coordinator, disabled people's Counsellor, and an Agricultural Officer for income generating activities where it was needed. When CBR training had been completed, the District Resource Team became the Steering Committee and was responsible for mainstreaming into the different departments of the district administrative structure, and making them accountable for disability issues.

The approach developed by the Tororo CBR programme ensured the voice of disabled people was heard in all stages of planning and implementation.

The approach developed by the Tororo CBR programme ensured the voice of disabled people was heard in all stages of planning and implementation. When the programme had first been introduced it had used a top-down approach. However, the 2002 evaluation showed that this did not encourage disabled people to take an active part. It was therefore replaced by a bottom-up approach with structures at the village, parish, sub-county, district, and national level and two permanent disabled representatives at each of the different levels.

At village meetings, CBR workers meet with disabled people and listen to issues that affect them in the community. This will include the need for medical treatment, aids and appliances, income generating activities and other social rehabilitation services. These needs are prioritised, such as any urgent medical attention or financial needs and recorded in a report. The report forms a village document and is forwarded to the parish. The parish will receive documents from each of the villages in its administrative area. These will be consolidated and decisions will depend on parish resources. Matters that can be resolved by the parish committee are not included in the final document. This final document is known as the parish document and is forwarded to the sub-county. The

process is repeated through each level, reflecting the needs of persons with disabilities in the rural sub-counties, municipal divisions and town councils and finally presented to the district council. Copies of this document are then submitted to the Ministry of Gender, Labour and Social Development who oversees the CBR programme in Tororo, and also to the Ministry of Finance, Planning and Economic Development.

The programme maintains a Management Information System (MIS) and funding is based on the number of persons with disabilities in the district. 30% of the funds go towards administrative costs at the district and national level and 70% is for the needs of disabled people. It is worth noting that disabled people have representation on the local committees at every level of village, parish, sub-county and district councils.

One of the main programme activities is to identify and refer disabled persons in the community.

MAIN ACTIVITIES

One of the main programme activities is to identify and refer disabled persons in the community. This is done at three-monthly intervals. CBR workers identify the disabled persons, and health professionals assess and recommend rehabilitation where it is needed. Corrective surgeries are carried out for clubfeet, cleft palate, osteomyelitis, and eye ailments.

The programme carries out home-based visits which offer counselling on nutrition and HIV/AIDS. They also teach parents and caregivers how to make and use local devices



A child with cerebral palsy learns to use a special chair

They also teach parents and caregivers how to make and use local devices such as parallel bars and supportive chairs.

Assistive devices are produced and supplied to the district.



An orthopaedic workshop producing crutches

such as parallel bars and supportive chairs. Assistive devices are produced and supplied to the district. To date fifteen artisans have been trained to make local appliances. These include seats for children with cerebral palsy, parallel bars, walking and standing frames, prone boards, crutches, canes for blind people, surgical boots, and stimulation toys. Manufactured assistive devices include surgical boots for children with clubfoot, corner chairs and seats for children with cerebral palsy.

Awareness is raised in the community through sensitization and education on disability issues. Local media especially radio talk shows are used, as well as meetings and workshops. Sensitization is normally on how to identify and prevent disabilities. The programme also supports the formation of disabled people's organizations and disabled people's cultural groups. These groups help to raise awareness about disability issues and can lead to income-generating activities for them.

Among its income generating activities the programme has distributed 537 goats to disabled persons and their families. When a goat is given to a disabled person the first offspring is given to another disabled person so that the programme is continually extending its outreach. As a result of this initiative, many families have now acquired bigger and more livestock, such as one or two cows, from their earnings.

QUESTIONS

WHAT ARE YOUR PROGRAMME GOALS? HOW DO THEY COMPARE WITH TORORO? COULD YOU ADOPT SOME OF TORORO'S GOALS AND STRATEGIES?

DO YOU INVOLVE DISABLED PEOPLE IN ALL STAGES OF YOUR PLANNING? COULD YOU INVOLVE THEM MORE? HOW?

IF YOU WERE ABLE TO INVOLVE DISABLED PEOPLE MORE HOW DO YOU THINK YOUR PROGRAMME WOULD CHANGE?

Look at the challenges the Tororo CBR programme has experienced and ask yourself if you have experienced similar challenges in your programme.

CHALLENGES EXPERIENCED

- There is a shortage of health personnel, particularly orthopaedic surgeons, physiotherapists and psychiatric nurses in the district. Corrective surgery has therefore been undertaken outside the district, affecting the access and increasing the cost.
- Limited human and material resources.
- Care for children with multiple impairments.
- Government decentralization has caused late remittances of funds to the district and delays in implementation. This has also made it more difficult for disabled people to get aids and appliances from the district.
- Persons with disabilities can have unrealistic expectations which are reinforced by a 'victim' mentality and expectations of charity and handouts. As one disabled person put it, 'the programme is for us and the money is also ours'.
- The programme has been donor-driven and therefore faces the challenge of sustainability. The steady funding from NAD has been phased out, and the Government has not yet allocated how activities are to be handled in future. Tororo CBR programme has a low local revenue base to meet any co-funding obligations.

There is a shortage of health personnel. Corrective surgery has therefore been undertaken outside the district, affecting the access and increasing the cost.

Many schools are more concerned about meeting the needs of the education system rather than the needs of the persons/children with disabilities.

- Some services provided by the programme are being duplicated by other organisations working with disability. For instance, another organisation was also distributing goats and some disabled persons were getting a double share of everything while others were missing out. The Steering Committee now meets on a quarterly basis to share information. Representatives from DPOs, CSOs, heads of departments and the private sector submit reports and can discuss ways to overcome such challenges. However, limited resources make it difficult to meet often enough.
- Data on disability can get duplicated when it is collected by different stakeholders. Registration forms can be filled in at the different data-collection points without the collection officers knowing if disabled people have registered elsewhere.
- The education system in Uganda emphasises theoretical knowledge over skills development. This is a challenge to children with disabilities who may fail to grasp classroom concepts and would be more adept at hands-on skills. Many schools are more concerned about meeting the needs of the education system rather than the needs of the persons/children with disabilities.



A physiotherapist teaches a mother how to work with her child

In spite of these challenges, the CBR programme in Tororo district has been described as one of the most successful in Uganda and is often referred to as the CBR model district. An evaluation conducted in 2005 supported this claim and has led to the programme being replicated in Busia and Kayunga districts.

Now read through the programme successes which have been made possible by this approach, and ask yourself if your programme approach has led to similar experiences of success.

SUCCESS OF THE PROGRAMME

- The community approach identifies the unique needs of disabled people and maintains good relations between disabled people and the CBR workers at all levels.
- Multi-sector collaboration with Government departments works toward mainstreaming disability issues in district planning.
- The MIS data on disability improves planning in the district. The MIS identified 9,041 disabled persons of which 6,969 were assessed and found to need rehabilitation services.
- CBR volunteers successfully identify disabled people in the villages.
- Funding to sub-counties for CBR implementation means that issues are resolved at community level and disabled people can plan for timely interventions.
- As Tororo is a model district there is effective multi-sector monitoring by the coordination team at the Ministry of Gender, Labour and Social Development, and also by politicians and other stakeholders.
- Access to finance has been improved by organising a sensitization meeting with heads of financial institutions in Tororo, and lobbying them for access to facilities and funds. To date, two of the seven banks have constructed ramps and some disabled persons have accessed loans. The CBR programme has also recommended disabled people to other financial schemes, such as the Government poverty alleviation scheme, Bonna Bagagawale Revolving Funds. A group of disabled people have also formed a village savings and loan association where members contribute regularly, borrow from the pool at an interest, and share profits at the end of their financial year.

The community approach identifies the unique needs of disabled people and maintains good relations between disabled people and the CBR workers at all levels.

Anyango's Story

“They used to call me ‘misfortune’.”

A visually impaired village woman who became a successful trader and respected community leader.

Anyango (not her real name) is thirty-nine years old and visually impaired. She is married with three children who all have some form of impairment. She is a CBR volunteer and also the Vice-Chairperson of the Tororo District Association of the Blind. As a child she had a progressive left eye-growth which resulted in the loss of the eye. She also suffered neglect, isolation and discrimination from other members of her community because of her impairment. Her father refused to pay for her education and denied her the opportunity to go to school like other children. Anyango explains: *“My father said: I cannot waste my money to teach this one! She is a non-performer, she can't do anything.” They neglected me like that and I was denied the chance to go to school. Even among our clan members, they used to call me ‘misfortune’, they used to isolate me. Yes, I was isolated, and I myself used not to feel free with them.”*

When the CBR programme was introduced in the community it paved the way for her to be identified by the district rehabilitation officer and referred for surgery. Anyango says: *“I had a big eye that had swollen and come out like this, but I was taken to surgery and they operated on my eye, and I was given an artificial eye. I am no longer neglected as I used to be, at least now they treat me as a human being.”* While she was involved in the CBR programme she was trained in trading skills so that she could generate some income for herself. This has helped her to provide for her family. She says: *“The knowledge I am receiving from these workshops has helped me a great deal. The knowledge which we receive we put in practice when we come back. That is why I have remained volunteering. I have my retail shop within my house here, and it has helped me to save some money in the bank to support myself, to improve my house, and also to encourage my husband to build a house for me in the village.”*

Her involvement in the Tororo CBR activities helped her to participate in the programme. This led her to volunteer in helping other persons with disability. As a CBR volunteer she now works with other stakeholders in Tororo, raising community awareness on the rights of disabled people and identifying others needing rehabilitation. She has been empowered to play a role in the CBR programme because of her involvement. She says: *“We have made Tororo a model CBR district: it is we CBR volunteers who are doing it, because it is we who are going deeper at the grass root to dig out these people, to help them.”* Due to the impact CBR has had in her community, people now see her as an exemplary figure and come seeking her advice. She is a role model and mentor because of her enhanced leadership skills.

“We have made Tororo a model CBR district: it is we CBR volunteers who are doing it, because it is we who are going deeper at the grass root to dig out these people, to help them.”

Working together to make a wire fence in the DPSA programme

2

SOUTH AFRICA

Equal partnerships create a new CBR programme

The chapter explores how DPSA (Disabled People South Africa) in partnership with the Department of Health in Mpumalanga is implementing a community-based disability support service. People with disabilities are both advocates and service providers in a collaborative structure managed and supported by provincial government. The model recognizes the need to establish meaningful and equal partnerships between all stakeholders and a common understanding of service delivery. Services are based on needs identified by disabled people themselves and peer support is seen as central to the rehabilitation process. Challenges of such a model are explored, as well as the successes of this approach. Life stories illustrate the impact the programme can have on individuals.

