



Contents

- 1. Introduction**
- 2. Proceedings**
- 3. Outcomes and Recommendations**
- 4. Participant List**

1. Introduction <http://www.ilo.org/public/english/employment/skills/disability/whatsnew.htm>

25 years CBR Review at Helsinki Community Based Rehabilitation (CBR) strategy is now in practice for more than 25 years. In 2003, the Government of Finland hosted an International Consultation to Review Community Based Rehabilitation which was organized by WHO along with other UN agencies and International Disabled Peoples Organizations. To strengthen CBR strategy and to make it more effective, the following recommendations have been identified:

- Recommendations of Helsinki meet**
- Community Involvement and Ownership
 - Multisectoral Collaboration in implementing CBR
 - Involvement of Disabled People’s Organizations in CBR
 - Scaling up CBR
 - CBR strategy to be used as an effective tool for poverty reduction
 - Evidenced based practice to promote CBR

ILO, UNESCO & WHO joint position paper on CBR Following the Helsinki mandate, ILO, UNESCO and WHO revised its existing joint position paper (1994). This paper provides an update on the concept of CBR and its future directions. It has identified CBR as a strategy for rehabilitation, equalization of opportunities, poverty reduction and social inclusion of people with disabilities. The purpose of this Joint Position Paper 2004 is to describe and support the concept of CBR as it is evolving, with its emphasis on human rights and its call for action against poverty that affects many people with disabilities.

Need for CBR Guideline It has also acknowledged that all communities are different in terrain, culture, their political systems, socio-economic conditions and many other factors. Therefore, there cannot be one model of CBR for the whole world. It may not be the same even within one country. 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. However, from experience, it has been realized that there need to be some basic norms for a valid CBR programme. Evidence is needed that the 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.

CBR and Poverty reduction Poverty is the root cause of many disabilities and disability further increases poverty. About 400 million people with disabilities live in low income countries, often amidst poverty, isolation and despair. Poverty further limits access to basic health services, including rehabilitation and accessing education. Community

Based Rehabilitation is a strategy for socio-economic development. It is essentially about human rights. Its key principles need to be poverty alleviation, education, health care including medical rehabilitation and enabling people with disabilities to participate in the whole range of human activities. The CBR joint position paper identified CBR strategy as an effective tool to reduce poverty for people with disabilities and their family members.

Bridging the gap between policy and practice

It has been identified that there is a large gap between policy documents and its practice. A gap also exists among Policy makers, policy implementers and recipients. Guidelines are needed to put the CBR joint position paper into practice in order to facilitate the inclusion of people with disabilities in development initiatives. Guidelines need to be flexible enough to accommodate different realities and different cultures. The purpose of the guidelines is to assist the CBR implementers who may be policy makers (Government, Donors, International NGOs), Implementers (Government, Organizations of and for persons with disabilities, family associations, parents groups etc.) especially programme managers or project workers. They need to be designed as a practice document to strengthen the delivery of CBR and its practice in the field. Seeing the need, WHO has decided to facilitate the development of CBR guidelines in partnership with ILO, UNESCO and leading INGOs and DPOs.

1st CBR Guidelines Meeting

In November 2004, WHO called the 1st Meeting on the Development of Guidelines for Community Based Rehabilitation. The aim of the meeting was to identify how Community-based rehabilitation (CBR) strategy can facilitate community action to ensure that people with disabilities have the same rights and opportunities as all other community members. This includes, for example, equal access to health care, education, skills training, employment, family life, social mobility and political empowerment. The purpose of the meeting was to develop a CBR Matrix and outline of the content for new guidelines in the line of CBR joint position paper.

CBR Matrix

It was decided to give an overall visual representation of CBR in the form of a matrix. The matrix illustrates the topic areas which can make up a CBR strategy. It consists of five components, each divided into five elements. Each of these elements will have a dedicated chapter in the guidelines. The elements are subdivided into content headings. Each element has between four to nine key content headings. The components and elements are underpinned by a number of principles which inform all the work. These principles are in no way just theoretical or abstract but intended to be translated into tangible ways of working and should be observable in programme activities.

Whole matrix or part matrix

It will be unrealistic to think all components and elements of the matrix will be followed by any CBR implementer. The matrix should not be seen as sequential. It is a 'pick and mix' series of options, a set of components and elements from which the practitioner can select, so any one programme may choose to address only some of the components and elements. At the same time, Implementers need to communicate and coordinate with other key organizations that are focused on complementary components/elements in order to ensure a holistic and comprehensive approach.

Examples of implementing part of the matrix and scaling up

The CBR practitioner may choose:

- The most practical entry point for the programme, for example, an initiative on primary schooling or organizing parents of children with disabilities
- The next logical steps to build up the programme, for example, an initiative on anti-natal and primary health care;
- And so on...until a coherent programme of appropriate components and elements is formed, supported by a strong set of cross-sector alliances and partnerships.

Guidelines content as agreed after the 1st meeting

After a series of focused group discussions and plenary sessions, participants identified the draft of Content for CBR Guidelines, which are as follows:

1. Background and Purpose
2. Evolution of disability scenario
3. Evolution of CBR
4. *Programme Content: Principles**
5. *Programme Content: Health**
6. *Programme Content: Education**
7. *Programme Content: Livelihood**
8. *Programme Content: Empowerment**
9. *Programme Content: Social**
10. Examples of starting CBR
11. Examples of sustaining and expanding CBR
12. Evidences of poverty alleviation through CBR
13. Monitoring and Evaluation
14. Guide to Policy Makers

* For each Programme Content Area, 5 Elements were outlined

Finalization of 1st CBR Guidelines meeting Report

The report was circulated to all the participants and feedback and the comments were received. The report was then redrafted several times in order to incorporate participant's feedback. The final report was placed on the floor during the 2nd Guidelines meeting and was approved. The report is available on request. It suggested several steps and the second guidelines meeting was planned accordingly. The individuals and organizations that took active part in the development of the report and showed further interest in developing the guidelines were invited for the second guidelines meeting.

