

## FOREWORD

Asia-Pacific Development Center on Disability (APCD), which has been endorsed by the United Nations Economic and Social Commission for Asia and the Pacific (UNESCAP) to be an implementing organization of the Biwako Millennium Framework (BMF) towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities, has two main missions. First is to empower persons with disabilities. Empowered persons with disabilities and their own groups, called self-help groups (SHGs) can become “agents of change” in their own communities. The second is to promote a barrier-free society led by persons with disabilities. Community-based Rehabilitation (CBR) is an approach to create a barrier-free society in line with the APCD missions.

In APCD’s endeavor to promote CBR, a “community” is considered as an inclusive and barrier-free place where local persons, regardless of disabilities, can participate in all local activities. A “community” is not only defined by its geographical boundaries; it is also a common background and culture including local and sign languages. In collaboration with UNESCAP, the World Health Organization (WHO), the United Nations Educational, Scientific and Cultural Organization (UNESCO), the International Labour Organization (ILO) and many other agencies, APCD has been promoting CBR policies and strategies at national levels as well as grass-root levels to support the empowerment process of persons with disabilities and to facilitate the formation of SHGs which can enhance the quality of life of persons with disabilities in a rights-based society. CBR encompasses civil, political, economic, social and cultural aspects since “rehabilitation” in this sense links with all kinds of human rights of people with disabilities at a community level, particularly in terms of accountability, empowerment, participation and non-discrimination.

Therefore, it is important for APCD to provide a community platform where persons with disabilities and their SHGs can encounter other fellow groups, community supporters, non-governmental organizations (NGOs), and national and local governments. From the viewpoint of APCD as a facilitator, social mobilization is rather important since it is the key for persons with disabilities to participate equally in community activities.

This booklet has been developed with the hope that it will introduce APCD’s perception of CBR, share insights from CBR implementers and open new perspectives for the future direction of CBR in the Asia-Pacific region.



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*This booklet in a text format is available for persons with visual impairments and blind persons free of charge. Please contact [info@apcdproject.org](mailto:info@apcdproject.org) in accordance with their needs.*

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## ABBREVIATIONS

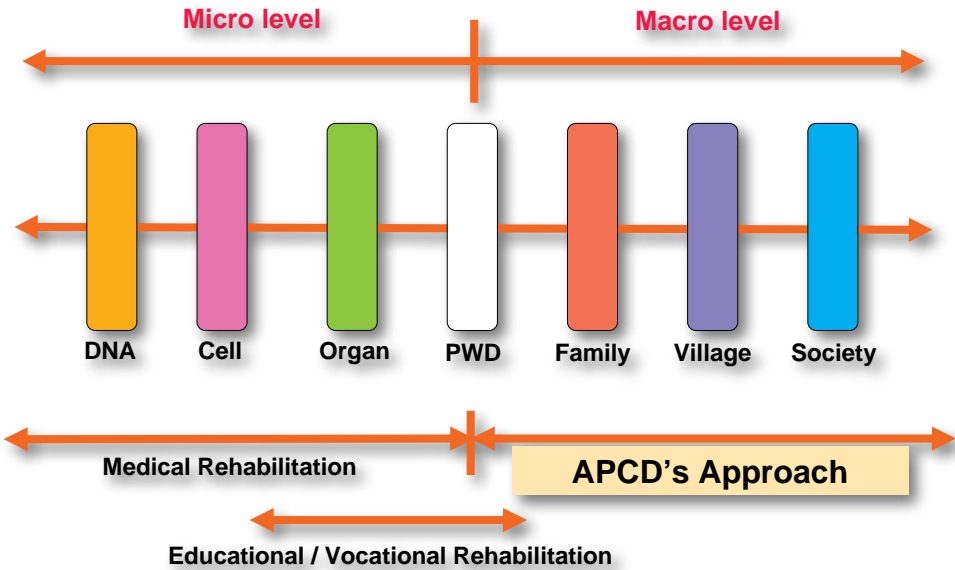
<b>APCD</b>	Asia-Pacific Development Center on Disability
<b>BMF</b>	Biwako Millennium Framework for Action towards an Inclusive, Barrier-free and Rights-based Society for Persons with Disabilities in Asia and the Pacific
<b>CBR</b>	Community-based Rehabilitation
<b>CRPD</b>	Convention on the Rights of Persons with Disabilities
<b>DPO</b>	Disabled Peoples' Organization(s)
<b>ILO</b>	International Labour Organization
<b>JICA</b>	Japan International Cooperation Agency
<b>NGO</b>	Non-Governmental Organization
<b>PWD</b>	Person(s) with Disabilities
<b>SHG</b>	Self-Help Group(s)
<b>SHO</b>	Self-Help Organization
<b>UNESCO</b>	United Nations Educational, Scientific and Cultural Organization
<b>WHO</b>	World Health Organization

# CHAPTER 1

## APCD's Concept of Disability and an Environmental Model for CBR

### 1.1 Disability and Development

According to the WHO, the International Classification of Functioning, Disability and Health (ICF) is the domains classified for body function, individual and societal perspectives, and a list of domains of activity and participation. ICF includes a list of environmental factors.



Source: APCD

Disability is a natural form, neither an abnormal or special condition. A baby can be classified as having a disability according to the list of body functions, as well as elderly persons. CBR is not limited to persons with disabilities, but includes all community members such as babies and elderly persons.

Since traditional rehabilitation such as medical, educational and vocational have focused on disabilities and separated persons with disabilities according to their type of disability such as being blind, deaf, and/or having a mobility disability, intellectual disability or psycho/social disability. As a result, the recipients of rehabilitative services have been segregated from the mainstream of society resulting in the isolation of persons with disabilities from the community.

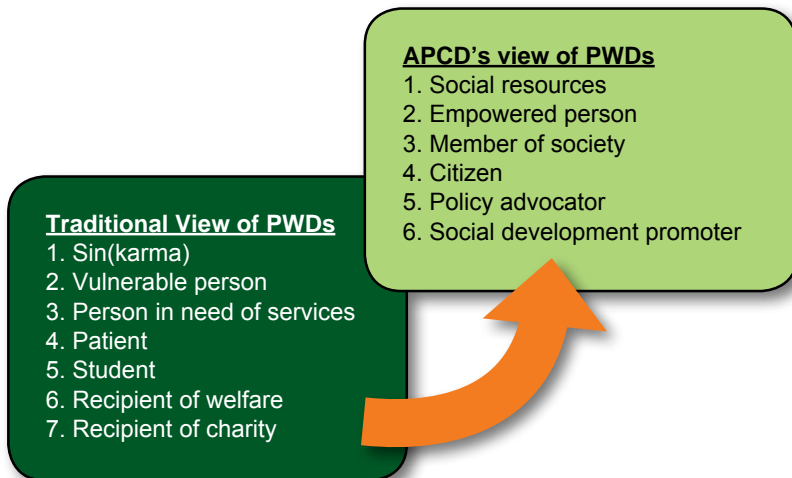
The systems of medical, special educational and vocational rehabilitation are so called the “medical model”, where disabilities are diagnosed, assessed and treated. This medical model has developed into a more formal, complex, and urban-centered way in developed countries where there are many professional and rehabilitative services available.



On the other hand, CBR has not developed in developed countries but rather in developing countries due to fewer professionals and a lack of service systems. Unfortunately, some professionals using the “medical model” in developed countries insist on applying their system(s) to rural areas in developing countries. However, this approach has failed due to the lack of professionals, personnel, a budget and resources in developing countries.

CBR is focused on “community-based” living with good health: physically, mentally and socially according to the WHO concept. Therefore, CBR is to have an inclusive, barrier-free and rights-based approach.

## 1.2 Persons with Disabilities as Resources



CBR identifies resources within its community for sustainability. Therefore, the core stakeholders of CBR implementation are basically community members with professional CBR workers who could be from outside the community. CBR workers and persons with disabilities from outside the community should not control the project but rather play supportive roles. Community people, particularly persons with disabilities, ought to have ownership of the CBR program since it is persons with disabilities who know the real needs in their communities.