INTRODUCTION

It took two years of dialogue to develop an appropriate model which would give meaningful and equal partnerships between all stakeholders.

A vibrant disability rights movement had developed before the 1994 democratic elections in South Africa. This had advocated for sustainable rehabilitation services and mobilised people with disabilities living in the remote areas of the then Eastern Transvaal Bantustans. Mpumalanga Province was created after the elections and a CBR Partnership Programme between Disabled People of South Africa (DPSA) and the Provincial Department of Health had given rise to the Mpumalanga Disability Support Programme, CBR-DSP (Disability Support Services). There is now a formal partnership between the Mpumalanga Department of Health and DPSA which has an annual business plan with strict financial controls, and the programme is managed accordingly. DPSA implements and administers the project, and the Mpumalanga Department of Health provides related health services and funding. The CBR Programme is implemented in three districts in Mpumalanga, South Africa: Ehlanzeni, Nkangala and Gert Sibande.

Health related rehabilitation services for disabled people could only be accessed in four hospitals, and mobilizing disabled people was difficult in these remote and impoverished areas. Health professionals working in rural areas therefore joined hands with disabled activists in the late 1980s, to form the Rural Disability Action Group (RURACT). The aim for RURACT was to advocate for both sustainable and quality rehabilitation services in rural areas. A series of discussions started and it took two years of dialogue to develop an appropriate model which would give meaningful and equal partnerships between all stakeholders; an understanding of disability as a human rights issue; and a common understanding of service delivery together with the package of services this required.

IMPLEMENTATION STRATEGY

The Mpumalanga CBR-DSP programme is designed to bring appropriate peer support closer to people with disabilities and their families, and make information on all Government services more accessible. Disabled activists are employed as frontline workers (field workers), which assists people with disabilities and their families to speak more freely about their fears and needs. Awareness raising campaigns are also conducted



Mothers of children with cerebral palsy meet together

When disabled activists are used in service delivery it can transform the attitudes of professional service providers.

in the communities to promote the needs and rights of people with disabilities. When disabled activists are used in service delivery it can transform the attitudes of professional service providers who sometimes find it difficult to relate to people with disabilities as equals. There is a better understanding of what services are needed and how people with disabilities like to receive these.

The key principle underpinning the programme is that disability is a socio-political and human rights issue and therefore needs the active participation of people with disabilities to address disability issues. Interventions should be empowerment-orientated, and sustainable development and poverty alleviation programmes must be centred around



A CBR field worker makes a home visit

Disability is a socio-political and human rights issue and therefore needs the active participation of people with disabilities to address disability issues.

The project members felt that power relations had to be addressed if sustainable partnerships were to develop.

people. CBR field workers received training that is needs-based, where the main focus is on counselling and sharing of information, and not on therapy. All receive at least three days training in basic counselling and facilitation skills and a five-day human rights workshop.

The project members felt that power relations had to be addressed if sustainable partnerships were to develop. The reality was that disabled CBR workers often had low educational levels. They came from poor rural villages and townships and survived on social grants when they were recruited. On the other hand, health and other professionals tended to be better educated, often coming from wealthy and middle class urban backgrounds, and might not understand local customs and languages, making it difficult to deliver appropriate rehabilitation services. Yet CBR workers and professionals had to be equal for the partnership to work. They therefore decided that disabled CBR workers should be called ‘consultants’ because of the specialist knowledge their disability had given them. This however led to a further problem, as ‘consultants’ were not entitled to benefits such as medical aid and pension funds. A further decision was therefore made to drop the term ‘consultant’, upgrade them as field workers and register them as employees of the organization with the Department of Labour. They then paid taxes and received employment benefits. This was initially met with some resistance, but was quickly replaced with respect as they became a major resource for health and other professionals.



A child waits with his mother to see the field worker

Underlying the partnership is the principle of consensus building and a relationship of give-and-take.

The service delivery/advocacy model is able to differentiate between areas of governmental responsibility. Provincial level provides minimum standards, overall governance and capacity building, while implementation takes place at Municipal level and this is coordinated at a District level. This ensures the flexibility needed at each level and between each municipality. Underlying the partnership is the principle of consensus building and a relationship of give-and-take. The Government provides support and structure through joint management team meetings with the Provincial DPSA Chairperson, Provincial Development Coordinator, Provincial Field Officer and a representative from the Provincial Department of Health. CBR field workers and rehabilitation service providers meet monthly at municipal level. There is inter-



The child after visiting the field worker

sectoral collaboration, giving the CBR programme linkages with all Government departments, such as Education, Social Services and Health sectors as well as with programmes on economic empowerment of people with disabilities. A database is developed on education and job availability at Government departments. A policy for integration into the formal rehabilitation programme makes the best use of therapists who have the outreach clinics where CBR field workers refer disabled people.

The Mpumalanga model is about evolution, partnership and empowerment. Evolution allows initiatives to start small, and makes it safe to experiment and learn from one another. Everyone involved can discover how to listen and trust, build on available skills and knowledge, and grow with the project. Partnership addresses the power relations throughout, so that empowerment comes equally to both rehabilitation professionals and disabled activists. It is the

first time in South Africa that a provincial government has entered into a service level agreement with a Disabled People's Organisation. It is also the first time a provincial chapter of DPSA has delivered rehabilitation services to people with disabilities.

It is the first time in South Africa that a provincial government has entered into a service level agreement with a Disabled People's Organisation.

QUESTIONS

WHO ARE THE STAKEHOLDERS IN DISABILITY IN YOUR AREA? HOW CAN THEY BE FACILITATED TO WORK MORE CLOSELY TOGETHER?

AS A DPO, CAN YOU MAKE A PARTNERSHIP WITH A CBR PROGRAMME?
AS A CBR PROGRAMME CAN YOU MAKE A PARTNERSHIP WITH A LOCAL DPO?

WHAT PARTNERSHIPS DO YOU HAVE IN YOUR CBR PROGRAMME? HOW COULD THESE PARTNERSHIPS BE STRENGTHENED AND MADE MORE EQUAL?

Look at the challenges the Mpumalanga CBR programme has experienced and ask yourself if you have experienced similar challenges in your programme.

CHALLENGES

From the start the programme was striving to understand the meaning of ‘equal partnerships with disabled people’.

Rehabilitation is a means to an end, and not an end in itself.

- Combating negative attitudes about people living with disability is a continual challenge. From the start the programme was striving to understand the meaning of ‘equal partnerships with disabled people’. This is not a once-off activity, but an ongoing process. ‘Equal partnership’ in this case refers to the full participation of Disabled People’s Organisations (DPOs) health and educational professionals, parents’ organizations and not just disabled individuals. In this model Disabled People’s Organizations play a key role in the development of CBR.
- Another major challenge was to understand that rehabilitation is a means to an end, and not an end in itself. There needs to be collaboration between rehabilitation personnel and other disability services such as education, social services, employment, housing and transport. These services are themselves in need of transformation and everyone involved must understand that CBR includes both outreach and hospital-based services. Without this understanding, disabled people remain excluded.
- There is increasing demand from a wide range of interested parties both in this province and others, to share information and skills about this programme and its partnership. This is putting a strain on DPSA Mpumalanga and the rehabilitation programme.
- The training programme needs to be formalized through NQF accreditation, so that new opportunities can open for CBR field workers.
- Personnel changes affect the programme in many ways. Constant changes in leadership at the management level affect the progress of decision-making. It is hard to maintain momentum when decision makers in DPSA and the Department of Health change, as these often have to be convinced of the value of the project before their support is solicited. There is a continuous need to develop and employ new CBR workers. This has an effect on what can be delivered.
- There are not enough specialized rehabilitation services in Mpumalanga for persons with disabilities.
- Field workers have no security of employment after their contract ends. Their future employability will depend on renewal of the service level agreement and Government approval of funding.

Now read through the successes listed below and ask yourself if your programme has had similar experiences of success:

SUCCESSSES ACHIEVED BY 2006

- Thirty-three formerly unemployed disabled activists with different disabilities, including parents of disabled children, are employed as CBR field workers. This has liberated them from poverty, as they all earned between SAR 2,300 – SAR 5,990 per month in 2007.
- A wide network has been established with district education authorities, welfare authorities, paralegal advice centres, NGOs and the Human Rights Commission. The aim of this network is to improve access to opportunities and social services for people with disabilities. Ten CBR field workers attended a Rural Women Trainer Training Workshop.
- People now have access to peer support and information while they are still in hospital, immediately after the onset of any trauma, illness or injury which can contribute to subsequent disability.
- Information pamphlets giving alternative approaches to the now out-dated charity/medical approach have been developed in four official languages.
- More than forty-three new self-help groups of disabled people have been established as a direct result of the CBR Project.
- Support groups for mothers of children with cerebral palsy and spinal cord injuries have been established.
- The CBR field workers have become much more confident and independent in their daily activities, such as using public transport, negotiating access, and speaking out against personal abuse. Three CBR field workers and a provincial administrator have found permanent employment through the empowerment they received from the project.
- 14,110 people with disabilities have had peer counselling in the past ten years.
- 11,298 people with disabilities have received assistive devices through the project over the past ten years. This helps them to move around freely, leave their homes, participate in community activities, look for jobs and communicate more easily.

More than forty-three new self-help groups of disabled people have been established as a direct result of the CBR Project.

- Visually impaired and blind people have been trained in mobility and orientation. For example, during the 2005-2006 financial year, the Orientation and Mobility Project has been able to provide services to a total of 819 blind and partially sighted people throughout the province.
- The programme forms a vital component in maximizing the impact of community service therapists, as it ensures sustainability and continuity of services within an identified community-based knowledge system.



A visually impaired woman weaves a basket

Ntombikayise Hlabangwane's Story

“I am now independent, I can speak up for myself and face my own problems”

In 2000 Ntombikayise Hlabangwane was involved in a car accident and her injuries led to her present disability. She developed elephantiasis in the left leg and was unable to walk. She gained weight and her husband and in-laws began treating her badly. At that time she was married with three children.

The CBR field workers identified her in 2003 and gave her information about disability rights and services. Her mistreatment had worsened and so she took a decision to leave her husband, move back to her family home, and start a new life there. The house was dilapidated and so the CBR field worker was able to advise her about applying for a disability grant. She was successful in her application and this has eased her poverty, as she had no income. The field worker then referred her to a housing department to apply for an accessible house and this was built for her in 2006. Though there were problems with this, she and the field worker were able to find solutions together. All through these difficult times the field worker gave her encouragement and counselling support, this included support for her children so that they were not affected by the situation.