Agenda of 2nd Guidelines Meeting

The agenda for the second guidelines meeting was as follows:

- Adoption of 1st meeting report
- Finalization of methodology to develop the guidelines
- Finalization of instructions for the Authors
- Finalization of template for the authors
- Identifying the contents of each matrix component
- Formation of advisory committee
- Formation of editorial team
- Finalizing the timeline and budget

2. Proceedings

Dr. Federico Montero, Disability and Rehabilitation (DAR) Team Coordinator, opened the meeting and thanked the participants for their contributions towards the development of the new CBR Guidelines,

including their presence in the meeting. DAR proposed that Venus Ilagan, President of Disabled People International (DPI), chair the meeting for the first day which house unanimously accepted. It was noted that in May 2005 the World Health Assembly passed a Resolution on Disability, and the new CBR guidelines will make an important contribution to the work called for in that resolution. It would also become an important tool to implement the outcome of the proposed UN Convention on protection and promotion of rights and dignity of people with disabilities. The proceeding of the meeting narrated as follows:

- | | |
|--|---|
| Purpose of the Guidelines: | <p>Purpose of the Guidelines was revisited and agreed as follows:</p> <ul style="list-style-type: none"> • To provide a guide to the implementation of the multi sectoral CBR strategy; • To provide relevant information for various types of CBR implementers, who may be policy makers, programme managers or project workers; • To provide practical guidelines that can strengthen the implementation of CBR strategy and improve the day-to-day practice in the field. • To follow bottom up approach, community centred, community controlled initiatives |
| Expected outcome of the 2nd CBR Guidelines Meeting | <ul style="list-style-type: none"> • Finalize the contents of the 25 Elements in the 5 Programme Areas (component): Health, Education, Livelihood, Empowerment and Social. • Identify authors to write each component, and the elements and contents of the matrix (authors should collaborate with others especially with people with disabilities). • Identify authors for other chapters of the guidelines. • Identify an Advisory Group to guide the overall development and advise the core group • Identify a Core Group to write the preamble; to ensure the overall context of development, including the principles contained in the guidelines, legislative context, etc.; and to edit the final document. • Develop a timeline • Work on a tentative budget • Determine the future plan of actions |
| Activities to Develop the CBR Guidelines | <p>A presentation was given to the participants outlining the tasks ahead for the development of the guidelines, which are as follows:</p> <ul style="list-style-type: none"> • Form an Advisory Group/Committee <ul style="list-style-type: none"> ○ Pioneers/higher level representation ○ HIC and LMICs ○ Representation of DPOs • Form an Editorial Team/Core Group <ul style="list-style-type: none"> ○ Dedicated, hardworking, prompt ○ Input from other UN agency/NGO ○ Selection of Authors/Contributors to write each element ○ Responsible for production • Identify a project leader among UN agencies to drive the process • Finalize the list of authors • Finalize the writing template • Collect the drafts of the content for the elements and components of the programme areas. • Edit the individual contributions and form a complete draft of the guidelines |

- Hold meetings as needed
 - Two or three meetings of the Core Group and Advisory Group
 - One or two meetings of the authors
- Hold Regional workshops to obtain feedback on the guidelines
- Finalize the guidelines
- Raise funds to support the production and distribution of the new guidelines
- Identify a reliable production team
 - Select an excellent stylistic editor cum expert write
 - Proof readers, indexers, editors, designers, printer
- Publish the guidelines in different languages and formats, and disseminate
- Brand the guidelines
 - Full report, summary, fact sheets
 - Online PowerPoint presentation
 - Set of posters
 - Website

Activities to be carried out during the consultation

- To revisit the matrix
- To Finalize the labeling of each element
- To finalize the content outlines for each element
- To suggest probable name of the authors for preamble of the guidelines and its 5 components
- To finalise the list of volunteers who will be willing to contribute on each elements and its contents
- Propose names for the Advisory Group
- Propose names for core group

Writing style for the authors of each element and its contents

A tentative guideline for the authors was presented. These consisted of a specific outline to be followed for the development of each element, as well as advice for the writing style. The main idea behind the presentation was to ensure continuity between components and elements as well as across components. Simple, practical and brief, were the key messages of the presentation. Once authors list gets finalized, each author including core/advisory group members would receive the template for the author, guidelines and WHO writing style manual (soft copy). **All authors have been requested to submit their drafts before 28th February 2006.**

Highlights of writing style for the Guidelines

Some of the highlights of writing style is as follows:

- Each element should be maximum of 8 pages (so as other chapters??)
- Long compound sentences to be broken up into several shorter sentences
- Ideas need to be expressed in fewer words
- Sentences should not be more than 20 words
- Block/paragraph should not contains more than 9 sentences or bullet points
- Use of active voice, instead of the passive voice
- Make verbs do the work, change nouns to action verbs where possible (e.g. change ‘give consideration to’, to ‘consider.’)
- Reduce groups of words to one or two words (e.g.. change: ‘due to the fact that’, to: ‘because’)
- Avoid strong words and words which are culturally sensitive.
- Simple words (peoples language) which is easy to translate

Role of Guidelines

According to WHO the Guidelines need to be systematically developed evidence-based statements to assist providers, recipients and other stakeholders to make informed decisions about appropriate health interventions (from clinical procedures to public health actions). Formal advisory statements. Other formats: protocols, best practice, algorithms, consensus statements, expert committee recommendations, integrated care pathways.

Guidelines (MESH) is also perceived as systematic statement of policy rules or principles. Developed by government agencies at any level, institutions, professional societies, governing boards, or by convening expert panels. *A comprehensive guide to problems and approaches in any field of activity.* Guidelines as instruments for turning knowledge into action safely, with high quality.