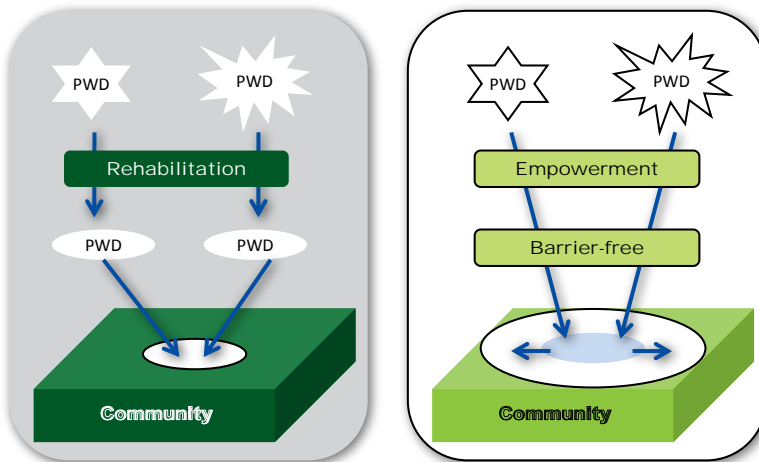
APCD's perception of persons with disabilities is that they are resource persons and implementers of CBR. The traditional view of persons with disabilities is that their disabilities are the result of sin (karma); they are vulnerable persons, persons in need of health services, patients, students, recipients of welfare and/or charity. APCD's view of persons with disabilities is they are a community resource, empowered persons as “agents of change”, members of society, policy advocators and social development promoters. Persons with disabilities know their needs and can be trained to implement CBR as members of the community. Therefore, persons with disabilities are valuable implementers of CBR.



The United Nations Convention on the Rights of Persons with Disabilities (CRPD) clearly identifies “the rights to live in the community” and to receive all types of rehabilitative services. CBR is considered an essential factor of inclusive community development. CRPD includes CBR components in several articles, for example, Living independently and being included in the community (Article 19), Education (Article 24), Health (Article 25) and Habilitation and rehabilitation (Article 26).

### 1.3 Environmental Model

APCD has been promoting the “Environmental Model” which promotes an inclusive, barrier-free and rights-based society. However, some traditional rehabilitation has encouraged persons with disabilities to become like persons without disabilities in order to integrate into the community. So, rehabilitation workers might view persons with disabilities as the problem. On the other hand, the environmental model identifies the exclusive community system as the problem.

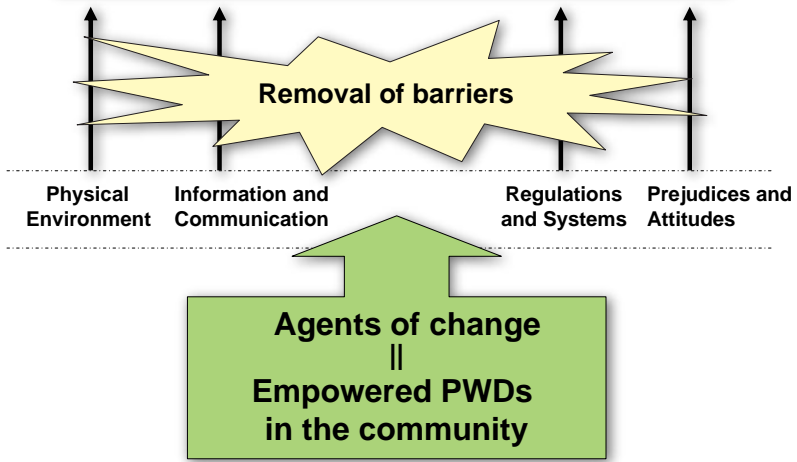


Source: APCD

### 1.4 Persons with Disabilities and Four Barriers

APCD identified four barriers of a societal environment: firstly, the built environment such as buildings and transportation; secondly, an information communication barrier such as sign language, Braille and ICT accessibility; thirdly, regulations and laws excluding persons with disabilities from the community, organizations and government such as becoming a medical doctor, a professional, and sometimes getting a driver’s license; fourthly, people’s attitude such as attitudinal discrimination, which is the biggest barrier. Therefore, SHGs of persons with disabilities may become “agents of change” to promote an inclusive, barrier-free and rights-based society for all.

## A Barrier - Free Society for All



Source: APCD



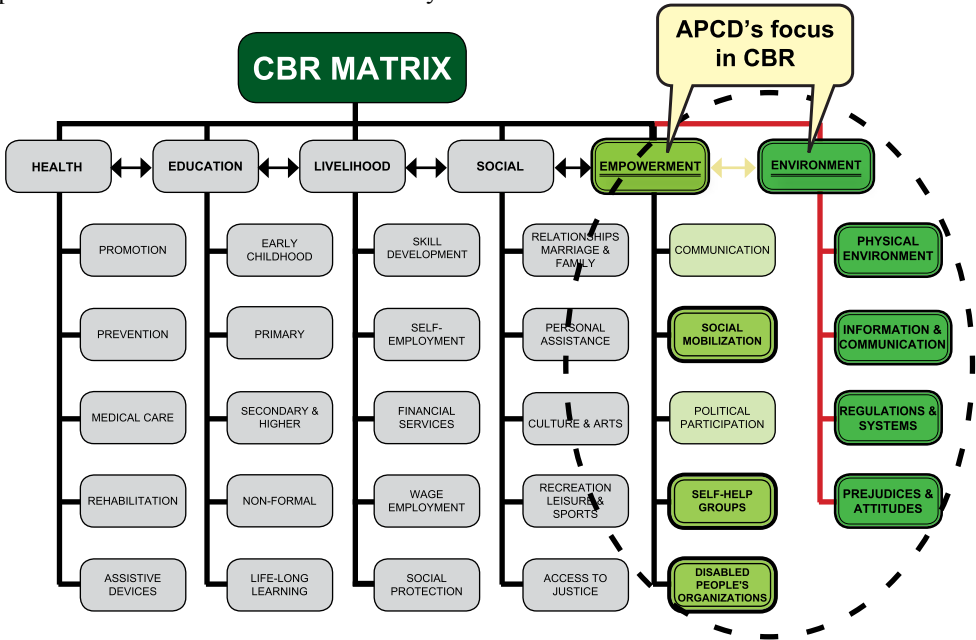
Over 70 percent of persons with disabilities live in rural areas in developing countries. The present movement of CBR is from the “Medical Model” to a “Social Model”, and the future movement is from an “Empowerment Model” to an “Environmental Model”. CRPD identified community-based inclusive development of CBR as the human rights of persons with disabilities, including rights in the community, and rural areas.

# CHAPTER 2

## APCD and CBR Matrix: Focus on Empowerment and the Environment

### 2.1 APCD's Focus on CBR

The WHO CBR Matrix is a framework for inclusive development and all the six components (health, education, livelihood, social, empowerment and environment) are crucial in ensuring full participation and equality of persons with disabilities in a community where they reside. In the past, CBR tended to be limited in focus, with mainly individually focused “interventions”, such as medical, educational or vocational aspects. CBR today is moving away from an individual approach focusing on rehabilitation to restore one’s functions, to a more participatory and social approach in which persons with disabilities are seen not as “objects” of interventions, but as members of a community who have equal rights as well as potentials to contribute to the community.



Source: WHO, arranged by APCD

It is not possible for one ministry or agency to cover all the components of the CBR Matrix: it is essential that all the stakeholders develop alliances working in different fields to share responsibilities and utilize their comparative advantages. In line with APCD’s principle and focus, APCD considers that it has an important role to play in two of the CBR Matrix components: namely, “empowerment” and “environment”. Empowered persons with disabilities, by raising their voices through their own groups/organizations, can become powerful forces to bring about the removal of barriers in the physical environment, information and communication, regulations and systems, as well as prejudices and attitudes.

## 2.2 APCD's Principle in its Approach

Since its establishment, APCD has upheld the principle that persons with disabilities are precious resources who can promote the development of their community, once they are empowered and given the opportunity. Persons with disabilities across the world have shown that they can be “agents of change” by coming together as SHGs or organizations, advocating for their own rights and collaborating with other stakeholders. APCD has been supporting such movement by developing the capacity of

leaders of persons with disabilities and providing a forum for both persons with and without disabilities to work together towards creating an inclusive and barrier-free society.

It is also important to note that persons with disabilities themselves are the most effective advocates to empower other persons with disabilities. APCD, with a firm belief in the value of peer support, will continue to collaborate with resource persons with disabilities to promote the empowerment of persons with disabilities, who will then become the “agents of change” to create an inclusive, barrier-free and rights-based society.



## CHAPTER 3

### APCD's CBR Workshop and Findings



The 1<sup>st</sup> Asia Pacific CBR Congress was held in Bangkok in February 2009, organized jointly by WHO, UNESCAP and APCD. Following the Congress, APCD organized a post-Congress workshop with its partner organizations from different countries to discuss the themes of “DPOs and CBR”, “the future of CBR in the Asia Pacific region”; and “networking between APCD and its partners”.