The various interventions by the CBR field worker meant that Ntombikayise Hlabangwane could have peer and family counselling, referrals to service providers, and an accessible house of her own. She received help from the rehabilitation department and was able to start her own business. She also started a women's savings club where everyone contributed money each month to buy groceries at the end of the year. She is now independent and vocal, and can face problems on her own. She has even adopted a child whose parents passed away.

Cynthia Gugu Jele's Story

“I am now competitive on the open labour market.”

Cynthia Gugu Jele is a wheelchair user living at the Swazi border post. She contracted polio when she was two and was left with severe mobility limitations. She attended a special residential school for physical impairments. Her mother worked in Johannesburg as a domestic worker and Cynthia could only see her during holidays; she knew nobody outside the school. Later, she was able to attend a Government secondary school in Pretoria and graduated in 1989. In 1990 she attended Randburg Access College for disabled persons where she learnt book-keeping. But the college moved, so she missed out on work experience and had to leave the college as she could no longer reach it. She remained at home and had a child.

“I wanted to take the skills I had learnt in DPSA into the world outside disability. I wanted to stretch my wings.”



Cynthia

Then in 1998 she was able to get employment with DPSA as a provincial administrator. Among her duties, she did book-keeping for the CBR programme in Mpumalanga, and so gained knowledge about a range of disability issues. She began to believe in herself as a person, and to develop. As she was now a wage earner the attitude of her family changed and they began to look up to her. *“DPSA empowered me as a disabled person. I now know my rights. I can encourage and empower other people. I developed skills, especially in administration and office work. I am now competitive on the open labour market.”*

In 2002 DPSA sponsored her for a six-month course in public relations and administration. This led to her being selected by the South African Revenue Services (SARS) in June 2004 for a position in data-input. The position gave her free accommodation and she was now within reach of the border post and transport. She says: *“I am very happy in this job. I wanted to take the skills I had learnt in DPSA into the world outside disability. I wanted to stretch my wings.”* She could see that SARS needed to learn more about hiring disabled people and was willing to learn. *“In order to learn one must make mistakes. I am learning to engage with SARS and to help them understand.”* SARS, as a Government agency, could provide both working and financial security which DPSA was unable to do. She wanted to be more than just a team support member. SARS provided her the training and a supportive supervisor. They also offered to fundraise the 5,000 rand (US\$820) needed to repair her electric wheelchair. *“I would like to say to all disabled people: Come out! DPSA is there to empower, not protect. Have courage. Don’t be negative towards people. People are willing to learn.”*

“I would like to say to all disabled people: Come out! DPSA is there to empower, not protect. Have courage.”

*A child feeds a goat
supplied by PRAHN*

3

NIGER

Providing services at the community level to alleviate poverty

The PRAHN⁶ CBR programme in Niger is bringing services into the homes and communities of persons with disabilities. In this chapter, the focus will be on how poverty and disability are being met in the areas covered by the programme. Huge challenges remain, and the chapter identifies possible opportunities and solutions to meet these. Two life stories illustrate how CBR has made it possible to reach people with disabilities and the changes it has brought to their lives.

BACKGROUND ON DISABILITY ORGANIZATIONS AND CBR IN NIGER

The number of disabled people living in poverty is disproportionately high.

In 2000 the United Nations member states, including Niger, set the Millennium Development Goals (MDG) with the aim of eradicating poverty. Although disability is not mentioned in the MDG, six of these eight MDG have fundamental links to disability and therefore cannot be achieved without taking disability issues into account. The number of disabled people living in poverty is disproportionately high.

In Niger the Ministry of Population and Social Reforms is the institution that is dealing with vulnerable groups at the national level; these groups include persons with disabilities. Organizations have historically focused on creating separate institutions for the disabled population and very few were implementing community based rehabilitation (CBR). Some small changes are now beginning to happen, but there is still a long way to go. There are six disabled people's organizations (DPO) which are: the National Union of the Blind, the National Association for the Deaf, the National Association for Persons with Physical Disabilities, the National Association for Persons with Mental Disabilities, the National Association of Victims of Road and Work Accidents, and the National Association for Leprosy Victims. All six associations are under the umbrella of the Federation Nigérienne des Personnes Handicapées (FNPH).

Niger also has other international and national organizations helping persons with disabilities. Among the international organizations are Christoffel-Blindenmission (CBM) and Handicap International (HI). National Non-Governmental Organizations include Thiebon, AFEHA, Mourna Yara, ONIPRAM, PRAHN, Kulawa and Compassion et Solidarité.

BACKGROUND ON PRAHN COMMUNITY BASED REHABILITATION (CBR)

In 1985 the Community Based Rehabilitation Project for Blind People [PRA] was started in Niger as an agricultural rehabilitation project for the blind only. The project was initiated by the National Union of the Blind in Niger, with the technical and financial support of CBM. Over time, it expanded its areas of work to include other disabilities, such as physical disabilities, deafness, and mental health. In 1995 the organization

6. CBR Project for Blind and Other Disabled People in Niger

changed and became the “Community Based Rehabilitation Project for Blind and Other Disabled People in Niger (PRAHN)”. Since then it has developed its services to meet the needs of other disabled people, and the numbers have increased annually.

One of the positive aspects of CBR is that grassroots organizations can provide services directly to the people with disabilities and their families, involving the families as much as possible, and then expanding the programme outwards to the general community. Through our long experience in CBR practice, PRAHN has found that CBR is one of the best strategies for delivering services to people with disabilities in the community. The results reached so far are quite remarkable. PRAHN is now addressing the needs of about 9,000 disabled people each year. These services cover the prevention, awareness raising, treatment, rehabilitation, and economic and social empowerment of persons with disabilities. CBR Africa Network (CAN) is also a strong coalition aiming to share information about CBR in Africa.

HOW PRAHN IS ADDRESSING THE CAUSES AND EFFECTS OF POVERTY AT COMMUNITY LEVEL

The main causes of poverty in Niger are low education levels, lack of employment opportunities, high population growth, crop failure, failure of political will, and lack of appropriate information. The following paragraphs examine each of these issues and review how the PRAHN CBR programme is addressing them.

Low education rate

Only 54% of school age children were attending school in 2006.⁷ PRAHN’s CBR programme is identifying blind and visually impaired children, sensitizing their parents about the importance of education and transferring them to the Niamey School for the Blind. PRAHN is also implementing a semi-integrated school system in Tahoua, Agadez, Zinder, Maradi and Birni. It is achieving this through collaboration with the Ministry of Education of Niger and disabled people’s organizations, with the financial support of UNICEF. This system is for visually impaired children who attend special classes within a mainstream school for four years before joining the mainstream classes in the same school. It allows these children to attend schools in their home towns rather than going away to Niamey, which is the only school for the blind in Niger.

Lack of employment (due to lack of skills)

Most persons with disabilities are without work because employers think they are incapable of it. To address this problem, PRAHN arranges vocational training, mainly for young adults, in sewing, auto repair, welding, chair weaving, and tyre repair. It also pays the training fees of approximately 2,500 fcfa (US\$6) per month. Training takes place in the disabled people’s own villages, and they receive a certificate of completion. They are then set up in workshops in their own villages and PRAHN field workers

CBR is one of the best strategies for delivering services to people with disabilities in the community.

The main causes of poverty in Niger are low education levels, lack of employment opportunities, high population growth, crop failure, lack of political will and lack of appropriate information.

7. Niger_Stratégie de Développement accéléré et de Réduction de la Pauvreté, 2008-2012 (2007)- in English Niger Poverty Reduction Strategy Document 2008-2012 (2007), page 11, paragraph 1

Most persons with disabilities are without work because employers think they are incapable of it. To address this problem, PRAHN arranges vocational training.



People with disabilities make fence posts in a workshop

continue supporting them. Disabled people are also employed for specific types of jobs, such as fence production in Boukoki, Koira-Tegui, Saga, Yantala and Bandabari in Niamey city. There is only a small market base for this activity: it can employ about 50 persons with disabilities and their families on a part time basis.

High growth of the population (3.3 % increase per year⁸)

The high growth rate of Niger's population is placing pressure on Niger's limited resources, and forcing Nigériennes to live beyond their means. To address this problem, PRAHN explains how poverty is linked to the increase in population. It is hard for Nigériennes to accept this, because having many children is considered an honour. PRAHN explains how large families will have problems in sending each child to school or even in feeding them all adequately. Such discussions allow people to see the wisdom of having fewer children and PRAHN workers can then go on to explain the option of family planning.

Crop failure

Niger's hot climate and insufficient rainfall means that farmers are not able to grow enough food. A poor crop yield and slight shift in rainfall can cause countrywide famine such as the one in 2005. This can lead to malnutrition in many children.

In order to compensate for this lack of food, PRAHN is creating gardens called 'Survival Yards' for persons with disabilities and their families. Forty gardens have been created in

8. Ibid



A man arrives on his tricycle to work in a garden

In order to compensate for a lack of food, PRAHN is creating gardens called 'Survival Yards' for persons with disabilities and their families.

Birni N'Gaoure, Ballayara, Liboré, Bonkoukou and Makalondi, and the fences protecting them are made by blind people and deaf people.

Failure of political will

Political will is essential in lifting the country out of poverty because of the policies and resources which will be needed. However, as yet, Niger has no national policy on disability, and the Government is inefficient in allocating funds from the National Solidarity budget.

PRAHN is therefore organising conferences each year on the rights of persons with disabilities. There are also national and international days when achievements and challenges can be assessed. Both these events are used to highlight the problems faced by persons with disabilities, and the role of the Government and other stakeholders in overcoming them.

Lack of appropriate information

Lack of appropriate information on health, education and rehabilitation create both attitudinal and physical barriers. It leads to difficulties in transport and accessibility, reducing educational and employment opportunities, income generation and social participation.

PRAHN uses the public conferences and national and international days to raise public awareness. It also organises meetings with all the stakeholders in each of the eight regions.

QUESTIONS

HOW CAN YOUR CBR PROGRAMME SUPPORT CHILDREN WITH DISABILITIES ATTENDING MAINSTREAM SCHOOLS?

WHAT ACTIVITIES DOES YOUR CBR PROGRAMME OFFER TO PROMOTE POVERTY ALLEVIATION?