Plenary Discussion on writing style for the Guidelines

The following issues were raised and discussed by the participants:

- Guidelines should be short and precise. It will not be individual manuals for each element. Case studies, or best practices, should follow each element. Perhaps a minimum of two examples could be presented for each element.
- The time line is tight and authors may need the agreement of their organizations or agencies in order to spend time on the preparation of the eight pages for each element. It was unanimously agreed that more time need to be given to the authors which could be around 8-12 weeks.
- Existing guidelines that they have worked on for specific countries or regions, could be used by authors as background document, for example CBR Guidelines of Laos, Ethiopia etc..
- The eight page limit may not allow writers to adequately address each topic but later it was agreed that 8 pages are enough for each element and other chapters
- Writing style and template will ensure indicators to be considered for each contents of the element. Monitoring will not be discussed in each element because there will be a separate chapter on monitoring and evaluation.
- Community ownership, the role of people with disabilities and their family members, will be the building blocks for the CBR guidelines
- It was suggested that layout for the guidelines could include three columns: one with headings, the middle one with the content, and the third containing references and linkages. Later some participants suggested it could be two with hyperlinks at bottom or in the first column to make better use of the available space
- People with disabilities/their family members have to participate or to be consulted before author finalize the each content/element/component.
- Core Group will be responsible to look at the components and elements to make certain that cross references and linkages are made.
- 5 programme areas will have a subgroup of lead authors to ensure Preambles and content of 5 elements of each component matches.

Theme or Sector

Suggestion was the guidelines could be organized according to themes rather than sectors e.g., the life cycle could be a theme. Though the idea was appreciated a number of practical difficulties were identified. In reality, the governments think in sectors. Ministries are organized by sector, and if policy makers or bureaucrats are going to read the guidelines, they must be presented according to sectors. People in

service delivery will also want to look for their sectors to determine what they are supposed to be doing. It is better if they can find their specific sector and then see that there is a need to coordinate with other sectors. It was agreed that it would be better to follow the Matrix style keeping in mind that there needs to be linkages vertically as well as horizontally. So suggestion was:

- CBR Guidelines will not be prescriptive. They should stimulate innovation and creativity. At the same time, authors must take a complex situation, keeping the linkages with other issues in mind and present it simply. The essence should remain focused on the multisectoral nature of the CBR strategy.
- The key of the Guidelines is how people with disabilities living in community can meet basic needs, access services and opportunities, exercise human rights, be empowered to make the decision about their own development as well as community they live in.
- The approach should focus on how people with disabilities and their family members can come out of poverty and be active contributors to the society.
- Instead of duplication or encouraging parallel systems, efforts need to focus on how to be part of the mainstream development e.g., admission in local school, entry in local market, making linkages with local administration.
- CBR implementers to be the catalyst to access the mainstream services and, where not available, to work with local authorities and policy makers to make services available. Till that happens, CBR implementers need to facilitate access to health, education and livelihood opportunities.
- Guidelines also need to highlight how to remove environmental barriers which create disability.
- Everyone involved must take responsibility to get the new guidelines into the hands of those who can implement them appropriately. UN agencies, governments, DPOs and NGOs, all need to work together to ensure it.

Focus Group Discussion

The opening session was followed by 7 working groups and 4 more plenary sessions. A major focus was the finalization of the content outline for each of the 25 elements in the 5 Programme Areas: Health, Education, Livelihood, Empowerment and Social (See Annex II for the Programme). Outline for the programme areas and the management chapter of the guidelines has been finalized in the whole process. Preamble for each component and contents for the each elements have been discussed and agreed which are as follows:

Health Preamble

- Health care is a fundamental human right and is a precondition to participation in school, work and social life
- Health care needs of people with disability are the same as those of non-disabled people – they need and are entitled to the same range of treatments – particularly those not related to their impairment.
- Health care professionals need training on the physical and social impact of impairments.
- Health care services and systems to be accessible, affordable and appropriate to people with different disabilities regardless of the extent of the disability
- Referral system and Network
 - People with disabilities have the right to the referral to appropriate level of health expertise as close to their own communities as

- possible
- Differentiate between ‘community’ and ‘referral’ level
- Support horizontal and vertical referral services bottom -up and top down)
- Within the health system and inter-sectoral
- Formal and informal health system
- Needs for promotion of Psycho Social Rehabilitation
- Access to a range of assistive devices facilitate inclusion and participation (quality of life)
- People with disabilities have a fundamental right to make informed choices
- Disability should not be seen as a medical issue but within a wider social context
- An emphasis on all relevant settings, not just health and rehabilitation e.g. school, home, social, work

Promotive

Introduction needs to refer the Ottawa Charter on Health promotion. Process of enabling people to increase control over and to improve their health. In order for people with disabilities to make informed choices about their health care.

- Access to information is the key for any health promotion initiative. Health Promotion Campaigns to be inclusive of people with disabilities
- Access by providers and consumers to information of personal and public health
- Promotion of strategies on personal well being and healthy living for people with disabilities.
- Health of personal assistants, parents and siblings of children with disabilities
- Healthy Environment (To include elements of safety e.g. Workplace), including water and sanitation issues
- Recognition of people with disabilities as peer health promotion resources

Preventive

- Primary Prevention - Immunization, Health Education Etc.
- Early detection and intervention for children and adults at risk
- Integrating children with disabilities into existing preventive programs such as Community (Household) Component of IMCI
- Secondary Prevention: e.g. depression, deformities, pressure sores, respiratory infections etc.
- Appropriate preventive education and provision of protection, especially for sexually transmitted diseases
- Access to preventive or early detection measures e.g. Breast exam, checking for ear infection in early childhood

Curative

- Equal access to health care for people with disabilities. (e.g. flu, high blood pressure, HIV/Aids)
- Informed Consent to health intervention
- Knowledgeable on their own condition in order to take informed decisions about their health.
- Referral and transfer to and from specialized services
- Access to necessary medical and surgical intervention

Rehabilitative

- Medical Intervention, Corrective Surgery and follow-up
- Rehabilitation Services need to be available for people with all types of

- impairments
- Training for Activities of Daily Living (ADL)
- Therapy Intervention
- Referral to specialized services
- Family and community support
- Transitional Activities

Assistive Devices

- Access to devices including those for vision, hearing and intellectual impairments
- Access to orthoses, prostheses and mobility devices
- Education on the use of devices, access to aftercare including maintenance and repairs
- Access to information and communication technology
- Environmental adaptations
- Promotion of appropriate technology
- Universal Design/ Design for All
- Fabrication, adaptation, repair and maintenance of simple assistive devices at community level

Plenary Discussion on Health

Mental health -- Debated whether mental health should have a separate section or be discussed in every section. CBM has been addressing mental health within CBR programmes and has material prepared on the topic and this may be useful to the authors for the health section. It was noted that the issue of mental health/psycho social issues to be clearly addressed in this document.