The workshop had 27 participants from Bangladesh, Cambodia, India, Indonesia, Kazakhstan, Lao PDR, Malaysia, Myanmar, Pakistan, Papua New Guinea, Thailand, the Philippines and Vietnam; and was facilitated with the help of 5 resource persons.

#### Workshop objectives

The workshop had three main objectives.

- 1) To evolve strategies for partnership between DPOs and CBR in the Asia-Pacific region.
- 2) To identify key strategies for the future growth of CBR in the Asia-Pacific region.
- 3) To identify themes for future networking and collaboration between APCD and its partner organizations.

#### Workshop design

The workshop had 2 sessions. During the first session the participants were divided into two groups: one to discuss partnership between DPOs and CBR, and, the second to discuss the future direction of CBR in the Asia Pacific region. The discussions in each group were facilitated by a chairperson and a resource person. After discussion, the participants rotated groups, so that the groups could discuss both themes. Resource persons in the 2 groups initiated discussion with a few key questions, and helped to summarize the discussions of both groups on the respective themes.

In the second session, the entire group of participants discussed ideas for future collaboration and networking between APCD and its partner organizations, facilitated by the 5 resource persons.

The workshop concluded by summarizing and agreeing on the key points from the discussion of the 3 themes.

#### The booklet

This booklet has been subsequently compiled with additional papers on the themes discussed, the summary of workshop discussions, and interviews with some key persons who attended the Asia-Pacific CBR Congress.

### 3.1 Partnerships between DPOs and CBR

The key questions for discussion on this theme were:

- Why are partnerships needed between DPOs and CBR?
- What are the barriers to such partnerships?
- What strategies are needed to build more effective partnerships between DPOs and CBR?

At the outset it was clarified that “DPO” meant an organization initiated by persons with disabilities where more than 50% of the decision-making body is comprised of persons with disabilities.



#### Need for partnerships between DPOs and CBR

Involving persons with disabilities from the planning stage of any program helps to make the program more relevant.

***“After the earthquake, we gave wheelchairs to five or six persons with disabilities. And after one week, when we visited that area, we don’t find any wheelchair. We asked them, ‘Where are the wheelchairs?’ They said, ‘We sold the wheelchairs and got donkeys because it’s more accessible for us.’”***

Most CBR programmes work with persons with disabilities from poor communities, while many large DPOs that are urban-based, have a weak link with people from poor communities. If one takes the definition of a DPO as stated above, it means that DPOs do not necessarily have large programmes at the macro-level. Many CBR programmes have a role to play in building up SHGs that are also DPOs at the micro-level. CBR is an “agent of change” that can build the capacity of micro-level DPOs and link them with the larger groups at different levels.



***“We have a few DPOs-they cannot raise their voice stronger in the community or in the local level or national level. So that’s why they need partnerships - it is important to make them to have strong voice to advocate for their needs.”***

Partnership between DPOs and CBR is important because DPOs are more aware of the needs of persons with disabilities, and more involved in major advocacy issues such as CRPD. They are better able to protect their own interests. Consultation with DPOs will expand the CBR network and power base for persons with disabilities.

DPOs and CBR programmes have their own strengths, which they need to share to empower each other and become inclusive. This leads to a win-win situation where programmes become more sustainable. It will also help in achieving the goals of inclusion and mainstreaming of people with disabilities into all aspects of community development.

#### Barriers to partnerships between DPOs and CBR



There is a gap in understanding between large DPOs and CBR, a lack of awareness about each other's current strengths. Many DPOs see CBR as a mere service delivery mechanism in rural areas, while DPOs themselves are seen as urban-based and elitist, focusing only on advocacy with little knowledge of development issues or realities faced by a large number of persons with disabilities who live in poverty. The larger DPOs at the national or international levels are unaware of the current understanding of CBR as an inclusive, rights-based approach. This gap in understanding has led to some DPOs being "allergic" to CBR.

At the grassroots level where many CBR programmes work, poverty is the greatest challenge faced by persons with disabilities and their families.

***"I cannot afford to lose even a day's work in caring for my crippled child - loss of a day's wage means 3 days of starvation for my entire family."***

***"If our cow does not return by 6 in the evening, one of my family members goes in search of the cow because it gives milk and we earn money from it. But no one will come in search of me if I do not return home for few days."***



Under such circumstances, persons with disabilities have limited access to opportunities and resources, have limited awareness and capacity, and little chance of organizing themselves into advocacy or rights groups. Even in places where there are SHGs of persons with disabilities, they have limited capacity to forge links with the government or with the larger DPOs at regional or national levels.

***"In some places there are no DPOs at all, or no SHGs in those communities."***

***"We still lack leadership skills. So yes, we have one DPO and we have different branches, but we have no capacity to lead. Even the SHGs we create, we cannot find the leaders for the group. When we define the leader of the group and we come together, we have nothing to discuss."***



***“In our country, there are many mountainous areas, remote areas. Between the house and the next house is some kilometers. How can they gather together for forming a group or DPO? I talk with many communities, persons with disabilities, and they said that they could not, because it takes half a day to travel to meet each other. It’s really a challenge. In the big city, in some more other areas it’s more convenient. It’s in the remote area and mountainous areas it is really difficult. It cannot be applied anywhere and everywhere in the world, I think”.***

Some DPOs and CBR programmes tend to focus on their own outputs and their own development, so partnerships are not a priority for them. As a result, they are not aware of the advantages of sharing their strengths.

Many CBR programmes in different countries are still continuing with a welfare and charity approach and need to have their capacity built to shift to a rights-based approach. Some DPOs who started CBR also follow a charity-based approach.

Many DPOs do not practice the philosophy of inclusion; they tend to focus on their own members (often single impairment groups) and exclude others. They also exclude all persons without disabilities, losing the advantages of a combined, collaborative effort towards inclusion of persons with disabilities into the development process.

In some countries, DPOs that are funded by government, compete with each other for funds.

***“We have about 5-7 leaders with disabilities in our country - each of them try to establish their own national assembly or national organization. So we have 5 or 7 national organizations now and the aim of these activities is in only big grants, not collaboration, not including different types of persons with disabilities, just to get big money.”***

In many countries, governments do not work with DPOs and CBR is not included in national policies and programmes. Key stakeholders from the government and international NGOs have little awareness about CBR and about DPOs. In some countries, political problems make it difficult to organize groups at any level.



***“In our country we cannot register the groups that we form.”***

***“We have some DPOs existing right now, but we do not cover all the area of the country, especially in the rural area and remote area. The problem is that the concept of the DPO is not spread into the rural areas. And another problem is the pressure from the local authority and political parties.”***

Key stakeholders in governments, international donors, local NGOs, international and national DPOs need to be educated to understand CBR as it is defined today, as a rights-based approach, in line with the CRPD.

Governments, including local government authorities, should be made aware of the importance of CBR and DPOs; DPOs should advocate and work with governments to promote CBR and other programmes for persons with disabilities in their countries through appropriate policies and legislation.

***“In my province we have CBR. We set the strategy for persons with disabilities for the whole province with the support of all NGOs in that area. The CBR committee is chaired by the governor of the province. This way we are able to work towards the same direction harmoniously”.***



Although in some countries, government CBR programmes tend to be top-down, they can be educated about the importance of “bottom-up” approaches and consultation with DPOs.

***“Some people criticize the top-down approach, but it has been effective in our country. It is very important that we must make clarification that the government is there, because they are needed to be there, because they are a part of this development. At the same time, initiatives from the community must be respected. So we can use a twin-track approach: can come from the bottom up, and can be from top to bottom. But if we use the top-to-bottom, we must make sure, we must clarify to the government that they should respect the community initiative. And government support is very important to make it really sustainable. Of course, this is not happening all the time, but at least we know that we should work with the government.”***

Each country should develop a resource directory of existing DPOs, CBR programmes and other resource organizations working in the disability sector, and work towards networking and developing partnerships between the different groups, at different levels.

***“We have one worker work in one district. Each field worker has to identify all service providers in the district, they have to contact them and ask them what services are available for people with disabilities. So, in five provinces, which is more than thirty districts, we have all lists of service providers in our location, so people can reach these services in their areas”***

Each country should generate and document good examples of partnership: of DPOs promoting CBR; of CBR partnering with and promoting DPOs.

***“We have community development committee for people with disabilities, consisting of persons with disabilities from the community itself, the local government authority, and the village leader, community leader, and also the resource person in the community. They try to make plans to fulfill or to meet their group’s needs or group’s demands, and also can find some small fund from the local funding sources. So, this is the one small example of partnership, and I think that it might be a strategy for longer sustainability”.***

CBR programmes should build the capacity of persons with disabilities through SHGs, and link them with the large DPOs at different levels.