DOES YOUR COUNTRY HAVE A NATIONAL DISABILITY POLICY? HOW DO YOU USE IT TO INFORM YOUR PROGRAMME DEVELOPMENT? IF THERE IS NO GOVERNMENT POLICY, WHAT CAN YOU DO TO LOBBY FOR SUCH A POLICY?

IS THERE A LINK WITH THE GOVERNMENT'S ROLE AND RESPONSIBILITY? WHAT IS THE NATURE OF ANY LINK BETWEEN YOUR PROGRAMME AND GOVERNMENT AGENCIES?

Look at the challenges this CBR programme has faced and ask yourself if these have been challenges your programme has also faced.

CHALLENGES AND CONSTRAINTS FACED BY PRAHN'S CBR PROGRAMME

Despite all that has been done to improve the quality of living for persons with disabilities, PRAHN continues to face many challenges.

Despite all that has been done to improve the quality of living for persons with disabilities, PRAHN continues to face many challenges due to:

- Poverty of the target group
- Illiteracy
- Drought
- Lack of proper data on disability
- Insufficient political engagement including policies and strategies for persons with disabilities
- The size of the country and huge distances including bad roads
- Insufficient funds for programme activities, especially any expansion, because the country is so large.

Now look at the opportunities and solutions which this programme has identified. Are these similar to the ones your programme has identified?

OPPORTUNITIES AND SOLUTIONS

- The revised new CBR guidelines being published by WHO offer useful guidance to CBR programmes. They provide the opportunity to join with the Government in developing a National CBR Programme based on the WHO's new guidelines.
- The UN Convention on the Rights of People with Disabilities is ratified by Niger. This provides legislation and policy and also the structure and content upon which to base advocacy and lobbying activities.
- The overall Poverty Reduction Strategy Policy (PRSP) offers some support to all people who are poor. The opportunity therefore exists for making sure that disabled people have access to these initiatives and to convince the Government of Niger to revise its PRSP strategy so that it is more responsive to the needs of its disabled citizens.
- Help to convince the Government of Niger to elaborate and implement a National disability policy and plan of action.
- Advise and accompany the Government in developing a pilot CBR programme, based on the new National CBR Programme, using the best practices from the PRAHN CBR programme.

The challenge is daunting, but PRAHN, a community-based organization, meets disabled people's needs from the source outwards, by seeking them out, getting to know them and their families, identifying their needs, planning activities around meeting these needs, and getting them the best care and coping skills available, changing people's lives one by one.

The challenge is daunting, but PRAHN, a community-based organization, meets disabled people's needs from the source outward changing people's lives one by one.

Madina Maazou's Story

“I would like to go back to school to become a teacher and be more useful to my family and the community.”

Madina contracted poliomyelitis at the age of five. She started crawling to school on her hands and knees when she was seven, but had to stop when her growing body put too much weight on her legs for her to crawl long distances.



Madina

The PRAHN field worker based in Tillabery identified Madina when she was twenty years old. She was crawling on the ground near her house. The field worker discussed her difficulties with the family and told them that PRAHN was helping people like Madina,

through orthopaedic surgery. After a few visits, Madina and her family agreed to the surgery and paid the fee to show their willingness to participate. The operation enabled Madina to stand. A PRAHN field worker then followed this up at home with physiotherapy exercises and trained her family to help her with these. A second operation later enabled her to walk with leg braces. She and her family were very happy and the PRAHN team was now welcomed as part of the family.

The Tillaberi field worker then met with Madina and other disabled women in Tillaberi to discuss income generating possibilities. He gave them the background to co-operatives, including saving and micro-finance groups. A few days later Madina called the other women with disabilities for a meeting in her family compound. The following week, the participants decided to establish an official co-operative. They set out the rules and started savings in a treasury account. Madina was elected secretary on the board, and was put in charge of keeping records because of her basic reading and writing skills.

The group was soon able to receive its first credit from PRAHN. The local microfinance institution was so impressed by their excellent account-keeping and repayment of credits that they invited Madina to be a Board Member. The group continued to grow and accumulate capital. By the end of 2006, with their proper capital of approx 850,000 fcfa (US\$1,888) they no longer needed credit from PRAHN, and were financially self-sufficient, only receiving advice from PRAHN field workers.

When the director of PRAHN (author of this chapter) visited Madina and her family in 2004 she told him “*I would like to go back to school to become a teacher and be more useful to my family and the community.*” This was arranged for the following year. PRAHN

The group continued to grow and accumulate capital ... they no longer needed credit from PRAHN.

paid half the school fees and the family agreed to pay the rest. Madina went on to complete her schooling and one year teacher training. She is now a primary-school teacher in Namari Goungou, a village 25 km from Tillaberi. She has recently been trained by PRAHN as a volunteer, she is no longer poor and now identifies and supports disabled persons in her local communities.

Madam Kadi Abdou's Story

Mental challenges are not beyond hope

Madam Kadi was married with seven children. She was forty years old and her youngest was less than ten months old when she had her first hallucination. She had gone to the bush as usual to find firewood when she started having visual, auditory and sensory hallucinations. She began talking to herself and suffering from insomnia. One night she decided to commit suicide by jumping into the village well. Fortunately her husband discovered her and was able to stop her. He took her back to her parents and her oldest brother bound her hands in chains. Two weeks later he took her to see a traditional medicine man. All the family income was used to pay for her treatment but there was no improvement, so her brother brought her back to her parents' village and tied her to a tree. This is commonly done in rural Niger when traditional methods fail. Her children stayed with their father and took turns bringing her food. Her youngest daughter, Djamilia, was taken away and put in an old lady's care.



Kadi with her family

Today, Kadi is able to carry out all of her daily tasks.

Our field worker in Dosso found Kadi tied to the tree during his community-based rehabilitation activities. He sought out her family and discussed her situation. After a long discussion about choices of possible care, her family agreed to take her to the Dosso Hospital. There she was prescribed proper treatment and medication and a few weeks later she had recovered. Meanwhile her youngest daughter, Djamila, had developed malnutrition as she was not receiving adequate care from the old woman, but Kadi was now able to have her back and give her the maternal nurturing she so needed.

Today, Kadi is able to carry out all of her daily tasks. Her and Djamila's health are both improving significantly. She is back with her husband and children and feels she is starting a new life and is able to enjoy her family again. Most Nigériennes with mental illnesses are ostracised by their communities and abandoned by their spouses. Their children are taken from them, and their status remains like that, even after receiving proper treatment and recovering. As a part of its goals, PRAHN is trying to improve the self-esteem of people with epilepsy and other mental challenges, and get all rural community members to overcome the stigma and prejudices attached to these disabilities. The lesson we could learn is that mental challenges are not beyond hope. Sometimes a little help, such as appropriate information, can bring a lot of change in people's lives. *"Ignorance is darker than the blackest night"* is a local Nigérienne proverb.



Kadi buying household goods in the market

Sometimes a little help, such as appropriate information, can bring a lot of change in people's lives.

These life stories show how PRAHN is using CBR to change the lives of persons with disabilities and their families. They are examples of how income generating activities have offered a way out of poverty; how access to medical treatment have created new hope and ambition and how the importance of access to education opens eyes and doors for persons with disability, and for all communities.

*A Local Team member teaches
a group of children*

4

EGYPT

Child-focused CBR initiative: Training Local Teams in the community

The chapter looks at how Local Teams are being used for introducing and implementing a child-focused, centre-based CBR model. The programme is described and the main results highlighted. The role of these CBR Local Teams in managing and expanding programme activities is explained. Developments and challenges since the CBR project ended in February 2008 are discussed, together with how these are being overcome. The story of El Azhar, a small community in Cairo, shows how the programme has changed the lives for children with disabilities and their families.

INTRODUCTION

Children with disabilities are among the most marginalised and stigmatised groups in Egyptian society.

In Egypt 8 million persons live with disabilities. 2.6 million are children, of which only 2% have access to any type of rehabilitation (in contrast to 5% of adults).⁹ These children are among the most marginalized and stigmatized groups in Egyptian society. A participatory needs assessment by Plan Egypt in its programme area in five Governorates in Egypt had confirmed this and initiated a child-focused Community Based Rehabilitation (CBR) Programme as a five-year project for children with disabilities. Its objective was for these children to realise their potential by creating a more inclusive society, protecting their rights and promoting equal opportunities. It aimed to support community-based rehabilitation programmes through its Community Development Associations (CDAs) using disability committees called 'Local Teams'. The CBR project has been developed and implemented jointly by Plan International Egypt in partnership with Caritas-SETI¹⁰ centre, Association for Health and Environmental Development (AHED), Save the Children UK and ten local CDAs located in five governorates in Egypt: Cairo, Giza, Alexandria, Bahera and Kalubeya.



Children sit in a circle and take part in a learning game

9. Ministry of Social Solidarity - 1999

10. Centre for Support, Education, Training for Inclusion, Caritas, Egypt

It was financed by the European Commission and Plan International, and has worked in some of the poorest communities in Egypt. The final evaluation of the programme concluded that the CBR model has been introduced successfully to the CDAs in five governorates in Egypt.¹¹ By February 2008 the project had reached 3,000 children with different types and severity of disability and 5,000 families in ten communities within different socio-economic settings, in both urban and rural communities.

THE LOCAL TEAMS

The CBR Local Teams were the main vehicle for introducing and implementing the child-focused, centre-based CBR model. They worked in communities to promote child participation in project planning, monitoring and evaluation processes. They raised awareness by talking directly with family members, and through training. They also arranged campaigns, street theatre and other community events and celebrations. There were eight to ten members in each team and most of them were women. They were mothers of children with disability, people with disability, and community volunteers with an interest in promoting the inclusion and rights of children with disability. Volunteers received transportation fees from the project that varied monthly on work load from 50-100 Egyptian pounds per month (equivalent of US\$10-18). After February 2008, the CDAs have taken over to pay monthly fees for the CBR coordinators from local resources.

The CBR Local Teams were the main vehicle for introducing and implementing the child-focused, centre-based CBR model.

The Local Team members were trained in three stages. They were first given an introductory course in basic knowledge on disability and rehabilitation. They then had continuous education through coaching and field supervising, with short-term training sessions. The final stage covered advanced training in different service related topics. The whole training package included 36 subjects such as participatory advocacy, community mobilization, local resource mobilization, participatory tools, participatory monitoring, and evaluation. A total of 100 Local Team members have received 168 training sessions as well as on-the-spot coaching and group trainings by SEITI in all ten communities. SCUK and Plan participation team worked closely with these local teams and CDAs, training them on child participatory project management.