Choices related to rehabilitation services -- Rehabilitation services should be available when they are needed, as opposed to being continuous in the life of people with disabilities. This includes respect for the right of disabled adults and children to make decisions about receiving the services. The concept of the right to information needed for decision-making, based on the social model, should be a theme throughout the guidelines.

Traditional medicine -- Traditional approaches to maintaining health should be noted under the topic on appropriate treatment.

Assistive devices -- There is a need to clarify that people with disabilities should have information about fabrication, repair and maintenance of devices. References and linkages can be made to resources, such as the WHO CBR manual, *Disabled Village Children* and the ISPO/WHO joint position paper on CBR and prosthetics and orthotics services.

Training -- There will not be a separate section on training. It is obvious that people must be trained, but it is not the purview of these guidelines to describe the type of training needed within the various sectors relevant to CBR. However, the need for training will be noted in the management chapter, under human resources. References and resources, including human resources, will be noted in each sector.

Education Points for the Preamble

- Rights based education - importance of a right based educational framework including Children rights convention and proposed UN Convention
- Definition of inclusive education – ensure language is using mainstream

terminology and differentiate between integrated & inclusive education

- Political & civic education
- Advocacy
- Importance of people with disabilities aspiring to higher education, and supporting their efforts
- Barrier free environments, e.g. accessible toilets in schools
- Importance of lifelong learning

Early Childhood Development

- Early Identification
 - Linkage to health system: diagnosis, follow up & screening
 - Linkage to parents / Traditional birth attendants
 - Training for screening at community level
 - Train for skill in breaking news to parents
- Parent & family support
 - Linkage between ed & health and family
 - Peer support / family / parent support
 - Family guided intervention
 - Child to child / sibling support
- Child Development (theoretical)
 - Include nutrition
- Play & development (practical: how to)
 - Inclusive
 - Child centred activities
- Transition and readiness for formal education

Non Formal Education

- Home-based learning
 - Supplementary, preparatory and alternative to formal education
- Government non formal educational schemes
 - Adult literacy
 - Flexibility & adjustments/ adaptations
- Community based initiatives for non formal education
 - Faith based
 - Crèches
 - Flexibility & adjustments/ adaptations
- Community based day care centres
 - For children outside of school
 - Respite for parents run by parents and community
- Links with formal education
- Links with social group

Formal School Education

- Access to curriculum: technology; medium (alternative formats); method of instruction
- Equal access to affordable education- as near as possible
- Home / community / school links
- Child-to-child activities
- Orientation & training of school personnel
 - Classroom management, flexible learning
 - Flexible examination and assessments methods
- Access to resources and learning materials
 - Adapted / Differentiated
- Educational and technical support

Higher Education

- Advice, guidance & enrolment
- Access to materials, methods, Information and Communication Technology
- Individual and family support
 - Know / claim rights
 - Economic support / sponsorship
- Advocating with higher educational institutions for:
 - Flexible learning: distance, open; blended
 - Flexible examination and assessments methods
- Special provision for some people with disabilities
 - Personal assistance

Special & Transitory

- Special education
 - Resource / referral specialization
 - Bridging / links to mainstream school
 - Right to choice
- Identification of work options
- Linkages to working life
 - Choice for individual: preference, aptitude, availability
- Peer counselling
- Survival needs training
- Citizenship and political awareness
- Lifelong learning

Plenary Discussion on Education Component

- Cross references with the health sector -- Note the importance of proper nutrition to ensure that children are healthy enough to take part in play and school activities.
- School fees are often an issue, especially for secondary school. This may be another barrier for poor children with disabilities to be in the school. Like health care, education should be affordable to all.
- Right to choose a focus in education -- People with disabilities have the right to choose what they want to do, e.g., what profession they would like to enter. Education relevant to that choice should be accessible.
- Inclusive education -- This is the approach that follows UNESCO guidelines, as well as the social model. Both inclusive and integrated education should be clearly defined. Define them in a manner that can help with translation into languages that may not readily distinguish between the two words.

Livelihood Preamble

- Poverty and disability are linked
- CBR is a poverty alleviation strategy
- Social and economic context
- Livelihood / work opportunities are a way out of poverty
- Social cost of exclusion
- Find opportunities at the doorstep
- Importance of work (for anybody including people with disabilities):
 - Provides opportunity for social and economic participation
 - Enables people with disabilities to be resource persons (trainers, peer support) / role models
 - Provides services and goods to the community

- Provides income and contributes to the household
- Provides satisfaction and increases self-esteem
- Barriers to work and employment
 - On the one hand: stigma, prejudice, and negative attitudes towards people with disabilities
 - On the other hand: passivity and lack of motivation on the part of some disabled people due to external and internal factors
- Evolution of vocational rehabilitation and expansion from traditional livelihood approaches / activities to mainstream livelihood activities
- Self-determination (choice of occupation)
- Range of livelihoods - production and service occupations, formal and informal economy, traditional and mainstream livelihood activities
- Accessible, affordable and appropriate skills training through whole of working life (life long learning)
- Decent and fair employment / work opportunities, pay and working conditions – in both the formal and informal economy
- Equal opportunities for both men and women with disabilities