CBR programmes should consult/involve DPOs in their regions/countries in programme planning and implementation. The roles and responsibilities of the partners, especially persons with disabilities, need to be clearly defined.

All training for CBR programmes and DPOs need to emphasize the importance of partnership for inclusion and long-term development of persons with disabilities.



CBR programmes must hire persons with disabilities as staff at different levels, especially women with disabilities. DPOs can help CBR programmes in such recruitment.

CBR training programmes must use materials developed by DPOs in their training programmes.



***“When we wanted to develop some information and resource center material, education and communication material for dissemination, we involved DPOs and we asked them to make the material on CBR. “You’re the expert, you can make that.” And then they developed, we asked them to distribute in DPOs and different organizations related to DPOs or persons with disability directly, “You have direct link.” So through this approach, we involve them in CBR and ask them to work on information, education and communication material.”***

CBR programmes should share their resources (financial, material, information) in accessible formats with DPOs that they promote at the grassroot level.

DPOs must act as the bridge between governments and SHGs promoted by CBR programmes from the grassroot levels. DPOs must make the effort to make contact with CBR programmes in their countries for this purpose.

***“And sometimes when we (DPOs) advocate some big issue, for example, CRPD or some new laws, SHGs do not support us. They call us “theoretic”. They do not understand what we do for them. It’s not about real life. We should also make the CBR programme more understandable for people who work in DPOs, something realistic, something near to real life because things like the matrix, when we talk about it, it will be too far from people”.***



Donors must be educated about the importance of CBR and DPOs. DPOs can play a role in accessing more resources for CBR.

**What is the key to promote PWD's participation in community development in the Asia-Pacific?**

**Dame Carol A. Kidu, Minister,  
Department for Community Development, Papua New Guinea**



*Before the CBSHOD (Sub-Regional Training Seminar on Capacity Building for Self-help Organizations of Persons with Disabilities) in 2007, I had no idea how many persons with disabilities were actually in my home community. I felt very ashamed as a person, as a member of parliament, and as the Minister. I really did not know because persons with disabilities are often hidden in the community. This experience has let me work hard on disability. In Papua New Guinea, it is impossible for the government to deal with all aspects of disabilities. Moreover, it would divide communities because of money and jealousy if communities depend on other resources.*

*In this sense, I believe the only way is to empower people in communities. They should never just rely on services. Sometimes there is too much assistance from outside. The government is responsible for policies, and our policy should be inclusive. There are many areas of social development, but again, the community-based empowerment process is the only approach that can support persons with disabilities in Papua New Guinea.*

*A problem is how many people actually recognize capability of persons with disabilities. With DPOs, people realize that persons with disabilities can contribute to their communities in many ways. It can be done from bottom-up. As to financial support individually, it is not feasible for us to take cash transfer to DPOs unlike some other countries. We feel that it will intensify dependency. Although we recognize the need for financial assistance addressing increasing poverty, it should not be like the western individual model. Looking at how DPOs can work within community frameworks in Papua New Guinea, each organization should get involved in the implementation mechanism.*

**Mr. Balakrishna Venkatesh,  
Timbaktu Collective, India**

*Persons with disabilities belong to different classes of society. The representation of the elite persons with disabilities in CBR is feasible. Whether they will do or not is open to question. The reasons are several, but not being able to see CBR as a tool for delivering the aspirations of CRPD can be singled out as one main reason. If we mean representation of the poorer constituency of disability in CBR, we need to understand the plight of the poor today. Just to take one example, farming, the main stay of the majority of the poor people in low income countries is becoming unviable; removal of subsidies, high cost of even purchase of seeds, removal of price control on food and so on. The incidence of farmers' suicide in India bears testimony in this trend. Persons with disabilities belong to these families. What impacts the non-disabled poor, impacts persons with disabilities and more grossly.*



**Mr. Chapal Khasnabis, Technical Officer,  
Department of Violence and Injury Prevention and Disability,  
World Health Organization (Geneva), India**



*It is very important. Without persons with disabilities' active participation, CBR cannot be sustainable. We have to totally believe in that "nothing about us without us". So persons with disabilities' participation in CBR is a must. We also need to see participation takes place from across society, from rural to urban, irrespective of their social economic background. To make it possible, you have to see that persons with disabilities have the means to participate.*

**Ms. Christina Parasyn, Inclusive Development Policy Officer, Disability Taskforce,  
Australian Agency for International Development, Australia**

*The key to persons with disabilities' participation is for them to actually participate and be active and central in everything to do with CBR. Persons with disabilities know themselves, their family and their own culture best so it is important to respect and value people's uniqueness, culture and context to ensure participation in CBR.*



*The Australian government is committed to the participation and inclusion of persons with disabilities which is why the government has developed the "Development for All" strategy. The Australian Government recognizes that to achieve the targets set in the Millennium Development Goals and reduce poverty, we need to recognize and respect persons with disabilities as key players in development.*

*I think sometimes in Asia Pacific forums such as this, the people and countries in the Pacific are underrepresented and therefore we miss out on learning from the Pacific experience. There are many different regions with a lot of diversity and information to share. We need to continue to respect, understand and learn from each other for CBR to work.*

**Ms. Venus Ilagan, Secretary General,  
Rehabilitation International (New York), Philippines**



*The key factor to promote the participation of persons with disabilities in Asia-Pacific is to acknowledge the fact that they have a lot to offer in terms of successful implementation of this work; that persons with disabilities should not only be seen as service users or consumers. They have to be seen as part of management, as part of the service providing initiatives. So they should be part of management. We always say that persons with disabilities are the experts of their own situation. Nothing about disability without disabled persons and they should be seen as a resource which can ensure the success of the initiatives.*

**Ms. Geraldine Pilapil Ruiz, Executive Director,  
National Council on Disability Affairs, Philippines**

*In promoting persons with disabilities' participation in CBR in the Asia-Pacific, the key is an accessible environment. It does not mean accessibility of the physical environment only. In addition to accessing the physical environment, it includes access to health, education, livelihood, the social aspect and empowerment; meaning full implementation of accessibility according to the universal standard. Accessibility in this sense does not exclude anybody.*



### 3.2 Future of CBR in the Asia-Pacific Region

CBR is considered as the most significant innovation over the last quarter century for people with disabilities, especially for those in rural areas in developing countries. The positive benefits of CBR are documented in evaluation studies from different countries. The term “CBR” is now a strong brand in itself, recognised all over the world. It is arguably the only “brand” that has survived for such a long time in the development sector.



CBR was initially promoted as a service delivery method with a medical/rehabilitative focus, for the large numbers of persons with disability from developing countries that had limited resources to address the needs of their disabled citizens. As CBR evolved and matured, there were major changes in the way it was practiced, from a medical orientated, often single-sector approach, to a comprehensive, rights-based approach, based on community development principles. CBR today is understood by most stakeholders in the disability sector as a strategy to promote inclusion, rights and equal opportunities for people with disabilities. Measures for “rehabilitation” and “impairment correction” are an equally important part of CBR, especially from a developing country perspective where there are still areas with minimal services for people with disabilities.



Apart from vertical CBR programmes, the twin track approach, which promotes inclusive development while addressing particular needs of people with disabilities, is also an increasingly accepted strategy. This approach is becoming evident in current CBR trends, where CBR projects address the special needs of people with disabilities, and promote their inclusion in all mainstream development processes and activities.

No doubt there are CBR practitioners in some parts of the developing world who still see it as only a service delivery, “impairment correction” approach. What is needed is education - for older CBR practitioners and for groups that are against CBR for reasons of their own - on the developments, current understanding and practice related to CBR, and to retain the same term that is well recognized and accepted in the disability sector in developing countries.