Local Teams were responsible for assessing children, preparing their rehabilitation, development and stimulation work plan and periodic evaluation of their progress. They had been trained by SEITI to conduct an initial assessment of communities. These door-to-door assessments helped to identify children with disability, their families and where they lived, as well as the training needs of parents. It also helped raise awareness about CBR among the families of children with disabilities. They worked with service providers at community and national levels establishing contacts and collaboration protocols and made the necessary referrals to hospitals, health clinics and pharmacies. The final evaluation of the CBR project found a referral mechanism in place, but a need to be more systematic at all levels.

11. Alam Jarrar Child focussed CBR project 2003 -2008. Final evaluation. Plan International



A Local Team member at work

Centre-based activities were an integral part of the model. Activities were run by the Local Teams and were similar in all CDAs.

Centre-based activities were an integral part of the model. Children were divided into groups based on disability, age and severity of disability. Activities were run by the Local Teams and were similar in all CDAs. Each centre catered for 80-150 children. The Local Team also organized a one-day play activity each week, where children with and without disability participated. Mothers of children have been present in all these activities. They have been encouraged to participate and then continue the activities at home. Children unable to attend the centre or with very severe disability were offered home-based training activities once a week. These sessions would cover all the activities identified during the initial assessment.

To encourage children with disabilities to participate and develop different ways of expressing themselves, Local Teams would use theatre, puppet making, cartoon and shadow play in their workshops. They also used focus group discussions to develop an understanding of child rights, violence and abuse with more than 300 children.

Local Teams have had some success in promoting inclusion into mainstream education in Alexandria and Cairo South. This has been through local networking, awareness raising and advocacy with the school staff and local leaders. 150 children with disability have been able to attend community schools and 300 children with disability have been brought into mainstream education. However, inclusion remains difficult and dependent on individual head teachers. It has not been helped by Egyptian child law which had granted children with disability the right to enrol in Special Education schools. An amendment to the law in March 2008 has now given rights for mainstream education.



A deaf girl and a boy with Downs Syndrome learn together

A database profiling disabilities in target communities was established by the Local Teams with SETI support. It collected information on types, severity, age groups, and possible causes of disability. The local management information system developed by the Local Teams included a baseline general data for each child with disability, and assessment records based primarily on Activities of Daily Living (ADL) and the Portage system.

Local Teams have been involved with a number of different initiatives, such as income generation and local resource mobilization. Preparing and selling items such as bed sheets, shoes, and jams, provided a small income for the families of children with disabilities. They have supervised job placements for trained adolescents and regularly assessed working conditions and safety. Donations from local shop owners have been kept in a separate bank account and used for trips and outings for children with and without disabilities. They have also played an active part in monitoring the programme, through the technical committee meetings and annual reviews. Networking and exchanging field visits has helped them learn from each other, increasing mutual support and building their capacity.

As a result of this project, CBR activities have been initiated by Local Teams in other communities in Cairo and Alexandria. Local Teams have been actively involved in the mid-term and final evaluation, and facilitated child participation in the final evaluation.

As a result of this project, CBR activities have been initiated by Local Teams in other communities.

DEVELOPMENTS SINCE THE PROJECT ENDED

The CBR project has officially ended. However, the Local Teams continue to plan and implement all the CBR activities together with the CDA in all ten communities. Their activities have financial support from local community resources. Nine out of ten CDAs have created separate bank accounts for their CBR activities and these are managed by the Local Teams in their community. In the months since the CBR project ended, a number of the team members have left. These have been replaced and trained by the remaining Local Team members.

Local leaders, volunteers, and mothers of children with disability have demonstrated full ownership and leadership in managing the CBR activities throughout the project, working between three and five days each week in addition to the outreach visits. SETI has continued to provide technical follow up to the Local Teams using its own resources. In Cairo, Alexandria, Bahera and Giza the Local Teams are supporting the expansion of CBR activities in neighbouring communities and those further away.

The project has improved the cooperation and networking between other stakeholders of CBR.

The project has improved the cooperation and networking between other stakeholders of CBR. A national CBR network was formed which included international and national NGOs involved in CBR programmes in Egypt. Plan Egypt and CBR partners are planning to scale up CBR strategies for five governorates in Egypt. This is in response to recommendations in the project's final evaluation which emphasized the continuing need to empower people with disabilities, supporting the creation of Disabled People's Organizations (DPO), advocacy and networking at all levels. Such an expansion would be based on the capacity and skills of trained Local Teams to replicate CBR activities, and support for upgrading their knowledge and skills in CBR.

QUESTIONS

COULD YOU INITIATE 'LOCAL TEAMS' IN YOUR AREA?

HOW COULD YOU INVOLVE DISABLED AND NON-DISABLED CHILDREN IN IDENTIFYING THE CHALLENGES FACED BY DISABLED CHILDREN AND THEIR FAMILIES?

DO YOU KEEP DATA ABOUT ALL THE CHILDREN ENGAGED IN YOUR CBR PROGRAMME? HOW CAN YOU USE THIS DATA TO PLAN FUTURE SERVICES?

IS THERE A LINK WITH THE GOVERNMENT'S ROLE AND RESPONSIBILITY? WHAT IS THE NATURE OF ANY LINK BETWEEN YOUR PROGRAMME AND GOVERNMENT AGENCIES?

Now look at the challenges this CBR programme has experienced and ask yourself if you have experienced similar challenge in your programme. Are there strategies used here which could be helpful in overcoming challenges in your own programme?

MAIN CHALLENGES AND STRATEGIES TO OVERCOME THEM

- Turnover of volunteers and team members put pressure on the remaining volunteers. This was overcome by training more mothers as support for the training and follow up activities.
- It was difficult to involve the Local Teams fully in the planning and follow up activities with partners. This improved when technical committees were set up and Local Team representatives could work with the partner's field staff.
- Initially the Local Team members in different governorates were working in isolation. This was overcome by exchanging visits and having periodic meetings for follow up and feedback. Joint sports activities for children with disability, as well as summer camps and shared community advocacy campaigns, were also designed and organized.
- Programme activities became more intense in the last three years. This made it difficult to coordinate activities in the field with all the project partners and led to Local Teams deciding on their own activities to be implemented each month.
- The amount of time Local Team members were giving to CBR activities made it difficult for them to provide an income and support their families. This led to a decision for them to have vocational training and start small income generation activities. These included soap making, shoe making, sewing, pickle and jam preparation, which provided them with a small income.
- Local Teams need to continue developing their capacity when the CBR programme is phased out, so that CBR activities can be replicated and expanded into nearby communities. To prepare for this, members of the CBR national network and Local Teams are preparing a long-term capacity building plan.

The story of El Azhar

“Now he is treated like a child without disability.”



Families and staff at the El Azhar Centre

El Azhar is a small community in the eastern part of Cairo. It shares many of the problems of other underprivileged communities. More than 200 children with disability and other adults with disability live in this community. In March 2003, a child-focused Community Based Rehabilitation (CBR) project was introduced. It involved all community members, including families, the Community Development Association (CDA) and healthcare providers. Each had a specific role and all have been fully engaged in the project from the start.

It was initially difficult to involve the families of children with disabilities in the programme and the Local Team had to rely on word of mouth. Amina, a team member explains, “if a mother is not convinced about the CBR project, she may start talking to other mothers who are in the programme. We also invite them to come to the CDA and see our activities. Once she sees the progress made by the children for herself, she is usually convinced.”

The training which the Local Team receive and then pass on to the mothers has altered the way parents see their disabled child and what they are capable of. “Before the CBR programme I kept my children at home, never letting them outside. I hid them from the outside world. I was afraid everything, including household objects, would harm them” Umm Noura says. “I did not know they were capable of using everyday items just like children without disabilities.

The training
has altered the
way parents see
their disabled
child.



A mother learns about disability

After applying the training I received from the Local Team on my children, I discovered they can help me around the house with tasks such as washing and cutting the vegetables.”

Over the years, the children’s progress has been impressive. Children who could only be carried around by family members are now able to move on their own; children with speech disorders are capable of communicating with simple words; children with mental disabilities can now distinguish colours and shapes. The mothers are very proud of their hard work. Take Amina for example. Her daughter Gihad started coming to the CDA four years ago when she was seven years old. She could not speak and had to be carried. After receiving training, Amina used her newly learned skills to work with her daughter. Gihad can now

express herself, greet people, distinguish her own things and is capable of walking on her own. *“At home we treat her as a child without disability”* says Amina, full of pride.

The stigma attached to disabilities is slowly vanishing. *“Before the CBR programme our neighbours didn’t greet us and did not allow their children to play with Mohamed”* said Sana. *“Now he is treated like a child without disability, and even started going to a school.”* Activities such as camps, trips and festivals organized by the CDA and Local Team have helped break down the barriers. Umm Noura observes *“During the camps organized by the CBR project I see how my children interact with the non-disabled ones and how they are able to integrate and take care of themselves.”*

CBR has helped set up a support network among families. *“With CBR I had the opportunity to meet other mothers in the community that are in the same situation as me. It’s nice to know you are not alone and to have people to share your experiences and stories with”* says Umm Noura. It also spreads the word about the project. Hala, who is a Local Team member and has a sister with disability, remembers *“before CBR we didn’t know how to deal with my sister. We were afraid; we did not even know how to wash her. I was told about CBR and got trained in basic life skills. After that, I was able to take care of her and see her progress. I then joined the Local Team.”*

The stigma attached to disabilities is slowly vanishing.

The community now feels empowered and is integrating children with disabilities into the society and promoting equal opportunities.

The community now feels empowered and is integrating children with disabilities into the society and promoting equal opportunities. The Local Team and mothers in the community plan to continue sharing information and promoting CBR even after the project has been phased out. Sayed, a Board member of the El Azhar CDA, observes “*We have learned a lot with CBR, the CDA has also benefited with the training and awareness sessions.*” Now that the community has experienced a better life for their families there is no turning back.



A mother and young child at the CBR centre

5

Sewing trainee in Huambo



ANGOLA

Self-employment for people with disabilities through a CBR initiative

The CBR programme in Angola helps to bring economic empowerment to persons with disability through self-employment. The significance that this has for disabled people is discussed, together with the problems facing any income generating initiative. Key resources and how the programme can facilitate them are explored, alongside the challenges which have been faced and the efforts made to overcome these. Reflection on programme successes and two life stories serve to illustrate these points.