Skills Development

- Motivation and skills
- What we do mean by skills
- Focusing on traditional skills in the community
- Life skills for the work place (vocational maturity)
 - Vocational preparatory skills, home based training which can help prepare for work based opportunities, for example taking care of domestic animals; sewing – to tailoring; domestic work to service industry
 - Soft skills
- Vocational assessment and guidance
- Skills training (ways to transfer skills)
 - Focus on a mainstream or integrated skills transfer approach (professional / vocational skills)
 - Individual skills transfer/ apprenticeship
 - On the job training
 - Access to formal and informal entrepreneurial skills
- Emerging markets: Opportunities for IT skills / English language skills or outsourcing (also under Open market)
- Adaptation of traditional vocational institutes for people with disability to undertake training of trainers / employers (i.e. ILO initiatives in Malawi)

Income Generation

- Introduction
 - Includes different forms of structured, productive or service activities
- Individual/family/groups income generating activities
- Co-operatives
- Micro and Small Enterprises
- Family based economic activities
- Market analysis
 - Focus on service and production sectors
- Business Development Services (BDS)
 - Provide ongoing guidance and support
- Start up capital
 - Family resources

- Micro finance institution loans
- Grants

Financial services

- Identify different mainstream financial services and opportunities
 - Group savings
 - Cooperative Society - savings and credit
 - Micro finance Institutions (MFI)
 - Peoples bank
 - Commercial banks
 - Rural development banks
 - Government schemes
 - Private sectors
- Barriers to mainstream services
- Advocate for access to mainstream services (rather than focus on specialized schemes for disabled individuals)
 - Advocate for special measures/policies to enable people with disabilities to access mainstream schemes
 - Information about financial services to people with disabilities
 - Awareness and training of policy makers and providers of financial services in both public and private sectors
- Information and training of disabled persons about financial management

Employment

- Identify various types of employers
- Advocate and raise awareness with prospective employers
- Identify and advocate for implementation of existing legal obligations of employers e.g. affirmative actions and quotas
- Advocate for appropriate new employment legislation and its implementation
- Work with trade unions, employers (public and Private) to employ people with disabilities and the retention of workers who acquire disability
- Facilitate reasonable adjustments such as assistive devices at the work place, access/appropriate adaptations to working environment, ways of working including flexibility in scheduling and organization of tasks, etc.
- Safety at work
- Assist disabled individual to get work
 - Developing links with potential employers
 - Referral to public and private services
 - Job coaching
 - Job matching
 - Mentoring

Social Protection

For those who are unemployed or cannot work and/or do not have a decent income, provide:

- Information about, advocate and facilitate access to (including support for personal assistants):
 - Social security
 - Micro insurance schemes (i.e. pensions, health, funeral expenses)
 - Health benefits (which should be offered irrespective of employment status)
- Mutual assistance in community
- Support for and from family or official carer/guardian

Plenary discussion on Livelihood

- Special attention must be paid to the family. In some instances, the family may not protect the rights a family member with a disability. However, mostly family members are very supportive. It might work better to say: Special attention must be paid to the family. While in general family members play an important supportive role, it is important to note that this is not always the case.
- Typical vocational training or branding of people with disabilities with specific types of job or vocational training need to be avoided. The stereotypical jobs, such as candle making, carpentry, duster making, broom making should no longer be taken as only options for people with disabilities.
- More importance needs to be given on traditional skills or skills which will open the door for service sector.
- Sometimes, it may be necessary to change attitudes in order to get the person into a work setting. CBR implementers need to work towards fostering positive work attitudes among people with disabilities as well as on changing societal attitudes and traditional exclusion of people with disabilities.
- Higher skills to acquire business acumen for people with disabilities and their family members are to be focussed.

Empowerment Preamble

- Inclusion in socio-political processes and participation in political leadership at national and local level.
- Self Help groups and DPO's to have a greater involvement in poverty reduction processes and strategies
- Greater involvement of people with disabilities in anti-discrimination processes
- People with disabilities and their families actively participate in community development
- People with disabilities to understand their rights and power
- Strong links between CBR and local government programs to facilitate participation in decision-making and ownership
- Capacity building
- Self determination, self representation

Self Help Groups

- Facilitating People with Disabilities and their families to form self-help groups
- Peer Counseling and support
- Facilitate groups' leadership role in CBR processes
- Capacity building
- Promote group activities for advocacy and access to resources

Disabled Peoples Organizations

- Organizing people with disabilities for self representation – advocacy, lobbying and activism
- Strengthening existing Disabled People's Organizations (DPOs)
- Promoting Self Determination
- Peer Counseling

- Capacity Building
 - Leadership development with specific focus on women and young people
 - Networking
 - Support to and for Umbrella Organizations and collaboration at different levels
 - DPOs as resources, e.g., for community development, diversity training etc.
- Social Mobilization**
- Alliance building with representatives of society (of other marginalized, interested and cross-disability groups). Building alliances pre-supposes that disabled people are already organized
 - Campaigns/advocacy led by people with disabilities (not by agencies of non-disabled merely including/consulting with disabled people).
 - People with disabilities to be pro-actively engaged with general community and development issues
 - Un-locking and mobilizing local human, material, financial resources in order create an environment of solidarity for the empowerment of disabled people and other vulnerable groups
 - Pro-active participation, decision-making and engagement of disabled people at all levels, including direct representation on local committees
- Political Empowerment**
- Awareness of discrimination against all vulnerable groups in the community including people with disabilities, and encouraging solidarity to promote social justice, full citizenship and claiming of individual rights
 - Advocacy for reservations, quotas and affirmative action for elected and non-elected bodies from local to national level
 - Facilitating and advocating for access to voting and the right to personal/secret ballot
 - Active participation in monitoring, and having ombudsmen roles in, voting and other civic processes at all levels, from the CBR at community level to national and international levels e.g. UN CRC monitoring committee
 - Participation and leadership in political lobbying at all levels
 - Disabled people to be trained as service providers, leaders, politicians and policy makers
 - Non-disabled service providers, leaders, politicians and policy makers to be trained on disability issues by disabled people
- Language and Communication**
- Address communication issues relevant to all vulnerable groups, e.g. literacy, translation into local languages, jargon-free, simple language; appropriate and multi-media methods of communication (visual, performing arts), Braille, signing, tactile signing for deaf-blind
 - Information and Communication Technology – affordable and accessible to everyone with an impairment
 - Active involvement of disabled people in all media, influencing of media on disability issues, ensuring media is accessible to disabled and other vulnerable groups.
- Plenary Discussion on Empowerment**
- Regarding the disability organizations, there is no need to be prescriptive. To have a cross-disability or uni-disability organization depends on the objectives and situation. As with other movements, the strength of the disability movement comes from unity. In small communities and poor