## What is unique in CBR in Asia-Pacific?

### Mr. Balakrishna Venkatesh, India:

*This region is unique because of the action programs on disability over two decades. One of the results is APCD and the other is Biwako Millennium Framework (BMF). The active participation of DPOs in CRPD and legislations on disability are significant. The stock taking of these developments will tell the true story. The melody of the disability sector is that it is always inward looking and carries on with its task with little heed to the external environment. Before we consider the future of CBR, we need to recognize how the world is changing. Rural areas are being enveloped into the urbanization process. Nature of communities is changing. The concept of development is also changing. Development is seen in the parameter of business - generating surplus to pay for itself, privatization of public services, removal of subsidies and so on. The urbanization process is faster in this region than in Africa and Latin America. The economic recession will also have a bearing on redefining CBR.*

### Ms. Venus Ilagan, Philippines:

*Asia-Pacific is very unique in the sense that we have a social support structure. We have extended families who are happy to support persons with disabilities and see them go through different processes and stages of life. So the family support that is commonly seen in Asia is very important and it's not being seen in other parts of the world. So it's one of the strengths that we have in Asia, family support.*

### Mr. Chapal Khasnabis, India:

*The Asia-Pacific region has a rich history of CBR. It also has a great cultural history of staying together, living together, family values, and community values. In that way, it is much easier in Asia-Pacific to secure inclusion and participation of persons with disabilities.*



## Summary of Discussions and Recommendations

The CRPD came into force in 2008. The CRPD understands disability as resulting from the complex interaction between impairments, structural barriers posed by society and attitudinal barriers based on negative stereotypes about persons with disabilities. This is the most significant development in the disability sector, and the future of CBR lies in working in line with the CRPD. Especially in rural and remote areas, CBR, in partnership with DPOs has a strong role to play in educating people with disabilities, their families and communities about the CRPD, and in advocating with governments to make sure that the CRPD is signed, ratified and implemented.

In many countries, CBR continues to be seen as a single sector (usually health), service delivery mechanism. In these areas, CBR has to change to become a broad-based, comprehensive, rights-based inclusive approach that focuses on empowerment of persons with disabilities who need to play a more central role in CBR.



***“CBR’s direction in the future should be comprehensive development, a mainstreaming in development. With this comprehensive development, persons with disabilities will be empowered. When we focus on a social model alone, people may think that the person with severe disabilities will be left out of the CBR programme. So then, we focus on all three, we combine three approaches; medical model, welfare and support model and social model, so that CBR can benefit the most vulnerable group, the poorest person, the person with severe disabilities.”***

There is a need to improve the current understanding of CBR among stakeholders, particularly the governments that still perceive CBR as a service delivery method. All sectors and levels within the government need to be involved in promoting CBR.

***“In my country, the government’s idea on CBR is still on paper, so that has to translate into action”.***

***“Government support is very important for sustainability, at the same time, government should support, not control.”***



***“Everybody who is doing the programme for people with disabilities, they said they are doing CBR; we are doing CBR, so it makes people very confused. So I think we need to disseminate the new concept of CBR to everybody at the grassroots level.”***

***“I noticed that some of the presenters at Congress regard us persons with disabilities as patients. So, I think we must clarify to all the service providers that we are not patients. Because if they will continue to regard people with disabilities as patients, there can be no equal participation. There will be no equal partnership. So, you must understand that we are not patients, because whenever there are patients and a professional relationship, then there is always the superiority. So, you must understand that people with disabilities are not patients and the services we need are services and we are service users.”***

The future of CBR also lies in partnerships, especially with DPOs and with governments. CBR cannot exist in isolation and needs to build partnerships with different key stakeholders to achieve the goals of inclusion and empowerment of persons with disabilities. In this context, partnerships with families of persons with disabilities are also to be emphasized. Families are an extremely valuable resource in CBR which need to be utilized and strengthened. At the community and grassroots level, SHGs of persons with disabilities and their families need to be facilitated and their capacity built.

***“If we start any CBR programme in any country in the future, we need to adopt a twin-track approach in which we can involve persons with disabilities, plus government and all the stakeholders on the same level.”***

Coverage of CBR in many countries is restricted to some rural areas. CBR should be promoted in poor urban communities and in remote areas (mountainous areas for example), where the need is often the greatest. Appropriate strategies need to be developed for CBR in these areas.

There is a need to look at how to apply CBR principles and practice in other contexts, for example, in disaster management strategies, and to go beyond the purely medical relief activities.



***“When we established CBR and resource information centers in earthquake-affected areas we were thinking of the sustainability of the CBR programme. So, at that time we involved the government representatives in our programme and we asked them to make a combined programme in the earthquake-affected area. But the big problem was that they all considered the medical aspect only. And they organized a medical camp in the earthquake affected area for persons with disabilities. They still treated them as patients or like diseases, so that was the first problem we have faced”.***

Capacity building on CBR is necessary for all stakeholders. Lateral learning and experience sharing with different countries in the Asia Pacific region is to be encouraged; for example, ASEAN countries have more experience in CBR which central Asian countries can benefit from.

Future CBR programmes need to look more specifically at how to work with children with disabilities, especially children with intellectual or multiple impairments and their families. CBR also needs to involve and support women with disabilities.

CBR programmes need to utilize and apply Information Communication Technology (ICT) in the future.



Although the available body of literature supporting CBR today is largely from published and unpublished reports of evaluation of CBR in different countries, these reports have clearly demonstrated the utility and benefits of CBR in addressing the needs of persons with disability, and in empowering them in different ways. The future growth of CBR will need more empirical research studies to prove its benefits and build up a factual base for its effectiveness.

## What are the future directions for CBR in the Asia-Pacific Region?

**Mr. Chapal Khasnabis, India:**



*CBR is practiced in all regions but in different ways. You can see many different features of CBR. So to maximize CBR in the Asia-Pacific region, CBR implementers and its supporters need to come together, share and exchange ideas, expertise and resources, and learn from different experiences of CBR, poverty reduction initiatives, and community development initiatives within the region and also from Africa and other regions. A strong and active CBR Asia-Pacific Network will be the torch-bearer in the coming years to achieve this.*

**Ms. Christina Parasyn, Australia:**

*For me, CBR is about partnerships between people in the community - all people - from individuals to families, communities and governments. Most importantly, CBR is about a society where persons with disabilities are active and included as equal citizens and enjoy the benefits of a healthy community just like others.*

*The Australian Government in November 2008 launched “Development for All: Towards a Disability-Inclusive Australian Aid Program 2009-2014”. The primary outcome of the strategy is the improved quality of life of persons with disabilities. The Australian aid program will also focus on reducing preventable impairments, promoting leadership by persons with disabilities as well as the Australian Government in disability and development, improving AusAID’s capacity to manage an aid program that is inclusive of persons with disabilities, as well as improving the understanding of disability and development.*

**Ms. Geraldine Pilapil Ruiz, Philippines:**

*CBR is not just medical rehabilitation or just teaching children with disabilities how to add one plus one. CBR is to involve persons with disabilities and other stakeholders in a disability agenda. CBR is to be implemented by persons with disabilities mainly, which is the key to empower themselves.*



### 3.3 Networking and Collaboration between APCD and Partner Organizations

During this session, the participants discussed the following points:

- CBR resources available in the various countries to share with each other, in terms of information, training and material resources
- The role that APCD can play as a facilitating and coordinating agency for the collection and dissemination of these resources.

It was agreed that there was a need for resource mapping in relation to CBR and disability issues in the countries that APCD is working with. APCD's website could include a form regarding this information for partners to complete.

Discussion between the participants also brought out some important themes for documentation of good practices. They are as follows:

- Examples of DPOs implementing CBR
- Examples of CBR promoting SHGs and working with DPOs
- Harmonization of CBR and Independent Living principles and practice
- Successes and challenges of national level networks
- Cooperation between government and NGOs on disability issues
- Barriers to inclusion and how to include persons with disabilities and their families into community development activities
- Involvement of the local government in CBR
- Inclusion of DPOs on local and national government councils on issues other than disability
- Strengthening associations of women with disabilities
- How CBR can include other vulnerable and marginalized groups

It was agreed that all participants would document good practice in any of these themes that would be relevant to their context, and forward them to APCD.

Another suggestion was to produce country reports on CBR in association with the Asia-Pacific CBR Congress to be held every 2 years. Such a report could be a powerful advocacy tool for the promotion of CBR and to influence policy-makers. It could also be a way of promoting the WHO CBR Guidelines.

All information that is produced should be made available in accessible formats.

APCD could devote some space on a regular basis on their website for CBR and networking issues.

APCD could also produce a directory of past trainees and resource persons, to be updated periodically.