INTRODUCTION

This is a CBR programme run by Handicap International (HI) in three of the provinces in Angola. The programme started in April 2006, and has been running for almost three years at the time of writing. It is funded by five different donors: the European Union, Belgian Cooperation, the Dutch Ministry of Foreign Affairs, Irish Aid, and the French Embassy in Angola. CBR is within the plans of the Ministry of Social Assistance and Reinsertion (MINARS). They contribute to the HI project by offering some professional kits while we train them on CBR and disabilities. In each area of intervention they have a focal point who accompany our activities.

The programme aims to increase the participation of disabled people in community life and improve their capacity to generate income.

In May 2006 the HI CBR teams carried out a house-to-house survey in the six project areas (Damba Maria, Camunda, Cubal, Sofrio, Hoque, Bibala). This survey identified 3,162 people out of a total population of 32,437 who had various types of physical, sensory and mental disabilities, and assessed their needs. The programme aims to increase the participation of disabled people in community life and improve their capacity to



A mother is taught how to give muscle extension to her son

generate income. It also offers rehabilitation support and sensitizes the community at all levels on all matters linked to disability. This includes prevention of disability, sensitisation on prejudices, physical accessibility, and access to school.

The Angolan CBR project is working in both urban and rural areas. In its initial survey it found that disabled people wanted to secure a decent living for themselves and their families. Handicap International in Huambo had previously been implementing a livelihoods project for disabled people since September 2005.

LIVELIHOODS ACTIVITY STRATEGY

Disabled people are among the most vulnerable people in a country's population. It is estimated that 82% of disabled people live below the poverty line. Access to work and employment is a vital part of the strategy for moving out of poverty. This is a fundamental human right underlined in Article 27 of the United Nations Convention on the Rights of People with Disability. Disabled people are able to work and most want to. It is their right to have access to it.

Work benefits an individual economically, socially and psychologically. Economically, it gives access to an income, guaranteeing economic stability for the person and his/her family – *“Now that I have a job and earn my living, people ‘see’ me and have consideration for me.”* Socially it gives a status in the community. Psychologically it improves the image and self-esteem of the person – *“Now that we have a small income, they consider us equal persons because we participate in the community, people stop by my house and talk to me.”*

The question remains about how to facilitate access to work and employment. The two possibilities are self-employment or wage earning. Self-employment refers to an income generating activity whereas wage earning is a salaried job. Self-employment can be defined as a small business, created and managed by one person or a small group. It offers goods and services needed by the community and an income to those who operate it. Often it is part of the informal economy of a community and is therefore not always legalized, and lacks regulation and social protection.

Handicap International is promoting both self-employment and wage earning for its beneficiaries. In developing countries where few companies offer jobs, self-employment can sometimes be the only option for disabled people. It is often the only work they know, and for which they have the necessary level of education and skills. It could also be the only opportunity to earn some money and generate an income for their family. If they are to avoid failure and further problems and discouragement, they will need essential knowledge and skills. Their success will depend on their ability to manage their economic activity, however small. For this they need competencies, self-confidence, access to resources, and knowledge of the economic context.

Access to work and employment is a vital part of the strategy for moving out of poverty.

In developing countries where few companies offer jobs, self-employment can sometimes be the only option for disabled people.

If the person doesn't have technical skills, the programme identifies a way to offer appropriate training.



A person with disabilities learns skills from a carpenter master

Disabled people who have self-confidence will usually have more success because they will take initiatives. They will try to find ways to develop their activity.

Competencies: This includes technical knowledge and skills, such as carpentry and welding, needed within the local market, and competencies in management of a small business. In the Angolan CBR project, when a person already has technical skills, he is trained in management and then immediately receives tools and materials to start his activity. If the person doesn't have technical skills, the programme identifies a way to offer appropriate training. In urban areas, HI works with churches and vocational training schools run by the Ministry of Employment. These offer short-term courses for disabled people and other unemployed young people, training them in skills needed for employment. The courses are free for disabled people. It also identifies people already working who are willing to train disabled people over a certain period of time. In rural areas it has proved difficult to refer people to vocational training schools, so HI often works in agricultural projects in collaboration with the trade unions and Agriculture Development Institutes, or in projects for agricultural products improvement.

Self-confidence: Disabled people who have self-confidence will usually have more success because they will take initiatives. They will try to find ways to develop their activity, while those lacking self-confidence will be waiting for someone to suggest an activity or offer a solution. *"I had many little jobs to earn my living, but with this one I have a better salary and I can plan a future, I want to buy a motorbike to let my cousin use it as a taxi and then I want to buy land to move my family."* All disabled people are encouraged to be more self-confident and find their own solutions when a financial or family problem occurs,



A group of ladies are trained to make sausages

and not use up their capital to resolve it. There is also follow-up, either individually or in groups, so that appropriate support and advice continues once the economic help has been given.

Accessible resources: It is essential to have access to raw materials, products or equipment, and capital for oneself and the family or access to micro-credit or subsidies. In urban areas it is easier and cheaper to access materials while in rural areas the tools and raw materials are more expensive and difficult to find. For example, a sausage cooperative in a rural area has to buy its spices locally at higher prices than in the city. In urban areas micro-finance institutions can help beneficiaries to increase their capital and access financial resources, but these institutions are sometimes reluctant to include disabled people as they are often seen as more vulnerable and more likely to default.

Favourable economic conditions: It is very important for small businesses to have favourable economic conditions to generate income. The economic context is difficult to assess by the individual as it is evolving and changing rapidly. For example, a shoemaker in a rural area of Benguela had been given support to increase his activity so that he could sell his good quality leather sandals in the city. The activity was going well until low price plastic shoes arrived on the market in Lobito, thirty kilometres from Benguela, competing with our beneficiary's product. It was then necessary to find another market (through shops) to sell his products. Stricter regulation of the informal sector was also

It is essential to have access to raw materials, products or equipment, and capital for oneself and the family or access to micro-credit or subsidies.

It is very important for small businesses to have favourable economic conditions to generate income.

being introduced. This meant paying for legal documents and only being allowed to sell products in specific locations. There was also the expanding global market with goods being imported at very low prices and inadequate national schemes to support local products. All these obstacles make it difficult for small-scale local production like this to survive.

So can we say that self-employment is for every disabled person? Is it the solution to all problems? Handicap International has developed the following strategy before offering CBR support: teams and local committees identify the disabled people and interview them to assess their vulnerability. They decide whether the disability, such as mobility, needs to be addressed first in order to achieve further goals. They assess the financial capacity of the person to pay for common family expenses and their level of literacy and technical competencies. They then analyse the market demand to see if it would be cost effective in the chosen area of business.

After considering these factors, the project will either refer the person to rehabilitation services or continue the livelihood development process. They will suggest professional training and/or a management course in small business or self-employment. They will then offer the means to start the business. This can vary from tools and raw materials to referring a person who wishes to expand a business to micro-credit institutions.

Many uncertainties remain for someone starting his/her own business that determines whether the activity is cost effective. These include the dynamics of investments in that particular sector, the macro-economic context (import/exports of the same goods), inflation, the cost of raw materials, and the regulation of the sector that may restrict a particular activity. *“I manage to make money, but sometimes it is slow and I cannot earn enough to have food on the table.”* Disabled people remain particularly vulnerable, and follow-up is important after the self-employment activity has started. This can vary from three to six months depending on the person’s vulnerability.

Look at the challenges this CBR programme has experienced and ask yourself if you have experienced similar challenges in your programme. Could the solutions proposed here be helpful in your programme? Or vice versa?

Disabled people remain particularly vulnerable, and follow-up is important after the self-employment activity has started.



A trainer works with trainees in Benguela

CHALLENGES FACED BY THE PROGRAMME AND SOLUTIONS PROPOSED

There is very little formal vocational training available for our beneficiaries, especially in rural areas. The project has therefore prioritized those who already have a vocational skill, and disabled people already working who merely lack the tools or stock to keep their activity going. For rural areas, the project has contacted local agricultural development institutes (IDAs) and local unions to integrate beneficiaries in the agricultural sector.

After many years of war, the informal sector is well developed and there is a very competitive informal market which causes uncertainty and risk. The project carried out market studies for effective intervention, so that it can identify the economic activities that are potentially profitable. But this does not ensure the outcome, as the informal market is changing so fast.

War in Angola has often left people in a precarious situation, and the donation and assistance culture is still anchored in people's mentality. The programme tries to identify disabled people with good self-esteem and a strong will to work and succeed. The programme uses role models who have previously succeeded. It tries to offer training as

War in Angola has often left people in a precarious situation, and the donation and assistance culture is still anchored in people's mentality.

Disabled people follow up beneficiaries, helping them realise that success comes through work and the efforts of disabled people themselves.

close as possible to the disabled person's home and neighbourhood, and where possible even with another disabled person already in this activity. Disabled people follow up beneficiaries, helping them realise that success comes through work and the efforts of disabled people themselves, not through free handouts and assistance.

The precarious lives of disabled people can put their economic activity at risk. For example when a family member is sick or dies, the business may be sold to pay for expenses. While supporting beneficiaries, the project encourages investment in tools, not just the goods that are easily sold. The beneficiaries receive a basic training in management so they understand the investment expenses and the profit that comes out of the money they make. On another level the CBR teams are setting up support groups so that when such events happen, the beneficiary is not alone in trying to find the best way to resolve his/her problem. Follow-up for each beneficiary is adapted to their level of autonomy and precariousness: someone who is quite autonomous and has some means to put aside will have less follow-up by the CBR teams, with possibly visits once every two to three weeks instead of weekly.

QUESTIONS

DO YOU KNOW DISABLED PEOPLE WHO CAN ACT AS SELF-EMPLOYED ROLE MODELS FOR OTHER PEOPLE WITH DISABILITIES? ARE YOU ONE OF THEM? CAN YOU SHOW OTHER PEOPLE HOW TO DEVELOP THEIR SELF CONFIDENCE AND SUCCEED?

DO YOU HAVE CBR SUPPORT GROUPS FOR DISABLED PEOPLE IN SELF-EMPLOYMENT? IF NOT, COULD YOU START ONE?

IS THERE A LINK WITH THE GOVERNMENT'S ROLE AND RESPONSIBILITY? WHAT IS THE NATURE OF ANY LINK BETWEEN YOUR PROGRAMME AND GOVERNMENT AGENCIES?

Now read through the programme successes listed opposite and ask yourself if your programme has had similar experiences of success.