communities, there is a particular need for cross-disability organizations. In the First Meeting on the CBR Guidelines, it was agreed that the terms "self help group" and "Disabled Peoples' Organizations" refer only to cross disability organizations, and not to uni-disability organizations. When there is more than one disability organization, it is important that there is equality among them.

- DPOs can also benefit from partnership with other marginalized groups, and with local government.
- Organizations for and of people with disabilities, both have a role in CBR. The partnership between Organizations for people with disabilities and Organizations of people with disabilities are very crucial. When they work well, programme survives and become more effective.
- Empowerment of disabled people is political. Disability is a development issue, therefore, a political issue. The primary purpose of advocacy of disabled people is equalization of opportunities, which entails a political process.

**Social
Points for the
Preamble**

- Need to include a section/element on the role of the family somewhere in the document.
- Issues of volunteers to go under management (still a missing section).
- Terms to be defined from the perspective of low income countries: personal assistants, independent living, self-determination, freedom of choice
- The spirit of this section should address the issues of full citizenship reaffirming equal rights and a move away from social welfare orientation.
 - Have clear definitions of community and society.
 - Human rights articles to be quoted in the overall introductory remarks.
- Add articles from UN (Ag 22), Convention, CRC, etc relevant to social sector.
- National legislation should cover all components-emphasize that existing legal provisions should be enforced.
- Removal of discriminatory laws and regulations-expand examples to include rights to inheritance, education, marriage
- Mention the Millennium Development Goals
- Capacity building on life and social skills for vulnerable groups, i.e. women, children and elderly persons
- Protection of people with disabilities caught up in natural and man-made disasters
 - Ensure that disabled people are included; active participation during emergencies and post emergency situations.
 - Emergency preparedness plans for disabled people

**Legal
Protection**

- Independent living/self determined living.
 - Right of choice to where and how to live.
- Employment rights
 - Choice of home working (does this mean working from home or in the home or both?) or other ways
- Rights to reproductive health
- Land and inheritance rights
- Protection of disabled children

- Include child protection policies
- Financial support for legal advice
 - Advocate for legal aid.
- Protection from negative cultural beliefs, violence, neglect, exploitation, forced institutionalization, and abuse.
- Promote political participation
- Compensation in cases of divorce or separation

Culture and Religion

- Access to and participation in cultural and religious activities
- Society's attitude to disability and diversity
- Religious attitudes to disability
- Resources and support from cultural and religious groups
- Using religious and cultural activities to remove stigma and promote diversity
- Including young people and adults into mainstream social activities
- Physical education and activities for people with disabilities
- Promote parallel and simultaneous (does this mean promote both parallel and inclusive...?) community sports and games for people with disabilities
- Inclusion in public and family social gatherings

Sports and Leisure

- Access to sport and recreation facilities (e.g. cinema and sport events) as spectators
- Promotion of sports and physical activities to have an active and healthy life
- Promotion of various sports activities as therapy to enhance the functional abilities and developing positive image
- Promotion of visual and adaptive performing arts (e.g. silent theatre)
- Materials used for equipment adaptation and modification and human assistance – for sport and leisure activities (e.g. adapted devices for sports and games, Braille versions for reading)

Relationships, Marriage and Family

- Promotion of the right to marry and have a family
- Non-stigmatization of people with disabilities in relationships
- Promotion of education on sexuality and reproductive health issues
- Peer counseling and mentoring
- Support for parents with children with disabilities
- Support to single mothers with disabilities
- Support for a parent neglected or deserted by a spouse after the birth of a child with disability, or after a partner acquires a disability
- Protection against verbal, physical and sexual abuse of people with disabilities and access to support services – also referred to under Legal Protection

Personal Assistance

- Assistance in daily living activities based on needs
- Protection of people with severe impairments from exploitation and abuse
- Persons with disabilities should have a decisive influence on matters regarding the management of personal assistants
 - Access to information on resources regarding personal assistants

- Training of the personal assistants – supervised / provided by people with disabilities
- Interpretation services, Braille readers

Plenary Discussion on Social

- The title of the component should it remain "Social" or "Social Inclusion" or "Social Justice" - some countries like India Ministry of Social Welfare has changed its name to Ministry of Social Justice and Empowerment. It was agreed that further reflection is needed to finalise the component title - participants needs to get back on this issue.
- The bullet about personal assistance relates to the relationship between the person with a disability and his or her personal assistant.
- Young people with disabilities may not be included in the positive rituals that mark passage to adulthood, which leaves them without adult status. This should be noted.
- Family should be a separate topic to be addressed in the guidelines

Need of a Management Chapter

Participants felt that lot of focus need to be given on the management of CBR programme. Past experiences shows that in many CBR programmes/projects failed due to weakness of the management. CBR management need to be recognized as a skilled profession. Following points were mentioned to be considered in management aspect of CBR.