## THE ROLE AND POSITION OF DISABLED PEOPLE'S ORGANISATIONS IN COMMUNITY-BASED REHABILITATION: BALANCING BETWEEN DIVIDING LINES

Huib Cornielje\*

### ABSTRACT

*The role of disabled people in CBR is increasingly being seen as of vital importance for the success of CBR. In actual fact, participation of disabled people and self advocacy have become two of the principles of CBR as seen by the World Health Organization and associated organizations behind the new CBR thinking.*

*This paper deals with the position and role of disabled people themselves in CBR programmes. It critically looks into the role of Disabled Peoples' Organizations in terms of promoting equal access to essential and acceptable quality of rehabilitation programmes for all and especially the poor of this world. It is argued that DPOs should join the ranks of those (professionals) who are committed to ensure that rehabilitation becomes accessible to all. The current global situation of an ever widening gap between the 'ones who have and those who don't have' requires a critical reflection on ones' own work in CBR and DPO development. We cannot permit ourselves anymore a division among those who are disabled and those who are non-disabled as there are other divides among groups of people that are by far more profound and serious to the majority of disabled people worldwide.*

*While the urban elite of disabled people who live in a conflict-free, open and democratic society may be well concerned with issues such as accessible tourism, CBR as an essential service provision is often unavailable for the poor rural masses and those living under illegal conditions in slums of the cities of Africa, Asia and South America. CBR as a philosophy seeks for solidarity with those who live under appalling conditions; threatened by conflict, eviction and hunger. This paper calls for collaboration between DPOs and the CBR movement in order to address diversity and ensure that the implementation of basic human rights is truly addressed.*

### INTRODUCTION

CBR as it developed in the late seventies and early eighties was largely a response to the physical rehabilitation needs of many disabled people who by that time were not reached through so-called institution-based rehabilitation. CBR became an approach to make rehabilitation accessible to disabled people at the community level. CBR in those days developed from within a medical model perspective, implemented in the context of the health sector, and was concerned with coverage. CBR in those early years focused mostly on the notion of "Rehabilitation for All", much in line with the WHO strategy of "Health for All". There was nothing wrong with it and those who seriously want to address the vast needs of the majority of disabled people living in lesser developed countries should still take note of the early ideas. If the current coverage and access to rehabilitation services is compared with

the situation some thirty years ago it may very well be that the situation on the ground has not much improved. CBR remains limited to pockets of - more or less - acceptable standards of rehabilitation services. However, all too often it is limited in terms of coverage, scope and comprehensiveness. In spite of many initiatives worldwide and in spite of renewed interest in CBR, the real situation is that the majority of disabled people do not have any access to any form of rehabilitation. Unfortunately this notion seems not to be heard anymore. It appears as though CBR is now well-accepted and applied. However, even in countries claiming to have national programmes such as Vietnam, the coverage is limited and while many provinces may have CBR (74% coverage), it is a few districts in those provinces (24% coverage) and a few villages in those districts (24% coverage) that in actual fact benefit from the national CBR programme (1). Similar examples can be given from other parts of the world. While coverage may be limited, there is also quite some evidence, probably not in the scientific literature, but certainly among those who work on the ground - that the notion of quality is a point of concern too.

Although claims have been made by some critics that CBR as presented in the eighties, was largely a top down development, the reality is that most CBR developments were and are more bottom-up initiatives managed by non-governmental organizations (NGOs), rather than by governments. A survey among 29 African countries compiled by WHO (2) suggests that there is “no national [African] programme where multi-sectoral CBR activities cover the whole country”, and CBR is mostly confined to pilot projects in some areas, with foreign funding.

CBR as it was developed in the early years - with a focus on coverage and on individual rehabilitation - became labelled as a so-called medical or individual paradigm of viewing disability, a distortion of all that was CBR. Yet, in those early years of development many official and non-official CBR initiatives were already working from within a much broader social or human rights paradigm, sometimes unaware of theoretical debates on paradigm shifts in disability, but conscious about the complexity of the disability experience and the need to respond to the felt needs of disabled people. These early CBR initiatives comprised of small parent support groups that were initiated by mothers of disabled children in rural kwaZulu Natal in South Africa; or a cooperative of men and women, all disabled, weekly making thousands of baskets in a slum north of Johannesburg in South Africa (3); or in another continent, Projecto Projimo in Mexico, one of the early CBR programmes with basically only disabled people involved in the management and execution of the programme (4). Should we retrospectively criticize such developments while it is questionable if we are doing any better in 2008?

The current forms of CBR, based on social model thinking and human rights tend to be seen as the best, the ideal or even only truly CBR. Such strategies may be seen as the only way to ensure that disabled people become part of the mainstream. Let us however, critically scrutinize such programmes and ask ourselves what the scope is of these programmes and their impact on the lives of the millions of disabled people living in absolute poverty.

CBR is - rightfully - nowadays seen as an empowering strategy. However, in view of the above remarks there should be some concern about a too pointed individual human rights focus in our work as they may create false dawns. Disabled people will not automatically have a better quality of life because of legislation only. Therefore, we should ensure that through our efforts in CBR the actual needs of disabled people are being met, and then if we

meet those needs we may comply with international human rights laws such as the Universal Declaration of Human Rights (1948): i.e.,

- the so-called classical rights such as the right to live; the right to food; integrity rights.
- Socio-economic and cultural rights, such as the right to education; the right to employment; the right to basic health care.

However, this paper is not written to evaluate or judge CBR worldwide. This paper deals with the position and role of disabled people themselves in CBR programmes. Moreover, it critically looks into the role Disabled Peoples' Organizations play in terms of promoting equal access to essential and acceptable quality of rehabilitation programmes for all and especially the poor of this world: those people who live in the rapidly expanding slums in Asia, Africa, South- and Central America; the rural disabled people living in the periphery of their countries, in deserts, in the hills, the hamlets, the homesteads in the swamps and in the mountains.

## LEGAL HISTORY OF DISABLED PEOPLES' ORGANISATIONS

The role and position of disabled people in rehabilitation programmes should be seen in the context of the global history of disability and rehabilitation on one hand and the more recent history of the disability movement on the other hand. In this section an overview is given of - at times - coinciding developments.

With the current euphoria about the ratification of the UN Convention on the Rights of Persons with Disabilities (CRPD) it is good to realize that this is the end result of a process that took over 30 years to achieve. It is not in the scope of this paper to elaborate on the history of the rise of disabled people's organizations. Yet there are a number of moments in this history that coincided with CBR developments, that are worth noting.

The year 1975 marked the signing of the UN Declaration of the Rights of Disabled People. Although it is not legally binding, this Declaration provides a framework for the equal treatment of disabled people and their access to services. This milestone meant for many disabled people an understanding and acceptance by the community of what their lived experience of disability meant: disabled people want to be seen and valued as fully human and where needed, to be supported to reach their full potential.

During the mid-seventies a process of de-institutionalization of services took place in a number of western countries. In the field of psychiatric conditions and intellectual disability in particular, programmes and services were developed at the interface or within communities. The growing assertiveness of consumer movements in western countries formed a facilitating factor in this development. Almost parallel with these developments in western societies, WHO and later other UN organizations started to promote CBR. However, it should be noted that less formally all kinds of grassroot initiatives were already taking place, with characteristics of CBR.

The year 1981 marks the International Year of Disabled Persons and during the same year Disabled People's International (DPI) held its 1st World Congress in Singapore. It was however, in 1980 in Winnipeg, that the concept of an international organization of disabled

people emerged and DPI was formed as a reaction to professional paternalism within Rehabilitation International, the then global organization on disability and rehabilitation issues.

A major outcome of the International Year of Disabled Persons was the formulation of the World Programme of Action concerning Disabled Persons, adopted by the General Assembly in December 1982 (5). The World Programme of Action (WPA) is a global strategy to enhance disability prevention, rehabilitation and equalization of opportunities, which pertains to full participation of persons with disabilities in social life and national development. The WPA also emphasizes the need to approach disability from a human rights perspective. “Equalization of opportunities” is a central theme of the WPA and its guiding philosophy for the achievement of full participation of persons with disabilities in all aspects of social and economic life. An important principle underlying this theme is that issues concerning persons with disabilities should not be treated in isolation, but within the context of normal community services.

The proclamation in December 1982 of the United Nations Decade of Disabled Persons (1983-1992) prompted a flurry of activity designed to improve the situation and status of people with disabilities. Emphasis was placed on raising new financial resources, improving education and employment opportunities for people with disabilities, and increasing their participation in the life of their communities and country.

The 1993 Standard Rules on the Equalization of Opportunities for Persons with Disabilities were intended to complement the World Programme for Action Concerning Disabled People. The Standard Rules cover a wide range of areas of everyday life such as access to employment and education as well as rehabilitation and international cooperation. Although they are nonbinding, the Standard Rules require States to remove obstacles to equal participation and to actively involve non-governmental agencies (NGOs) dealing with disabilities as partners in this process. The Rules emphasize equal rights and equal obligations – not special rights, but the achievement of equality on the same terms as all persons. The social model of disability thus became common thinking within CBR development, with a shift from service delivery (only) to more human rights models of CBR which include attention for equal opportunities, empowerment, building linkages and networks, ownership and an increased emphasis on advocacy as a tool to ensure that rights are being fulfilled.