SUCCESSSES

- Some beneficiaries who have completed their training and started working have managed to put savings in a bank and obtain some micro-credit through other partners. Some of those who have started small businesses have then recruited other disabled people to work with them as their activity expanded. Those who have found employment with existing businesses are generally doing well, and are appreciated by their bosses.
- HI ensures success for livelihood development by collaborating with companies and businesses for training and job opportunities. Working through DPOs has improved follow-up of the beneficiaries, so that they can stay in work, keep their tools and manage to save some money. This integration into economic activities gives disabled people a better chance of maintaining a guaranteed income.



Members of a sausage cooperative in Bibala, Namibe province

- In rural areas cooperatives have helped motivate disabled people to collaborate and help one another. This ensures an income for every beneficiary, even those with little education or training, and in difficult circumstances.
- The work on livelihoods involves DPOs as well as the project staff. This builds the capacities of DPOs and they can then propose similar activities for their own organisations, alongside their advocacy for access to work.

Some of those who have started small businesses have then recruited other disabled people to work with them as their activity expanded.

In rural areas cooperatives have helped motivate disabled people to collaborate and help one another.

The story of Pedro and his fish tank

Self Employment in an urban area



Pedro with some of his ornamental fish tanks

Pedro is a young Angolan man with a disability and a lot of ideas. He was left disabled by polio as a child but was bright and good with his hands, so he had the idea of building ornamental fish tanks. This was his dream. They are very beautiful but there is a major problem: in Angola it is hard to find the pumps and the filters to build such products. The CBR project team noticed his entrepreneurial spirit and technical know-how. In collaboration with the local disabled people's organisation, the team decided to sponsor his participation in the 2008 Huila Exposition for private enterprises and small businesses. After presenting his product at the Exposition, Pedro made contact with several shops that were willing to get him the pumps and filters he needed, and then sell his tanks in their shops. The CBR project team has also provided him with legal advice and funding for his participation in a management and accounting training programme. Pedro has pledged that once his business is up and running, he will also train and recruit other persons with disabilities.

Pedro has pledged that once his business is up and running, he will also train and recruit other persons with disabilities.

The story of a women's sausage group

Self employment in a rural area



A member of the sausage group making chouriço

A group of disabled women were identified in Cubal, a rural municipality of Benguela. They each had the necessary technical aids such as crutches and wheelchairs and were asking for help with an income generating activity. After assessing the local market, it was decided to train them in local product improvement and specifically sausage making – the local “chouriço”. A group of trainers was brought in from the city to train the ladies in the production and small business management, while the buildings for drying, cooking and producing were erected. They then set up a cooperative with the help of the Government, and started producing and selling the “chouriço”. The activity is producing money but is still looking for better partnerships to sell its product, such as restaurants and small supermarkets. With the main road from Benguela to Huambo going through Cubal, the women have new ideas of opening a little shop alongside the road, so that they can sell directly to customers and avoid intermediaries.

A group of disabled women were asking for help with an income generating activity.

**Resources
for evaluating and developing
CBR programmes**

Tools for developing your CBR programme

This section outlines ideas for how to develop your CBR programme. As explained in the introduction, CBR is an evolving concept and its effectiveness depends on reflection, debate and learning. Alongside this is the need for national support and a readiness to adapt services in the community setting. On the opposite page you will find a diagram called 'The Cycle of Reflective Programme Learning'. This explains how lessons learnt feed into programme development and the design of the next steps. Three different tools for programme development have been prepared for you. These are based on the *CBR Joint Position Paper*¹² (2004), the new *CBR Guidelines*¹³ (in press for 2010), and the questions that accompany the stories told in this book.

The *CBR Joint Position Paper* defines CBR as: "... a strategy within general community development for the rehabilitation, equalization of opportunities and social inclusion of all people with disabilities.... implemented through the combined efforts of people with disabilities themselves, their families, organizations and communities, and the relevant governmental and non-governmental health, education, vocational, social and other services".

This statement of strategy and purpose offers an evaluative tool to practitioners of CBR. How successful has a particular CBR programme been in taking the concept forward? How has it improved community development? How has it improved rehabilitation? How has it improved equalization of opportunities and social inclusion of all people with disabilities? How is it being implemented?

The *CBR Guidelines* stress the importance of CBR programmes being holistic and comprehensive, dealing with all aspects of disabled people's lives, needs and rights. It is a strategy to promote economic empowerment and poverty reduction and asks the key questions: Are some disabled people excluded from the community development process? If so, who are they, why are they excluded, and what can be done to include them?

The *CBR Guidelines* includes a matrix for identifying the five main areas of activity required for a comprehensive CBR programme. These are: health, education, livelihoods, social and empowerment. Each of these has a further five sub-activities. The whole framework is shown in the chart on page 69.

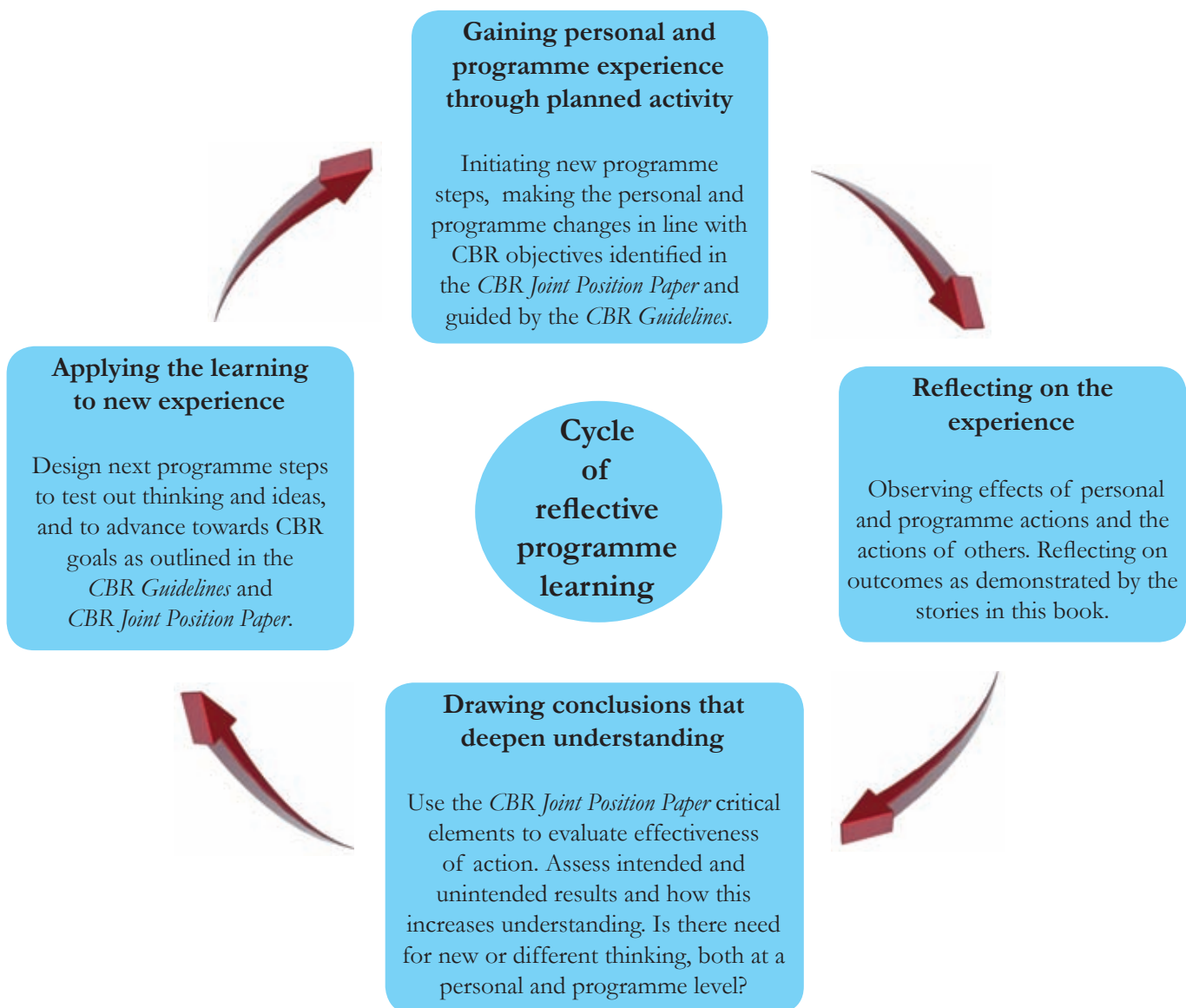
The CBR stories selected for this book are a further tool for programme development. Each of the chapters has included questions addressed to the reader, directing them to reflect on their own programme in the light of the lessons learnt from these stories. The cycle of reflective programme learning opposite can incorporate these questions as essential landmarks in designing and developing CBR projects.

12. World Health Organization 2004. *CBR : a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities : joint position paper / International Labour Organization, United Nations Educational, Scientific and Cultural.*

13. WHO, UNESCO, ILO, IDDC. *CBR Guidelines for community based inclusive development.* In press for 2010 World Health Organization: Geneva.

The Cycle of Reflective Programme Learning

This diagram can guide you through the process of reflection and planning. You can see how the *CBR Joint Position Paper*, the *CBR Guidelines*, and the insights from the stories in this book can offer tools for development. The *CBR Joint Position Paper* identifies critical elements which can be used to evaluate a programme's impact, the *CBR Guidelines* identifies the main areas of activity which can widen the choice of initiative. These can lead to a deeper understanding which then informs your programme development and how to design the next steps. As seen in the stories in this book, the challenges and how they are overcome are full of wisdom and insight. Each practitioner can become an action researcher, illuminating the ground for others.



Using the *CBR Joint Position Paper*

In the cycle of reflective learning on page 65, it is suggested that you can use the *CBR Joint Position Paper* to evaluate your CBR programme and plan next steps.

The chart on the following page has listed the critical elements identified by the *CBR Joint Position Paper*. To help your evaluation and planning, write each critical element on a separate card. Use these cards to assess intended and unintended results of any action, and how this increases understanding. Is there a need for new or different thinking, both at a personal and programme level? The cards can be used in a variety of ways to stimulate discussion and design the next step of the programme.

Examples of how the critical elements cards can be used in a workshop or meeting to develop reflective learning:

Evaluating effectiveness of an action

Have a flip chart for each group. Participants need to be in groups of 4 – 6 people with one member acting as recorder.