Content for Planning

- Feasibility checklist
- Resources mapping and local/national laws
- Needs assessment (participatory appraisals)
- Prevalence and incidence of impairments
- Defining the catchment area
- Setting priorities
- Vision, mission, aim
- Developmental goal
- Setting specific objectives - realistic, measurable
- Convergence and the best use of local resources
- Developing activity sequences and timelines (3 - 5 years)
- Risks and assumptions
- Technological levels
- Indicators
- Budget

Content on Organizing resources and Structures

- Organizational structure
- Job descriptions
- Human resource development
- Volunteerism
- Development of operational procedures, internal regulations, policies, standards
- Coordination and collaboration
- Management board
- Mobilizing people with disabilities, parents groups etc.
- Equipment and material procurement
- Networking and liaison
- Finance mobilization

- IT and communication systems
 - Development of operational procedures, internal regulations, standards and policies
 - Care management system
- Leadership**
- Alliance building
 - PR and image development
 - Social marketing, advocacy, lobbying, activism
 - Management and leadership development
 - Information exchange
 - Leadership development - staff and DPOs
- Monitoring and evaluating**
- Progress monitoring and adjustment to objectives and activities, budget, timelines
 - Participatory appraisal
 - Terms of reference
 - Scope, relevance, impact, sustainability,
 - Different forms of evaluation
 - SWOT Analysis
 - Forward planning
 - Reportage

3. Closing Session: Outcomes and Recommendations of 2nd Meeting on CBR Guidelines

All unanimously agreed that CBR Guidelines would be a joint document of ILO, UNESCO and WHO to reflect the true spirit of CBR a multisectoral approach. Following names have been suggested for contribution at various levels to develop the CBR Guidelines. Each author at the meeting volunteered to make a specific contribution to the development of the guidelines.

Role of CBR Guidelines Advisory Group The advisory group is the highest level body who will be primarily responsible for ensuring the multisectoral philosophy and community participation/ownership is reflected in the whole document. It will also provide support to the core Group as and when needed. Beside that, Advisory group is also expected to provide guidance, political support and share their experiences for the development of the Guidelines and its future promotion.

- Members of Advisory Group**
- Enrico Pupulin
 - Einar Helander
 - Federico Montero
 - Kenneth Eklindh
 - Barbara Murray
 - Mike Davies
 - Sunil Deepak
 - Sepp Heim
 - DPO/IDA Representative

Role of CBR Guidelines Core Group The core group will be responsible for the content of the guidelines and its development. Core group also need to have special task to write the preambles and certain chapters for the guidelines. Some of the core group members will also also lead the working group of Health, education, Livelihood, Empowerment and Social/Inclusion. They will form an e-group of their sector and liase with other

authors of the chapters outside their specific sectors. Core group also need to collect evidences of good practices and the select the best ones for the Guidelines.

**CBR Guidelines
Core Group**

- Venus Ilagan
- Roselyn Wabuge-Mwangi
- Bob Ransom
- Balakrishna Venkatesh
- Ann Goerd
- Kamala Achu
- IDDC Representative
- Aline Robert/Philippe Chervin

**Guidelines content
as agreed after the
2nd meeting**

1. Background and Purpose
2. Evolution of disability scenario
3. Evolution of CBR
4. *Programme Content: Principles**
5. *Programme Content: Health**
6. *Programme Content: Education**
7. *Programme Content: Livelihood**
8. *Programme Content: Empowerment**
9. *Programme Content: Social**
10. Inclusion of Mental Health in CBR
11. CBR, Disability and HIV & AIDS**
12. Examples of starting CBR
13. Examples of CBR in crisis situations
14. Examples of sustaining and expanding CBR
15. Evidences of poverty alleviation through CBR
16. Management
17. Monitoring and Evaluation
18. Guide to Policy Makers

* For each Programme Content Area, 5 Elements were outlined

** Suggested during review of the meeting report to be finalized in forthcoming meeting

Authors list:

**Background and
Purpose**

Core Group

**Evolution of
disability scenario**

Core Group

Evolution of CBR

Enrico Pupulin, Einar Helander, Maya Thomas

Health

Ann Goerd, Sunil Depak

Promotive

Alice Nganwa, Shaya Ibrahim

Preventive

Alcida Pérez Barrios, Wolmarans Milani

Curative

A K Mukherjee, Enrico Pupulin, Chris Lavy, R. Pararajasegaram,

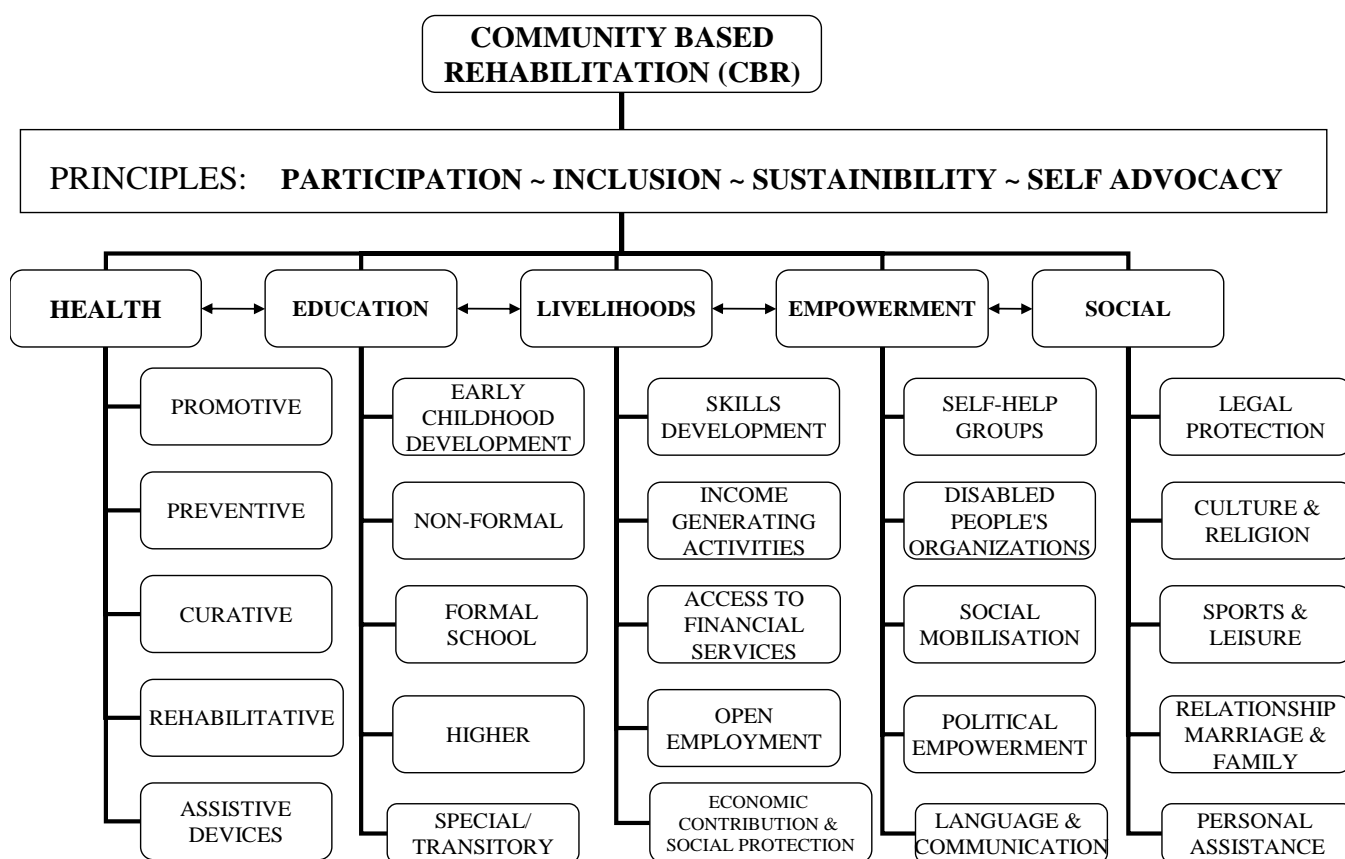
Rehabilitative

Geraldine Maison-Halls, Francesca Ortali, Valerie Scherrer

Assistive Devices	Anna Lindström, Sepp Heim, Isabelle Useau, Andrew Smith, Mary Scott, Heinz Trebbin, Claudia Ung
<u>Education</u>	Sue Stubbs, Roselyn Wabuge-Mwangi, Jill Balescut
Early childhood development	Alaa Sebeh, Joan Carey, Jill Van Brule-Balescut
Non-formal education	Hannah Sargent, Fatima Oliver Brasil, Tulika Das
Formal education	Sue Stubbs, Wambui Mary Kennedy
Higher education	Kathy Al Jubeh, Rita Giacaman
Special and transitory	P. Price, Hannah Sargent
<u>Livelihood</u>	Bob Ransom, Kamala Achu, Herve Bernard, Ibo de Jesus
Skills development	Bob Ransom, Daniel Tsengu, Beverly Beckles, Anthony Sami, Shitaye Astawes
Income generating activities	Peter Coleridge, Vianney Briand,
Access to financial services	Anne Leymat, Roy Mersland,
Open employment	Herve Bernard, Denis Compingt, Silvana Laquis, Debra Perry,
Social protection	Einar Helander, Lin Yan, Tizun Zhao, Louis Nziamande,
<u>Empowerment</u>	Balakrishna Venkatesh, Peter Coleridge, Derek Hooper
Self-help groups	Milani Wolmaras, Maya Thomas, Shaya Ibrahim
Disabled peoples organizations	Venus Ilagan, Kalle Konkkola and Representative from NAD
Social mobilization	Venkatesh Balakrishna, Vida Brazil, Damien Hazard, Eric Plantier
Political empowerment	Louis Nzimande, Phitalis Were Masakhwe, Donatila Kanyamba Eric Plantier
Language and communication	Andrew de Carpentier, Representative of Inclusion International, HI Representative
<u>Social inclusion</u>	Venus Ilagan, Kathy Al Jubeh
Legal protection	Einar Helander and Stefano Sensi

Culture and religion	Dr. Ekachai, Oscar Rivera
Sports and leisure [social activities]	T. Handojo, Cyril Loisel, Djibril Ouedreagou, Andrew Botheroyd
Relationships, marriage & family	Alice Nganwa, Bishnu Maya Dhungana, Sheila Carey
Personal assistance	Servious Dube, Adolf Ratzka, K. S. Umashankar, Henry Mwizegwa Nyamubi
Mental Health in CBR	Mike Davis, Istvan Patkai, Anil K Patil, D. M. Naidu
CBR, Disability and HIV & AIDS	Wambui Kennedy, HI representative
CBR in Crisis	Cindy Greer, Valerie Scherrer, Ghada Harami, Joan Carey
Examples of starting CBR	Mahesh Chandrasekhar, Francesca Ortali, Shaya Ibrahim, Wambui Kennedy and Alix Solangel Garcia Ruiz
CBR management	Mike Davies, Alaa Sebeh , Maya Thomas, Alix Solangel Garcia Ruiz and Hector Collado
Monitoring and evaluation	Harry Finkenflugel, Maya Thomas, Mike Davies
Editor cum Master writer	Karen Heinicke-Motsch
Recommended Next Steps:	<ul style="list-style-type: none"> • Fundraising • Finalization of 2nd CBR Guidelines Meeting Report • Networking and Partnership • Finalization of Writing format • Finalization of agreement with authors • Development of the CBR Guidelines • Collection of articles related to different chapters • Drafting and redrafting • Finalization of first draft of the CBR guidelines • Consultative meeting in the region • Collection of evidences and good practices • Meeting of the authors • Final drafting • Editing and peer reviewing • Finalization of document including lay out and graphics • Launching of CBR guidelines • Translating
Time line	2 years

GOAL: HUMAN RIGHTS ~ SOCIO-ECONOMIC DEVELOPEMNT ~ POVERTY ALLEVIATION



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- | | |
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