At regional levels, there were various initiatives such as the declarations of regional ‘decades of disabled persons’.

The focus on disability has come into a new era with the development of the recent United Nations Convention on the Rights of Persons with Disabilities (CRPD) coming into force. The ratification of the CRPD means - in the opinion of some disability activists - the end of centuries of a predominantly moral and medical approach to viewing disability. The Convention once ratified is a binding instrument on governments to ensure the protection of rights of their disabled citizens.

The CRPD, based on the social model of viewing disability, does however also describe medical issues encompassing the lives of disabled people; however, this is done within a human rights perspective. In such a perspective, the disabled person - and family - have a

central role in determining the course of action. It is not only the professional who determines the proposed rehabilitation goal and plans.

## THE IMPORTANCE OF DISABLED PEOPLES' ORGANISATIONS

The growth of Disabled Peoples' Organizations (DPOs) can be viewed basically as the consequence of exclusion and discriminatory practices toward disabled people. Very much in line with the emergence of consumer movements in the seventies, a search for emancipation took place from the early eighties in western societies as well as in lesser-developed countries. In some 'third-world' countries DPOs became powerful and politically driven organizations demanding a strong stake in, for instance, a new political dispensation.

DPOs are usually seen as social (human rights) movements, though a genuine review of lots of community-based DPOs will indicate that many of them are in fact self-help groups (SHG), trying to promote usually some income generating activities for their members. The more developed of such self-help groups become engaged in an advocacy type of work and become a mouthpiece for those who are denied their rights. Sometimes, SHGs may form federations, which can be observed in a number of States in India. Such federations have a stronger voice; they foster active citizenship and together or under a national umbrella organization, they may be very successful in combating injustices in society. It was in South India for instance that the joint effort of SHGs helped to successfully fight corruption at the pension pay-out points.

## THE TRUE DIVIDE IN THE DISABILITY BUSINESS

Disabled Peoples' Organizations are a mirror of society and reflect both the beauty as well as the cruelty that we see in society. As much as society excludes people, DPOs also include some and exclude others. DPOs exclude for instance, rehabilitation personnel, largely because of suspected professional paternalism among these people; but they also exclude other disabled people: depending on the type of organization they may exclude people who have epilepsy or people who have communication disorders. Another group of usually excluded people is formed by intellectually disabled people. Parents of disabled children are usually not welcome to be part of the disability movement as well. Parents of disabled children may even be seen by some as one the worst enemies of disabled children (6). A special group of discriminated disabled people is formed by people with leprosy, who in many instances face, stigma and isolation from society as well as exclusion from mainstream disability organizations. It should not then be a surprise to see some new liberation movement being formed. The last civil rights movement was certainly not the disability movement. It also will not be the movement of parents of disabled children in some countries (e.g. DICAG in South Africa); nor would it be disabled blind women who are not chosen as board members of a national organization of the blind in an African national state. It also will not be the International Association for Integration, Dignity and Economic Advancement (IDEA), an advocacy organization of people with leprosy.

Burdick explains that current publications on social movements tend to assume that they are trying to mobilize whole constituencies such as "women," "middle peasants," "cannery workers," and so on (7). The use of such language masks the fact that, in almost all cases, the majority of people who belong to a movement's potential constituency remain nonmobilized

(7). While it is difficult not to equate DPOs with the disability rights movement, there is a fundamental difference. DPOs are organizations and they play or played a role in the movement of achieving equal rights (8). The disabled people's movement has in many respects failed to address diversity. However, there is some comfort as this applies most likely to all social movements. It is evident that in (some) western societies a debate takes place about this issue. However, it appears that this debate is not being held in lesser developed countries, though it is not a luxury debate, since it appears all too often that national DPOs have alienated themselves from their constituency. Is not one of the problems of especially national DPOs that they have become institutionalized, with their - initial charismatic and sincere - leadership turning into the greatest beneficiaries and at the same time criticizing what happens (usually in a CBR-like approach) in the disability field with and among the disabled masses? The true divide seems not anymore between disabled people and professionals or between disabled children and their parents and teachers. The true divide seems to be more a matter of the wealthy versus the poor; the urban versus the rural; men versus women; jet-setters versus refugees; academics versus illiterates; and 5-star hotel conference goers versus unemployed shack-dwellers. That is a harsh analysis, but in view of continued criticism on the - by far too few - community-based services and programmes for those who live on the fringes of society, it becomes time for DPOs to reflect upon the outcome of their work. The CRPD as stated earlier is a great achievement by the disability movement. It would be even greater if in a sense of mutual responsibility, rights will be effectuated and translated into - at least - essential services and programmes for the disabled masses of this world. That is a responsibility of governments in the first place; however, powerful stakeholders such as DPOs as well as professionals have a moral or professional obligation to influence policy-making processes as well, in such a way that it is not a minority elite that is benefiting from the new human rights law.

Voices of renowned disability activists (such as Shakespeare) in the UK argue already for a pluralistic approach to disability politics that better acknowledges disabled people's diverse views. Others emphasize the importance of disabled people becoming part of a far wider struggle to create a better society for all. Few are likely to reject either of these proposals, but how are they to be taken forward (9)?

First of all, it appears that it is important to accept that we are all living in an unjust and unequal world. There is exclusion anywhere in this world and there is widespread exclusion among disabled people and within DPOs. Secondly, it is important to ask the question if it is always necessary and desirable to be truly inclusive of all. The concept of an egalitarian world is great and commendable but it is certainly against most philosophies. It is also not in line with the current tide of individualism, which in essence leaves abundant room for diversity. It is also against an appreciation of cultural diversity.

Keeping in mind these considerations the notion of interdependency seems to be useful. If this is not understood disabled people will continually polarize the discussion and create a divide between themselves and those who do not see themselves as disabled. It is questionable if that will help in the development of the much needed implementation of the CRPD. For the CRPD to become income into operation, joint efforts between DPOs and (CBR) professionals are needed. It does not mean that DPOs should disappear. Certainly not, and the fact that discrimination will continually and persistently be there in our societies will require also continually new emancipation- and liberation - movements. As such it may very well be that

an organization like IDEA should not be part of mainstream DPOs but rather should emerge as the emancipation movement of people with leprosy.

## CBR WITHIN THE CONTEXT OF THE UN CRPD

The UN Convention of the Rights of People with Disabilities (CRPD) ratified in April 2008 by 20 countries provides a new instrument in ensuring equal opportunities for disabled people. It also may form a powerful tool to ensure further CBR development. In spite of some opposition towards CBR from Disabled Peoples' Movements - who see CBR personnel as much as an enemy as rehabilitation professionals at times - the CRPD makes room for Community-Based Rehabilitation (article 26) where it is stated "Support participation and inclusion in the community and all aspects of society, are voluntary, and are available to persons with disabilities as close as possible to their own communities, including in rural areas." Interestingly, this article implicitly refers to CBR, even taking into consideration the fact that coverage and access to rehabilitation services is often marginal; something which certainly applies to the African and Asian continents.

CBR is not an end in itself, but it is an approach or means to ensure integration and equal rights. The question arises if CBR is successful if equal rights for all have been achieved. While most people would immediately agree with this proposition, others would be a bit more hesitant and prefer to critically follow the process towards implementation of those rights. A disability activist from South Africa expressed some concerns on an e-mail list and asked herself, *"What does the Treaty mean to Lawrence Nkumba from N'wamitwa village in the deep rural area of Tzaneen in Limpopo Province? I am mindful of the Advocacy Road Show by the Department of Public Service and Administration which I'm not sure if DPOs have been consulted and/or are involved. We need a stronger civil society to avoid a situation where government is talking to itself. I think we need to start an implementation process so that ordinary people with disabilities can start benefiting from the conducive environment brought by progressive legislation in our country..."* (Magic Nkhwashu, 02-04-2007).

Rights without implementation and enforcement are meaningless and therefore it becomes time that the CBR movement starts to implement meaningful programmes for those who are in greatest need. The great majority of disabled people in Africa, Asia and, South- and Central America are not organized into DPOs; even large numbers of the membership of DPOs are not benefiting from legislation and programmes set up by DPOs. It is those people, in the periphery of the country; those living in slums who probably never heard of national legislation, let alone the CRPD, but who long for a better quality of life. It is those people who are denied their rights to even the most basic amenities; and it is those people who could be reached with well planned, good quality CBR programmes. It is also those people who do best understand that mutual interdependence is key to progress in a community.