1. Lay the critical element cards, right side up, in the centre of the group.
2. Take a few minutes in silence to study the cards. Ask yourself which cards have particular relevance. Think about their effectiveness and any intended and unintended results.
3. Take it in turns to select a card and explain your thinking to the group. Key points to be written on the flip chart.
4. Each group to report back to the rest of workshop or meeting in turn.

Designing next programme step

Write the intended next step on a piece of paper and place it on a flat surface in the middle of the group. Have a flip chart for each group. Participants need to be in groups of 4 – 6 people with one member acting as recorder.

1. Deal out all the critical element cards among the group.
2. Study the card or cards in your hand and think about how they can be built into the next programme step.
3. Take it in turns to place your card beside the named next step. If you think it can easily be built into the next step, put it close. If you think it is difficult to do this, put it further away. Then tell the group what you are thinking. Key points to be written on the flip chart.
4. Each group to report back to the rest of the workshop or meeting in turn.

Chart of critical elements

1	<i>Our action is to involve people with disabilities in designing CBR from the onset of the programme</i>
2	<i>Our action is taking place within general community development</i>
3	<i>Our action is providing rehabilitation for people with disabilities</i>
4	<i>Our action is helping equalize opportunities for people with disabilities</i>
5	<i>Our action is helping reduce poverty for people with disabilities</i>
6	<i>Our action is socially inclusive for all people with disabilities</i>
7	<i>Our action is implemented through the combined efforts of people with disabilities themselves, their families and communities</i>
8	<i>Our action involves the appropriate health services</i>
9	<i>Our action involves the appropriate educational services</i>
10	<i>Our action involves the appropriate vocational training services</i>
11	<i>Our action involves the appropriate social services</i>

Using the *CBR Guidelines*

In the cycle of reflective programme learning on page 65, it is suggested that you can use the matrix from the *CBR Guidelines* as a tool for programme development. This matrix is given on the next page and contains the five main activity areas required for a comprehensive CBR programme. To help your thinking and planning, use the matrix to prepare separate cards for each activity. Use these cards with a planning group to design the next step of the programme. The cards will help ensure the group include all possible opportunities to develop projects that will have the widest impact and benefit for people with disabilities in your community. They stimulate groups to think about issues such as whether the project can achieve a wider range of benefits, reach more people with disabilities, and be more sustainable.

Examples of how the matrix cards can be used in a workshop or meeting to generate ideas and translate these ideas into action:

Ideas for action

Participants need to be in groups of 4 – 6 people. Groups can have representatives of all stakeholders, for example disabled people, CBR workers, community leaders etc., or could be made up of people from one group e.g. CBR workers or disabled community members. Each group needs to have a flip chart with the intended next step written onto it. Deal the activity cards around the table.

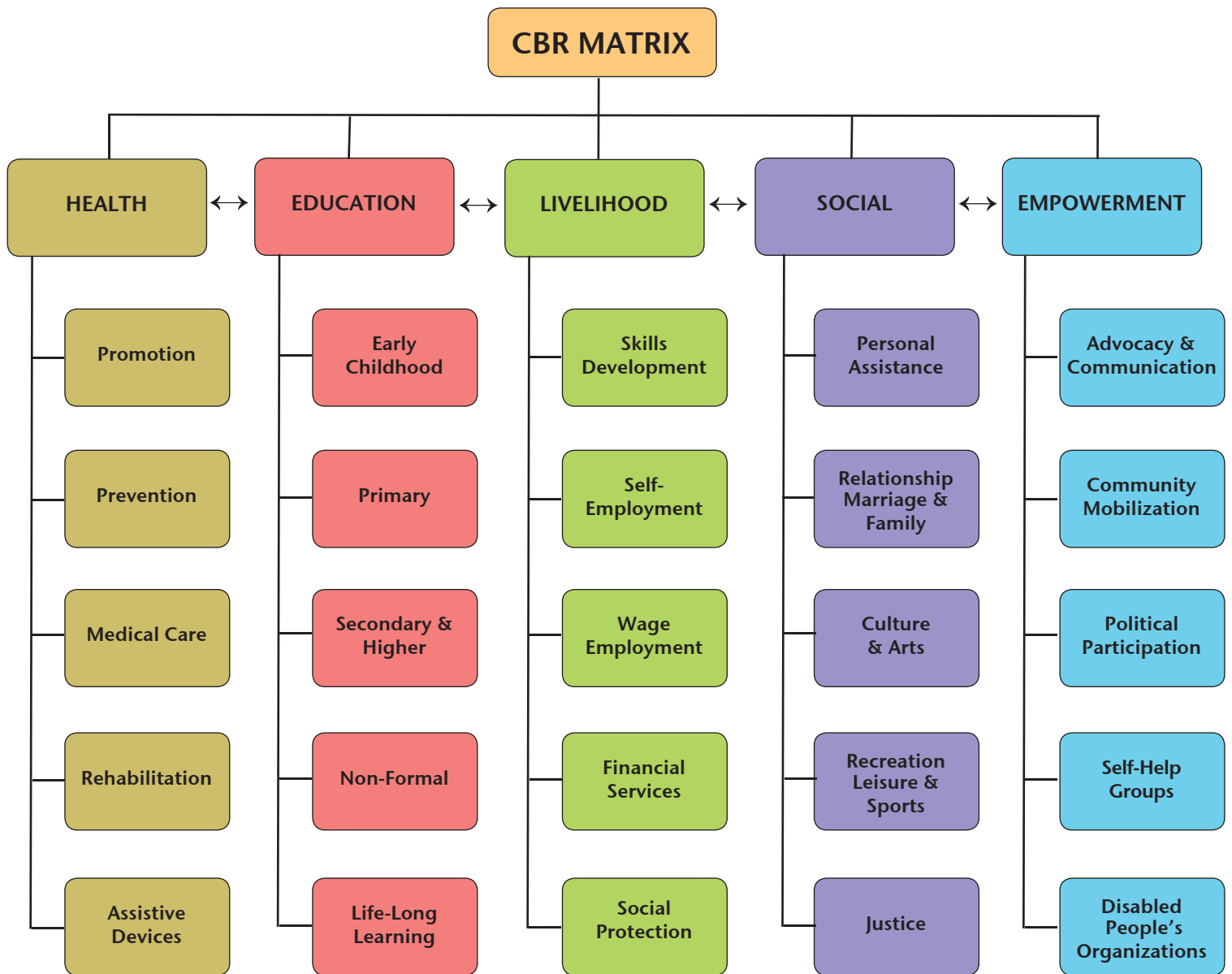
1. Each member of the group chooses 2 cards that would be relevant to the chosen project.
2. Each member of the group explains to the rest of the group why they have chosen their cards, then writes their thoughts onto the flip chart.
3. As a group, discuss what has been recorded on the flip chart. Your discussions may prompt you to add further information to your proposed project plan. Use a different colour pen to add these to the flip chart.
4. Report back to the other members attending the workshop, or to other members of the groups they represent.

How to translate ideas into action

Have five tables set up round the room, each representing one of the five main activity areas and have the relevant matrix cards laid out on each table. Have a flip chart set up beside each table.

1. Form interest groups around the tables (6 – 8 people).
2. Using the matrix cards and all the information gathered so far, as a group choose one or two ideas that you would like to develop.
3. Using a separate flip chart sheet for each idea, write 'opportunity' at the top of the paper, then list:
 - a. What strengths and opportunities exist in your CBR programme to aid this idea.
 - b. What you can do locally toward this idea and what organisations might help.

The matrix from the *CBR Guidelines*



Using the Questions in the Text

In the cycle of reflective programme learning on page 65, it is suggested that you can use the questions in the text as an evaluative and planning tool. Here is a selection of the questions included in each of the chapters which can be used in project development planning.

Work in groups of 4 – 6 people. Select a question and consider how you could adopt it into your programme. Write it onto a flip chart. Appoint someone to record your discussion. In what way would it be a challenge or opportunity for your CBR programme? In your group take it in turns to give your answers and record these on the flip chart. Report back to the workshop.

Uganda

- COULD YOU ADOPT AND USE SOME OF TORORO'S GOALS AND STRATEGIES?
- COULD YOU HOLD VILLAGE MEETINGS WITH DISABLED PEOPLE TO SET PRIORITIES?
- COULD YOU INVOLVE DISABLED PEOPLE IN ALL STAGES OF YOUR PLANNING? COULD YOU INVOLVE THEM MORE? HOW?

South Africa

- AS A DPO, COULD YOU MAKE A PARTNERSHIP WITH A CBR PROGRAMME?
- AS A CBR PROGRAMME COULD YOU MAKE A PARTNERSHIP WITH A LOCAL DPO?
- COULD PARTNERSHIPS BE STRENGTHENED IN YOUR PROGRAMME AND MADE MORE EQUAL?

Niger

- COULD YOUR CBR PROGRAMME SEEK TO SUPPORT CHILDREN WITH DISABILITIES ATTENDING MAINSTREAM SCHOOLS?
- COULD THE ACTIVITIES IN YOUR CBR PROGRAMME BE BETTER INTEGRATED?
- DOES YOUR COUNTRY HAVE A NATIONAL DISABILITY POLICY? COULD YOU USE IT TO INFORM YOUR PROGRAMME DEVELOPMENT?

Egypt

- COULD YOU INITIATE 'LOCAL TEAMS' IN YOUR AREA?
- COULD YOU INVOLVE NON-DISABLED AND DISABLED CHILDREN TO IDENTIFY THE CHALLENGES FACED BY DISABLED CHILDREN AND THEIR FAMILIES?
- COULD YOU KEEP DATA ABOUT ALL THE CHILDREN ENGAGED IN YOUR CBR PROGRAMME? HOW COULD YOU USE THIS DATA TO PLAN FUTURE SERVICES?

Angola

- COULD YOU USE DISABLED PEOPLE TO ACT AS SELF-EMPLOYED ROLE MODELS FOR OTHER PEOPLE WITH DISABILITIES?
- IF YOU ARE DISABLED, COULD YOU SHOW OTHER PEOPLE HOW TO DEVELOP THEIR SELF-CONFIDENCE AND SUCCEED?
- COULD YOU START CBR SUPPORT GROUPS FOR DISABLED PEOPLE IN SELF-EMPLOYMENT?

The vision of the CBR African Network (CAN) is the equalization of opportunities, social integration and rehabilitation of people with disabilities in Africa.

CAN aims to facilitate the sharing of information about community-based services for persons with disabilities and their families in African countries.