Rights are great if you can take someone to court. That may be possible for the urban elite, living in a conflict-free, open and democratic society, but is hardly imaginable for the poor rural masses and those living under illegal conditions in slums of the cities of Africa. In such contexts the rights of disabled people are best served with a CBR programme that seriously takes into consideration the basic principles of CBR as described in the new CBR Guidelines. In order to make that work, DPOs should join the CBR movement and together influence policies and strategies for change. That means that on one hand mainstream developments

should be fostered but where necessary special affirmative action programmes need to be designed for those who are not able to join the mainstream.

## CONCLUSION

After nearly 30 years of experience worldwide, CBR is still struggling to gain recognition as a legitimate model of service-provision to disabled people. It claims that it is an effective, cost-efficient, sustainable model needing to be borne out by evidence. In this regard we have sought to present some considerations, and identify that there are different levels at which to explore different kinds of evidence. First, it was noted that there are promising possibilities for obtaining and incorporating evidence at the direct service-provision and CBR technique level. Second, it was identified that there are encouraging studies emerging for obtaining evidence at the CBR service-level by synthesizing evaluation reports and other related documents. Third, a suggestion was raised that the incorporation of values as well as research findings in establishing evidence at the model level may also be a clarifying distinction. Fourth, we suggested that in keeping with the underlying values in CBR, creative new methodologies for determining evidence should include participation at the community level, including the service-users themselves, their advocates in DPOs, and local community members. Appropriate research methods, drawn from the experience of the wider community development field, should be included alongside the earlier mentioned evidence strategies to enable the voice of village disabled people to be heard and incorporated into a unique, multifaceted evidence base for the discipline of CBR.

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## REFERENCES

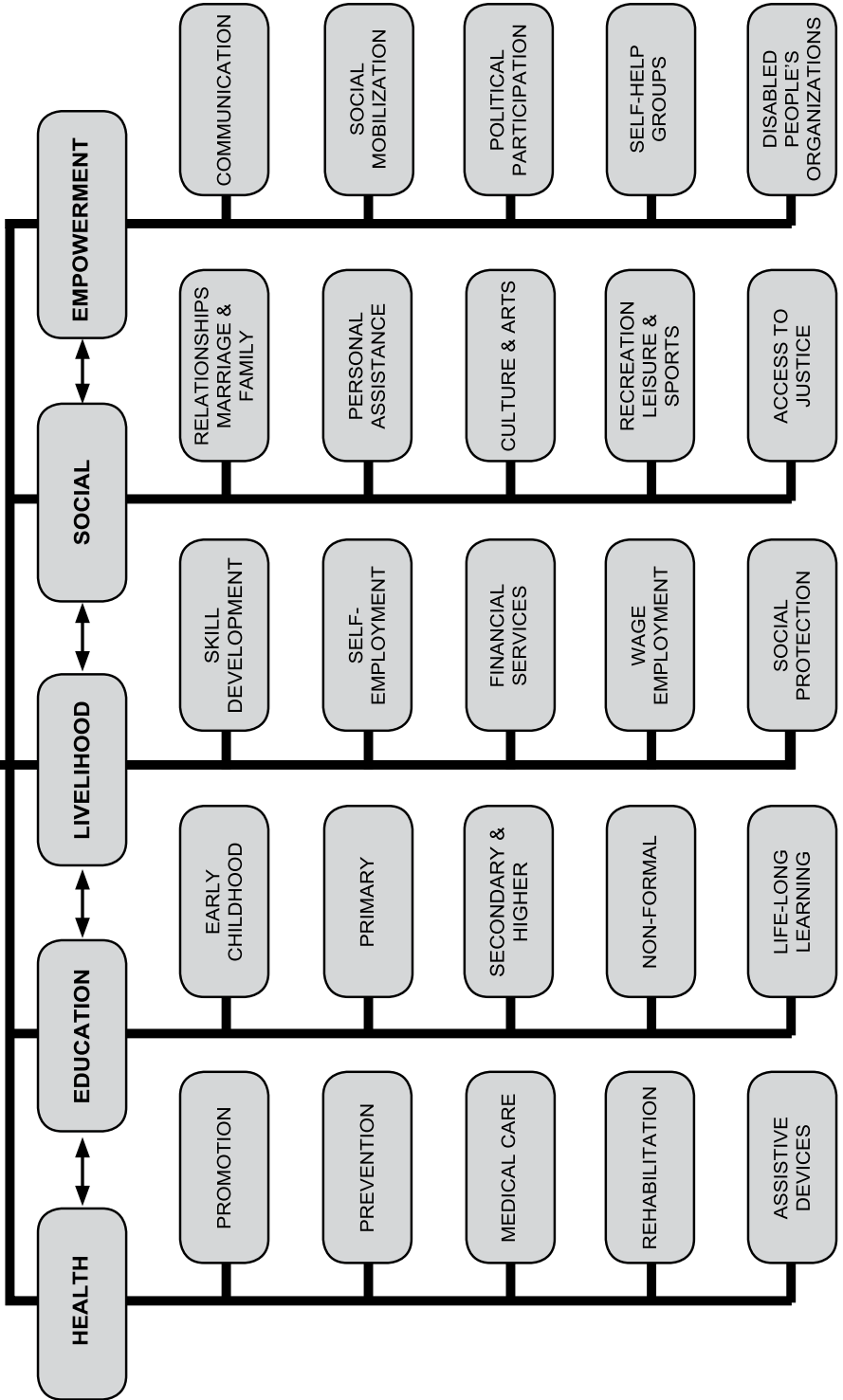
1. Ministry of Health (MOH) Vietnam. *Report on community based rehabilitation in Vietnam*, 2004
2. WHO DAR “*Disability and Rehabilitation Status. Review of disability issues and rehabilitation services in 29 African countries*. Geneva: WHO, 2003” Downloaded from the web in 2003.
3. Cornielje H. *The Role of a Local Disability Movement in CBR*. In Finkenflugel H (Ed). *The Handicapped Community. The Relation between PHC and CBR*. Free University Press, Amsterdam, April 1993.
4. Werner D. *Disabled Village Children*. Hesperian Foundation, Palo Alto, USA, 2005. *Asia Pacific Disability Rehabilitation Journal* 14 Vol. 20 No. 1 2009
5. *The World Programme of Action concerning Disabled Persons*. Resolution 37/52. 1/, <http://www.un.org/esa/socdev/enable/diswpa00.htm>

6. Malinga J. *Enablement of Disabled Persons through Community Based Rehabilitation (CBR)*. Maseru, Lesotho 5th of March 1990.
7. Burdick J. *Uniting Theory and Practice in the Ethnography of Social Movements: Notes Toward a Hopeful Realism*. *Dialectical Anthropology* 1995;20:361-385.
8. Laclave M M. *From corporeal bantustans to abakhubazekile: Disability and identity in South Africa from a human rights perspective, a dissertation*. Thesis Submitted to Michigan State University in partial fulfillment of the requirements for the degree of Doctor of Philosophy in Medical Anthropology, Department of Anthropology, 2005.
9. Beresford P. *DPO in Crisis*. *The Guardian*, November 29, 2006.

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# CBR MATRIX



Source: WHO

## AVAILABLE MATERIALS AS CBR REFERENCES ACCORDING TO STORY-BASED KNOWLEDGE MANAGEMENT (SbKM)

### 1. CBR Initiative in Jodnongkae (DVD)



In Jodnongkae Sub-district Administrative Organization (SAO) in northeastern Thailand, a leader of SAO initiated a CBR programme with persons with disabilities and community supporters as a tool for community development. The story illustrates the grass-root collaboration between empowered persons with disabilities and local government at the community level.

### 2. Together We Can Make Changes (DVD)

With several Self-Help Groups (SHGs) in different villages, the development process of one Self-Help Organization (SHO) called “Vientiane Capital Disabled People’s Association (VCDPA)” was featured in a DVD. It was the first time for a Lao documentary regarding disability to be broadcasted by the Lao National Television.



### 3. A Blind Architect: the Vision of a Non-Handicapping Environment (DVD)



This documentary demonstrates the strong commitment of a blind architect to a Non-Handicapping Environment (NHE), and the collaborative process of a NHE movement at the national level. With a clear vision regarding NHE, the story emphasizes the significance of cooperation between persons with and without disabilities in addition to collaboration between GO and NGOs.

### 4. Community for All (DVD)

Practicing CBR from a social perspective is one way to effectively influence the thinking of medical practitioners. The story shares the holistic approach in their medical practice in Viet Nam. In collaboration with DPO and NGO, one governmental hospital has been challenging CBR from a social perspective, and the impacts have been identified in a city called Danang.



*The above documents according to SbKM are now available. Please fill in the order form on the APCD's website ([www.apcdproject.org](http://www.apcdproject.org)).*